

Single Payment Amounts

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

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CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Akron, OH	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.18
Akron, OH	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$120.21
Akron, OH	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$33.93
Akron, OH	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$14.99
Akron, OH	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$99.00
Akron, OH	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$39.09
Akron, OH	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.49
Akron, OH	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.30
Akron, OH	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$59.00
Akron, OH	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.13
Akron, OH	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.01
Akron, OH	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.30

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Akron, OH	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.38
Akron, OH	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.81
Akron, OH	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$81.25
Akron, OH	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.29
Akron, OH	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.13
Akron, OH	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.47
Akron, OH	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$14.00
Akron, 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			\$112.50
Akron, 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			\$285.37
Akron, 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			\$329.03
Akron, OH	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$72.00
Akron, OH	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.20

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Akron, OH	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$54.00
Akron, OH	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$139.03
Akron, OH	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$13.90
Akron, OH	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$104.27
Akron, OH	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$45.80
Albany-Schenectady-Troy, NY	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.32
Albany-Schenectady-Troy, NY	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$115.00
Albany-Schenectady-Troy, NY	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$31.15
Albany-Schenectady-Troy, NY	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.00
Albany-Schenectady-Troy, NY	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$100.00
Albany-Schenectady-Troy, NY	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$38.04
Albany-Schenectady-Troy, NY	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albany-Schenectady-Troy, NY	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.00
Albany-Schenectady-Troy, NY	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$58.50
Albany-Schenectady-Troy, NY	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.00
Albany-Schenectady-Troy, NY	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Albany-Schenectady-Troy, NY	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.19
Albany-Schenectady-Troy, NY	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.08
Albany-Schenectady-Troy, NY	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.47
Albany-Schenectady-Troy, NY	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$81.69
Albany-Schenectady-Troy, NY	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.08
Albany-Schenectady-Troy, NY	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.11
Albany-Schenectady-Troy, NY	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.31
Albany-Schenectady-Troy, NY	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$14.32

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albany-Schenectady-Troy, NY	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			\$112.50
Albany-Schenectady-Troy, NY	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			\$297.26
Albany-Schenectady-Troy, NY	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			\$329.03
Albany-Schenectady-Troy, NY	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$70.63
Albany-Schenectady-Troy, NY	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.06
Albany-Schenectady-Troy, NY	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$52.97
Albany-Schenectady-Troy, NY	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$140.00
Albany-Schenectady-Troy, NY	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.00
Albany-Schenectady-Troy, NY	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$105.00
Albany-Schenectady-Troy, NY	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$45.40
Albuquerque, NM	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.32
Albuquerque, NM	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$138.85

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albuquerque, NM	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$38.93
Albuquerque, NM	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$16.25
Albuquerque, NM	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$101.00
Albuquerque, NM	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$39.77
Albuquerque, NM	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.07
Albuquerque, NM	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.92
Albuquerque, NM	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$63.57
Albuquerque, NM	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.00
Albuquerque, NM	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Albuquerque, NM	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$14.47
Albuquerque, NM	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.21
Albuquerque, NM	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.66

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albuquerque, NM	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$81.00
Albuquerque, NM	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.17
Albuquerque, NM	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.12
Albuquerque, NM	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.38
Albuquerque, NM	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$14.37
Albuquerque, NM	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			\$112.50
Albuquerque, NM	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			\$295.00
Albuquerque, NM	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			\$329.03
Albuquerque, NM	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$70.52
Albuquerque, NM	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.05
Albuquerque, NM	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$52.89
Albuquerque, NM	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$142.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albuquerque, NM	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.20
Albuquerque, NM	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$106.50
Albuquerque, NM	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$46.00
Allentown-Bethlehem-Easton, PA-NJ	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.16
Allentown-Bethlehem-Easton, PA-NJ	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$124.74
Allentown-Bethlehem-Easton, PA-NJ	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$38.09
Allentown-Bethlehem-Easton, PA-NJ	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.22
Allentown-Bethlehem-Easton, PA-NJ	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$100.00
Allentown-Bethlehem-Easton, PA-NJ	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$38.75
Allentown-Bethlehem-Easton, PA-NJ	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$21.69
Allentown-Bethlehem-Easton, PA-NJ	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.41
Allentown-Bethlehem-Easton, PA-NJ	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$63.36

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Allentown-Bethlehem-Easton, PA-NJ	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.68
Allentown-Bethlehem-Easton, PA-NJ	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Allentown-Bethlehem-Easton, PA-NJ	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.10
Allentown-Bethlehem-Easton, PA-NJ	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.42
Allentown-Bethlehem-Easton, PA-NJ	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.05
Allentown-Bethlehem-Easton, PA-NJ	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$79.63
Allentown-Bethlehem-Easton, PA-NJ	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.00
Allentown-Bethlehem-Easton, PA-NJ	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.20
Allentown-Bethlehem-Easton, PA-NJ	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.00
Allentown-Bethlehem-Easton, PA-NJ	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.51
Allentown-Bethlehem-Easton, PA-NJ	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			\$111.25
Allentown-Bethlehem-Easton, PA-NJ	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			\$280.46

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Allentown-Bethlehem-Easton, PA-NJ	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			\$326.04
Allentown-Bethlehem-Easton, PA-NJ	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$66.43
Allentown-Bethlehem-Easton, PA-NJ	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.64
Allentown-Bethlehem-Easton, PA-NJ	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$49.82
Allentown-Bethlehem-Easton, PA-NJ	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$143.50
Allentown-Bethlehem-Easton, PA-NJ	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.35
Allentown-Bethlehem-Easton, PA-NJ	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$107.63
Allentown-Bethlehem-Easton, PA-NJ	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$47.01
Asheville, NC	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.32
Asheville, NC	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$138.85
Asheville, NC	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$40.00
Asheville, NC	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$17.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Asheville, NC	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$99.54
Asheville, NC	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$38.04
Asheville, NC	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.07
Asheville, NC	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.92
Asheville, NC	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$60.00
Asheville, NC	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.35
Asheville, NC	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.01
Asheville, NC	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.19
Asheville, NC	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.08
Asheville, NC	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.38
Asheville, NC	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$83.97
Asheville, NC	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.03

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Asheville, NC	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.10
Asheville, NC	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.27
Asheville, NC	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$14.37
Asheville, NC	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			\$117.50
Asheville, NC	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			\$300.00
Asheville, NC	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			\$377.50
Asheville, NC	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$70.52
Asheville, NC	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.05
Asheville, NC	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$52.89
Asheville, NC	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$151.07
Asheville, NC	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$15.11
Asheville, NC	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$113.30

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Asheville, NC	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$45.80
Atlanta-Sandy Springs-Marietta, GA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$43.00
Atlanta-Sandy Springs-Marietta, GA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$149.00
Atlanta-Sandy Springs-Marietta, GA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$40.79
Atlanta-Sandy Springs-Marietta, GA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$17.39
Atlanta-Sandy Springs-Marietta, GA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$100.00
Atlanta-Sandy Springs-Marietta, GA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$39.82
Atlanta-Sandy Springs-Marietta, GA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$21.99
Atlanta-Sandy Springs-Marietta, GA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.31
Atlanta-Sandy Springs-Marietta, GA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$63.57
Atlanta-Sandy Springs-Marietta, GA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.58
Atlanta-Sandy Springs-Marietta, GA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.01

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Atlanta-Sandy Springs-Marietta, GA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$14.47
Atlanta-Sandy Springs-Marietta, GA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.38
Atlanta-Sandy Springs-Marietta, GA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.38
Atlanta-Sandy Springs-Marietta, GA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$81.00
Atlanta-Sandy Springs-Marietta, GA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.00
Atlanta-Sandy Springs-Marietta, GA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.20
Atlanta-Sandy Springs-Marietta, GA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.00
Atlanta-Sandy Springs-Marietta, GA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$15.00
Atlanta-Sandy Springs-Marietta, GA	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			\$118.78
Atlanta-Sandy Springs-Marietta, GA	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			\$308.70
Atlanta-Sandy Springs-Marietta, GA	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			\$401.70
Atlanta-Sandy Springs-Marietta, GA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$70.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Atlanta-Sandy Springs-Marietta, GA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.00
Atlanta-Sandy Springs-Marietta, GA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$52.50
Atlanta-Sandy Springs-Marietta, GA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$151.07
Atlanta-Sandy Springs-Marietta, GA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$15.11
Atlanta-Sandy Springs-Marietta, GA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$113.30
Atlanta-Sandy Springs-Marietta, GA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$46.00
Augusta-Richmond County, GA-SC	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.01
Augusta-Richmond County, GA-SC	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$149.00
Augusta-Richmond County, GA-SC	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$38.93
Augusta-Richmond County, GA-SC	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$17.39
Augusta-Richmond County, GA-SC	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$98.33
Augusta-Richmond County, GA-SC	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$39.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Augusta-Richmond County, GA-SC	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$21.22
Augusta-Richmond County, GA-SC	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.84
Augusta-Richmond County, GA-SC	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$59.00
Augusta-Richmond County, GA-SC	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.99
Augusta-Richmond County, GA-SC	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.01
Augusta-Richmond County, GA-SC	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$14.47
Augusta-Richmond County, GA-SC	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.18
Augusta-Richmond County, GA-SC	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.38
Augusta-Richmond County, GA-SC	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$88.26
Augusta-Richmond County, GA-SC	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.99
Augusta-Richmond County, GA-SC	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.20
Augusta-Richmond County, GA-SC	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.99

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Augusta-Richmond County, GA-SC	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.91
Augusta-Richmond County, GA-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			\$112.50
Augusta-Richmond County, GA-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			\$296.69
Augusta-Richmond County, GA-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			\$401.70
Augusta-Richmond County, GA-SC	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$72.00
Augusta-Richmond County, GA-SC	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.20
Augusta-Richmond County, GA-SC	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$54.00
Augusta-Richmond County, GA-SC	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$140.00
Augusta-Richmond County, GA-SC	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.00
Augusta-Richmond County, GA-SC	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$105.00
Augusta-Richmond County, GA-SC	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$44.00
Austin-Round Rock-San Marcos, TX	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.01

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Austin-Round Rock-San Marcos, TX	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$138.85
Austin-Round Rock-San Marcos, TX	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$40.00
Austin-Round Rock-San Marcos, TX	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$17.00
Austin-Round Rock-San Marcos, TX	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$100.00
Austin-Round Rock-San Marcos, TX	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$38.79
Austin-Round Rock-San Marcos, TX	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$21.05
Austin-Round Rock-San Marcos, TX	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.84
Austin-Round Rock-San Marcos, TX	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$62.88
Austin-Round Rock-San Marcos, TX	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.00
Austin-Round Rock-San Marcos, TX	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.62
Austin-Round Rock-San Marcos, TX	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$12.52
Austin-Round Rock-San Marcos, TX	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.25

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Austin-Round Rock-San Marcos, TX	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.66
Austin-Round Rock-San Marcos, TX	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$81.00
Austin-Round Rock-San Marcos, TX	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.50
Austin-Round Rock-San Marcos, TX	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.15
Austin-Round Rock-San Marcos, TX	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.63
Austin-Round Rock-San Marcos, TX	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.24
Austin-Round Rock-San Marcos, 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			\$118.90
Austin-Round Rock-San Marcos, 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			\$295.00
Austin-Round Rock-San Marcos, 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			\$366.24
Austin-Round Rock-San Marcos, TX	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$63.52
Austin-Round Rock-San Marcos, TX	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.35
Austin-Round Rock-San Marcos, TX	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$47.64

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Austin-Round Rock-San Marcos, TX	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$140.00
Austin-Round Rock-San Marcos, TX	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.00
Austin-Round Rock-San Marcos, TX	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$105.00
Austin-Round Rock-San Marcos, TX	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$47.48
Bakersfield-Delano, CA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$45.00
Bakersfield-Delano, CA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$154.31
Bakersfield-Delano, CA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$43.00
Bakersfield-Delano, CA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$17.00
Bakersfield-Delano, CA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$97.00
Bakersfield-Delano, CA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$40.00
Bakersfield-Delano, CA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$19.98
Bakersfield-Delano, CA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.26

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bakersfield-Delano, CA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$58.50
Bakersfield-Delano, CA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.00
Bakersfield-Delano, CA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Bakersfield-Delano, CA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$14.47
Bakersfield-Delano, CA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.08
Bakersfield-Delano, CA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.38
Bakersfield-Delano, CA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$95.00
Bakersfield-Delano, CA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.00
Bakersfield-Delano, CA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.20
Bakersfield-Delano, CA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.00
Bakersfield-Delano, CA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.66
Bakersfield-Delano, 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			\$110.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bakersfield-Delano, 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			\$297.26
Bakersfield-Delano, 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			\$450.00
Bakersfield-Delano, CA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$75.00
Bakersfield-Delano, CA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.50
Bakersfield-Delano, CA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$56.25
Bakersfield-Delano, CA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$135.00
Bakersfield-Delano, CA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$13.50
Bakersfield-Delano, CA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$101.25
Bakersfield-Delano, CA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$41.50
Baltimore-Towson, MD	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$43.15
Baltimore-Towson, MD	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$132.93
Baltimore-Towson, MD	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$38.09

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baltimore-Towson, MD	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.12
Baltimore-Towson, MD	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$103.04
Baltimore-Towson, MD	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$40.08
Baltimore-Towson, MD	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$22.61
Baltimore-Towson, MD	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.58
Baltimore-Towson, MD	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$65.16
Baltimore-Towson, MD	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.66
Baltimore-Towson, MD	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.84
Baltimore-Towson, MD	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.25
Baltimore-Towson, MD	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.42
Baltimore-Towson, MD	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.14
Baltimore-Towson, MD	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$82.83

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baltimore-Towson, MD	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.08
Baltimore-Towson, MD	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.21
Baltimore-Towson, MD	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.06
Baltimore-Towson, MD	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.99
Baltimore-Towson, MD	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			\$118.01
Baltimore-Towson, MD	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			\$309.35
Baltimore-Towson, MD	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			\$405.38
Baltimore-Towson, MD	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$70.67
Baltimore-Towson, MD	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.07
Baltimore-Towson, MD	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$53.00
Baltimore-Towson, MD	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$153.02
Baltimore-Towson, MD	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$15.30

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baltimore-Towson, MD	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$114.77
Baltimore-Towson, MD	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$51.11
Baton Rouge, LA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$41.38
Baton Rouge, LA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$119.00
Baton Rouge, LA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$37.25
Baton Rouge, LA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.00
Baton Rouge, LA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$100.00
Baton Rouge, LA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$37.72
Baton Rouge, LA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.00
Baton Rouge, LA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.00
Baton Rouge, LA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$59.86
Baton Rouge, LA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.35

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baton Rouge, LA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.72
Baton Rouge, LA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.00
Baton Rouge, LA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.38
Baton Rouge, LA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.15
Baton Rouge, LA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$79.95
Baton Rouge, LA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.17
Baton Rouge, LA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.12
Baton Rouge, LA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.38
Baton Rouge, LA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.66
Baton Rouge, LA	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			\$118.76
Baton Rouge, LA	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			\$280.00
Baton Rouge, LA	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			\$366.24

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baton Rouge, LA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$63.58
Baton Rouge, LA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.36
Baton Rouge, LA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$47.69
Baton Rouge, LA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$140.00
Baton Rouge, LA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.00
Baton Rouge, LA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$105.00
Baton Rouge, LA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$41.50
Beaumont-Port Arthur, TX	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$41.38
Beaumont-Port Arthur, TX	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$138.85
Beaumont-Port Arthur, TX	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$38.93
Beaumont-Port Arthur, TX	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$16.25
Beaumont-Port Arthur, TX	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$95.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Beaumont-Port Arthur, TX	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$36.70
Beaumont-Port Arthur, TX	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$19.07
Beaumont-Port Arthur, TX	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.48
Beaumont-Port Arthur, TX	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$56.95
Beaumont-Port Arthur, TX	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$18.58
Beaumont-Port Arthur, TX	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.62
Beaumont-Port Arthur, TX	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.00
Beaumont-Port Arthur, TX	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.38
Beaumont-Port Arthur, TX	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.38
Beaumont-Port Arthur, TX	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$81.69
Beaumont-Port Arthur, TX	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.00
Beaumont-Port Arthur, TX	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.10

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Beaumont-Port Arthur, TX	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.25
Beaumont-Port Arthur, TX	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.66
Beaumont-Port Arthur, 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			\$112.50
Beaumont-Port Arthur, 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			\$288.98
Beaumont-Port Arthur, 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			\$413.75
Beaumont-Port Arthur, TX	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$62.41
Beaumont-Port Arthur, TX	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.24
Beaumont-Port Arthur, TX	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$46.81
Beaumont-Port Arthur, TX	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$139.44
Beaumont-Port Arthur, TX	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$13.94
Beaumont-Port Arthur, TX	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$104.58
Beaumont-Port Arthur, TX	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$45.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Birmingham-Hoover, AL	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$43.00
Birmingham-Hoover, AL	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$140.00
Birmingham-Hoover, AL	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$38.00
Birmingham-Hoover, AL	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.22
Birmingham-Hoover, AL	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$103.49
Birmingham-Hoover, AL	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$40.00
Birmingham-Hoover, AL	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$22.00
Birmingham-Hoover, AL	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.25
Birmingham-Hoover, AL	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$61.80
Birmingham-Hoover, AL	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.00
Birmingham-Hoover, AL	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Birmingham-Hoover, AL	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Birmingham-Hoover, AL	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.38
Birmingham-Hoover, AL	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.00
Birmingham-Hoover, AL	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$83.97
Birmingham-Hoover, AL	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.00
Birmingham-Hoover, AL	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.20
Birmingham-Hoover, AL	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.00
Birmingham-Hoover, AL	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.91
Birmingham-Hoover, AL	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			\$115.44
Birmingham-Hoover, AL	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			\$308.70
Birmingham-Hoover, AL	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			\$401.70
Birmingham-Hoover, AL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$65.87
Birmingham-Hoover, AL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.59

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Birmingham-Hoover, AL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$49.40
Birmingham-Hoover, AL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$149.62
Birmingham-Hoover, AL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.96
Birmingham-Hoover, AL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$112.22
Birmingham-Hoover, AL	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$47.48
Boise City-Nampa, ID	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.61
Boise City-Nampa, ID	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$133.00
Boise City-Nampa, ID	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$39.46
Boise City-Nampa, ID	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.63
Boise City-Nampa, ID	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$99.72
Boise City-Nampa, ID	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$38.40
Boise City-Nampa, ID	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.84

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boise City-Nampa, ID	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.14
Boise City-Nampa, ID	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$61.58
Boise City-Nampa, ID	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.66
Boise City-Nampa, ID	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Boise City-Nampa, ID	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$12.83
Boise City-Nampa, ID	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.30
Boise City-Nampa, ID	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.69
Boise City-Nampa, ID	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$83.24
Boise City-Nampa, ID	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.48
Boise City-Nampa, ID	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.15
Boise City-Nampa, ID	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.61
Boise City-Nampa, ID	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$14.42

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boise City-Nampa, ID	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			\$117.33
Boise City-Nampa, ID	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			\$303.85
Boise City-Nampa, ID	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			\$418.94
Boise City-Nampa, ID	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$68.69
Boise City-Nampa, ID	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.87
Boise City-Nampa, ID	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$51.52
Boise City-Nampa, ID	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$141.00
Boise City-Nampa, ID	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.10
Boise City-Nampa, ID	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$105.75
Boise City-Nampa, ID	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$45.90
Boston-Cambridge-Quincy, MA-NH	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$46.00
Boston-Cambridge-Quincy, MA-NH	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$130.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boston-Cambridge-Quincy, MA-NH	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$46.30
Boston-Cambridge-Quincy, MA-NH	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$18.48
Boston-Cambridge-Quincy, MA-NH	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$110.48
Boston-Cambridge-Quincy, MA-NH	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$42.20
Boston-Cambridge-Quincy, MA-NH	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$24.39
Boston-Cambridge-Quincy, MA-NH	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$17.50
Boston-Cambridge-Quincy, MA-NH	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$69.10
Boston-Cambridge-Quincy, MA-NH	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$22.00
Boston-Cambridge-Quincy, MA-NH	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$12.46
Boston-Cambridge-Quincy, MA-NH	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$16.00
Boston-Cambridge-Quincy, MA-NH	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.75
Boston-Cambridge-Quincy, MA-NH	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$9.22

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boston-Cambridge-Quincy, MA-NH	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$85.00
Boston-Cambridge-Quincy, MA-NH	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$13.33
Boston-Cambridge-Quincy, MA-NH	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.33
Boston-Cambridge-Quincy, MA-NH	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$10.00
Boston-Cambridge-Quincy, MA-NH	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.55
Boston-Cambridge-Quincy, MA-NH	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			\$128.43
Boston-Cambridge-Quincy, MA-NH	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			\$313.31
Boston-Cambridge-Quincy, MA-NH	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			\$445.88
Boston-Cambridge-Quincy, MA-NH	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$74.30
Boston-Cambridge-Quincy, MA-NH	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.43
Boston-Cambridge-Quincy, MA-NH	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$55.73
Boston-Cambridge-Quincy, MA-NH	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$165.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boston-Cambridge-Quincy, MA-NH	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$16.50
Boston-Cambridge-Quincy, MA-NH	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$123.75
Boston-Cambridge-Quincy, MA-NH	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$53.00
Bridgeport-Stamford-Norwalk, CT	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.01
Bridgeport-Stamford-Norwalk, CT	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$115.59
Bridgeport-Stamford-Norwalk, CT	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$36.00
Bridgeport-Stamford-Norwalk, CT	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.00
Bridgeport-Stamford-Norwalk, CT	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$100.00
Bridgeport-Stamford-Norwalk, CT	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$38.04
Bridgeport-Stamford-Norwalk, CT	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.00
Bridgeport-Stamford-Norwalk, CT	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.00
Bridgeport-Stamford-Norwalk, CT	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$60.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bridgeport-Stamford-Norwalk, CT	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.68
Bridgeport-Stamford-Norwalk, CT	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Bridgeport-Stamford-Norwalk, CT	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$14.52
Bridgeport-Stamford-Norwalk, CT	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.08
Bridgeport-Stamford-Norwalk, CT	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.81
Bridgeport-Stamford-Norwalk, CT	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$78.35
Bridgeport-Stamford-Norwalk, CT	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.00
Bridgeport-Stamford-Norwalk, CT	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.10
Bridgeport-Stamford-Norwalk, CT	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.25
Bridgeport-Stamford-Norwalk, CT	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.55
Bridgeport-Stamford-Norwalk, CT	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			\$110.00
Bridgeport-Stamford-Norwalk, CT	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			\$285.37

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bridgeport-Stamford-Norwalk, CT	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			\$329.03
Bridgeport-Stamford-Norwalk, CT	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$63.58
Bridgeport-Stamford-Norwalk, CT	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.36
Bridgeport-Stamford-Norwalk, CT	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$47.69
Bridgeport-Stamford-Norwalk, CT	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$140.00
Bridgeport-Stamford-Norwalk, CT	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.00
Bridgeport-Stamford-Norwalk, CT	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$105.00
Bridgeport-Stamford-Norwalk, CT	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$41.40
Bronx-Manhattan NY CBA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$41.38
Bronx-Manhattan NY CBA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$115.59
Bronx-Manhattan NY CBA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$36.00
Bronx-Manhattan NY CBA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bronx-Manhattan NY CBA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$94.30
Bronx-Manhattan NY CBA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$36.70
Bronx-Manhattan NY CBA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$19.00
Bronx-Manhattan NY CBA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.78
Bronx-Manhattan NY CBA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$58.50
Bronx-Manhattan NY CBA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.00
Bronx-Manhattan NY CBA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Bronx-Manhattan NY CBA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$14.52
Bronx-Manhattan NY CBA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.13
Bronx-Manhattan NY CBA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.00
Bronx-Manhattan NY CBA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$78.60
Bronx-Manhattan NY CBA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bronx-Manhattan NY CBA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.10
Bronx-Manhattan NY CBA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.25
Bronx-Manhattan NY CBA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.66
Bronx-Manhattan NY CBA	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			\$112.50
Bronx-Manhattan NY CBA	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			\$280.00
Bronx-Manhattan NY CBA	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			\$329.03
Bronx-Manhattan NY CBA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$63.21
Bronx-Manhattan NY CBA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.32
Bronx-Manhattan NY CBA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$47.41
Bronx-Manhattan NY CBA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$139.44
Bronx-Manhattan NY CBA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$13.94
Bronx-Manhattan NY CBA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$104.58

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bronx-Manhattan NY CBA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$41.40
Buffalo-Niagara Falls, NY	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.32
Buffalo-Niagara Falls, NY	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$124.27
Buffalo-Niagara Falls, NY	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$38.93
Buffalo-Niagara Falls, NY	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$17.00
Buffalo-Niagara Falls, NY	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$98.33
Buffalo-Niagara Falls, NY	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$39.77
Buffalo-Niagara Falls, NY	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$21.46
Buffalo-Niagara Falls, NY	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.31
Buffalo-Niagara Falls, NY	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$63.57
Buffalo-Niagara Falls, NY	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.00
Buffalo-Niagara Falls, NY	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Buffalo-Niagara Falls, NY	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.19
Buffalo-Niagara Falls, NY	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.38
Buffalo-Niagara Falls, NY	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.00
Buffalo-Niagara Falls, NY	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$79.95
Buffalo-Niagara Falls, NY	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.17
Buffalo-Niagara Falls, NY	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.12
Buffalo-Niagara Falls, NY	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.38
Buffalo-Niagara Falls, NY	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.91
Buffalo-Niagara Falls, NY	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			\$118.78
Buffalo-Niagara Falls, NY	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			\$307.70
Buffalo-Niagara Falls, NY	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			\$368.60
Buffalo-Niagara Falls, NY	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$63.52

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Buffalo-Niagara Falls, NY	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.35
Buffalo-Niagara Falls, NY	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$47.64
Buffalo-Niagara Falls, NY	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$149.71
Buffalo-Niagara Falls, NY	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.97
Buffalo-Niagara Falls, NY	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$112.28
Buffalo-Niagara Falls, NY	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$46.70
Cape Coral-Fort Myers, FL	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$41.38
Cape Coral-Fort Myers, FL	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$120.00
Cape Coral-Fort Myers, FL	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$33.53
Cape Coral-Fort Myers, FL	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$14.99
Cape Coral-Fort Myers, FL	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$99.55
Cape Coral-Fort Myers, FL	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$38.04

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cape Coral-Fort Myers, FL	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$21.38
Cape Coral-Fort Myers, FL	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.84
Cape Coral-Fort Myers, FL	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$62.08
Cape Coral-Fort Myers, FL	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$18.52
Cape Coral-Fort Myers, FL	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$9.64
Cape Coral-Fort Myers, FL	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$16.00
Cape Coral-Fort Myers, FL	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.50
Cape Coral-Fort Myers, FL	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.88
Cape Coral-Fort Myers, FL	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$75.50
Cape Coral-Fort Myers, FL	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$10.57
Cape Coral-Fort Myers, FL	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.06
Cape Coral-Fort Myers, FL	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$7.93

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cape Coral-Fort Myers, FL	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$12.25
Cape Coral-Fort Myers, 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			\$110.50
Cape Coral-Fort Myers, 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			\$280.00
Cape Coral-Fort Myers, 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			\$313.31
Cape Coral-Fort Myers, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$62.58
Cape Coral-Fort Myers, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.26
Cape Coral-Fort Myers, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$46.94
Cape Coral-Fort Myers, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$151.20
Cape Coral-Fort Myers, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$15.12
Cape Coral-Fort Myers, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$113.40
Cape Coral-Fort Myers, FL	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$47.58
Central-Chicago Metro CBA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$43.66

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Central-Chicago Metro CBA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$140.25
Central-Chicago Metro CBA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$38.93
Central-Chicago Metro CBA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$16.25
Central-Chicago Metro CBA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$106.53
Central-Chicago Metro CBA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$42.00
Central-Chicago Metro CBA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$23.09
Central-Chicago Metro CBA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$17.80
Central-Chicago Metro CBA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$65.34
Central-Chicago Metro CBA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.69
Central-Chicago Metro CBA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.73
Central-Chicago Metro CBA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$16.04
Central-Chicago Metro CBA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.65

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Central-Chicago Metro CBA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.50
Central-Chicago Metro CBA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$83.33
Central-Chicago Metro CBA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.08
Central-Chicago Metro CBA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.21
Central-Chicago Metro CBA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.06
Central-Chicago Metro CBA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.47
Central-Chicago Metro CBA	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			\$127.07
Central-Chicago Metro CBA	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			\$315.53
Central-Chicago Metro CBA	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			\$397.01
Central-Chicago Metro CBA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$70.00
Central-Chicago Metro CBA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.00
Central-Chicago Metro CBA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$52.50

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Central-Chicago Metro CBA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$154.73
Central-Chicago Metro CBA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$15.47
Central-Chicago Metro CBA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$116.05
Central-Chicago Metro CBA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$51.71
Charleston-North Charleston-Summerville, SC	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.66
Charleston-North Charleston-Summerville, SC	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$150.00
Charleston-North Charleston-Summerville, SC	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$40.40
Charleston-North Charleston-Summerville, SC	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$17.24
Charleston-North Charleston-Summerville, SC	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$101.74
Charleston-North Charleston-Summerville, SC	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$39.91
Charleston-North Charleston-Summerville, SC	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$22.03
Charleston-North Charleston-Summerville, SC	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.96

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charleston-North Charleston-Summerville, SC	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$63.28
Charleston-North Charleston-Summerville, SC	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.00
Charleston-North Charleston-Summerville, SC	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.36
Charleston-North Charleston-Summerville, SC	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$12.83
Charleston-North Charleston-Summerville, SC	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.28
Charleston-North Charleston-Summerville, SC	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.52
Charleston-North Charleston-Summerville, SC	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$86.12
Charleston-North Charleston-Summerville, SC	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.08
Charleston-North Charleston-Summerville, SC	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.21
Charleston-North Charleston-Summerville, SC	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.06
Charleston-North Charleston-Summerville, SC	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$14.68
Charleston-North Charleston-Summerville, 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			\$113.97

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charleston-North Charleston-Summerville, 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			\$300.00
Charleston-North Charleston-Summerville, 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			\$399.36
Charleston-North Charleston-Summerville, SC	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$71.26
Charleston-North Charleston-Summerville, SC	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.13
Charleston-North Charleston-Summerville, SC	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$53.45
Charleston-North Charleston-Summerville, SC	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$149.81
Charleston-North Charleston-Summerville, SC	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.98
Charleston-North Charleston-Summerville, SC	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$112.36
Charleston-North Charleston-Summerville, SC	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$45.40
Chattanooga, TN-GA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.01
Chattanooga, TN-GA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$138.85
Chattanooga, TN-GA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$38.32

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chattanooga, TN-GA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.65
Chattanooga, TN-GA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$98.33
Chattanooga, TN-GA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$39.82
Chattanooga, TN-GA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$21.62
Chattanooga, TN-GA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.84
Chattanooga, TN-GA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$61.80
Chattanooga, TN-GA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.00
Chattanooga, TN-GA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.62
Chattanooga, TN-GA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.19
Chattanooga, TN-GA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.38
Chattanooga, TN-GA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.38
Chattanooga, TN-GA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$80.59

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chattanooga, TN-GA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.03
Chattanooga, TN-GA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.10
Chattanooga, TN-GA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.27
Chattanooga, TN-GA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.02
Chattanooga, TN-GA	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			\$115.44
Chattanooga, TN-GA	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			\$300.00
Chattanooga, TN-GA	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			\$401.70
Chattanooga, TN-GA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$63.52
Chattanooga, TN-GA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.35
Chattanooga, TN-GA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$47.64
Chattanooga, TN-GA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$142.00
Chattanooga, TN-GA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.20

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chattanooga, TN-GA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$106.50
Chattanooga, TN-GA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$47.48
Colorado Springs, CO	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$41.38
Colorado Springs, CO	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$124.22
Colorado Springs, CO	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$33.00
Colorado Springs, CO	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.00
Colorado Springs, CO	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$100.00
Colorado Springs, CO	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$38.04
Colorado Springs, CO	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.07
Colorado Springs, CO	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.00
Colorado Springs, CO	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$61.80
Colorado Springs, CO	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Colorado Springs, CO	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.72
Colorado Springs, CO	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$14.47
Colorado Springs, CO	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.21
Colorado Springs, CO	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.38
Colorado Springs, CO	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$79.95
Colorado Springs, CO	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.03
Colorado Springs, CO	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.10
Colorado Springs, CO	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.27
Colorado Springs, CO	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.66
Colorado Springs, CO	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			\$112.50
Colorado Springs, CO	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			\$285.92
Colorado Springs, CO	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			\$329.03

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Colorado Springs, CO	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$63.21
Colorado Springs, CO	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.32
Colorado Springs, CO	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$47.41
Colorado Springs, CO	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$142.00
Colorado Springs, CO	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.20
Colorado Springs, CO	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$106.50
Colorado Springs, CO	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$45.34
Columbia, SC	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.66
Columbia, SC	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$150.00
Columbia, SC	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$40.40
Columbia, SC	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$17.24
Columbia, SC	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$101.74

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbia, SC	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$39.91
Columbia, SC	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$22.03
Columbia, SC	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.96
Columbia, SC	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$63.28
Columbia, SC	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.00
Columbia, SC	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.36
Columbia, SC	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$12.83
Columbia, SC	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.28
Columbia, SC	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.52
Columbia, SC	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$86.12
Columbia, SC	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.08
Columbia, SC	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.21

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbia, SC	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.06
Columbia, SC	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$14.68
Columbia, 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			\$113.97
Columbia, 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			\$300.00
Columbia, 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			\$399.36
Columbia, SC	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$71.26
Columbia, SC	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.13
Columbia, SC	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$53.45
Columbia, SC	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$149.81
Columbia, SC	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.98
Columbia, SC	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$112.36
Columbia, SC	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$45.40

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbus, OH	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.30
Columbus, OH	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$120.21
Columbus, OH	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$37.25
Columbus, OH	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$16.25
Columbus, OH	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$99.00
Columbus, OH	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$40.00
Columbus, OH	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$21.99
Columbus, OH	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.20
Columbus, OH	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$59.00
Columbus, OH	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.14
Columbus, OH	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Columbus, OH	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.19

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbus, OH	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.38
Columbus, OH	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.00
Columbus, OH	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$81.00
Columbus, OH	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.29
Columbus, OH	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.13
Columbus, OH	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.47
Columbus, OH	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$14.00
Columbus, 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			\$115.44
Columbus, 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			\$293.32
Columbus, 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			\$331.48
Columbus, OH	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$72.00
Columbus, OH	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.20

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbus, OH	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$54.00
Columbus, OH	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$139.44
Columbus, OH	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$13.94
Columbus, OH	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$104.58
Columbus, OH	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$45.00
Dayton, OH	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.24
Dayton, OH	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$119.60
Dayton, OH	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$35.07
Dayton, OH	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.62
Dayton, OH	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$99.50
Dayton, OH	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$39.50
Dayton, OH	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$21.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dayton, OH	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.10
Dayton, OH	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$58.75
Dayton, OH	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.07
Dayton, OH	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Dayton, OH	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.34
Dayton, OH	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.23
Dayton, OH	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.90
Dayton, OH	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$80.60
Dayton, OH	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.14
Dayton, OH	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.11
Dayton, OH	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.36
Dayton, OH	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.96

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dayton, 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			\$114.73
Dayton, 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			\$295.29
Dayton, 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			\$330.74
Dayton, OH	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$67.79
Dayton, OH	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.78
Dayton, OH	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$50.84
Dayton, OH	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$139.72
Dayton, OH	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$13.97
Dayton, OH	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$104.79
Dayton, OH	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$45.40
Deltona-Daytona Beach-Ormond Beach, FL	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$41.70
Deltona-Daytona Beach-Ormond Beach, FL	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$125.11

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Deltona-Daytona Beach-Ormond Beach, FL	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$37.25
Deltona-Daytona Beach-Ormond Beach, FL	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.22
Deltona-Daytona Beach-Ormond Beach, FL	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$99.78
Deltona-Daytona Beach-Ormond Beach, FL	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$38.84
Deltona-Daytona Beach-Ormond Beach, FL	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$21.32
Deltona-Daytona Beach-Ormond Beach, FL	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.10
Deltona-Daytona Beach-Ormond Beach, FL	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$62.82
Deltona-Daytona Beach-Ormond Beach, FL	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$18.41
Deltona-Daytona Beach-Ormond Beach, FL	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.00
Deltona-Daytona Beach-Ormond Beach, FL	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.38
Deltona-Daytona Beach-Ormond Beach, FL	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.50
Deltona-Daytona Beach-Ormond Beach, FL	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.77

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Deltona-Daytona Beach-Ormond Beach, FL	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$77.58
Deltona-Daytona Beach-Ormond Beach, FL	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$10.78
Deltona-Daytona Beach-Ormond Beach, FL	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.08
Deltona-Daytona Beach-Ormond Beach, FL	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.09
Deltona-Daytona Beach-Ormond Beach, FL	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$12.38
Deltona-Daytona Beach-Ormond 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			\$110.25
Deltona-Daytona Beach-Ormond 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			\$284.02
Deltona-Daytona Beach-Ormond 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			\$317.16
Deltona-Daytona Beach-Ormond Beach, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$63.80
Deltona-Daytona Beach-Ormond Beach, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.38
Deltona-Daytona Beach-Ormond Beach, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$47.85
Deltona-Daytona Beach-Ormond Beach, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$152.29

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Deltona-Daytona Beach-Ormond Beach, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$15.23
Deltona-Daytona Beach-Ormond Beach, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$114.22
Deltona-Daytona Beach-Ormond Beach, FL	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$47.09
Denver-Aurora-Broomfield, CO	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$41.60
Denver-Aurora-Broomfield, CO	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$128.22
Denver-Aurora-Broomfield, CO	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$34.06
Denver-Aurora-Broomfield, CO	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.00
Denver-Aurora-Broomfield, CO	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$99.72
Denver-Aurora-Broomfield, CO	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$38.93
Denver-Aurora-Broomfield, CO	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.88
Denver-Aurora-Broomfield, CO	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.01
Denver-Aurora-Broomfield, CO	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$62.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Denver-Aurora-Broomfield, CO	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.98
Denver-Aurora-Broomfield, CO	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.46
Denver-Aurora-Broomfield, CO	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$14.74
Denver-Aurora-Broomfield, CO	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.30
Denver-Aurora-Broomfield, CO	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.52
Denver-Aurora-Broomfield, CO	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$78.66
Denver-Aurora-Broomfield, CO	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$10.90
Denver-Aurora-Broomfield, CO	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.09
Denver-Aurora-Broomfield, CO	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.18
Denver-Aurora-Broomfield, CO	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.34
Denver-Aurora-Broomfield, CO	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			\$113.97
Denver-Aurora-Broomfield, CO	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			\$287.45

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Denver-Aurora-Broomfield, CO	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			\$331.20
Denver-Aurora-Broomfield, CO	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$62.90
Denver-Aurora-Broomfield, CO	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.29
Denver-Aurora-Broomfield, CO	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$47.18
Denver-Aurora-Broomfield, CO	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$146.54
Denver-Aurora-Broomfield, CO	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.65
Denver-Aurora-Broomfield, CO	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$109.91
Denver-Aurora-Broomfield, CO	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$45.34
Detroit-Warren-Livonia, MI	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.92
Detroit-Warren-Livonia, MI	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$146.12
Detroit-Warren-Livonia, MI	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$39.46
Detroit-Warren-Livonia, MI	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$16.62

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Detroit-Warren-Livonia, MI	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$107.46
Detroit-Warren-Livonia, MI	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$41.37
Detroit-Warren-Livonia, MI	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$22.54
Detroit-Warren-Livonia, MI	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.41
Detroit-Warren-Livonia, MI	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$64.28
Detroit-Warren-Livonia, MI	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.68
Detroit-Warren-Livonia, MI	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Detroit-Warren-Livonia, MI	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.22
Detroit-Warren-Livonia, MI	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.44
Detroit-Warren-Livonia, MI	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.90
Detroit-Warren-Livonia, MI	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$83.24
Detroit-Warren-Livonia, MI	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.08

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Detroit-Warren-Livonia, MI	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.21
Detroit-Warren-Livonia, MI	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.06
Detroit-Warren-Livonia, MI	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$15.00
Detroit-Warren-Livonia, MI	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			\$113.56
Detroit-Warren-Livonia, MI	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			\$309.35
Detroit-Warren-Livonia, MI	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			\$407.45
Detroit-Warren-Livonia, MI	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$67.18
Detroit-Warren-Livonia, MI	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.72
Detroit-Warren-Livonia, MI	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$50.39
Detroit-Warren-Livonia, MI	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$150.41
Detroit-Warren-Livonia, MI	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$15.04
Detroit-Warren-Livonia, MI	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$112.81

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Detroit-Warren-Livonia, MI	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$47.14
El Paso, TX	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.32
El Paso, TX	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$150.00
El Paso, TX	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$38.93
El Paso, TX	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$17.00
El Paso, TX	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$100.04
El Paso, TX	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$38.04
El Paso, TX	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.07
El Paso, TX	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.00
El Paso, TX	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$61.80
El Paso, TX	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.35
El Paso, TX	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.62

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
El Paso, TX	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$14.52
El Paso, TX	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.37
El Paso, TX	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.66
El Paso, TX	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$81.00
El Paso, TX	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.00
El Paso, TX	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.20
El Paso, TX	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.00
El Paso, TX	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.02
El Paso, 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			\$118.78
El Paso, 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			\$300.00
El Paso, 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			\$370.00
El Paso, TX	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$69.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
El Paso, TX	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.90
El Paso, TX	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$51.75
El Paso, TX	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$139.44
El Paso, TX	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$13.94
El Paso, TX	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$104.58
El Paso, TX	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$46.70
Flint, MI	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$43.70
Flint, MI	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$144.42
Flint, MI	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$39.46
Flint, MI	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.63
Flint, MI	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$104.39
Flint, MI	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$40.38

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Flint, MI	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$21.32
Flint, MI	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.24
Flint, MI	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$61.62
Flint, MI	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.59
Flint, MI	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Flint, MI	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$14.74
Flint, MI	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.23
Flint, MI	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.00
Flint, MI	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$82.83
Flint, MI	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.68
Flint, MI	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.17
Flint, MI	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.76

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Flint, MI	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$14.34
Flint, MI	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			\$112.79
Flint, MI	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			\$308.20
Flint, MI	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			\$393.40
Flint, MI	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$64.98
Flint, MI	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.50
Flint, MI	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$48.74
Flint, MI	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$146.71
Flint, MI	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.67
Flint, MI	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$110.03
Flint, MI	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$45.90
Fresno, CA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$45.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Fresno, CA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$147.00
Fresno, CA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$40.00
Fresno, CA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$17.00
Fresno, CA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$99.54
Fresno, CA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$38.04
Fresno, CA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.00
Fresno, CA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.00
Fresno, CA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$60.00
Fresno, CA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.35
Fresno, CA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Fresno, CA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.00
Fresno, CA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.08

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Fresno, CA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.00
Fresno, CA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$95.00
Fresno, CA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.50
Fresno, CA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.25
Fresno, CA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.38
Fresno, CA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.66
Fresno, 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			\$112.50
Fresno, 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			\$300.00
Fresno, 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			\$425.10
Fresno, CA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$72.00
Fresno, CA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.20
Fresno, CA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$54.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Fresno, CA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$135.00
Fresno, CA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$13.50
Fresno, CA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$101.25
Fresno, CA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$46.00
Grand Rapids-Wyoming, MI	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$44.39
Grand Rapids-Wyoming, MI	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$150.00
Grand Rapids-Wyoming, MI	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$40.00
Grand Rapids-Wyoming, MI	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$16.25
Grand Rapids-Wyoming, MI	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$105.74
Grand Rapids-Wyoming, MI	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$40.76
Grand Rapids-Wyoming, MI	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$21.62
Grand Rapids-Wyoming, MI	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.25

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Grand Rapids-Wyoming, MI	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$63.25
Grand Rapids-Wyoming, MI	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.58
Grand Rapids-Wyoming, MI	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Grand Rapids-Wyoming, MI	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.00
Grand Rapids-Wyoming, MI	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.38
Grand Rapids-Wyoming, MI	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.00
Grand Rapids-Wyoming, MI	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$83.97
Grand Rapids-Wyoming, MI	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.87
Grand Rapids-Wyoming, MI	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.19
Grand Rapids-Wyoming, MI	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.90
Grand Rapids-Wyoming, MI	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$14.37
Grand Rapids-Wyoming, MI	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			\$112.50

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Grand Rapids-Wyoming, MI	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			\$308.70
Grand Rapids-Wyoming, MI	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			\$373.06
Grand Rapids-Wyoming, MI	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$66.37
Grand Rapids-Wyoming, MI	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.64
Grand Rapids-Wyoming, MI	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$49.78
Grand Rapids-Wyoming, MI	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$151.20
Grand Rapids-Wyoming, MI	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$15.12
Grand Rapids-Wyoming, MI	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$113.40
Grand Rapids-Wyoming, MI	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$46.00
Greensboro-High Point, NC	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.32
Greensboro-High Point, NC	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$138.85
Greensboro-High Point, NC	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$38.93

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greensboro-High Point, NC	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$16.45
Greensboro-High Point, NC	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$100.00
Greensboro-High Point, NC	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$38.99
Greensboro-High Point, NC	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.07
Greensboro-High Point, NC	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.92
Greensboro-High Point, NC	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$60.00
Greensboro-High Point, NC	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.99
Greensboro-High Point, NC	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Greensboro-High Point, NC	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.19
Greensboro-High Point, NC	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.08
Greensboro-High Point, NC	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.38
Greensboro-High Point, NC	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$79.95

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greensboro-High Point, NC	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.03
Greensboro-High Point, NC	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.10
Greensboro-High Point, NC	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.27
Greensboro-High Point, NC	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.66
Greensboro-High Point, NC	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			\$117.50
Greensboro-High Point, NC	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			\$300.00
Greensboro-High Point, NC	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
Greensboro-High Point, NC	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$68.00
Greensboro-High Point, NC	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.80
Greensboro-High Point, NC	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$51.00
Greensboro-High Point, NC	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$150.00
Greensboro-High Point, NC	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$15.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greensboro-High Point, NC	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$112.50
Greensboro-High Point, NC	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$45.80
Greenville-Mauldin-Easley, SC	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.01
Greenville-Mauldin-Easley, SC	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$149.99
Greenville-Mauldin-Easley, SC	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$38.93
Greenville-Mauldin-Easley, SC	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$17.39
Greenville-Mauldin-Easley, SC	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$98.33
Greenville-Mauldin-Easley, SC	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$38.99
Greenville-Mauldin-Easley, SC	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$21.22
Greenville-Mauldin-Easley, SC	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.84
Greenville-Mauldin-Easley, SC	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$60.81
Greenville-Mauldin-Easley, SC	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.99

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greenville-Mauldin-Easley, SC	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Greenville-Mauldin-Easley, SC	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.19
Greenville-Mauldin-Easley, SC	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.08
Greenville-Mauldin-Easley, SC	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.38
Greenville-Mauldin-Easley, SC	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$81.00
Greenville-Mauldin-Easley, SC	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.03
Greenville-Mauldin-Easley, SC	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.10
Greenville-Mauldin-Easley, SC	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.27
Greenville-Mauldin-Easley, SC	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.66
Greenville-Mauldin-Easley, 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			\$112.08
Greenville-Mauldin-Easley, 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			\$297.26
Greenville-Mauldin-Easley, 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			\$377.50

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greenville-Mauldin-Easley, SC	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$70.52
Greenville-Mauldin-Easley, SC	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.05
Greenville-Mauldin-Easley, SC	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$52.89
Greenville-Mauldin-Easley, SC	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$142.00
Greenville-Mauldin-Easley, SC	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.20
Greenville-Mauldin-Easley, SC	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$106.50
Greenville-Mauldin-Easley, SC	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$44.00
Hartford-West Hartford-East Hartford, CT	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.10
Hartford-West Hartford-East Hartford, CT	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$115.30
Hartford-West Hartford-East Hartford, CT	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$35.07
Hartford-West Hartford-East Hartford, CT	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.00
Hartford-West Hartford-East Hartford, CT	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$100.55

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Hartford-West Hartford-East Hartford, CT	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$37.75
Hartford-West Hartford-East Hartford, CT	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.04
Hartford-West Hartford-East Hartford, CT	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.62
Hartford-West Hartford-East Hartford, CT	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$61.58
Hartford-West Hartford-East Hartford, CT	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.02
Hartford-West Hartford-East Hartford, CT	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.81
Hartford-West Hartford-East Hartford, CT	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$14.74
Hartford-West Hartford-East Hartford, CT	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.10
Hartford-West Hartford-East Hartford, CT	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.90
Hartford-West Hartford-East Hartford, CT	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$79.15
Hartford-West Hartford-East Hartford, CT	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$10.98
Hartford-West Hartford-East Hartford, CT	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.10

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Hartford-West Hartford-East Hartford, CT	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.24
Hartford-West Hartford-East Hartford, CT	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.60
Hartford-West Hartford-East Hartford, CT	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			\$110.99
Hartford-West Hartford-East Hartford, CT	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			\$297.26
Hartford-West Hartford-East Hartford, CT	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			\$336.92
Hartford-West Hartford-East Hartford, CT	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$66.46
Hartford-West Hartford-East Hartford, CT	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.65
Hartford-West Hartford-East Hartford, CT	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$49.85
Hartford-West Hartford-East Hartford, CT	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$141.00
Hartford-West Hartford-East Hartford, CT	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.10
Hartford-West Hartford-East Hartford, CT	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$105.75
Hartford-West Hartford-East Hartford, CT	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$45.90

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Honolulu, HI	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.01
Honolulu, HI	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$124.27
Honolulu, HI	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$38.93
Honolulu, HI	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.00
Honolulu, HI	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$105.74
Honolulu, HI	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$40.00
Honolulu, HI	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$22.72
Honolulu, HI	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.16
Honolulu, HI	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$65.34
Honolulu, HI	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.00
Honolulu, HI	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.00
Honolulu, HI	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.19

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Honolulu, HI	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.50
Honolulu, HI	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.30
Honolulu, HI	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$79.95
Honolulu, HI	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.25
Honolulu, HI	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.23
Honolulu, HI	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.19
Honolulu, HI	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$12.42
Honolulu, HI	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			\$130.66
Honolulu, HI	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			\$315.00
Honolulu, HI	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			\$420.00
Honolulu, HI	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$63.52
Honolulu, HI	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.35

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Honolulu, HI	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$47.64
Honolulu, HI	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$157.50
Honolulu, HI	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$15.75
Honolulu, HI	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$118.13
Honolulu, HI	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$50.00
Houston-Sugar Land-Baytown, TX	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.16
Houston-Sugar Land-Baytown, TX	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$138.64
Houston-Sugar Land-Baytown, TX	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$40.40
Houston-Sugar Land-Baytown, TX	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$17.20
Houston-Sugar Land-Baytown, TX	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$99.50
Houston-Sugar Land-Baytown, TX	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$39.28
Houston-Sugar Land-Baytown, TX	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$21.08

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Houston-Sugar Land-Baytown, TX	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.75
Houston-Sugar Land-Baytown, TX	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$61.98
Houston-Sugar Land-Baytown, TX	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$18.90
Houston-Sugar Land-Baytown, TX	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.81
Houston-Sugar Land-Baytown, TX	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$13.50
Houston-Sugar Land-Baytown, TX	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.23
Houston-Sugar Land-Baytown, TX	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.73
Houston-Sugar Land-Baytown, TX	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$82.83
Houston-Sugar Land-Baytown, TX	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.95
Houston-Sugar Land-Baytown, TX	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.20
Houston-Sugar Land-Baytown, TX	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.96
Houston-Sugar Land-Baytown, TX	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.99

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Houston-Sugar Land-Baytown, 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			\$121.16
Houston-Sugar Land-Baytown, 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			\$297.50
Houston-Sugar Land-Baytown, 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
Houston-Sugar Land-Baytown, TX	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$68.70
Houston-Sugar Land-Baytown, TX	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.87
Houston-Sugar Land-Baytown, TX	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$51.53
Houston-Sugar Land-Baytown, TX	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$141.00
Houston-Sugar Land-Baytown, TX	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.10
Houston-Sugar Land-Baytown, TX	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$105.75
Houston-Sugar Land-Baytown, TX	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$47.53
Huntington-Ashland, WV-KY-OH	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.32
Huntington-Ashland, WV-KY-OH	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$116.20

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Huntington-Ashland, WV-KY-OH	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$37.25
Huntington-Ashland, WV-KY-OH	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.01
Huntington-Ashland, WV-KY-OH	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$98.33
Huntington-Ashland, WV-KY-OH	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$38.04
Huntington-Ashland, WV-KY-OH	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.00
Huntington-Ashland, WV-KY-OH	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.92
Huntington-Ashland, WV-KY-OH	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$63.57
Huntington-Ashland, WV-KY-OH	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.58
Huntington-Ashland, WV-KY-OH	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Huntington-Ashland, WV-KY-OH	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.19
Huntington-Ashland, WV-KY-OH	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.00
Huntington-Ashland, WV-KY-OH	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.03

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Huntington-Ashland, WV-KY-OH	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$81.25
Huntington-Ashland, WV-KY-OH	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.00
Huntington-Ashland, WV-KY-OH	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.10
Huntington-Ashland, WV-KY-OH	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.25
Huntington-Ashland, WV-KY-OH	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$14.37
Huntington-Ashland, WV-KY-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			\$112.50
Huntington-Ashland, WV-KY-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			\$300.00
Huntington-Ashland, WV-KY-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			\$344.82
Huntington-Ashland, WV-KY-OH	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$63.52
Huntington-Ashland, WV-KY-OH	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.35
Huntington-Ashland, WV-KY-OH	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$47.64
Huntington-Ashland, WV-KY-OH	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$140.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Huntington-Ashland, WV-KY-OH	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.00
Huntington-Ashland, WV-KY-OH	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$105.00
Huntington-Ashland, WV-KY-OH	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$45.80
Indiana-Chicago Metro CBA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$43.25
Indiana-Chicago Metro CBA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$144.42
Indiana-Chicago Metro CBA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$39.46
Indiana-Chicago Metro CBA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$16.62
Indiana-Chicago Metro CBA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$103.42
Indiana-Chicago Metro CBA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$40.38
Indiana-Chicago Metro CBA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.72
Indiana-Chicago Metro CBA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.41
Indiana-Chicago Metro CBA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$64.28

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indiana-Chicago Metro CBA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.66
Indiana-Chicago Metro CBA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Indiana-Chicago Metro CBA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$13.24
Indiana-Chicago Metro CBA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.44
Indiana-Chicago Metro CBA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.00
Indiana-Chicago Metro CBA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$81.34
Indiana-Chicago Metro CBA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.97
Indiana-Chicago Metro CBA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.20
Indiana-Chicago Metro CBA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.98
Indiana-Chicago Metro CBA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.74
Indiana-Chicago Metro CBA	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			\$118.77
Indiana-Chicago Metro CBA	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			\$298.46

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indiana-Chicago Metro CBA	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			\$397.13
Indiana-Chicago Metro CBA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$69.50
Indiana-Chicago Metro CBA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.95
Indiana-Chicago Metro CBA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$52.13
Indiana-Chicago Metro CBA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$141.00
Indiana-Chicago Metro CBA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.10
Indiana-Chicago Metro CBA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$105.75
Indiana-Chicago Metro CBA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$46.35
Indianapolis-Carmel, IN	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.06
Indianapolis-Carmel, IN	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$120.21
Indianapolis-Carmel, IN	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$35.00
Indianapolis-Carmel, IN	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$14.99

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indianapolis-Carmel, IN	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$101.29
Indianapolis-Carmel, IN	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$39.82
Indianapolis-Carmel, IN	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$21.76
Indianapolis-Carmel, IN	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.00
Indianapolis-Carmel, IN	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$64.25
Indianapolis-Carmel, IN	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.26
Indianapolis-Carmel, IN	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.63
Indianapolis-Carmel, IN	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.00
Indianapolis-Carmel, IN	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.19
Indianapolis-Carmel, IN	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.00
Indianapolis-Carmel, IN	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$79.95
Indianapolis-Carmel, IN	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indianapolis-Carmel, IN	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.20
Indianapolis-Carmel, IN	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.00
Indianapolis-Carmel, IN	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.83
Indianapolis-Carmel, 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			\$118.78
Indianapolis-Carmel, 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			\$300.00
Indianapolis-Carmel, 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			\$335.00
Indianapolis-Carmel, IN	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$65.00
Indianapolis-Carmel, IN	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.50
Indianapolis-Carmel, IN	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$48.75
Indianapolis-Carmel, IN	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$142.00
Indianapolis-Carmel, IN	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.20
Indianapolis-Carmel, IN	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$106.50

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indianapolis-Carmel, IN	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$47.48
Jackson, MS	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.32
Jackson, MS	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$138.85
Jackson, MS	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$38.93
Jackson, MS	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$16.25
Jackson, MS	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$100.00
Jackson, MS	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$38.04
Jackson, MS	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.07
Jackson, MS	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.00
Jackson, MS	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$60.00
Jackson, MS	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.00
Jackson, MS	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jackson, MS	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.19
Jackson, MS	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.08
Jackson, MS	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.15
Jackson, MS	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$81.69
Jackson, MS	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.03
Jackson, MS	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.10
Jackson, MS	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.27
Jackson, MS	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$14.32
Jackson, MS	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			\$110.50
Jackson, MS	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			\$300.00
Jackson, MS	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			\$413.75
Jackson, MS	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$63.52

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jackson, MS	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.35
Jackson, MS	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$47.64
Jackson, MS	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$140.00
Jackson, MS	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.00
Jackson, MS	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$105.00
Jackson, MS	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$46.00
Jacksonville, FL	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$43.32
Jacksonville, FL	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$131.92
Jacksonville, FL	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$37.25
Jacksonville, FL	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.44
Jacksonville, FL	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$102.39
Jacksonville, FL	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$39.80

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jacksonville, FL	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$22.43
Jacksonville, FL	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.10
Jacksonville, FL	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$64.28
Jacksonville, FL	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.52
Jacksonville, FL	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.30
Jacksonville, FL	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.12
Jacksonville, FL	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.50
Jacksonville, FL	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.00
Jacksonville, FL	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$79.48
Jacksonville, FL	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.02
Jacksonville, FL	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.10
Jacksonville, FL	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.27

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jacksonville, FL	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.00
Jacksonville, 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			\$117.80
Jacksonville, 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			\$294.49
Jacksonville, 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			\$328.75
Jacksonville, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$65.38
Jacksonville, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.54
Jacksonville, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$49.04
Jacksonville, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$153.38
Jacksonville, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$15.34
Jacksonville, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$115.04
Jacksonville, FL	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$47.97
Knoxville, TN	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.16

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Knoxville, TN	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$137.82
Knoxville, TN	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$38.09
Knoxville, TN	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.63
Knoxville, TN	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$101.00
Knoxville, TN	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$39.91
Knoxville, TN	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$21.84
Knoxville, TN	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.96
Knoxville, TN	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$60.90
Knoxville, TN	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.18
Knoxville, TN	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.81
Knoxville, TN	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$14.74
Knoxville, TN	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.30

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Knoxville, TN	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.20
Knoxville, TN	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$80.48
Knoxville, TN	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.52
Knoxville, TN	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.15
Knoxville, TN	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.64
Knoxville, TN	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.52
Knoxville, TN	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			\$115.64
Knoxville, TN	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			\$300.00
Knoxville, TN	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			\$422.55
Knoxville, TN	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$65.44
Knoxville, TN	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.54
Knoxville, TN	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$49.08

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Knoxville, TN	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$145.81
Knoxville, TN	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.58
Knoxville, TN	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$109.36
Knoxville, TN	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$48.74
Lakeland-Winter Haven, FL	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.00
Lakeland-Winter Haven, FL	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$125.00
Lakeland-Winter Haven, FL	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$37.25
Lakeland-Winter Haven, FL	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.22
Lakeland-Winter Haven, FL	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$99.55
Lakeland-Winter Haven, FL	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$38.04
Lakeland-Winter Haven, FL	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.07
Lakeland-Winter Haven, FL	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.84

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Lakeland-Winter Haven, FL	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$62.08
Lakeland-Winter Haven, FL	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$18.30
Lakeland-Winter Haven, FL	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$9.99
Lakeland-Winter Haven, FL	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$14.47
Lakeland-Winter Haven, FL	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.50
Lakeland-Winter Haven, FL	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.66
Lakeland-Winter Haven, FL	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$77.15
Lakeland-Winter Haven, FL	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$10.57
Lakeland-Winter Haven, FL	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.06
Lakeland-Winter Haven, FL	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$7.93
Lakeland-Winter Haven, FL	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$12.36
Lakeland-Winter Haven, 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			\$110.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Lakeland-Winter Haven, 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			\$280.00
Lakeland-Winter Haven, 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			\$313.31
Lakeland-Winter Haven, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$62.58
Lakeland-Winter Haven, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.26
Lakeland-Winter Haven, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$46.94
Lakeland-Winter Haven, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$151.20
Lakeland-Winter Haven, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$15.12
Lakeland-Winter Haven, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$113.40
Lakeland-Winter Haven, FL	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$46.70
Las Vegas-Paradise, NV	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$43.00
Las Vegas-Paradise, NV	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$138.85
Las Vegas-Paradise, NV	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$38.93

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Las Vegas-Paradise, NV	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$16.25
Las Vegas-Paradise, NV	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$101.00
Las Vegas-Paradise, NV	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$39.77
Las Vegas-Paradise, NV	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.07
Las Vegas-Paradise, NV	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.00
Las Vegas-Paradise, NV	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$62.19
Las Vegas-Paradise, NV	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.35
Las Vegas-Paradise, NV	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Las Vegas-Paradise, NV	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.00
Las Vegas-Paradise, NV	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.25
Las Vegas-Paradise, NV	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.66
Las Vegas-Paradise, NV	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$88.26

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Las Vegas-Paradise, NV	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.00
Las Vegas-Paradise, NV	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.20
Las Vegas-Paradise, NV	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.00
Las Vegas-Paradise, NV	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$14.37
Las Vegas-Paradise, NV	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			\$110.50
Las Vegas-Paradise, NV	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			\$297.26
Las Vegas-Paradise, NV	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			\$425.10
Las Vegas-Paradise, NV	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$72.00
Las Vegas-Paradise, NV	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.20
Las Vegas-Paradise, NV	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$54.00
Las Vegas-Paradise, NV	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$140.00
Las Vegas-Paradise, NV	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Las Vegas-Paradise, NV	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$105.00
Las Vegas-Paradise, NV	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$46.70
Little Rock-North Little Rock-Conway, AR	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$43.00
Little Rock-North Little Rock-Conway, AR	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$138.85
Little Rock-North Little Rock-Conway, AR	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$38.93
Little Rock-North Little Rock-Conway, AR	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$16.25
Little Rock-North Little Rock-Conway, AR	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$101.10
Little Rock-North Little Rock-Conway, AR	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$39.77
Little Rock-North Little Rock-Conway, AR	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.07
Little Rock-North Little Rock-Conway, AR	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.92
Little Rock-North Little Rock-Conway, AR	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$63.57
Little Rock-North Little Rock-Conway, AR	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Little Rock-North Little Rock-Conway, AR	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Little Rock-North Little Rock-Conway, AR	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$14.47
Little Rock-North Little Rock-Conway, AR	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.25
Little Rock-North Little Rock-Conway, AR	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.66
Little Rock-North Little Rock-Conway, AR	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$81.69
Little Rock-North Little Rock-Conway, AR	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.94
Little Rock-North Little Rock-Conway, AR	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.19
Little Rock-North Little Rock-Conway, AR	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.96
Little Rock-North Little Rock-Conway, AR	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$14.32
Little Rock-North Little Rock-Conway, AR	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			\$118.78
Little Rock-North Little Rock-Conway, AR	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			\$300.00
Little Rock-North Little Rock-Conway, AR	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			\$413.75

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Little Rock-North Little Rock-Conway, AR	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$63.52
Little Rock-North Little Rock-Conway, AR	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.35
Little Rock-North Little Rock-Conway, AR	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$47.64
Little Rock-North Little Rock-Conway, AR	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$140.00
Little Rock-North Little Rock-Conway, AR	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.00
Little Rock-North Little Rock-Conway, AR	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$105.00
Little Rock-North Little Rock-Conway, AR	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$45.80
Los Angeles County CBA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$43.50
Los Angeles County CBA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$140.00
Los Angeles County CBA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$38.93
Los Angeles County CBA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.01
Los Angeles County CBA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$102.11

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Los Angeles County CBA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$40.00
Los Angeles County CBA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$21.62
Los Angeles County CBA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.26
Los Angeles County CBA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$63.57
Los Angeles County CBA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.40
Los Angeles County CBA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Los Angeles County CBA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$16.00
Los Angeles County CBA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.38
Los Angeles County CBA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.50
Los Angeles County CBA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$85.00
Los Angeles County CBA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.50
Los Angeles County CBA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.25

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Los Angeles County CBA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.38
Los Angeles County CBA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.00
Los Angeles County CBA	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			\$119.00
Los Angeles County CBA	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			\$313.31
Los Angeles County CBA	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			\$417.89
Los Angeles County CBA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$69.99
Los Angeles County CBA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.00
Los Angeles County CBA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$52.49
Los Angeles County CBA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$140.00
Los Angeles County CBA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.00
Los Angeles County CBA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$105.00
Los Angeles County CBA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$48.97

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Louisville/Jefferson County, KY-IN	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$41.38
Louisville/Jefferson County, KY-IN	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$115.00
Louisville/Jefferson County, KY-IN	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$31.92
Louisville/Jefferson County, KY-IN	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$14.99
Louisville/Jefferson County, KY-IN	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$98.33
Louisville/Jefferson County, KY-IN	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$36.00
Louisville/Jefferson County, KY-IN	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$19.00
Louisville/Jefferson County, KY-IN	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.00
Louisville/Jefferson County, KY-IN	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$60.00
Louisville/Jefferson County, KY-IN	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$18.93
Louisville/Jefferson County, KY-IN	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Louisville/Jefferson County, KY-IN	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$14.47

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Louisville/Jefferson County, KY-IN	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.04
Louisville/Jefferson County, KY-IN	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.69
Louisville/Jefferson County, KY-IN	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$81.00
Louisville/Jefferson County, KY-IN	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$10.63
Louisville/Jefferson County, KY-IN	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.06
Louisville/Jefferson County, KY-IN	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$7.97
Louisville/Jefferson County, KY-IN	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$14.00
Louisville/Jefferson County, 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			\$114.03
Louisville/Jefferson County, 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			\$285.37
Louisville/Jefferson County, 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			\$330.00
Louisville/Jefferson County, KY-IN	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$72.00
Louisville/Jefferson County, KY-IN	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.20

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Louisville/Jefferson County, KY-IN	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$54.00
Louisville/Jefferson County, KY-IN	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$139.44
Louisville/Jefferson County, KY-IN	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$13.94
Louisville/Jefferson County, KY-IN	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$104.58
Louisville/Jefferson County, KY-IN	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$46.00
McAllen-Edinburg-Mission, TX	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.32
McAllen-Edinburg-Mission, TX	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$140.25
McAllen-Edinburg-Mission, TX	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$38.93
McAllen-Edinburg-Mission, TX	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$16.25
McAllen-Edinburg-Mission, TX	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$101.00
McAllen-Edinburg-Mission, TX	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$38.79
McAllen-Edinburg-Mission, TX	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$21.05

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
McAllen-Edinburg-Mission, TX	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.92
McAllen-Edinburg-Mission, TX	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$63.57
McAllen-Edinburg-Mission, TX	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.35
McAllen-Edinburg-Mission, TX	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.62
McAllen-Edinburg-Mission, TX	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$14.52
McAllen-Edinburg-Mission, TX	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.38
McAllen-Edinburg-Mission, TX	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.66
McAllen-Edinburg-Mission, TX	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$81.00
McAllen-Edinburg-Mission, TX	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.00
McAllen-Edinburg-Mission, TX	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.20
McAllen-Edinburg-Mission, TX	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.00
McAllen-Edinburg-Mission, TX	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.24

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
McAllen-Edinburg-Mission, 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			\$120.00
McAllen-Edinburg-Mission, 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			\$300.00
McAllen-Edinburg-Mission, 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			\$366.24
McAllen-Edinburg-Mission, TX	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$68.40
McAllen-Edinburg-Mission, TX	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.84
McAllen-Edinburg-Mission, TX	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$51.30
McAllen-Edinburg-Mission, TX	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$142.00
McAllen-Edinburg-Mission, TX	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.20
McAllen-Edinburg-Mission, TX	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$106.50
McAllen-Edinburg-Mission, TX	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$47.58
Memphis, TN-MS-AR	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.32
Memphis, TN-MS-AR	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$144.25

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Memphis, TN-MS-AR	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$38.32
Memphis, TN-MS-AR	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$17.00
Memphis, TN-MS-AR	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$100.00
Memphis, TN-MS-AR	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$40.00
Memphis, TN-MS-AR	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$22.07
Memphis, TN-MS-AR	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.00
Memphis, TN-MS-AR	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$61.80
Memphis, TN-MS-AR	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.00
Memphis, TN-MS-AR	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.66
Memphis, TN-MS-AR	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.00
Memphis, TN-MS-AR	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.38
Memphis, TN-MS-AR	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Memphis, TN-MS-AR	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$80.59
Memphis, TN-MS-AR	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.00
Memphis, TN-MS-AR	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.20
Memphis, TN-MS-AR	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.00
Memphis, TN-MS-AR	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.66
Memphis, TN-MS-AR	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			\$118.78
Memphis, TN-MS-AR	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
Memphis, TN-MS-AR	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			\$425.10
Memphis, TN-MS-AR	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$72.00
Memphis, TN-MS-AR	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.20
Memphis, TN-MS-AR	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$54.00
Memphis, TN-MS-AR	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$149.62

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Memphis, TN-MS-AR	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.96
Memphis, TN-MS-AR	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$112.22
Memphis, TN-MS-AR	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$47.48
Milwaukee-Waukesha-West Allis, WI	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.32
Milwaukee-Waukesha-West Allis, WI	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$124.27
Milwaukee-Waukesha-West Allis, WI	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$38.93
Milwaukee-Waukesha-West Allis, WI	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.01
Milwaukee-Waukesha-West Allis, WI	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$104.78
Milwaukee-Waukesha-West Allis, WI	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$40.00
Milwaukee-Waukesha-West Allis, WI	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$22.50
Milwaukee-Waukesha-West Allis, WI	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.22
Milwaukee-Waukesha-West Allis, WI	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$65.31

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Milwaukee-Waukesha-West Allis, WI	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.00
Milwaukee-Waukesha-West Allis, WI	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Milwaukee-Waukesha-West Allis, WI	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.19
Milwaukee-Waukesha-West Allis, WI	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.00
Milwaukee-Waukesha-West Allis, WI	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.81
Milwaukee-Waukesha-West Allis, WI	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$81.00
Milwaukee-Waukesha-West Allis, WI	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.29
Milwaukee-Waukesha-West Allis, WI	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.13
Milwaukee-Waukesha-West Allis, WI	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.47
Milwaukee-Waukesha-West Allis, WI	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$14.37
Milwaukee-Waukesha-West Allis, WI	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			\$117.85
Milwaukee-Waukesha-West Allis, WI	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			\$300.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Milwaukee-Waukesha-West Allis, WI	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			\$394.41
Milwaukee-Waukesha-West Allis, WI	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$70.52
Milwaukee-Waukesha-West Allis, WI	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.05
Milwaukee-Waukesha-West Allis, WI	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$52.89
Milwaukee-Waukesha-West Allis, WI	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$153.38
Milwaukee-Waukesha-West Allis, WI	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$15.34
Milwaukee-Waukesha-West Allis, WI	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$115.04
Milwaukee-Waukesha-West Allis, WI	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$46.00
Minneapolis-St. Paul-Bloomington, MN-WI	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$44.53
Minneapolis-St. Paul-Bloomington, MN-WI	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$144.25
Minneapolis-St. Paul-Bloomington, MN-WI	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$40.00
Minneapolis-St. Paul-Bloomington, MN-WI	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$16.25

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Minneapolis-St. Paul-Bloomington, MN-WI	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$105.65
Minneapolis-St. Paul-Bloomington, MN-WI	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$40.05
Minneapolis-St. Paul-Bloomington, MN-WI	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$22.72
Minneapolis-St. Paul-Bloomington, MN-WI	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.31
Minneapolis-St. Paul-Bloomington, MN-WI	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$65.34
Minneapolis-St. Paul-Bloomington, MN-WI	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.60
Minneapolis-St. Paul-Bloomington, MN-WI	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.01
Minneapolis-St. Paul-Bloomington, MN-WI	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.19
Minneapolis-St. Paul-Bloomington, MN-WI	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.50
Minneapolis-St. Paul-Bloomington, MN-WI	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.00
Minneapolis-St. Paul-Bloomington, MN-WI	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$83.97
Minneapolis-St. Paul-Bloomington, MN-WI	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.97

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Minneapolis-St. Paul-Bloomington, MN-WI	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.30
Minneapolis-St. Paul-Bloomington, MN-WI	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.73
Minneapolis-St. Paul-Bloomington, MN-WI	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$15.00
Minneapolis-St. Paul-Bloomington, MN-WI	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			\$118.90
Minneapolis-St. Paul-Bloomington, MN-WI	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			\$307.70
Minneapolis-St. Paul-Bloomington, MN-WI	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			\$420.00
Minneapolis-St. Paul-Bloomington, MN-WI	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$72.00
Minneapolis-St. Paul-Bloomington, MN-WI	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.20
Minneapolis-St. Paul-Bloomington, MN-WI	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$54.00
Minneapolis-St. Paul-Bloomington, MN-WI	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$153.38
Minneapolis-St. Paul-Bloomington, MN-WI	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$15.34
Minneapolis-St. Paul-Bloomington, MN-WI	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$115.04

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Minneapolis-St. Paul-Bloomington, MN-WI	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$46.70
Nashville-Davidson--Murfreesboro--Franklin, TN	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$43.00
Nashville-Davidson--Murfreesboro--Franklin, TN	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$144.25
Nashville-Davidson--Murfreesboro--Franklin, TN	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$40.00
Nashville-Davidson--Murfreesboro--Franklin, TN	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$17.00
Nashville-Davidson--Murfreesboro--Franklin, TN	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$104.78
Nashville-Davidson--Murfreesboro--Franklin, TN	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$40.15
Nashville-Davidson--Murfreesboro--Franklin, TN	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$23.00
Nashville-Davidson--Murfreesboro--Franklin, TN	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$17.80
Nashville-Davidson--Murfreesboro--Franklin, TN	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$65.00
Nashville-Davidson--Murfreesboro--Franklin, TN	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.00
Nashville-Davidson--Murfreesboro--Franklin, TN	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nashville-Davidson--Murfreesboro--Franklin, TN	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.27
Nashville-Davidson--Murfreesboro--Franklin, TN	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.50
Nashville-Davidson--Murfreesboro--Franklin, TN	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.00
Nashville-Davidson--Murfreesboro--Franklin, TN	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$81.00
Nashville-Davidson--Murfreesboro--Franklin, TN	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.16
Nashville-Davidson--Murfreesboro--Franklin, TN	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.22
Nashville-Davidson--Murfreesboro--Franklin, TN	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.12
Nashville-Davidson--Murfreesboro--Franklin, TN	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.91
Nashville-Davidson--Murfreesboro--Franklin, TN	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			\$118.78
Nashville-Davidson--Murfreesboro--Franklin, TN	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			\$307.70
Nashville-Davidson--Murfreesboro--Franklin, TN	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			\$428.05
Nashville-Davidson--Murfreesboro--Franklin, TN	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$71.32

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nashville-Davidson--Murfreesboro--Franklin, TN	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.13
Nashville-Davidson--Murfreesboro--Franklin, TN	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$53.49
Nashville-Davidson--Murfreesboro--Franklin, TN	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$150.00
Nashville-Davidson--Murfreesboro--Franklin, TN	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$15.00
Nashville-Davidson--Murfreesboro--Franklin, TN	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$112.50
Nashville-Davidson--Murfreesboro--Franklin, TN	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$51.71
Nassau-Brooklyn-Queens-Richmond County Metro CBA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$41.24
Nassau-Brooklyn-Queens-Richmond County Metro CBA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$117.52
Nassau-Brooklyn-Queens-Richmond County Metro CBA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$32.70
Nassau-Brooklyn-Queens-Richmond County Metro CBA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$100.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$38.02

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nassau-Brooklyn-Queens-Richmond County Metro CBA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.04
Nassau-Brooklyn-Queens-Richmond County Metro CBA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.96
Nassau-Brooklyn-Queens-Richmond County Metro CBA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$63.36
Nassau-Brooklyn-Queens-Richmond County Metro CBA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.18
Nassau-Brooklyn-Queens-Richmond County Metro CBA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.81
Nassau-Brooklyn-Queens-Richmond County Metro CBA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.04
Nassau-Brooklyn-Queens-Richmond County Metro CBA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.13
Nassau-Brooklyn-Queens-Richmond County Metro CBA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$78.18
Nassau-Brooklyn-Queens-Richmond County Metro CBA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.04
Nassau-Brooklyn-Queens-Richmond County Metro CBA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.10
Nassau-Brooklyn-Queens-Richmond County Metro CBA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.28

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nassau-Brooklyn-Queens-Richmond County Metro CBA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.28
Nassau-Brooklyn-Queens-Richmond County Metro CBA	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			\$116.88
Nassau-Brooklyn-Queens-Richmond County Metro CBA	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			\$297.08
Nassau-Brooklyn-Queens-Richmond County Metro CBA	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			\$326.04
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$63.36
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.34
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$47.52
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$143.50
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.35
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$107.63
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$45.90
New Haven-Milford, CT	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.32

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Haven-Milford, CT	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$115.59
New Haven-Milford, CT	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$37.25
New Haven-Milford, CT	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.22
New Haven-Milford, CT	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$100.00
New Haven-Milford, CT	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$38.04
New Haven-Milford, CT	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.00
New Haven-Milford, CT	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.00
New Haven-Milford, CT	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$60.00
New Haven-Milford, CT	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.58
New Haven-Milford, CT	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
New Haven-Milford, CT	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.19
New Haven-Milford, CT	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$1.99

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Haven-Milford, CT	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.38
New Haven-Milford, CT	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$81.00
New Haven-Milford, CT	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.00
New Haven-Milford, CT	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.10
New Haven-Milford, CT	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.25
New Haven-Milford, CT	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$14.32
New Haven-Milford, CT	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			\$110.00
New Haven-Milford, CT	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			\$297.26
New Haven-Milford, CT	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			\$413.75
New Haven-Milford, CT	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$70.52
New Haven-Milford, CT	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.05
New Haven-Milford, CT	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$52.89

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Haven-Milford, CT	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$140.00
New Haven-Milford, CT	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.00
New Haven-Milford, CT	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$105.00
New Haven-Milford, CT	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$41.50
New Orleans-Metairie-Kenner, LA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.10
New Orleans-Metairie-Kenner, LA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$121.61
New Orleans-Metairie-Kenner, LA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$37.12
New Orleans-Metairie-Kenner, LA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.10
New Orleans-Metairie-Kenner, LA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$100.02
New Orleans-Metairie-Kenner, LA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$39.02
New Orleans-Metairie-Kenner, LA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.28
New Orleans-Metairie-Kenner, LA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.24

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Orleans-Metairie-Kenner, LA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$59.95
New Orleans-Metairie-Kenner, LA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.68
New Orleans-Metairie-Kenner, LA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.67
New Orleans-Metairie-Kenner, LA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$12.83
New Orleans-Metairie-Kenner, LA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.30
New Orleans-Metairie-Kenner, LA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.60
New Orleans-Metairie-Kenner, LA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$78.98
New Orleans-Metairie-Kenner, LA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.12
New Orleans-Metairie-Kenner, LA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.11
New Orleans-Metairie-Kenner, LA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.34
New Orleans-Metairie-Kenner, LA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.34
New Orleans-Metairie-Kenner, LA	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			\$118.77

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Orleans-Metairie-Kenner, LA	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			\$296.66
New Orleans-Metairie-Kenner, LA	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			\$347.63
New Orleans-Metairie-Kenner, LA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$65.99
New Orleans-Metairie-Kenner, LA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.60
New Orleans-Metairie-Kenner, LA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$49.49
New Orleans-Metairie-Kenner, LA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$141.00
New Orleans-Metairie-Kenner, LA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.10
New Orleans-Metairie-Kenner, LA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$105.75
New Orleans-Metairie-Kenner, LA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$42.73
North East NY CBA Metro	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$40.69
North East NY CBA Metro	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$115.30
North East NY CBA Metro	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$34.20

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North East NY CBA Metro	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.00
North East NY CBA Metro	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$92.15
North East NY CBA Metro	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$36.35
North East NY CBA Metro	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$18.88
North East NY CBA Metro	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.39
North East NY CBA Metro	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$57.72
North East NY CBA Metro	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$18.75
North East NY CBA Metro	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.81
North East NY CBA Metro	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$14.50
North East NY CBA Metro	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.10
North East NY CBA Metro	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.69
North East NY CBA Metro	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$78.30

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North East NY CBA Metro	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$10.98
North East NY CBA Metro	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.10
North East NY CBA Metro	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.24
North East NY CBA Metro	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.34
North East NY CBA Metro	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			\$113.75
North East NY CBA Metro	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			\$280.98
North East NY CBA Metro	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			\$326.04
North East NY CBA Metro	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$63.10
North East NY CBA Metro	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.31
North East NY CBA Metro	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$47.33
North East NY CBA Metro	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$139.44
North East NY CBA Metro	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$13.94

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North East NY CBA Metro	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$104.58
North East NY CBA Metro	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$41.43
North Port-Bradenton-Sarasota, FL	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$41.38
North Port-Bradenton-Sarasota, FL	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$120.00
North Port-Bradenton-Sarasota, FL	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$33.00
North Port-Bradenton-Sarasota, FL	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.00
North Port-Bradenton-Sarasota, FL	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$99.55
North Port-Bradenton-Sarasota, FL	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$38.04
North Port-Bradenton-Sarasota, FL	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.07
North Port-Bradenton-Sarasota, FL	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.84
North Port-Bradenton-Sarasota, FL	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$62.08
North Port-Bradenton-Sarasota, FL	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$18.30

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North Port-Bradenton-Sarasota, FL	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$9.85
North Port-Bradenton-Sarasota, FL	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.00
North Port-Bradenton-Sarasota, FL	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.50
North Port-Bradenton-Sarasota, FL	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.66
North Port-Bradenton-Sarasota, FL	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$76.60
North Port-Bradenton-Sarasota, FL	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$10.57
North Port-Bradenton-Sarasota, FL	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.06
North Port-Bradenton-Sarasota, FL	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$7.93
North Port-Bradenton-Sarasota, FL	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$12.36
North Port-Bradenton-Sarasota, 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			\$110.00
North Port-Bradenton-Sarasota, 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			\$288.04
North Port-Bradenton-Sarasota, 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			\$313.31

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North Port-Bradenton-Sarasota, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$62.58
North Port-Bradenton-Sarasota, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.26
North Port-Bradenton-Sarasota, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$46.94
North Port-Bradenton-Sarasota, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$151.20
North Port-Bradenton-Sarasota, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$15.12
North Port-Bradenton-Sarasota, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$113.40
North Port-Bradenton-Sarasota, FL	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$47.48
Northern NJ Metro CBA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$40.00
Northern NJ Metro CBA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$115.59
Northern NJ Metro CBA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$33.00
Northern NJ Metro CBA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.00
Northern NJ Metro CBA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$100.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern NJ Metro CBA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$37.91
Northern NJ Metro CBA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.07
Northern NJ Metro CBA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.00
Northern NJ Metro CBA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$62.50
Northern NJ Metro CBA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.35
Northern NJ Metro CBA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.61
Northern NJ Metro CBA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.19
Northern NJ Metro CBA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.13
Northern NJ Metro CBA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.00
Northern NJ Metro CBA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$78.00
Northern NJ Metro CBA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$10.95
Northern NJ Metro CBA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.10

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern NJ Metro CBA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.21
Northern NJ Metro CBA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.00
Northern NJ Metro CBA	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			\$106.90
Northern NJ Metro CBA	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			\$270.00
Northern NJ Metro CBA	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			\$313.31
Northern NJ Metro CBA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$63.00
Northern NJ Metro CBA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.30
Northern NJ Metro CBA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$47.25
Northern NJ Metro CBA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$139.44
Northern NJ Metro CBA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$13.94
Northern NJ Metro CBA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$104.58
Northern NJ Metro CBA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$45.80

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern-Chicago Metro CBA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.25
Northern-Chicago Metro CBA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$128.92
Northern-Chicago Metro CBA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$38.65
Northern-Chicago Metro CBA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.10
Northern-Chicago Metro CBA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$101.94
Northern-Chicago Metro CBA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$40.00
Northern-Chicago Metro CBA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$21.54
Northern-Chicago Metro CBA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.24
Northern-Chicago Metro CBA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$64.28
Northern-Chicago Metro CBA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.13
Northern-Chicago Metro CBA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Northern-Chicago Metro CBA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.60

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern-Chicago Metro CBA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.27
Northern-Chicago Metro CBA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.84
Northern-Chicago Metro CBA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$80.62
Northern-Chicago Metro CBA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.00
Northern-Chicago Metro CBA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.20
Northern-Chicago Metro CBA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.00
Northern-Chicago Metro CBA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.74
Northern-Chicago Metro CBA	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			\$118.84
Northern-Chicago Metro CBA	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			\$301.60
Northern-Chicago Metro CBA	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			\$380.00
Northern-Chicago Metro CBA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$67.00
Northern-Chicago Metro CBA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.70

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern-Chicago Metro CBA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$50.25
Northern-Chicago Metro CBA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$152.10
Northern-Chicago Metro CBA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$15.21
Northern-Chicago Metro CBA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$114.08
Northern-Chicago Metro CBA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$46.35
Ocala, FL	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$41.70
Ocala, FL	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$120.94
Ocala, FL	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$36.00
Ocala, FL	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.11
Ocala, FL	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$98.94
Ocala, FL	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$38.93
Ocala, FL	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.36

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Ocala, FL	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.92
Ocala, FL	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$61.94
Ocala, FL	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$18.41
Ocala, FL	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$9.92
Ocala, FL	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$14.74
Ocala, FL	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.50
Ocala, FL	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.77
Ocala, FL	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$76.88
Ocala, FL	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$10.78
Ocala, FL	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.08
Ocala, FL	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.09
Ocala, FL	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$12.38

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Ocala, 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			\$110.25
Ocala, 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			\$284.02
Ocala, 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			\$317.16
Ocala, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$62.50
Ocala, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.25
Ocala, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$46.88
Ocala, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$145.54
Ocala, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.55
Ocala, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$109.16
Ocala, FL	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$47.09
Oklahoma City, OK	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.01
Oklahoma City, OK	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$120.21

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oklahoma City, OK	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$32.23
Oklahoma City, OK	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.00
Oklahoma City, OK	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$102.77
Oklahoma City, OK	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$39.00
Oklahoma City, OK	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.00
Oklahoma City, OK	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.48
Oklahoma City, OK	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$61.80
Oklahoma City, OK	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.35
Oklahoma City, OK	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.72
Oklahoma City, OK	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$13.30
Oklahoma City, OK	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.21
Oklahoma City, OK	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.38

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oklahoma City, OK	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$81.00
Oklahoma City, OK	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.06
Oklahoma City, OK	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.11
Oklahoma City, OK	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.30
Oklahoma City, OK	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$14.47
Oklahoma City, OK	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			\$112.50
Oklahoma City, OK	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			\$280.00
Oklahoma City, OK	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			\$417.89
Oklahoma City, OK	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$63.21
Oklahoma City, OK	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.32
Oklahoma City, OK	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$47.41
Oklahoma City, OK	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$145.93

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oklahoma City, OK	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.59
Oklahoma City, OK	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$109.45
Oklahoma City, OK	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$46.00
Omaha-Council Bluffs, NE-IA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.32
Omaha-Council Bluffs, NE-IA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$124.27
Omaha-Council Bluffs, NE-IA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$38.93
Omaha-Council Bluffs, NE-IA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.01
Omaha-Council Bluffs, NE-IA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$101.00
Omaha-Council Bluffs, NE-IA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$39.77
Omaha-Council Bluffs, NE-IA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.07
Omaha-Council Bluffs, NE-IA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.92
Omaha-Council Bluffs, NE-IA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$65.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Omaha-Council Bluffs, NE-IA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.00
Omaha-Council Bluffs, NE-IA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Omaha-Council Bluffs, NE-IA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.19
Omaha-Council Bluffs, NE-IA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.08
Omaha-Council Bluffs, NE-IA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.03
Omaha-Council Bluffs, NE-IA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$81.69
Omaha-Council Bluffs, NE-IA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.00
Omaha-Council Bluffs, NE-IA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.20
Omaha-Council Bluffs, NE-IA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.00
Omaha-Council Bluffs, NE-IA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$14.37
Omaha-Council Bluffs, NE-IA	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			\$118.78
Omaha-Council Bluffs, NE-IA	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			\$300.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Omaha-Council Bluffs, NE-IA	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			\$413.75
Omaha-Council Bluffs, NE-IA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$70.52
Omaha-Council Bluffs, NE-IA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.05
Omaha-Council Bluffs, NE-IA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$52.89
Omaha-Council Bluffs, NE-IA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$142.00
Omaha-Council Bluffs, NE-IA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.20
Omaha-Council Bluffs, NE-IA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$106.50
Omaha-Council Bluffs, NE-IA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$45.80
Orange County CBA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$45.17
Orange County CBA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$148.48
Orange County CBA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$41.50
Orange County CBA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$17.20

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orange County CBA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$98.94
Orange County CBA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$37.55
Orange County CBA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.04
Orange County CBA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.26
Orange County CBA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$60.00
Orange County CBA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.00
Orange County CBA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Orange County CBA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.00
Orange County CBA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.04
Orange County CBA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.25
Orange County CBA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$91.63
Orange County CBA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.25

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orange County CBA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.23
Orange County CBA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.19
Orange County CBA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.01
Orange County CBA	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			\$113.13
Orange County CBA	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			\$300.00
Orange County CBA	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			\$422.55
Orange County CBA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$80.59
Orange County CBA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$8.06
Orange County CBA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$60.44
Orange County CBA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$135.00
Orange County CBA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$13.50
Orange County CBA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$101.25

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orange County CBA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$43.65
Oxnard-Thousand Oaks-Ventura, CA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$45.34
Oxnard-Thousand Oaks-Ventura, CA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$147.00
Oxnard-Thousand Oaks-Ventura, CA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$43.00
Oxnard-Thousand Oaks-Ventura, CA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$17.39
Oxnard-Thousand Oaks-Ventura, CA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$99.54
Oxnard-Thousand Oaks-Ventura, CA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$37.06
Oxnard-Thousand Oaks-Ventura, CA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.00
Oxnard-Thousand Oaks-Ventura, CA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.25
Oxnard-Thousand Oaks-Ventura, CA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$60.00
Oxnard-Thousand Oaks-Ventura, CA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.00
Oxnard-Thousand Oaks-Ventura, CA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oxnard-Thousand Oaks-Ventura, CA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.00
Oxnard-Thousand Oaks-Ventura, CA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.21
Oxnard-Thousand Oaks-Ventura, CA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.00
Oxnard-Thousand Oaks-Ventura, CA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$95.00
Oxnard-Thousand Oaks-Ventura, CA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.50
Oxnard-Thousand Oaks-Ventura, CA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.25
Oxnard-Thousand Oaks-Ventura, CA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.38
Oxnard-Thousand Oaks-Ventura, CA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.02
Oxnard-Thousand Oaks-Ventura, 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			\$113.75
Oxnard-Thousand Oaks-Ventura, 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			\$300.00
Oxnard-Thousand Oaks-Ventura, 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			\$420.00
Oxnard-Thousand Oaks-Ventura, CA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$75.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oxnard-Thousand Oaks-Ventura, CA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.50
Oxnard-Thousand Oaks-Ventura, CA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$56.25
Oxnard-Thousand Oaks-Ventura, CA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$139.44
Oxnard-Thousand Oaks-Ventura, CA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$13.94
Oxnard-Thousand Oaks-Ventura, CA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$104.58
Oxnard-Thousand Oaks-Ventura, CA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$45.80
Palm Bay-Melbourne-Titusville, FL	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$41.69
Palm Bay-Melbourne-Titusville, FL	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$122.50
Palm Bay-Melbourne-Titusville, FL	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$35.12
Palm Bay-Melbourne-Titusville, FL	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.11
Palm Bay-Melbourne-Titusville, FL	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$98.94
Palm Bay-Melbourne-Titusville, FL	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$37.96

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Palm Bay-Melbourne-Titusville, FL	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.04
Palm Bay-Melbourne-Titusville, FL	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.64
Palm Bay-Melbourne-Titusville, FL	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$61.94
Palm Bay-Melbourne-Titusville, FL	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$18.15
Palm Bay-Melbourne-Titusville, FL	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$9.92
Palm Bay-Melbourne-Titusville, FL	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$14.40
Palm Bay-Melbourne-Titusville, FL	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.44
Palm Bay-Melbourne-Titusville, FL	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.64
Palm Bay-Melbourne-Titusville, FL	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$76.88
Palm Bay-Melbourne-Titusville, FL	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$10.42
Palm Bay-Melbourne-Titusville, FL	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.04
Palm Bay-Melbourne-Titusville, FL	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$7.82

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Palm Bay-Melbourne-Titusville, FL	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$12.18
Palm Bay-Melbourne-Titusville, 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			\$110.25
Palm Bay-Melbourne-Titusville, 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			\$284.02
Palm Bay-Melbourne-Titusville, 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			\$311.65
Palm Bay-Melbourne-Titusville, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$62.50
Palm Bay-Melbourne-Titusville, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.25
Palm Bay-Melbourne-Titusville, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$46.88
Palm Bay-Melbourne-Titusville, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$151.14
Palm Bay-Melbourne-Titusville, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$15.11
Palm Bay-Melbourne-Titusville, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$113.36
Palm Bay-Melbourne-Titusville, FL	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$47.09
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.66

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$127.61
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$38.09
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.61
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$103.04
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$40.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$21.88
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$17.50
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$65.16
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.98
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.98
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$17.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.50

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.30
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$80.48
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.20
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.60
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	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			\$115.66
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	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			\$300.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	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			\$374.38
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$67.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.70
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$50.25

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$155.60
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$15.56
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$116.70
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$50.00
Phoenix-Mesa-Glendale, AZ	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$43.00
Phoenix-Mesa-Glendale, AZ	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$150.61
Phoenix-Mesa-Glendale, AZ	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$40.00
Phoenix-Mesa-Glendale, AZ	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$16.25
Phoenix-Mesa-Glendale, AZ	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$103.49
Phoenix-Mesa-Glendale, AZ	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$40.00
Phoenix-Mesa-Glendale, AZ	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$22.07
Phoenix-Mesa-Glendale, AZ	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.25

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Phoenix-Mesa-Glendale, AZ	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$65.31
Phoenix-Mesa-Glendale, AZ	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.58
Phoenix-Mesa-Glendale, AZ	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$12.12
Phoenix-Mesa-Glendale, AZ	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$14.47
Phoenix-Mesa-Glendale, AZ	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.25
Phoenix-Mesa-Glendale, AZ	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.66
Phoenix-Mesa-Glendale, AZ	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$83.97
Phoenix-Mesa-Glendale, AZ	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.71
Phoenix-Mesa-Glendale, AZ	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.17
Phoenix-Mesa-Glendale, AZ	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.78
Phoenix-Mesa-Glendale, AZ	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$15.00
Phoenix-Mesa-Glendale, AZ	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			\$110.50

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Phoenix-Mesa-Glendale, AZ	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			\$307.70
Phoenix-Mesa-Glendale, AZ	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			\$420.00
Phoenix-Mesa-Glendale, AZ	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$75.00
Phoenix-Mesa-Glendale, AZ	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.50
Phoenix-Mesa-Glendale, AZ	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$56.25
Phoenix-Mesa-Glendale, AZ	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$153.38
Phoenix-Mesa-Glendale, AZ	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$15.34
Phoenix-Mesa-Glendale, AZ	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$115.04
Phoenix-Mesa-Glendale, AZ	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$47.29
Portland-Vancouver-Hillsboro, OR-WA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$44.18
Portland-Vancouver-Hillsboro, OR-WA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$144.42
Portland-Vancouver-Hillsboro, OR-WA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$38.65

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Portland-Vancouver-Hillsboro, OR-WA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.62
Portland-Vancouver-Hillsboro, OR-WA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$103.37
Portland-Vancouver-Hillsboro, OR-WA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$39.38
Portland-Vancouver-Hillsboro, OR-WA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$21.47
Portland-Vancouver-Hillsboro, OR-WA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.12
Portland-Vancouver-Hillsboro, OR-WA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$65.76
Portland-Vancouver-Hillsboro, OR-WA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.13
Portland-Vancouver-Hillsboro, OR-WA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Portland-Vancouver-Hillsboro, OR-WA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$14.74
Portland-Vancouver-Hillsboro, OR-WA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.23
Portland-Vancouver-Hillsboro, OR-WA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.00
Portland-Vancouver-Hillsboro, OR-WA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$88.90

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Portland-Vancouver-Hillsboro, OR-WA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.08
Portland-Vancouver-Hillsboro, OR-WA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.21
Portland-Vancouver-Hillsboro, OR-WA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.06
Portland-Vancouver-Hillsboro, OR-WA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.74
Portland-Vancouver-Hillsboro, OR-WA	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			\$118.78
Portland-Vancouver-Hillsboro, OR-WA	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			\$309.35
Portland-Vancouver-Hillsboro, OR-WA	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			\$447.55
Portland-Vancouver-Hillsboro, OR-WA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$77.12
Portland-Vancouver-Hillsboro, OR-WA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.71
Portland-Vancouver-Hillsboro, OR-WA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$57.84
Portland-Vancouver-Hillsboro, OR-WA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$139.72
Portland-Vancouver-Hillsboro, OR-WA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$13.97

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Portland-Vancouver-Hillsboro, OR-WA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$104.79
Portland-Vancouver-Hillsboro, OR-WA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$50.86
Poughkeepsie-Newburgh-Middletown, NY	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$41.38
Poughkeepsie-Newburgh-Middletown, NY	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$115.59
Poughkeepsie-Newburgh-Middletown, NY	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$37.25
Poughkeepsie-Newburgh-Middletown, NY	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$16.00
Poughkeepsie-Newburgh-Middletown, NY	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$94.30
Poughkeepsie-Newburgh-Middletown, NY	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$36.00
Poughkeepsie-Newburgh-Middletown, NY	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$18.76
Poughkeepsie-Newburgh-Middletown, NY	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.78
Poughkeepsie-Newburgh-Middletown, NY	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$58.50
Poughkeepsie-Newburgh-Middletown, NY	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$18.50

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Poughkeepsie-Newburgh-Middletown, NY	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Poughkeepsie-Newburgh-Middletown, NY	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.00
Poughkeepsie-Newburgh-Middletown, NY	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.13
Poughkeepsie-Newburgh-Middletown, NY	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.00
Poughkeepsie-Newburgh-Middletown, NY	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$78.00
Poughkeepsie-Newburgh-Middletown, NY	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.00
Poughkeepsie-Newburgh-Middletown, NY	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.10
Poughkeepsie-Newburgh-Middletown, NY	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.25
Poughkeepsie-Newburgh-Middletown, NY	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.02
Poughkeepsie-Newburgh-Middletown, NY	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			\$110.00
Poughkeepsie-Newburgh-Middletown, NY	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			\$280.00
Poughkeepsie-Newburgh-Middletown, NY	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			\$329.03

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Poughkeepsie-Newburgh-Middletown, NY	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$63.21
Poughkeepsie-Newburgh-Middletown, NY	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.32
Poughkeepsie-Newburgh-Middletown, NY	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$47.41
Poughkeepsie-Newburgh-Middletown, NY	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$140.00
Poughkeepsie-Newburgh-Middletown, NY	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.00
Poughkeepsie-Newburgh-Middletown, NY	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$105.00
Poughkeepsie-Newburgh-Middletown, NY	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$41.40
Providence-New Bedford-Fall River, RI-MA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$47.26
Providence-New Bedford-Fall River, RI-MA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$143.78
Providence-New Bedford-Fall River, RI-MA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$45.65
Providence-New Bedford-Fall River, RI-MA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$18.70
Providence-New Bedford-Fall River, RI-MA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$113.52

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Providence-New Bedford-Fall River, RI-MA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$47.32
Providence-New Bedford-Fall River, RI-MA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$24.75
Providence-New Bedford-Fall River, RI-MA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$17.90
Providence-New Bedford-Fall River, RI-MA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$70.40
Providence-New Bedford-Fall River, RI-MA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$22.37
Providence-New Bedford-Fall River, RI-MA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$12.70
Providence-New Bedford-Fall River, RI-MA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$18.25
Providence-New Bedford-Fall River, RI-MA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.76
Providence-New Bedford-Fall River, RI-MA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$9.22
Providence-New Bedford-Fall River, RI-MA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$86.66
Providence-New Bedford-Fall River, RI-MA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$14.69
Providence-New Bedford-Fall River, RI-MA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.47

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Providence-New Bedford-Fall River, RI-MA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$11.02
Providence-New Bedford-Fall River, RI-MA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$14.36
Providence-New Bedford-Fall River, RI-MA	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			\$136.91
Providence-New Bedford-Fall River, RI-MA	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			\$322.84
Providence-New Bedford-Fall River, RI-MA	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			\$448.86
Providence-New Bedford-Fall River, RI-MA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$75.14
Providence-New Bedford-Fall River, RI-MA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.51
Providence-New Bedford-Fall River, RI-MA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$56.36
Providence-New Bedford-Fall River, RI-MA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$177.44
Providence-New Bedford-Fall River, RI-MA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$17.74
Providence-New Bedford-Fall River, RI-MA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$133.08
Providence-New Bedford-Fall River, RI-MA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$56.23

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Raleigh-Cary, NC	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$45.17
Raleigh-Cary, NC	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$138.87
Raleigh-Cary, NC	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$40.40
Raleigh-Cary, NC	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$17.70
Raleigh-Cary, NC	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$107.44
Raleigh-Cary, NC	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$40.00
Raleigh-Cary, NC	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$22.62
Raleigh-Cary, NC	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.78
Raleigh-Cary, NC	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$65.16
Raleigh-Cary, NC	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.79
Raleigh-Cary, NC	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.06
Raleigh-Cary, NC	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.60

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Raleigh-Cary, NC	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.44
Raleigh-Cary, NC	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.00
Raleigh-Cary, NC	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$86.00
Raleigh-Cary, NC	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.58
Raleigh-Cary, NC	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.26
Raleigh-Cary, NC	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.44
Raleigh-Cary, NC	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.73
Raleigh-Cary, NC	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			\$122.50
Raleigh-Cary, NC	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			\$309.35
Raleigh-Cary, NC	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			\$410.00
Raleigh-Cary, NC	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$70.26
Raleigh-Cary, NC	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.03

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Raleigh-Cary, NC	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$52.70
Raleigh-Cary, NC	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$157.50
Raleigh-Cary, NC	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$15.75
Raleigh-Cary, NC	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$118.13
Raleigh-Cary, NC	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$48.75
Richmond, VA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.16
Richmond, VA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$131.56
Richmond, VA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$38.09
Richmond, VA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.73
Richmond, VA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$100.66
Richmond, VA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$39.80
Richmond, VA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$21.69

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Richmond, VA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.12
Richmond, VA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$63.36
Richmond, VA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.66
Richmond, VA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Richmond, VA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$12.83
Richmond, VA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.23
Richmond, VA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.52
Richmond, VA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$80.48
Richmond, VA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.58
Richmond, VA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.16
Richmond, VA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.69
Richmond, VA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$14.14

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Richmond, VA	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			\$113.97
Richmond, VA	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			\$304.40
Richmond, VA	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			\$383.97
Richmond, VA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$67.02
Richmond, VA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.70
Richmond, VA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$50.27
Richmond, VA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$151.14
Richmond, VA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$15.11
Richmond, VA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$113.36
Richmond, VA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$46.22
Rochester, NY	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.16
Rochester, NY	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$118.48

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Rochester, NY	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$37.25
Rochester, NY	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.11
Rochester, NY	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$98.33
Rochester, NY	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$37.28
Rochester, NY	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$19.54
Rochester, NY	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.92
Rochester, NY	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$60.75
Rochester, NY	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.52
Rochester, NY	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.81
Rochester, NY	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$14.74
Rochester, NY	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.04
Rochester, NY	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Rochester, NY	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$80.82
Rochester, NY	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$10.81
Rochester, NY	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.08
Rochester, NY	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.11
Rochester, NY	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.28
Rochester, NY	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			\$113.26
Rochester, NY	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			\$304.15
Rochester, NY	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			\$375.73
Rochester, NY	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$67.17
Rochester, NY	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.72
Rochester, NY	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$50.38
Rochester, NY	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$141.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Rochester, NY	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.10
Rochester, NY	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$105.75
Rochester, NY	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$45.90
Sacramento--Arden-Arcade--Roseville, CA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$43.60
Sacramento--Arden-Arcade--Roseville, CA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$145.00
Sacramento--Arden-Arcade--Roseville, CA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$40.00
Sacramento--Arden-Arcade--Roseville, CA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$16.25
Sacramento--Arden-Arcade--Roseville, CA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$100.00
Sacramento--Arden-Arcade--Roseville, CA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$38.04
Sacramento--Arden-Arcade--Roseville, CA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$21.39
Sacramento--Arden-Arcade--Roseville, CA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.02
Sacramento--Arden-Arcade--Roseville, CA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$62.19

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Sacramento--Arden-Arcade--Roseville, CA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.00
Sacramento--Arden-Arcade--Roseville, CA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Sacramento--Arden-Arcade--Roseville, CA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$14.47
Sacramento--Arden-Arcade--Roseville, CA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.25
Sacramento--Arden-Arcade--Roseville, CA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.38
Sacramento--Arden-Arcade--Roseville, CA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$88.26
Sacramento--Arden-Arcade--Roseville, CA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.00
Sacramento--Arden-Arcade--Roseville, CA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.20
Sacramento--Arden-Arcade--Roseville, CA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.00
Sacramento--Arden-Arcade--Roseville, CA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$14.37
Sacramento--Arden-Arcade--Roseville, 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			\$114.02
Sacramento--Arden-Arcade--Roseville, 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			\$307.70

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Sacramento--Arden-Arcade--Roseville, 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			\$425.10
Sacramento--Arden-Arcade--Roseville, CA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$63.52
Sacramento--Arden-Arcade--Roseville, CA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.35
Sacramento--Arden-Arcade--Roseville, CA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$47.64
Sacramento--Arden-Arcade--Roseville, CA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$140.00
Sacramento--Arden-Arcade--Roseville, CA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.00
Sacramento--Arden-Arcade--Roseville, CA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$105.00
Sacramento--Arden-Arcade--Roseville, CA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$46.70
Salt Lake City, UT	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$43.00
Salt Lake City, UT	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$139.42
Salt Lake City, UT	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$39.46
Salt Lake City, UT	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.63

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Salt Lake City, UT	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$103.92
Salt Lake City, UT	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$38.40
Salt Lake City, UT	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.84
Salt Lake City, UT	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.11
Salt Lake City, UT	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$64.28
Salt Lake City, UT	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.00
Salt Lake City, UT	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Salt Lake City, UT	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$14.74
Salt Lake City, UT	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.32
Salt Lake City, UT	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.90
Salt Lake City, UT	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$83.24
Salt Lake City, UT	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.08

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Salt Lake City, UT	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.21
Salt Lake City, UT	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.06
Salt Lake City, UT	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$14.42
Salt Lake City, UT	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			\$116.75
Salt Lake City, UT	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			\$303.85
Salt Lake City, UT	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			\$418.94
Salt Lake City, UT	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$72.00
Salt Lake City, UT	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.20
Salt Lake City, UT	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$54.00
Salt Lake City, UT	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$141.00
Salt Lake City, UT	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.10
Salt Lake City, UT	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$105.75

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Salt Lake City, UT	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$45.90
San Antonio-New Braunfels, TX	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.01
San Antonio-New Braunfels, TX	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$138.85
San Antonio-New Braunfels, TX	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$40.00
San Antonio-New Braunfels, TX	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$17.00
San Antonio-New Braunfels, TX	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$100.00
San Antonio-New Braunfels, TX	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$38.79
San Antonio-New Braunfels, TX	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$21.05
San Antonio-New Braunfels, TX	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.84
San Antonio-New Braunfels, TX	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$62.88
San Antonio-New Braunfels, TX	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.00
San Antonio-New Braunfels, TX	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.62

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Antonio-New Braunfels, TX	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$14.47
San Antonio-New Braunfels, TX	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.38
San Antonio-New Braunfels, TX	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.66
San Antonio-New Braunfels, TX	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$81.00
San Antonio-New Braunfels, TX	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.50
San Antonio-New Braunfels, TX	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.15
San Antonio-New Braunfels, TX	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.63
San Antonio-New Braunfels, TX	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.24
San Antonio-New Braunfels, 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			\$118.90
San Antonio-New Braunfels, 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			\$295.00
San Antonio-New Braunfels, 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			\$366.24
San Antonio-New Braunfels, TX	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$63.52

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Antonio-New Braunfels, TX	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.35
San Antonio-New Braunfels, TX	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$47.64
San Antonio-New Braunfels, TX	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$140.00
San Antonio-New Braunfels, TX	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.00
San Antonio-New Braunfels, TX	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$105.00
San Antonio-New Braunfels, TX	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$47.48
San Diego-Carlsbad-San Marcos, CA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$45.77
San Diego-Carlsbad-San Marcos, CA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$149.98
San Diego-Carlsbad-San Marcos, CA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$41.90
San Diego-Carlsbad-San Marcos, CA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$17.20
San Diego-Carlsbad-San Marcos, CA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$99.77
San Diego-Carlsbad-San Marcos, CA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$39.98

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Diego-Carlsbad-San Marcos, CA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$21.44
San Diego-Carlsbad-San Marcos, CA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.26
San Diego-Carlsbad-San Marcos, CA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$62.06
San Diego-Carlsbad-San Marcos, CA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.00
San Diego-Carlsbad-San Marcos, CA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.90
San Diego-Carlsbad-San Marcos, CA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$14.74
San Diego-Carlsbad-San Marcos, CA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.14
San Diego-Carlsbad-San Marcos, CA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.00
San Diego-Carlsbad-San Marcos, CA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$97.19
San Diego-Carlsbad-San Marcos, CA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$15.69
San Diego-Carlsbad-San Marcos, CA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.57
San Diego-Carlsbad-San Marcos, CA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$11.77

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Diego-Carlsbad-San Marcos, CA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.34
San Diego-Carlsbad-San Marcos, 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			\$111.25
San Diego-Carlsbad-San Marcos, 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			\$311.65
San Diego-Carlsbad-San Marcos, 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			\$464.30
San Diego-Carlsbad-San Marcos, CA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$86.59
San Diego-Carlsbad-San Marcos, CA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$8.66
San Diego-Carlsbad-San Marcos, CA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$64.94
San Diego-Carlsbad-San Marcos, CA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$139.44
San Diego-Carlsbad-San Marcos, CA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$13.94
San Diego-Carlsbad-San Marcos, CA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$104.58
San Diego-Carlsbad-San Marcos, CA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$46.35
San Francisco-Oakland-Fremont, CA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$45.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Francisco-Oakland-Fremont, CA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$154.66
San Francisco-Oakland-Fremont, CA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$41.68
San Francisco-Oakland-Fremont, CA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$17.20
San Francisco-Oakland-Fremont, CA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$107.44
San Francisco-Oakland-Fremont, CA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$42.00
San Francisco-Oakland-Fremont, CA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$22.50
San Francisco-Oakland-Fremont, CA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$17.63
San Francisco-Oakland-Fremont, CA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$65.64
San Francisco-Oakland-Fremont, CA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.54
San Francisco-Oakland-Fremont, CA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
San Francisco-Oakland-Fremont, CA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.10
San Francisco-Oakland-Fremont, CA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.50

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Francisco-Oakland-Fremont, CA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.66
San Francisco-Oakland-Fremont, CA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$95.00
San Francisco-Oakland-Fremont, CA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$14.00
San Francisco-Oakland-Fremont, CA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.40
San Francisco-Oakland-Fremont, CA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$10.50
San Francisco-Oakland-Fremont, CA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$14.46
San Francisco-Oakland-Fremont, 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			\$113.26
San Francisco-Oakland-Fremont, 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			\$309.35
San Francisco-Oakland-Fremont, 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			\$459.23
San Francisco-Oakland-Fremont, CA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$80.03
San Francisco-Oakland-Fremont, CA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$8.00
San Francisco-Oakland-Fremont, CA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$60.02

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Francisco-Oakland-Fremont, CA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$141.00
San Francisco-Oakland-Fremont, CA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.10
San Francisco-Oakland-Fremont, CA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$105.75
San Francisco-Oakland-Fremont, CA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$50.00
San Jose-Sunnyvale-Santa Clara, CA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$43.00
San Jose-Sunnyvale-Santa Clara, CA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$138.85
San Jose-Sunnyvale-Santa Clara, CA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$40.00
San Jose-Sunnyvale-Santa Clara, CA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$16.25
San Jose-Sunnyvale-Santa Clara, CA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$100.00
San Jose-Sunnyvale-Santa Clara, CA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$39.77
San Jose-Sunnyvale-Santa Clara, CA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$21.39
San Jose-Sunnyvale-Santa Clara, CA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Jose-Sunnyvale-Santa Clara, CA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$62.07
San Jose-Sunnyvale-Santa Clara, CA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.00
San Jose-Sunnyvale-Santa Clara, CA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
San Jose-Sunnyvale-Santa Clara, CA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$14.47
San Jose-Sunnyvale-Santa Clara, CA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.21
San Jose-Sunnyvale-Santa Clara, CA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.38
San Jose-Sunnyvale-Santa Clara, CA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$95.00
San Jose-Sunnyvale-Santa Clara, CA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.50
San Jose-Sunnyvale-Santa Clara, CA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.25
San Jose-Sunnyvale-Santa Clara, CA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.38
San Jose-Sunnyvale-Santa Clara, CA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$14.47
San Jose-Sunnyvale-Santa Clara, 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			\$114.02

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Jose-Sunnyvale-Santa Clara, 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			\$300.00
San Jose-Sunnyvale-Santa Clara, 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			\$458.60
San Jose-Sunnyvale-Santa Clara, CA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$75.00
San Jose-Sunnyvale-Santa Clara, CA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.50
San Jose-Sunnyvale-Santa Clara, CA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$56.25
San Jose-Sunnyvale-Santa Clara, CA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$139.44
San Jose-Sunnyvale-Santa Clara, CA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$13.94
San Jose-Sunnyvale-Santa Clara, CA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$104.58
San Jose-Sunnyvale-Santa Clara, CA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$47.75
Scranton--Wilkes-Barre, PA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.01
Scranton--Wilkes-Barre, PA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$138.85
Scranton--Wilkes-Barre, PA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$38.93

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Scranton--Wilkes-Barre, PA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$16.25
Scranton--Wilkes-Barre, PA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$98.33
Scranton--Wilkes-Barre, PA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$37.46
Scranton--Wilkes-Barre, PA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.00
Scranton--Wilkes-Barre, PA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.84
Scranton--Wilkes-Barre, PA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$60.00
Scranton--Wilkes-Barre, PA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.02
Scranton--Wilkes-Barre, PA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.62
Scranton--Wilkes-Barre, PA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.19
Scranton--Wilkes-Barre, PA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.47
Scranton--Wilkes-Barre, PA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.66
Scranton--Wilkes-Barre, PA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$79.31

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Scranton--Wilkes-Barre, PA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.00
Scranton--Wilkes-Barre, PA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.10
Scranton--Wilkes-Barre, PA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.25
Scranton--Wilkes-Barre, PA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.55
Scranton--Wilkes-Barre, 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			\$110.00
Scranton--Wilkes-Barre, 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			\$270.00
Scranton--Wilkes-Barre, 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			\$329.03
Scranton--Wilkes-Barre, PA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$63.21
Scranton--Wilkes-Barre, PA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.32
Scranton--Wilkes-Barre, PA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$47.41
Scranton--Wilkes-Barre, PA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$140.00
Scranton--Wilkes-Barre, PA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Scranton--Wilkes-Barre, PA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$105.00
Scranton--Wilkes-Barre, PA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$45.80
Seattle-Tacoma-Bellevue, WA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$44.87
Seattle-Tacoma-Bellevue, WA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$138.85
Seattle-Tacoma-Bellevue, WA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$40.00
Seattle-Tacoma-Bellevue, WA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$17.00
Seattle-Tacoma-Bellevue, WA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$105.65
Seattle-Tacoma-Bellevue, WA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$40.00
Seattle-Tacoma-Bellevue, WA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$22.50
Seattle-Tacoma-Bellevue, WA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.31
Seattle-Tacoma-Bellevue, WA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$66.21
Seattle-Tacoma-Bellevue, WA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.26

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Seattle-Tacoma-Bellevue, WA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$12.27
Seattle-Tacoma-Bellevue, WA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.00
Seattle-Tacoma-Bellevue, WA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.38
Seattle-Tacoma-Bellevue, WA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.00
Seattle-Tacoma-Bellevue, WA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$88.26
Seattle-Tacoma-Bellevue, WA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.16
Seattle-Tacoma-Bellevue, WA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.22
Seattle-Tacoma-Bellevue, WA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.12
Seattle-Tacoma-Bellevue, WA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$15.00
Seattle-Tacoma-Bellevue, WA	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			\$118.78
Seattle-Tacoma-Bellevue, WA	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			\$300.00
Seattle-Tacoma-Bellevue, WA	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			\$420.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Seattle-Tacoma-Bellevue, WA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$75.00
Seattle-Tacoma-Bellevue, WA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.50
Seattle-Tacoma-Bellevue, WA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$56.25
Seattle-Tacoma-Bellevue, WA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$149.62
Seattle-Tacoma-Bellevue, WA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.96
Seattle-Tacoma-Bellevue, WA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$112.22
Seattle-Tacoma-Bellevue, WA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$50.00
South-West-Chicago-Metro CBA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.10
South-West-Chicago-Metro CBA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$116.02
South-West-Chicago-Metro CBA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$37.81
South-West-Chicago-Metro CBA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.10
South-West-Chicago-Metro CBA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$100.02

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
South-West-Chicago-Metro CBA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$37.70
South-West-Chicago-Metro CBA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.04
South-West-Chicago-Metro CBA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.74
South-West-Chicago-Metro CBA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$59.93
South-West-Chicago-Metro CBA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$18.96
South-West-Chicago-Metro CBA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.62
South-West-Chicago-Metro CBA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$14.74
South-West-Chicago-Metro CBA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.23
South-West-Chicago-Metro CBA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.26
South-West-Chicago-Metro CBA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$80.09
South-West-Chicago-Metro CBA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.14
South-West-Chicago-Metro CBA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.11

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
South-West-Chicago-Metro CBA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.36
South-West-Chicago-Metro CBA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.34
South-West-Chicago-Metro CBA	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			\$118.78
South-West-Chicago-Metro CBA	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			\$293.94
South-West-Chicago-Metro CBA	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			\$347.63
South-West-Chicago-Metro CBA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$62.81
South-West-Chicago-Metro CBA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.28
South-West-Chicago-Metro CBA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$47.11
South-West-Chicago-Metro CBA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$141.00
South-West-Chicago-Metro CBA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.10
South-West-Chicago-Metro CBA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$105.75
South-West-Chicago-Metro CBA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$45.90

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Southern NY Metro CBA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$39.50
Southern NY Metro CBA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$115.30
Southern NY Metro CBA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$32.70
Southern NY Metro CBA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.00
Southern NY Metro CBA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$100.00
Southern NY Metro CBA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$37.96
Southern NY Metro CBA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.00
Southern NY Metro CBA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.12
Southern NY Metro CBA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$62.83
Southern NY Metro CBA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.18
Southern NY Metro CBA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.62
Southern NY Metro CBA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.10

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Southern NY Metro CBA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.12
Southern NY Metro CBA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.00
Southern NY Metro CBA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$76.80
Southern NY Metro CBA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$10.98
Southern NY Metro CBA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.10
Southern NY Metro CBA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.24
Southern NY Metro CBA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.00
Southern NY Metro CBA	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			\$110.00
Southern NY Metro CBA	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			\$273.97
Southern NY Metro CBA	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			\$318.18
Southern NY Metro CBA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$63.21
Southern NY Metro CBA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.32

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Southern NY Metro CBA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$47.41
Southern NY Metro CBA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$139.72
Southern NY Metro CBA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$13.97
Southern NY Metro CBA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$104.79
Southern NY Metro CBA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$46.17
Springfield, MA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$46.20
Springfield, MA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$127.25
Springfield, MA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$40.18
Springfield, MA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$17.20
Springfield, MA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$113.52
Springfield, MA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$42.20
Springfield, MA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$24.44

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Springfield, MA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$17.78
Springfield, MA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$70.39
Springfield, MA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$21.98
Springfield, MA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$12.36
Springfield, MA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$18.88
Springfield, MA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.56
Springfield, MA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$8.00
Springfield, MA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$85.00
Springfield, MA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$13.61
Springfield, MA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.36
Springfield, MA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$10.21
Springfield, MA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.64

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Springfield, MA	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			\$131.07
Springfield, MA	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			\$316.65
Springfield, MA	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			\$373.25
Springfield, MA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$71.46
Springfield, MA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.15
Springfield, MA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$53.60
Springfield, MA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$167.50
Springfield, MA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$16.75
Springfield, MA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$125.63
Springfield, MA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$53.93
St. Louis, MO-IL	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$45.00
St. Louis, MO-IL	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$150.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
St. Louis, MO-IL	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$40.79
St. Louis, MO-IL	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$17.00
St. Louis, MO-IL	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$101.10
St. Louis, MO-IL	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$40.15
St. Louis, MO-IL	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$22.50
St. Louis, MO-IL	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.25
St. Louis, MO-IL	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$65.00
St. Louis, MO-IL	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.00
St. Louis, MO-IL	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.01
St. Louis, MO-IL	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$14.47
St. Louis, MO-IL	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.38
St. Louis, MO-IL	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.81

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
St. Louis, MO-IL	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$83.97
St. Louis, MO-IL	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.16
St. Louis, MO-IL	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.22
St. Louis, MO-IL	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.12
St. Louis, MO-IL	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$14.37
St. Louis, MO-IL	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			\$118.78
St. Louis, MO-IL	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			\$307.70
St. Louis, MO-IL	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			\$420.00
St. Louis, MO-IL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$75.00
St. Louis, MO-IL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.50
St. Louis, MO-IL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$56.25
St. Louis, MO-IL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$149.62

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
St. Louis, MO-IL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.96
St. Louis, MO-IL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$112.22
St. Louis, MO-IL	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$46.70
Stockton, CA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$44.00
Stockton, CA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$131.56
Stockton, CA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$39.46
Stockton, CA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.63
Stockton, CA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$99.77
Stockton, CA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$38.90
Stockton, CA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$21.44
Stockton, CA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.01
Stockton, CA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$62.13

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Stockton, CA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.25
Stockton, CA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.95
Stockton, CA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$14.74
Stockton, CA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.32
Stockton, CA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.34
Stockton, CA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$91.63
Stockton, CA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.25
Stockton, CA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.23
Stockton, CA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.19
Stockton, CA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$14.42
Stockton, 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			\$114.02
Stockton, 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			\$298.63

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Stockton, 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			\$441.85
Stockton, CA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$69.26
Stockton, CA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.93
Stockton, CA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$51.95
Stockton, CA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$139.72
Stockton, CA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$13.97
Stockton, CA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$104.79
Stockton, CA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$47.58
Suffolk County CBA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$41.24
Suffolk County CBA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$115.30
Suffolk County CBA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$34.20
Suffolk County CBA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.50

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Suffolk County CBA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$96.32
Suffolk County CBA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$37.35
Suffolk County CBA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$19.04
Suffolk County CBA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.89
Suffolk County CBA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$58.66
Suffolk County CBA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$18.94
Suffolk County CBA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.81
Suffolk County CBA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$14.76
Suffolk County CBA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.13
Suffolk County CBA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.74
Suffolk County CBA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$78.30
Suffolk County CBA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$10.98

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Suffolk County CBA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.10
Suffolk County CBA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.24
Suffolk County CBA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.34
Suffolk County CBA	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			\$116.89
Suffolk County CBA	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			\$280.98
Suffolk County CBA	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			\$318.18
Suffolk County CBA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$63.21
Suffolk County CBA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.32
Suffolk County CBA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$47.41
Suffolk County CBA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$139.72
Suffolk County CBA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$13.97
Suffolk County CBA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$104.79

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Suffolk County CBA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$41.45
Syracuse, NY	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.32
Syracuse, NY	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$115.00
Syracuse, NY	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$37.25
Syracuse, NY	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.22
Syracuse, NY	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$100.00
Syracuse, NY	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$38.00
Syracuse, NY	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$19.07
Syracuse, NY	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.00
Syracuse, NY	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$60.00
Syracuse, NY	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.68
Syracuse, NY	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Syracuse, NY	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.19
Syracuse, NY	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.00
Syracuse, NY	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.00
Syracuse, NY	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$79.95
Syracuse, NY	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.00
Syracuse, NY	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.10
Syracuse, NY	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.25
Syracuse, NY	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$14.32
Syracuse, NY	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			\$112.50
Syracuse, NY	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			\$297.26
Syracuse, NY	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			\$330.00
Syracuse, NY	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$69.34

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Syracuse, NY	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.93
Syracuse, NY	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$52.01
Syracuse, NY	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$142.00
Syracuse, NY	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.20
Syracuse, NY	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$106.50
Syracuse, NY	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$45.80
Tampa-St. Petersburg-Clearwater, FL	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.16
Tampa-St. Petersburg-Clearwater, FL	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$127.00
Tampa-St. Petersburg-Clearwater, FL	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$37.25
Tampa-St. Petersburg-Clearwater, FL	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.22
Tampa-St. Petersburg-Clearwater, FL	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$102.39
Tampa-St. Petersburg-Clearwater, FL	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$39.74

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tampa-St. Petersburg-Clearwater, FL	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$22.41
Tampa-St. Petersburg-Clearwater, FL	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.22
Tampa-St. Petersburg-Clearwater, FL	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$64.28
Tampa-St. Petersburg-Clearwater, FL	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.30
Tampa-St. Petersburg-Clearwater, FL	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.00
Tampa-St. Petersburg-Clearwater, FL	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.50
Tampa-St. Petersburg-Clearwater, FL	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.50
Tampa-St. Petersburg-Clearwater, FL	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.00
Tampa-St. Petersburg-Clearwater, FL	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$77.58
Tampa-St. Petersburg-Clearwater, FL	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.02
Tampa-St. Petersburg-Clearwater, FL	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.10
Tampa-St. Petersburg-Clearwater, FL	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.27

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tampa-St. Petersburg-Clearwater, FL	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$12.43
Tampa-St. Petersburg-Clearwater, 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			\$113.75
Tampa-St. Petersburg-Clearwater, 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			\$298.75
Tampa-St. Petersburg-Clearwater, 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			\$317.16
Tampa-St. Petersburg-Clearwater, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$63.23
Tampa-St. Petersburg-Clearwater, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.32
Tampa-St. Petersburg-Clearwater, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$47.42
Tampa-St. Petersburg-Clearwater, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$153.38
Tampa-St. Petersburg-Clearwater, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$15.34
Tampa-St. Petersburg-Clearwater, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$115.04
Tampa-St. Petersburg-Clearwater, FL	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$47.53
Toledo, OH	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.10

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Toledo, OH	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$120.10
Toledo, OH	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$35.07
Toledo, OH	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.00
Toledo, OH	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$98.66
Toledo, OH	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$39.50
Toledo, OH	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.85
Toledo, OH	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.10
Toledo, OH	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$58.75
Toledo, OH	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.12
Toledo, OH	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Toledo, OH	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.34
Toledo, OH	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.44

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Toledo, OH	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.90
Toledo, OH	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$80.60
Toledo, OH	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.93
Toledo, OH	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.19
Toledo, OH	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.95
Toledo, OH	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.96
Toledo, 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			\$114.73
Toledo, 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			\$289.34
Toledo, 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			\$387.38
Toledo, OH	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$67.84
Toledo, OH	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.78
Toledo, OH	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$50.88

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Toledo, OH	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$139.44
Toledo, OH	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$13.94
Toledo, OH	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$104.58
Toledo, OH	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$44.95
Tucson, AZ	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$41.70
Tucson, AZ	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$129.14
Tucson, AZ	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$38.09
Tucson, AZ	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$16.62
Tucson, AZ	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$100.50
Tucson, AZ	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$37.02
Tucson, AZ	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.04
Tucson, AZ	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.92

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tucson, AZ	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$62.00
Tucson, AZ	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$18.68
Tucson, AZ	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Tucson, AZ	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$14.74
Tucson, AZ	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.23
Tucson, AZ	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.52
Tucson, AZ	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$82.48
Tucson, AZ	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.02
Tucson, AZ	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.10
Tucson, AZ	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.27
Tucson, AZ	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$14.33
Tucson, AZ	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			\$110.25

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tucson, AZ	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			\$298.63
Tucson, AZ	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			\$359.30
Tucson, AZ	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$72.76
Tucson, AZ	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.28
Tucson, AZ	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$54.57
Tucson, AZ	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$146.54
Tucson, AZ	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.65
Tucson, AZ	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$109.91
Tucson, AZ	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$45.90
Tulsa, OK	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$41.33
Tulsa, OK	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$129.53
Tulsa, OK	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$34.74

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tulsa, OK	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.62
Tulsa, OK	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$100.55
Tulsa, OK	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$39.41
Tulsa, OK	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.04
Tulsa, OK	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.66
Tulsa, OK	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$62.34
Tulsa, OK	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.68
Tulsa, OK	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.81
Tulsa, OK	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.60
Tulsa, OK	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.23
Tulsa, OK	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.52
Tulsa, OK	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$81.34

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tulsa, OK	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.20
Tulsa, OK	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.12
Tulsa, OK	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.40
Tulsa, OK	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.34
Tulsa, OK	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			\$115.64
Tulsa, OK	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			\$297.28
Tulsa, OK	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			\$391.88
Tulsa, OK	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$69.76
Tulsa, OK	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.98
Tulsa, OK	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$52.32
Tulsa, OK	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$141.00
Tulsa, OK	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.10

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tulsa, OK	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$105.75
Tulsa, OK	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$45.90
Virginia Beach-Norfolk-Newport News, VA-NC	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.01
Virginia Beach-Norfolk-Newport News, VA-NC	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$138.52
Virginia Beach-Norfolk-Newport News, VA-NC	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$38.00
Virginia Beach-Norfolk-Newport News, VA-NC	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$16.31
Virginia Beach-Norfolk-Newport News, VA-NC	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$98.33
Virginia Beach-Norfolk-Newport News, VA-NC	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$39.82
Virginia Beach-Norfolk-Newport News, VA-NC	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.07
Virginia Beach-Norfolk-Newport News, VA-NC	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.84
Virginia Beach-Norfolk-Newport News, VA-NC	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$61.80
Virginia Beach-Norfolk-Newport News, VA-NC	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.99

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Virginia Beach-Norfolk-Newport News, VA-NC	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Virginia Beach-Norfolk-Newport News, VA-NC	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.00
Virginia Beach-Norfolk-Newport News, VA-NC	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.38
Virginia Beach-Norfolk-Newport News, VA-NC	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.38
Virginia Beach-Norfolk-Newport News, VA-NC	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$79.95
Virginia Beach-Norfolk-Newport News, VA-NC	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.03
Virginia Beach-Norfolk-Newport News, VA-NC	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.10
Virginia Beach-Norfolk-Newport News, VA-NC	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.27
Virginia Beach-Norfolk-Newport News, VA-NC	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.66
Virginia Beach-Norfolk-Newport News, VA-NC	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			\$115.44
Virginia Beach-Norfolk-Newport News, VA-NC	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			\$300.00
Virginia Beach-Norfolk-Newport News, VA-NC	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			\$397.01

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Virginia Beach-Norfolk-Newport News, VA-NC	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$70.32
Virginia Beach-Norfolk-Newport News, VA-NC	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.03
Virginia Beach-Norfolk-Newport News, VA-NC	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$52.74
Virginia Beach-Norfolk-Newport News, VA-NC	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$149.62
Virginia Beach-Norfolk-Newport News, VA-NC	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.96
Virginia Beach-Norfolk-Newport News, VA-NC	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$112.22
Virginia Beach-Norfolk-Newport News, VA-NC	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$45.80
Visalia-Porterville, CA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$45.17
Visalia-Porterville, CA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$148.50
Visalia-Porterville, CA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$41.50
Visalia-Porterville, CA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$17.68
Visalia-Porterville, CA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$97.02

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Visalia-Porterville, CA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$36.91
Visalia-Porterville, CA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$19.52
Visalia-Porterville, CA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.12
Visalia-Porterville, CA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$57.75
Visalia-Porterville, CA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.02
Visalia-Porterville, CA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Visalia-Porterville, CA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.10
Visalia-Porterville, CA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.20
Visalia-Porterville, CA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.25
Visalia-Porterville, CA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$96.00
Visalia-Porterville, CA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.75
Visalia-Porterville, CA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.18

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Visalia-Porterville, CA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.81
Visalia-Porterville, CA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.34
Visalia-Porterville, 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			\$111.25
Visalia-Porterville, 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			\$298.63
Visalia-Porterville, 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			\$422.55
Visalia-Porterville, CA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$80.59
Visalia-Porterville, CA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$8.06
Visalia-Porterville, CA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$60.44
Visalia-Porterville, CA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$137.22
Visalia-Porterville, CA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$13.72
Visalia-Porterville, CA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$102.92
Visalia-Porterville, CA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$44.34

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Washington-Arlington-Alexandria, DC-VA-MD-WV	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.00
Washington-Arlington-Alexandria, DC-VA-MD-WV	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$132.98
Washington-Arlington-Alexandria, DC-VA-MD-WV	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$38.93
Washington-Arlington-Alexandria, DC-VA-MD-WV	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.21
Washington-Arlington-Alexandria, DC-VA-MD-WV	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$101.29
Washington-Arlington-Alexandria, DC-VA-MD-WV	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$40.00
Washington-Arlington-Alexandria, DC-VA-MD-WV	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$22.50
Washington-Arlington-Alexandria, DC-VA-MD-WV	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.31
Washington-Arlington-Alexandria, DC-VA-MD-WV	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$65.31
Washington-Arlington-Alexandria, DC-VA-MD-WV	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.58
Washington-Arlington-Alexandria, DC-VA-MD-WV	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Washington-Arlington-Alexandria, DC-VA-MD-WV	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Washington-Arlington-Alexandria, DC-VA-MD-WV	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.38
Washington-Arlington-Alexandria, DC-VA-MD-WV	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.00
Washington-Arlington-Alexandria, DC-VA-MD-WV	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$79.95
Washington-Arlington-Alexandria, DC-VA-MD-WV	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.00
Washington-Arlington-Alexandria, DC-VA-MD-WV	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.20
Washington-Arlington-Alexandria, DC-VA-MD-WV	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.00
Washington-Arlington-Alexandria, DC-VA-MD-WV	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.91
Washington-Arlington-Alexandria, DC-VA-MD-WV	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			\$120.00
Washington-Arlington-Alexandria, DC-VA-MD-WV	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			\$307.85
Washington-Arlington-Alexandria, DC-VA-MD-WV	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			\$366.24
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$65.50
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.55

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$49.13
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$151.20
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$15.12
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$113.40
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$47.58
Wichita, KS	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$45.00
Wichita, KS	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$150.00
Wichita, KS	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$40.79
Wichita, KS	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$17.00
Wichita, KS	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$100.00
Wichita, KS	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$39.70
Wichita, KS	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$20.07

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Wichita, KS	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.17
Wichita, KS	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$65.00
Wichita, KS	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.58
Wichita, KS	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Wichita, KS	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$12.00
Wichita, KS	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.21
Wichita, KS	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.00
Wichita, KS	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$88.26
Wichita, KS	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.00
Wichita, KS	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.20
Wichita, KS	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.00
Wichita, KS	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$14.47

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Wichita, 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			\$120.00
Wichita, 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			\$307.70
Wichita, 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			\$420.00
Wichita, KS	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$75.00
Wichita, KS	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.50
Wichita, KS	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$56.25
Wichita, KS	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$140.00
Wichita, KS	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.00
Wichita, KS	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$105.00
Wichita, KS	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$46.70
Worcester, MA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$47.01
Worcester, MA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$136.00

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Worcester, MA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$45.00
Worcester, MA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$18.48
Worcester, MA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$115.00
Worcester, MA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$46.00
Worcester, MA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$25.00
Worcester, MA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$18.00
Worcester, MA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$70.79
Worcester, MA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$22.37
Worcester, MA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$12.80
Worcester, MA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.00
Worcester, MA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.76
Worcester, MA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$9.18

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Worcester, MA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$85.07
Worcester, MA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$16.22
Worcester, MA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.62
Worcester, MA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$12.17
Worcester, MA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$15.00
Worcester, MA	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			\$138.85
Worcester, MA	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			\$330.00
Worcester, MA	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			\$451.83
Worcester, MA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$75.29
Worcester, MA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.53
Worcester, MA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$56.47
Worcester, MA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$178.48

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Worcester, MA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$17.85
Worcester, MA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$133.86
Worcester, MA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$55.00
Youngstown-Warren-Boardman, OH-PA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.10
Youngstown-Warren-Boardman, OH-PA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$117.00
Youngstown-Warren-Boardman, OH-PA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$32.42
Youngstown-Warren-Boardman, OH-PA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$14.96
Youngstown-Warren-Boardman, OH-PA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$99.16
Youngstown-Warren-Boardman, OH-PA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$38.40
Youngstown-Warren-Boardman, OH-PA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$19.50
Youngstown-Warren-Boardman, OH-PA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$15.15
Youngstown-Warren-Boardman, OH-PA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$62.76

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Youngstown-Warren-Boardman, OH-PA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.56
Youngstown-Warren-Boardman, OH-PA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.82
Youngstown-Warren-Boardman, OH-PA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$14.74
Youngstown-Warren-Boardman, OH-PA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.06
Youngstown-Warren-Boardman, OH-PA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$6.80
Youngstown-Warren-Boardman, OH-PA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$80.48
Youngstown-Warren-Boardman, OH-PA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$10.82
Youngstown-Warren-Boardman, OH-PA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.08
Youngstown-Warren-Boardman, OH-PA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.12
Youngstown-Warren-Boardman, OH-PA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.78
Youngstown-Warren-Boardman, OH-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			\$111.25
Youngstown-Warren-Boardman, OH-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			\$295.29

CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Youngstown-Warren-Boardman, OH-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			\$329.51
Youngstown-Warren-Boardman, OH-PA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$64.29
Youngstown-Warren-Boardman, OH-PA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.43
Youngstown-Warren-Boardman, OH-PA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$48.22
Youngstown-Warren-Boardman, OH-PA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$139.72
Youngstown-Warren-Boardman, OH-PA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$13.97
Youngstown-Warren-Boardman, OH-PA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$104.79
Youngstown-Warren-Boardman, OH-PA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$46.56

Single Payment Amounts

Enteral Nutrients, Equipment and Supplies

Akron, OH	4
Albany-Schenectady-Troy, NY	6
Albuquerque, NM	8
Allentown-Bethlehem-Easton, PA-NJ	10
Asheville, NC	13
Atlanta-Sandy Springs-Marietta, GA	15
Augusta-Richmond County, GA-SC	17
Austin-Round Rock-San Marcos, TX	19
Bakersfield-Delano, CA	22
Baltimore-Towson, MD	24
Baton Rouge, LA	26
Beaumont-Port Arthur, TX	29
Birmingham-Hoover, AL	31
Boise City-Nampa, ID	33
Boston-Cambridge-Quincy, MA-NH	35
Bridgeport-Stamford-Norwalk, CT	38
Bronx-Manhattan, NY CBA	40
Buffalo-Niagara Falls, NY	42
Cape Coral-Fort Myers, FL	44
Central-Chicago Metro CBA	47
Charleston-North Charleston-Summerville, SC	49
Chattanooga, TN-GA	51
Colorado Springs, CO	54
Columbia, SC	56
Columbus, OH	58
Dayton, OH	60
Deltona-Daytona Beach-Ormond Beach, FL	63
Denver-Aurora-Broomfield, CO	65



Detroit-Warren-Livonia, MI	67
El Paso, TX	69
Flint, MI	72
Fresno, CA	74
Grand Rapids-Wyoming, MI	76
Greensboro-High Point, NC	79
Greenville-Mauldin-Easley, SC	81
Hartford-West Hartford-East Hartford, CT	83
Honolulu, HI	85
Houston-Sugar Land-Baytown, TX	88
Huntington-Ashland, WV-KY-OH	90
Indiana-Chicago Metro	92
Indianapolis-Carmel, IN	94
Jackson, MS	97
Jacksonville, FL	99
Knoxville, TN	101
Lakeland-Winter Haven, FL	104
Las Vegas-Paradise, NV	106
Little Rock-North Little Rock-Conway, AR	108
Los Angeles County CBA	110
Louisville/Jefferson County, KY-IN	113
McAllen-Edinburg-Mission, TX	115
Memphis, TN-MS-AR	117
Milwaukee-Waukesha-West Allis, WI	119
Minneapolis-St. Paul-Bloomington, MN-WI	122
Nashville-Davidson--Murfreeseboro--Franklin, TN	124
Nassau-Brooklyn-Queens-Richmond County Metro CBA	126
New Haven-Milford, CT	129
New Orleans-Metairie-Kenner, LA	131
North East NY CBA Metro	133
North Port-Bradenton-Sarasota, FL	135
Northern NJ Metro CBA	138
Northern-Chicago Metro CBA	140
Ocala, FL	142
Oklahoma City, OK	144
Omaha-Council Bluffs, NE-IA	147
Orange County CBA	149
Oxnard-Thousand Oaks-Ventura, CA	151

Palm Bay-Melbourne-Titusville, FL	154
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	156
Phoenix-Mesa-Glendale, AZ	158
Portland-Vancouver-Hillsboro, OR-WA	160
Poughkeepsie-Newburgh-Middletown, NY	163
Providence-New Bedford-Fall River, RI-MA	165
Raleigh-Cary, NC	167
Richmond, VA	169
Rochester, NY	172
Sacramento--Arden-Arcade--Roseville, CA	174
Salt Lake City, UT	176
San Antonio-New Braunfels, TX	179
San Diego-Carlsbad-San Marcos, CA	181
San Francisco-Oakland-Fremont, CA	183
San Jose-Sunnyvale-Santa Clara, CA	185
Scranton--Wilkes-Barre, PA	188
Seattle-Tacoma-Bellevue, WA	190
South-West-Chicago-Metro CBA	192
Southern NY Metro CBA	194
Springfield, MA	197
St. Louis, MO-IL	199
Stockton, CA	201
Suffolk County CBA	204
Syracuse, NY	206
Tampa-St. Petersburg-Clearwater, FL	208
Toledo, OH	210
Tucson, AZ	213
Tulsa, OK	215
Virginia Beach-Norfolk-Newport News, VA-NC	217
Visalia-Porterville, CA	219
Washington-Arlington-Alexandria, DC-VA-MD-WV	222
Wichita, KS	224
Worcester, MA	226
Youngstown-Warren-Boardman, OH-PA	229

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Akron, OH	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.25
Akron, OH	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.82
Akron, OH	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.50
Akron, OH	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.32
Akron, OH	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.38
Akron, OH	B4083	STOMACH TUBE - LEVINE TYPE				\$1.60
Akron, OH	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.40
Akron, OH	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$30.00
Akron, 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				\$0.95
Akron, 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				\$0.39
Akron, 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

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Akron, 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				\$1.12
Akron, 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				\$0.70
Akron, 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				\$0.70
Akron, OH	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$34.43
Akron, OH	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$688.50
Akron, OH	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$68.85
Akron, OH	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$516.38
Akron, OH	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$32.50
Akron, OH	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$650.00
Akron, OH	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$65.00
Akron, OH	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$487.50

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Akron, OH	E0776	IV POLE	NU	BA	KG	\$55.00
Akron, OH	E0776	IV POLE	RR	BA	KG	\$5.50
Akron, OH	E0776	IV POLE	UE	BA	KG	\$41.25
Albany-Schenectady-Troy, NY	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.10
Albany-Schenectady-Troy, NY	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.78
Albany-Schenectady-Troy, NY	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.21
Albany-Schenectady-Troy, NY	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.70
Albany-Schenectady-Troy, NY	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.05
Albany-Schenectady-Troy, NY	B4083	STOMACH TUBE - LEVINE TYPE				\$1.62
Albany-Schenectady-Troy, NY	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.40
Albany-Schenectady-Troy, NY	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$29.00

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albany-Schenectady-Troy, NY	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				\$0.95
Albany-Schenectady-Troy, NY	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
Albany-Schenectady-Troy, NY	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
Albany-Schenectady-Troy, NY	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				\$1.17
Albany-Schenectady-Troy, NY	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				\$0.70
Albany-Schenectady-Troy, NY	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
Albany-Schenectady-Troy, NY	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$32.23
Albany-Schenectady-Troy, NY	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$644.51
Albany-Schenectady-Troy, NY	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$64.45
Albany-Schenectady-Troy, NY	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$483.38
Albany-Schenectady-Troy, NY	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$30.40

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albany-Schenectady-Troy, NY	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$608.03
Albany-Schenectady-Troy, NY	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$60.80
Albany-Schenectady-Troy, NY	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$456.02
Albany-Schenectady-Troy, NY	E0776	IV POLE	NU	BA	KG	\$55.00
Albany-Schenectady-Troy, NY	E0776	IV POLE	RR	BA	KG	\$5.50
Albany-Schenectady-Troy, NY	E0776	IV POLE	UE	BA	KG	\$41.25
Albuquerque, NM	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.03
Albuquerque, NM	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.50
Albuquerque, NM	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.15
Albuquerque, NM	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.32
Albuquerque, NM	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.05

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albuquerque, NM	B4083	STOMACH TUBE - LEVINE TYPE				\$1.60
Albuquerque, NM	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.40
Albuquerque, NM	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.00
Albuquerque, NM	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				\$0.99
Albuquerque, NM	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				\$0.38
Albuquerque, NM	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				\$0.31
Albuquerque, NM	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				\$1.20
Albuquerque, NM	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				\$0.69
Albuquerque, NM	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				\$0.82
Albuquerque, NM	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$32.23
Albuquerque, NM	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$644.51

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albuquerque, NM	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$64.45
Albuquerque, NM	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$483.38
Albuquerque, NM	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$30.40
Albuquerque, NM	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$608.03
Albuquerque, NM	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$60.80
Albuquerque, NM	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$456.02
Albuquerque, NM	E0776	IV POLE	NU	BA	KG	\$50.57
Albuquerque, NM	E0776	IV POLE	RR	BA	KG	\$5.06
Albuquerque, NM	E0776	IV POLE	UE	BA	KG	\$37.93
Allentown-Bethlehem-Easton, PA-NJ	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.02
Allentown-Bethlehem-Easton, PA-NJ	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.39

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Allentown-Bethlehem-Easton, PA-NJ	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.13
Allentown-Bethlehem-Easton, PA-NJ	B4081	NASOGASTRIC TUBING WITH STYLET				\$13.59
Allentown-Bethlehem-Easton, PA-NJ	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.02
Allentown-Bethlehem-Easton, PA-NJ	B4083	STOMACH TUBE - LEVINE TYPE				\$1.53
Allentown-Bethlehem-Easton, PA-NJ	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.20
Allentown-Bethlehem-Easton, PA-NJ	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$29.50
Allentown-Bethlehem-Easton, PA-NJ	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				\$0.99
Allentown-Bethlehem-Easton, PA-NJ	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				\$0.37
Allentown-Bethlehem-Easton, PA-NJ	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				\$0.30
Allentown-Bethlehem-Easton, PA-NJ	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				\$1.14
Allentown-Bethlehem-Easton, PA-NJ	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

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Allentown-Bethlehem-Easton, PA-NJ	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				\$0.75
Allentown-Bethlehem-Easton, PA-NJ	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$31.46
Allentown-Bethlehem-Easton, PA-NJ	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$629.12
Allentown-Bethlehem-Easton, PA-NJ	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$62.91
Allentown-Bethlehem-Easton, PA-NJ	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$471.84
Allentown-Bethlehem-Easton, PA-NJ	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$30.41
Allentown-Bethlehem-Easton, PA-NJ	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$608.14
Allentown-Bethlehem-Easton, PA-NJ	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$60.81
Allentown-Bethlehem-Easton, PA-NJ	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$456.11
Allentown-Bethlehem-Easton, PA-NJ	E0776	IV POLE	NU	BA	KG	\$50.58
Allentown-Bethlehem-Easton, PA-NJ	E0776	IV POLE	RR	BA	KG	\$5.06

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Allentown-Bethlehem-Easton, PA-NJ	E0776	IV POLE	UE	BA	KG	\$37.94
Asheville, NC	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.50
Asheville, NC	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.35
Asheville, NC	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.66
Asheville, NC	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.70
Asheville, NC	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.98
Asheville, NC	B4083	STOMACH TUBE - LEVINE TYPE				\$1.62
Asheville, NC	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$26.75
Asheville, NC	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$32.00
Asheville, NC	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
Asheville, NC	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

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Asheville, NC	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
Asheville, NC	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
Asheville, NC	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				\$0.76
Asheville, NC	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				\$0.71
Asheville, NC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$36.85
Asheville, NC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$737.02
Asheville, NC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$73.70
Asheville, NC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$552.77
Asheville, NC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$34.75
Asheville, NC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$695.00
Asheville, NC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$69.50

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Asheville, NC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$521.25
Asheville, NC	E0776	IV POLE	NU	BA	KG	\$54.27
Asheville, NC	E0776	IV POLE	RR	BA	KG	\$5.43
Asheville, NC	E0776	IV POLE	UE	BA	KG	\$40.70
Atlanta-Sandy Springs-Marietta, GA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.26
Atlanta-Sandy Springs-Marietta, GA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.10
Atlanta-Sandy Springs-Marietta, GA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.66
Atlanta-Sandy Springs-Marietta, GA	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.06
Atlanta-Sandy Springs-Marietta, GA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$11.20
Atlanta-Sandy Springs-Marietta, GA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.64
Atlanta-Sandy Springs-Marietta, GA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$25.38

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Atlanta-Sandy Springs-Marietta, GA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$29.49
Atlanta-Sandy Springs-Marietta, GA	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
Atlanta-Sandy Springs-Marietta, GA	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
Atlanta-Sandy Springs-Marietta, GA	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
Atlanta-Sandy Springs-Marietta, GA	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
Atlanta-Sandy Springs-Marietta, GA	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
Atlanta-Sandy Springs-Marietta, GA	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
Atlanta-Sandy Springs-Marietta, GA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$35.98
Atlanta-Sandy Springs-Marietta, GA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$719.60
Atlanta-Sandy Springs-Marietta, GA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$71.96
Atlanta-Sandy Springs-Marietta, GA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$539.70

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Atlanta-Sandy Springs-Marietta, GA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$33.44
Atlanta-Sandy Springs-Marietta, GA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$668.83
Atlanta-Sandy Springs-Marietta, GA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$66.88
Atlanta-Sandy Springs-Marietta, GA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$501.62
Atlanta-Sandy Springs-Marietta, GA	E0776	IV POLE	NU	BA	KG	\$57.19
Atlanta-Sandy Springs-Marietta, GA	E0776	IV POLE	RR	BA	KG	\$5.72
Atlanta-Sandy Springs-Marietta, GA	E0776	IV POLE	UE	BA	KG	\$42.89
Augusta-Richmond County, GA-SC	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.03
Augusta-Richmond County, GA-SC	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.55
Augusta-Richmond County, GA-SC	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.25
Augusta-Richmond County, GA-SC	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.70

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Augusta-Richmond County, GA-SC	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.54
Augusta-Richmond County, GA-SC	B4083	STOMACH TUBE - LEVINE TYPE				\$1.64
Augusta-Richmond County, GA-SC	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.40
Augusta-Richmond County, GA-SC	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.00
Augusta-Richmond County, GA-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				\$0.99
Augusta-Richmond County, GA-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				\$0.39
Augusta-Richmond County, GA-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
Augusta-Richmond County, GA-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				\$1.18
Augusta-Richmond County, GA-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				\$0.73
Augusta-Richmond County, GA-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				\$0.71
Augusta-Richmond County, GA-SC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$32.50

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Augusta-Richmond County, GA-SC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$650.00
Augusta-Richmond County, GA-SC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$65.00
Augusta-Richmond County, GA-SC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$487.50
Augusta-Richmond County, GA-SC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$29.50
Augusta-Richmond County, GA-SC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$590.00
Augusta-Richmond County, GA-SC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$59.00
Augusta-Richmond County, GA-SC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$442.50
Augusta-Richmond County, GA-SC	E0776	IV POLE	NU	BA	KG	\$55.00
Augusta-Richmond County, GA-SC	E0776	IV POLE	RR	BA	KG	\$5.50
Augusta-Richmond County, GA-SC	E0776	IV POLE	UE	BA	KG	\$41.25
Austin-Round Rock-San Marcos, TX	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.25

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Austin-Round Rock-San Marcos, 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
Austin-Round Rock-San Marcos, TX	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.31
Austin-Round Rock-San Marcos, TX	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.51
Austin-Round Rock-San Marcos, TX	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.28
Austin-Round Rock-San Marcos, TX	B4083	STOMACH TUBE - LEVINE TYPE				\$1.62
Austin-Round Rock-San Marcos, TX	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.45
Austin-Round Rock-San Marcos, TX	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$29.50
Austin-Round Rock-San Marcos, 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				\$1.00
Austin-Round Rock-San Marcos, 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				\$0.38
Austin-Round Rock-San Marcos, 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
Austin-Round Rock-San Marcos, 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				\$1.25

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Austin-Round Rock-San Marcos, 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				\$0.74
Austin-Round Rock-San Marcos, 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				\$0.72
Austin-Round Rock-San Marcos, TX	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$33.97
Austin-Round Rock-San Marcos, TX	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$679.42
Austin-Round Rock-San Marcos, TX	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$67.94
Austin-Round Rock-San Marcos, TX	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$509.57
Austin-Round Rock-San Marcos, TX	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$31.45
Austin-Round Rock-San Marcos, TX	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$629.02
Austin-Round Rock-San Marcos, TX	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$62.90
Austin-Round Rock-San Marcos, TX	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$471.77
Austin-Round Rock-San Marcos, TX	E0776	IV POLE	NU	BA	KG	\$57.81

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Austin-Round Rock-San Marcos, TX	E0776	IV POLE	RR	BA	KG	\$5.78
Austin-Round Rock-San Marcos, TX	E0776	IV POLE	UE	BA	KG	\$43.36
Bakersfield-Delano, CA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.25
Bakersfield-Delano, CA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.95
Bakersfield-Delano, CA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.25
Bakersfield-Delano, CA	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.00
Bakersfield-Delano, CA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$11.50
Bakersfield-Delano, CA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.65
Bakersfield-Delano, CA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$28.31
Bakersfield-Delano, CA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$33.62
Bakersfield-Delano, 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				\$1.02

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bakersfield-Delano, 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
Bakersfield-Delano, 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
Bakersfield-Delano, 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				\$1.31
Bakersfield-Delano, 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				\$0.70
Bakersfield-Delano, 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
Bakersfield-Delano, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$33.35
Bakersfield-Delano, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$667.04
Bakersfield-Delano, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$66.70
Bakersfield-Delano, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$500.28
Bakersfield-Delano, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$30.40
Bakersfield-Delano, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$608.03

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bakersfield-Delano, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$60.80
Bakersfield-Delano, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$456.02
Bakersfield-Delano, CA	E0776	IV POLE	NU	BA	KG	\$54.27
Bakersfield-Delano, CA	E0776	IV POLE	RR	BA	KG	\$5.43
Bakersfield-Delano, CA	E0776	IV POLE	UE	BA	KG	\$40.70
Baltimore-Towson, MD	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.26
Baltimore-Towson, MD	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.10
Baltimore-Towson, MD	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.59
Baltimore-Towson, MD	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.89
Baltimore-Towson, MD	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.90
Baltimore-Towson, MD	B4083	STOMACH TUBE - LEVINE TYPE				\$1.62

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baltimore-Towson, MD	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.40
Baltimore-Towson, MD	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$28.00
Baltimore-Towson, MD	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
Baltimore-Towson, MD	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
Baltimore-Towson, MD	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
Baltimore-Towson, MD	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				\$1.18
Baltimore-Towson, MD	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
Baltimore-Towson, MD	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				\$0.71
Baltimore-Towson, MD	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$35.27
Baltimore-Towson, MD	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$705.31
Baltimore-Towson, MD	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$70.53

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baltimore-Towson, MD	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$528.98
Baltimore-Towson, MD	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$32.50
Baltimore-Towson, MD	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$650.00
Baltimore-Towson, MD	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$65.00
Baltimore-Towson, MD	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$487.50
Baltimore-Towson, MD	E0776	IV POLE	NU	BA	KG	\$55.62
Baltimore-Towson, MD	E0776	IV POLE	RR	BA	KG	\$5.56
Baltimore-Towson, MD	E0776	IV POLE	UE	BA	KG	\$41.72
Baton Rouge, LA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.30
Baton Rouge, LA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.44
Baton Rouge, LA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.66

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baton Rouge, LA	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.41
Baton Rouge, LA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.99
Baton Rouge, LA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.68
Baton Rouge, LA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$25.00
Baton Rouge, LA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$27.88
Baton Rouge, LA	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
Baton Rouge, LA	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
Baton Rouge, LA	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				\$0.36
Baton Rouge, LA	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
Baton Rouge, LA	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				\$0.77
Baton Rouge, LA	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				\$0.71

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baton Rouge, LA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$36.77
Baton Rouge, LA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$735.44
Baton Rouge, LA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$73.54
Baton Rouge, LA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$551.58
Baton Rouge, LA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$34.75
Baton Rouge, LA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$695.00
Baton Rouge, LA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$69.50
Baton Rouge, LA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$521.25
Baton Rouge, LA	E0776	IV POLE	NU	BA	KG	\$59.72
Baton Rouge, LA	E0776	IV POLE	RR	BA	KG	\$5.97
Baton Rouge, LA	E0776	IV POLE	UE	BA	KG	\$44.79

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Beaumont-Port Arthur, TX	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.25
Beaumont-Port Arthur, 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
Beaumont-Port Arthur, TX	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.50
Beaumont-Port Arthur, TX	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.70
Beaumont-Port Arthur, TX	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.32
Beaumont-Port Arthur, TX	B4083	STOMACH TUBE - LEVINE TYPE				\$1.70
Beaumont-Port Arthur, TX	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.50
Beaumont-Port Arthur, TX	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.00
Beaumont-Port Arthur, 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
Beaumont-Port Arthur, 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
Beaumont-Port Arthur, 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

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Beaumont-Port Arthur, 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				\$1.25
Beaumont-Port Arthur, 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				\$0.75
Beaumont-Port Arthur, 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				\$0.75
Beaumont-Port Arthur, TX	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$34.50
Beaumont-Port Arthur, TX	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$690.00
Beaumont-Port Arthur, TX	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$69.00
Beaumont-Port Arthur, TX	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$517.50
Beaumont-Port Arthur, TX	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$32.23
Beaumont-Port Arthur, TX	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$644.51
Beaumont-Port Arthur, TX	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$64.45
Beaumont-Port Arthur, TX	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$483.38

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Beaumont-Port Arthur, TX	E0776	IV POLE	NU	BA	KG	\$55.00
Beaumont-Port Arthur, TX	E0776	IV POLE	RR	BA	KG	\$5.50
Beaumont-Port Arthur, TX	E0776	IV POLE	UE	BA	KG	\$41.25
Birmingham-Hoover, AL	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.26
Birmingham-Hoover, AL	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.12
Birmingham-Hoover, AL	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.54
Birmingham-Hoover, AL	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.70
Birmingham-Hoover, AL	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.76
Birmingham-Hoover, AL	B4083	STOMACH TUBE - LEVINE TYPE				\$1.60
Birmingham-Hoover, AL	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.64
Birmingham-Hoover, AL	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.00

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Birmingham-Hoover, AL	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
Birmingham-Hoover, AL	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
Birmingham-Hoover, AL	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
Birmingham-Hoover, AL	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				\$1.30
Birmingham-Hoover, AL	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
Birmingham-Hoover, AL	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
Birmingham-Hoover, AL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$35.76
Birmingham-Hoover, AL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$715.16
Birmingham-Hoover, AL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$71.52
Birmingham-Hoover, AL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$536.37
Birmingham-Hoover, AL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$33.25

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Birmingham-Hoover, AL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$665.00
Birmingham-Hoover, AL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$66.50
Birmingham-Hoover, AL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$498.75
Birmingham-Hoover, AL	E0776	IV POLE	NU	BA	KG	\$53.94
Birmingham-Hoover, AL	E0776	IV POLE	RR	BA	KG	\$5.39
Birmingham-Hoover, AL	E0776	IV POLE	UE	BA	KG	\$40.46
Boise City-Nampa, ID	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.30
Boise City-Nampa, ID	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.26
Boise City-Nampa, ID	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.64
Boise City-Nampa, ID	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.20
Boise City-Nampa, ID	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$11.36

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boise City-Nampa, ID	B4083	STOMACH TUBE - LEVINE TYPE				\$1.72
Boise City-Nampa, ID	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.70
Boise City-Nampa, ID	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.00
Boise City-Nampa, ID	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
Boise City-Nampa, ID	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
Boise City-Nampa, ID	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
Boise City-Nampa, ID	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
Boise City-Nampa, ID	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
Boise City-Nampa, ID	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				\$0.78
Boise City-Nampa, ID	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$36.59
Boise City-Nampa, ID	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$731.76

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boise City-Nampa, ID	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$73.18
Boise City-Nampa, ID	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$548.82
Boise City-Nampa, ID	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$34.75
Boise City-Nampa, ID	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$695.00
Boise City-Nampa, ID	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$69.50
Boise City-Nampa, ID	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$521.25
Boise City-Nampa, ID	E0776	IV POLE	NU	BA	KG	\$59.72
Boise City-Nampa, ID	E0776	IV POLE	RR	BA	KG	\$5.97
Boise City-Nampa, ID	E0776	IV POLE	UE	BA	KG	\$44.79
Boston-Cambridge-Quincy, MA-NH	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.30
Boston-Cambridge-Quincy, MA-NH	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.30

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boston-Cambridge-Quincy, MA-NH	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.66
Boston-Cambridge-Quincy, MA-NH	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.20
Boston-Cambridge-Quincy, MA-NH	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.99
Boston-Cambridge-Quincy, MA-NH	B4083	STOMACH TUBE - LEVINE TYPE				\$1.64
Boston-Cambridge-Quincy, MA-NH	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.80
Boston-Cambridge-Quincy, MA-NH	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$28.00
Boston-Cambridge-Quincy, MA-NH	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
Boston-Cambridge-Quincy, MA-NH	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
Boston-Cambridge-Quincy, MA-NH	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
Boston-Cambridge-Quincy, MA-NH	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
Boston-Cambridge-Quincy, MA-NH	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				\$0.77

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boston-Cambridge-Quincy, MA-NH	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				\$0.71
Boston-Cambridge-Quincy, MA-NH	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$36.77
Boston-Cambridge-Quincy, MA-NH	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$735.44
Boston-Cambridge-Quincy, MA-NH	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$73.54
Boston-Cambridge-Quincy, MA-NH	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$551.58
Boston-Cambridge-Quincy, MA-NH	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$34.10
Boston-Cambridge-Quincy, MA-NH	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$681.92
Boston-Cambridge-Quincy, MA-NH	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$68.19
Boston-Cambridge-Quincy, MA-NH	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$511.44
Boston-Cambridge-Quincy, MA-NH	E0776	IV POLE	NU	BA	KG	\$60.88
Boston-Cambridge-Quincy, MA-NH	E0776	IV POLE	RR	BA	KG	\$6.09

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boston-Cambridge-Quincy, MA-NH	E0776	IV POLE	UE	BA	KG	\$45.66
Bridgeport-Stamford-Norwalk, CT	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.24
Bridgeport-Stamford-Norwalk, CT	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.50
Bridgeport-Stamford-Norwalk, CT	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.19
Bridgeport-Stamford-Norwalk, CT	B4081	NASOGASTRIC TUBING WITH STYLET				\$13.23
Bridgeport-Stamford-Norwalk, CT	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.00
Bridgeport-Stamford-Norwalk, CT	B4083	STOMACH TUBE - LEVINE TYPE				\$1.60
Bridgeport-Stamford-Norwalk, CT	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$23.00
Bridgeport-Stamford-Norwalk, CT	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$28.00
Bridgeport-Stamford-Norwalk, CT	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				\$0.95
Bridgeport-Stamford-Norwalk, CT	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

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bridgeport-Stamford-Norwalk, CT	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
Bridgeport-Stamford-Norwalk, CT	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				\$1.15
Bridgeport-Stamford-Norwalk, CT	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				\$0.70
Bridgeport-Stamford-Norwalk, CT	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
Bridgeport-Stamford-Norwalk, CT	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$31.28
Bridgeport-Stamford-Norwalk, CT	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$625.50
Bridgeport-Stamford-Norwalk, CT	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$62.55
Bridgeport-Stamford-Norwalk, CT	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$469.13
Bridgeport-Stamford-Norwalk, CT	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$30.40
Bridgeport-Stamford-Norwalk, CT	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$608.03
Bridgeport-Stamford-Norwalk, CT	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$60.80

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bridgeport-Stamford-Norwalk, CT	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$456.02
Bridgeport-Stamford-Norwalk, CT	E0776	IV POLE	NU	BA	KG	\$55.00
Bridgeport-Stamford-Norwalk, CT	E0776	IV POLE	RR	BA	KG	\$5.50
Bridgeport-Stamford-Norwalk, CT	E0776	IV POLE	UE	BA	KG	\$41.25
Bronx-Manhattan NY CBA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.10
Bronx-Manhattan NY CBA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.78
Bronx-Manhattan NY CBA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.49
Bronx-Manhattan NY CBA	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.50
Bronx-Manhattan NY CBA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.50
Bronx-Manhattan NY CBA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.62
Bronx-Manhattan NY CBA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$25.00

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bronx-Manhattan NY CBA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$25.27
Bronx-Manhattan NY CBA	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
Bronx-Manhattan NY CBA	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
Bronx-Manhattan NY CBA	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
Bronx-Manhattan NY CBA	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				\$1.18
Bronx-Manhattan NY CBA	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				\$0.70
Bronx-Manhattan NY CBA	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				\$0.71
Bronx-Manhattan NY CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$32.23
Bronx-Manhattan NY CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$644.51
Bronx-Manhattan NY CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$64.45
Bronx-Manhattan NY CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$483.38

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bronx-Manhattan NY CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$31.28
Bronx-Manhattan NY CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$625.50
Bronx-Manhattan NY CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$62.55
Bronx-Manhattan NY CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$469.13
Bronx-Manhattan NY CBA	E0776	IV POLE	NU	BA	KG	\$54.27
Bronx-Manhattan NY CBA	E0776	IV POLE	RR	BA	KG	\$5.43
Bronx-Manhattan NY CBA	E0776	IV POLE	UE	BA	KG	\$40.70
Buffalo-Niagara Falls, NY	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.25
Buffalo-Niagara Falls, NY	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.10
Buffalo-Niagara Falls, NY	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.64
Buffalo-Niagara Falls, NY	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.98

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Buffalo-Niagara Falls, NY	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$11.24
Buffalo-Niagara Falls, NY	B4083	STOMACH TUBE - LEVINE TYPE				\$1.69
Buffalo-Niagara Falls, NY	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$25.50
Buffalo-Niagara Falls, NY	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$28.00
Buffalo-Niagara Falls, NY	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
Buffalo-Niagara Falls, NY	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
Buffalo-Niagara Falls, NY	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
Buffalo-Niagara Falls, NY	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
Buffalo-Niagara Falls, NY	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
Buffalo-Niagara Falls, NY	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
Buffalo-Niagara Falls, NY	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$33.88

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Buffalo-Niagara Falls, NY	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$677.66
Buffalo-Niagara Falls, NY	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$67.77
Buffalo-Niagara Falls, NY	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$508.25
Buffalo-Niagara Falls, NY	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$33.13
Buffalo-Niagara Falls, NY	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$662.50
Buffalo-Niagara Falls, NY	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$66.25
Buffalo-Niagara Falls, NY	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$496.88
Buffalo-Niagara Falls, NY	E0776	IV POLE	NU	BA	KG	\$57.19
Buffalo-Niagara Falls, NY	E0776	IV POLE	RR	BA	KG	\$5.72
Buffalo-Niagara Falls, NY	E0776	IV POLE	UE	BA	KG	\$42.89
Cape Coral-Fort Myers, FL	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.22

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cape Coral-Fort Myers, FL	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.45
Cape Coral-Fort Myers, FL	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.30
Cape Coral-Fort Myers, FL	B4081	NASOGASTRIC TUBING WITH STYLET				\$13.59
Cape Coral-Fort Myers, FL	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.44
Cape Coral-Fort Myers, FL	B4083	STOMACH TUBE - LEVINE TYPE				\$1.74
Cape Coral-Fort Myers, FL	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$26.04
Cape Coral-Fort Myers, FL	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$29.50
Cape Coral-Fort Myers, 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				\$1.00
Cape Coral-Fort Myers, 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				\$0.39
Cape Coral-Fort Myers, 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				\$0.32
Cape Coral-Fort Myers, 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				\$1.16

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cape Coral-Fort Myers, 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				\$0.72
Cape Coral-Fort Myers, 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				\$0.70
Cape Coral-Fort Myers, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$33.97
Cape Coral-Fort Myers, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$679.42
Cape Coral-Fort Myers, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$67.94
Cape Coral-Fort Myers, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$509.57
Cape Coral-Fort Myers, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$30.41
Cape Coral-Fort Myers, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$608.14
Cape Coral-Fort Myers, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$60.81
Cape Coral-Fort Myers, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$456.11
Cape Coral-Fort Myers, FL	E0776	IV POLE	NU	BA	KG	\$55.31

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cape Coral-Fort Myers, FL	E0776	IV POLE	RR	BA	KG	\$5.53
Cape Coral-Fort Myers, FL	E0776	IV POLE	UE	BA	KG	\$41.48
Central-Chicago Metro CBA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.58
Central-Chicago Metro CBA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$7.00
Central-Chicago Metro CBA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.91
Central-Chicago Metro CBA	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.62
Central-Chicago Metro CBA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$11.74
Central-Chicago Metro CBA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.72
Central-Chicago Metro CBA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$26.82
Central-Chicago Metro CBA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$28.08
Central-Chicago Metro CBA	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				\$1.09

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Central-Chicago Metro CBA	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				\$0.44
Central-Chicago Metro CBA	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				\$0.37
Central-Chicago Metro CBA	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				\$1.36
Central-Chicago Metro CBA	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				\$0.78
Central-Chicago Metro CBA	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				\$0.71
Central-Chicago Metro CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$38.60
Central-Chicago Metro CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$771.98
Central-Chicago Metro CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$77.20
Central-Chicago Metro CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$578.99
Central-Chicago Metro CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$36.71
Central-Chicago Metro CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$734.23

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Central-Chicago Metro CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$73.42
Central-Chicago Metro CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$550.67
Central-Chicago Metro CBA	E0776	IV POLE	NU	BA	KG	\$65.10
Central-Chicago Metro CBA	E0776	IV POLE	RR	BA	KG	\$6.51
Central-Chicago Metro CBA	E0776	IV POLE	UE	BA	KG	\$48.83
Charleston-North Charleston-Summerville, SC	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.21
Charleston-North Charleston-Summerville, SC	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.10
Charleston-North Charleston-Summerville, SC	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.33
Charleston-North Charleston-Summerville, SC	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.70
Charleston-North Charleston-Summerville, SC	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.54
Charleston-North Charleston-Summerville, SC	B4083	STOMACH TUBE - LEVINE TYPE				\$1.64

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charleston-North Charleston-Summerville, SC	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.40
Charleston-North Charleston-Summerville, SC	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.00
Charleston-North Charleston-Summerville, 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				\$0.99
Charleston-North Charleston-Summerville, 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				\$0.39
Charleston-North Charleston-Summerville, 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
Charleston-North Charleston-Summerville, 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				\$1.18
Charleston-North Charleston-Summerville, 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				\$0.73
Charleston-North Charleston-Summerville, 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				\$0.71
Charleston-North Charleston-Summerville, SC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$32.50
Charleston-North Charleston-Summerville, SC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$650.00
Charleston-North Charleston-Summerville, SC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$65.00

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charleston-North Charleston-Summerville, SC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$487.50
Charleston-North Charleston-Summerville, SC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$30.00
Charleston-North Charleston-Summerville, SC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$600.00
Charleston-North Charleston-Summerville, SC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$60.00
Charleston-North Charleston-Summerville, SC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$450.00
Charleston-North Charleston-Summerville, SC	E0776	IV POLE	NU	BA	KG	\$55.00
Charleston-North Charleston-Summerville, SC	E0776	IV POLE	RR	BA	KG	\$5.50
Charleston-North Charleston-Summerville, SC	E0776	IV POLE	UE	BA	KG	\$41.25
Chattanooga, TN-GA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.62
Chattanooga, TN-GA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$7.00
Chattanooga, TN-GA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.80

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chattanooga, TN-GA	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.05
Chattanooga, TN-GA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.98
Chattanooga, TN-GA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.62
Chattanooga, TN-GA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$26.34
Chattanooga, TN-GA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$29.00
Chattanooga, TN-GA	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
Chattanooga, TN-GA	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
Chattanooga, TN-GA	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				\$0.36
Chattanooga, TN-GA	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
Chattanooga, TN-GA	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				\$0.76
Chattanooga, TN-GA	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				\$0.71

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chattanooga, TN-GA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$37.58
Chattanooga, TN-GA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$751.58
Chattanooga, TN-GA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$75.16
Chattanooga, TN-GA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$563.69
Chattanooga, TN-GA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$35.74
Chattanooga, TN-GA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$714.82
Chattanooga, TN-GA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$71.48
Chattanooga, TN-GA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$536.12
Chattanooga, TN-GA	E0776	IV POLE	NU	BA	KG	\$60.34
Chattanooga, TN-GA	E0776	IV POLE	RR	BA	KG	\$6.03
Chattanooga, TN-GA	E0776	IV POLE	UE	BA	KG	\$45.26

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Colorado Springs, CO	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.25
Colorado Springs, CO	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.50
Colorado Springs, CO	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.21
Colorado Springs, CO	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.70
Colorado Springs, CO	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.54
Colorado Springs, CO	B4083	STOMACH TUBE - LEVINE TYPE				\$1.62
Colorado Springs, CO	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.40
Colorado Springs, CO	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.00
Colorado Springs, CO	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				\$0.99
Colorado Springs, CO	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
Colorado Springs, CO	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

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Colorado Springs, CO	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				\$1.15
Colorado Springs, CO	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				\$0.70
Colorado Springs, CO	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
Colorado Springs, CO	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$32.50
Colorado Springs, CO	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$650.00
Colorado Springs, CO	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$65.00
Colorado Springs, CO	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$487.50
Colorado Springs, CO	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$30.40
Colorado Springs, CO	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$608.03
Colorado Springs, CO	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$60.80
Colorado Springs, CO	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$456.02

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Colorado Springs, CO	E0776	IV POLE	NU	BA	KG	\$55.00
Colorado Springs, CO	E0776	IV POLE	RR	BA	KG	\$5.50
Colorado Springs, CO	E0776	IV POLE	UE	BA	KG	\$41.25
Columbia, SC	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.25
Columbia, SC	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.78
Columbia, SC	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.33
Columbia, SC	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.70
Columbia, SC	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.84
Columbia, SC	B4083	STOMACH TUBE - LEVINE TYPE				\$1.64
Columbia, SC	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$25.75
Columbia, SC	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.00

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbia, 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
Columbia, 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				\$0.39
Columbia, 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
Columbia, 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
Columbia, 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				\$0.73
Columbia, 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				\$0.71
Columbia, SC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$34.27
Columbia, SC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$685.43
Columbia, SC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$68.54
Columbia, SC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$514.07
Columbia, SC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$30.40

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbia, SC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$608.03
Columbia, SC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$60.80
Columbia, SC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$456.02
Columbia, SC	E0776	IV POLE	NU	BA	KG	\$54.27
Columbia, SC	E0776	IV POLE	RR	BA	KG	\$5.43
Columbia, SC	E0776	IV POLE	UE	BA	KG	\$40.70
Columbus, OH	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.03
Columbus, OH	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.91
Columbus, OH	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.19
Columbus, OH	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.46
Columbus, OH	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.27

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbus, OH	B4083	STOMACH TUBE - LEVINE TYPE				\$1.58
Columbus, OH	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.66
Columbus, OH	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$29.61
Columbus, 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				\$0.97
Columbus, 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				\$0.38
Columbus, 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
Columbus, 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				\$1.15
Columbus, 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				\$0.68
Columbus, 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				\$0.70
Columbus, OH	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$31.45
Columbus, OH	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$629.02

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbus, OH	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$62.90
Columbus, OH	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$471.77
Columbus, OH	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$30.40
Columbus, OH	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$608.03
Columbus, OH	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$60.80
Columbus, OH	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$456.02
Columbus, OH	E0776	IV POLE	NU	BA	KG	\$53.68
Columbus, OH	E0776	IV POLE	RR	BA	KG	\$5.37
Columbus, OH	E0776	IV POLE	UE	BA	KG	\$40.26
Dayton, OH	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.23
Dayton, OH	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.96

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dayton, OH	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.20
Dayton, OH	B4081	NASOGASTRIC TUBING WITH STYLET				\$13.59
Dayton, OH	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.00
Dayton, OH	B4083	STOMACH TUBE - LEVINE TYPE				\$1.58
Dayton, OH	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.20
Dayton, OH	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$30.50
Dayton, 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				\$0.94
Dayton, 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				\$0.37
Dayton, 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				\$0.31
Dayton, 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				\$1.11
Dayton, 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				\$0.66

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dayton, 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				\$0.72
Dayton, OH	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$32.36
Dayton, OH	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$647.26
Dayton, OH	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$64.73
Dayton, OH	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$485.45
Dayton, OH	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$31.31
Dayton, OH	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$626.27
Dayton, OH	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$62.63
Dayton, OH	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$469.70
Dayton, OH	E0776	IV POLE	NU	BA	KG	\$54.30
Dayton, OH	E0776	IV POLE	RR	BA	KG	\$5.43

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dayton, OH	E0776	IV POLE	UE	BA	KG	\$40.73
Deltona-Daytona Beach-Ormond 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
Deltona-Daytona Beach-Ormond Beach, FL	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.55
Deltona-Daytona Beach-Ormond Beach, FL	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.63
Deltona-Daytona Beach-Ormond Beach, FL	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.70
Deltona-Daytona Beach-Ormond Beach, FL	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$11.00
Deltona-Daytona Beach-Ormond Beach, FL	B4083	STOMACH TUBE - LEVINE TYPE				\$1.80
Deltona-Daytona Beach-Ormond Beach, FL	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$27.67
Deltona-Daytona Beach-Ormond Beach, FL	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$30.98
Deltona-Daytona Beach-Ormond 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				\$1.06
Deltona-Daytona Beach-Ormond 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				\$0.40

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Deltona-Daytona Beach-Ormond 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				\$0.33
Deltona-Daytona Beach-Ormond 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				\$1.31
Deltona-Daytona Beach-Ormond 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				\$0.74
Deltona-Daytona Beach-Ormond 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				\$0.70
Deltona-Daytona Beach-Ormond Beach, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$36.48
Deltona-Daytona Beach-Ormond Beach, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$729.63
Deltona-Daytona Beach-Ormond Beach, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$72.96
Deltona-Daytona Beach-Ormond Beach, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$547.22
Deltona-Daytona Beach-Ormond Beach, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$34.50
Deltona-Daytona Beach-Ormond Beach, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$690.00
Deltona-Daytona Beach-Ormond Beach, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$69.00

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Deltona-Daytona Beach-Ormond Beach, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$517.50
Deltona-Daytona Beach-Ormond Beach, FL	E0776	IV POLE	NU	BA	KG	\$60.00
Deltona-Daytona Beach-Ormond Beach, FL	E0776	IV POLE	RR	BA	KG	\$6.00
Deltona-Daytona Beach-Ormond Beach, FL	E0776	IV POLE	UE	BA	KG	\$45.00
Denver-Aurora-Broomfield, CO	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.25
Denver-Aurora-Broomfield, CO	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.50
Denver-Aurora-Broomfield, CO	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.21
Denver-Aurora-Broomfield, CO	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.70
Denver-Aurora-Broomfield, CO	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.54
Denver-Aurora-Broomfield, CO	B4083	STOMACH TUBE - LEVINE TYPE				\$1.65
Denver-Aurora-Broomfield, CO	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.40

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Denver-Aurora-Broomfield, CO	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.00
Denver-Aurora-Broomfield, CO	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				\$0.99
Denver-Aurora-Broomfield, CO	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
Denver-Aurora-Broomfield, CO	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
Denver-Aurora-Broomfield, CO	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				\$1.15
Denver-Aurora-Broomfield, CO	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				\$0.70
Denver-Aurora-Broomfield, CO	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
Denver-Aurora-Broomfield, CO	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$32.50
Denver-Aurora-Broomfield, CO	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$650.00
Denver-Aurora-Broomfield, CO	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$65.00
Denver-Aurora-Broomfield, CO	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$487.50

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Denver-Aurora-Broomfield, CO	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$30.40
Denver-Aurora-Broomfield, CO	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$608.03
Denver-Aurora-Broomfield, CO	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$60.80
Denver-Aurora-Broomfield, CO	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$456.02
Denver-Aurora-Broomfield, CO	E0776	IV POLE	NU	BA	KG	\$55.00
Denver-Aurora-Broomfield, CO	E0776	IV POLE	RR	BA	KG	\$5.50
Denver-Aurora-Broomfield, CO	E0776	IV POLE	UE	BA	KG	\$41.25
Detroit-Warren-Livonia, MI	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.26
Detroit-Warren-Livonia, MI	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.24
Detroit-Warren-Livonia, MI	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.66
Detroit-Warren-Livonia, MI	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.31

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Detroit-Warren-Livonia, MI	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$11.00
Detroit-Warren-Livonia, MI	B4083	STOMACH TUBE - LEVINE TYPE				\$1.68
Detroit-Warren-Livonia, MI	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$26.75
Detroit-Warren-Livonia, MI	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.00
Detroit-Warren-Livonia, MI	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				\$1.07
Detroit-Warren-Livonia, MI	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
Detroit-Warren-Livonia, MI	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
Detroit-Warren-Livonia, MI	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				\$1.38
Detroit-Warren-Livonia, MI	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
Detroit-Warren-Livonia, MI	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				\$0.74
Detroit-Warren-Livonia, MI	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$36.85

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Detroit-Warren-Livonia, MI	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$737.00
Detroit-Warren-Livonia, MI	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$73.70
Detroit-Warren-Livonia, MI	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$552.75
Detroit-Warren-Livonia, MI	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$34.75
Detroit-Warren-Livonia, MI	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$695.00
Detroit-Warren-Livonia, MI	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$69.50
Detroit-Warren-Livonia, MI	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$521.25
Detroit-Warren-Livonia, MI	E0776	IV POLE	NU	BA	KG	\$55.00
Detroit-Warren-Livonia, MI	E0776	IV POLE	RR	BA	KG	\$5.50
Detroit-Warren-Livonia, MI	E0776	IV POLE	UE	BA	KG	\$41.25
El Paso, TX	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.26

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
El Paso, TX	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.00
El Paso, TX	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.61
El Paso, TX	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.70
El Paso, TX	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.84
El Paso, TX	B4083	STOMACH TUBE - LEVINE TYPE				\$1.70
El Paso, TX	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.50
El Paso, TX	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$28.00
El Paso, 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
El Paso, 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
El Paso, 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				\$0.34
El Paso, 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				\$1.22

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
El Paso, 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				\$0.74
El Paso, 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				\$0.71
El Paso, TX	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$36.48
El Paso, TX	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$729.63
El Paso, TX	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$72.96
El Paso, TX	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$547.22
El Paso, TX	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$34.25
El Paso, TX	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$685.00
El Paso, TX	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$68.50
El Paso, TX	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$513.75
El Paso, TX	E0776	IV POLE	NU	BA	KG	\$60.68

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
El Paso, TX	E0776	IV POLE	RR	BA	KG	\$6.07
El Paso, TX	E0776	IV POLE	UE	BA	KG	\$45.51
Flint, MI	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.26
Flint, MI	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.12
Flint, MI	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.64
Flint, MI	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.85
Flint, MI	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.91
Flint, MI	B4083	STOMACH TUBE - LEVINE TYPE				\$1.64
Flint, MI	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$25.88
Flint, MI	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.00
Flint, MI	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

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Flint, MI	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
Flint, MI	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
Flint, MI	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
Flint, MI	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
Flint, MI	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
Flint, MI	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$36.64
Flint, MI	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$732.82
Flint, MI	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$73.28
Flint, MI	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$549.62
Flint, MI	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$34.60
Flint, MI	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$692.00

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Flint, MI	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$69.20
Flint, MI	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$519.00
Flint, MI	E0776	IV POLE	NU	BA	KG	\$54.64
Flint, MI	E0776	IV POLE	RR	BA	KG	\$5.46
Flint, MI	E0776	IV POLE	UE	BA	KG	\$40.98
Fresno, CA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.03
Fresno, CA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.55
Fresno, CA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.15
Fresno, CA	B4081	NASOGASTRIC TUBING WITH STYLET				\$16.00
Fresno, CA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$11.00
Fresno, CA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.60

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Fresno, CA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$30.70
Fresno, CA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$32.00
Fresno, 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				\$1.02
Fresno, 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				\$0.38
Fresno, 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
Fresno, 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				\$1.40
Fresno, 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				\$0.67
Fresno, 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				\$0.74
Fresno, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$33.35
Fresno, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$667.04
Fresno, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$66.70

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Fresno, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$500.28
Fresno, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$29.50
Fresno, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$590.00
Fresno, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$59.00
Fresno, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$442.50
Fresno, CA	E0776	IV POLE	NU	BA	KG	\$55.00
Fresno, CA	E0776	IV POLE	RR	BA	KG	\$5.50
Fresno, CA	E0776	IV POLE	UE	BA	KG	\$41.25
Grand Rapids-Wyoming, MI	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.26
Grand Rapids-Wyoming, MI	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.25
Grand Rapids-Wyoming, MI	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.66

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Grand Rapids-Wyoming, MI	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.40
Grand Rapids-Wyoming, MI	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$11.50
Grand Rapids-Wyoming, MI	B4083	STOMACH TUBE - LEVINE TYPE				\$1.73
Grand Rapids-Wyoming, MI	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$26.75
Grand Rapids-Wyoming, MI	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.00
Grand Rapids-Wyoming, MI	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				\$1.07
Grand Rapids-Wyoming, MI	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
Grand Rapids-Wyoming, MI	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
Grand Rapids-Wyoming, MI	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
Grand Rapids-Wyoming, MI	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
Grand Rapids-Wyoming, MI	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

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Grand Rapids-Wyoming, MI	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$36.25
Grand Rapids-Wyoming, MI	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$725.00
Grand Rapids-Wyoming, MI	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$72.50
Grand Rapids-Wyoming, MI	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$543.75
Grand Rapids-Wyoming, MI	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$34.70
Grand Rapids-Wyoming, MI	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$694.00
Grand Rapids-Wyoming, MI	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$69.40
Grand Rapids-Wyoming, MI	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$520.50
Grand Rapids-Wyoming, MI	E0776	IV POLE	NU	BA	KG	\$54.27
Grand Rapids-Wyoming, MI	E0776	IV POLE	RR	BA	KG	\$5.43
Grand Rapids-Wyoming, MI	E0776	IV POLE	UE	BA	KG	\$40.70

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greensboro-High Point, NC	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.41
Greensboro-High Point, NC	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.46
Greensboro-High Point, NC	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.71
Greensboro-High Point, NC	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.05
Greensboro-High Point, NC	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$11.20
Greensboro-High Point, NC	B4083	STOMACH TUBE - LEVINE TYPE				\$1.64
Greensboro-High Point, NC	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$27.53
Greensboro-High Point, NC	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.50
Greensboro-High Point, NC	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
Greensboro-High Point, NC	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
Greensboro-High Point, NC	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

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greensboro-High Point, NC	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				\$1.27
Greensboro-High Point, NC	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				\$0.76
Greensboro-High Point, NC	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				\$0.76
Greensboro-High Point, NC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$37.36
Greensboro-High Point, NC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$747.18
Greensboro-High Point, NC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$74.72
Greensboro-High Point, NC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$560.39
Greensboro-High Point, NC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$34.75
Greensboro-High Point, NC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$695.00
Greensboro-High Point, NC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$69.50
Greensboro-High Point, NC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$521.25

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greensboro-High Point, NC	E0776	IV POLE	NU	BA	KG	\$57.84
Greensboro-High Point, NC	E0776	IV POLE	RR	BA	KG	\$5.78
Greensboro-High Point, NC	E0776	IV POLE	UE	BA	KG	\$43.38
Greenville-Mauldin-Easley, SC	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.12
Greenville-Mauldin-Easley, SC	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.12
Greenville-Mauldin-Easley, SC	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.27
Greenville-Mauldin-Easley, SC	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.51
Greenville-Mauldin-Easley, SC	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.38
Greenville-Mauldin-Easley, SC	B4083	STOMACH TUBE - LEVINE TYPE				\$1.63
Greenville-Mauldin-Easley, SC	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.45
Greenville-Mauldin-Easley, SC	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$29.50

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greenville-Mauldin-Easley, 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				\$1.00
Greenville-Mauldin-Easley, 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				\$0.39
Greenville-Mauldin-Easley, 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				\$0.32
Greenville-Mauldin-Easley, 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				\$1.19
Greenville-Mauldin-Easley, 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				\$0.72
Greenville-Mauldin-Easley, 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				\$0.71
Greenville-Mauldin-Easley, SC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$32.36
Greenville-Mauldin-Easley, SC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$647.26
Greenville-Mauldin-Easley, SC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$64.73
Greenville-Mauldin-Easley, SC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$485.45
Greenville-Mauldin-Easley, SC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$30.20

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greenville-Mauldin-Easley, SC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$604.02
Greenville-Mauldin-Easley, SC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$60.40
Greenville-Mauldin-Easley, SC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$453.02
Greenville-Mauldin-Easley, SC	E0776	IV POLE	NU	BA	KG	\$57.14
Greenville-Mauldin-Easley, SC	E0776	IV POLE	RR	BA	KG	\$5.71
Greenville-Mauldin-Easley, SC	E0776	IV POLE	UE	BA	KG	\$42.86
Hartford-West Hartford-East Hartford, CT	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.03
Hartford-West Hartford-East Hartford, CT	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.78
Hartford-West Hartford-East Hartford, CT	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.19
Hartford-West Hartford-East Hartford, CT	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.32
Hartford-West Hartford-East Hartford, CT	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.05

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Hartford-West Hartford-East Hartford, CT	B4083	STOMACH TUBE - LEVINE TYPE				\$1.62
Hartford-West Hartford-East Hartford, CT	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$23.00
Hartford-West Hartford-East Hartford, CT	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.00
Hartford-West Hartford-East Hartford, CT	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				\$0.99
Hartford-West Hartford-East Hartford, CT	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
Hartford-West Hartford-East Hartford, CT	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
Hartford-West Hartford-East Hartford, CT	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				\$1.15
Hartford-West Hartford-East Hartford, CT	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				\$0.70
Hartford-West Hartford-East Hartford, CT	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				\$0.71
Hartford-West Hartford-East Hartford, CT	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$32.50
Hartford-West Hartford-East Hartford, CT	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$650.00

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Hartford-West Hartford-East Hartford, CT	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$65.00
Hartford-West Hartford-East Hartford, CT	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$487.50
Hartford-West Hartford-East Hartford, CT	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$30.40
Hartford-West Hartford-East Hartford, CT	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$608.03
Hartford-West Hartford-East Hartford, CT	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$60.80
Hartford-West Hartford-East Hartford, CT	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$456.02
Hartford-West Hartford-East Hartford, CT	E0776	IV POLE	NU	BA	KG	\$55.00
Hartford-West Hartford-East Hartford, CT	E0776	IV POLE	RR	BA	KG	\$5.50
Hartford-West Hartford-East Hartford, CT	E0776	IV POLE	UE	BA	KG	\$41.25
Honolulu, HI	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.52
Honolulu, HI	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.58

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Honolulu, HI	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.78
Honolulu, HI	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.57
Honolulu, HI	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$11.75
Honolulu, HI	B4083	STOMACH TUBE - LEVINE TYPE				\$1.71
Honolulu, HI	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$25.77
Honolulu, HI	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$28.00
Honolulu, HI	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
Honolulu, HI	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				\$0.43
Honolulu, HI	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				\$0.37
Honolulu, HI	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				\$1.40
Honolulu, HI	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				\$0.78

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Honolulu, HI	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				\$0.74
Honolulu, HI	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$38.18
Honolulu, HI	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$763.51
Honolulu, HI	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$76.35
Honolulu, HI	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$572.63
Honolulu, HI	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$35.50
Honolulu, HI	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$710.00
Honolulu, HI	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$71.00
Honolulu, HI	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$532.50
Honolulu, HI	E0776	IV POLE	NU	BA	KG	\$64.00
Honolulu, HI	E0776	IV POLE	RR	BA	KG	\$6.40

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Honolulu, HI	E0776	IV POLE	UE	BA	KG	\$48.00
Houston-Sugar Land-Baytown, TX	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.26
Houston-Sugar Land-Baytown, TX	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.00
Houston-Sugar Land-Baytown, TX	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.59
Houston-Sugar Land-Baytown, TX	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.70
Houston-Sugar Land-Baytown, TX	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.84
Houston-Sugar Land-Baytown, TX	B4083	STOMACH TUBE - LEVINE TYPE				\$1.60
Houston-Sugar Land-Baytown, TX	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.79
Houston-Sugar Land-Baytown, TX	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$28.99
Houston-Sugar Land-Baytown, 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
Houston-Sugar Land-Baytown, 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

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Houston-Sugar Land-Baytown, 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				\$0.34
Houston-Sugar Land-Baytown, 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				\$1.30
Houston-Sugar Land-Baytown, 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				\$0.75
Houston-Sugar Land-Baytown, 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				\$0.71
Houston-Sugar Land-Baytown, TX	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$36.15
Houston-Sugar Land-Baytown, TX	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$722.93
Houston-Sugar Land-Baytown, TX	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$72.29
Houston-Sugar Land-Baytown, TX	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$542.20
Houston-Sugar Land-Baytown, TX	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$34.00
Houston-Sugar Land-Baytown, TX	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$680.00
Houston-Sugar Land-Baytown, TX	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$68.00

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Houston-Sugar Land-Baytown, TX	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$510.00
Houston-Sugar Land-Baytown, TX	E0776	IV POLE	NU	BA	KG	\$60.00
Houston-Sugar Land-Baytown, TX	E0776	IV POLE	RR	BA	KG	\$6.00
Houston-Sugar Land-Baytown, TX	E0776	IV POLE	UE	BA	KG	\$45.00
Huntington-Ashland, WV-KY-OH	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.28
Huntington-Ashland, WV-KY-OH	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.10
Huntington-Ashland, WV-KY-OH	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.61
Huntington-Ashland, WV-KY-OH	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.00
Huntington-Ashland, WV-KY-OH	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$11.42
Huntington-Ashland, WV-KY-OH	B4083	STOMACH TUBE - LEVINE TYPE				\$1.60
Huntington-Ashland, WV-KY-OH	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$26.54

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Huntington-Ashland, WV-KY-OH	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$30.98
Huntington-Ashland, WV-KY-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				\$1.01
Huntington-Ashland, WV-KY-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				\$0.39
Huntington-Ashland, WV-KY-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				\$0.34
Huntington-Ashland, WV-KY-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				\$1.15
Huntington-Ashland, WV-KY-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				\$0.73
Huntington-Ashland, WV-KY-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				\$0.70
Huntington-Ashland, WV-KY-OH	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$35.27
Huntington-Ashland, WV-KY-OH	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$705.31
Huntington-Ashland, WV-KY-OH	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$70.53
Huntington-Ashland, WV-KY-OH	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$528.98

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Huntington-Ashland, WV-KY-OH	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$34.75
Huntington-Ashland, WV-KY-OH	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$695.00
Huntington-Ashland, WV-KY-OH	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$69.50
Huntington-Ashland, WV-KY-OH	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$521.25
Huntington-Ashland, WV-KY-OH	E0776	IV POLE	NU	BA	KG	\$55.00
Huntington-Ashland, WV-KY-OH	E0776	IV POLE	RR	BA	KG	\$5.50
Huntington-Ashland, WV-KY-OH	E0776	IV POLE	UE	BA	KG	\$41.25
Indiana-Chicago Metro CBA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.26
Indiana-Chicago Metro CBA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.10
Indiana-Chicago Metro CBA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.66
Indiana-Chicago Metro CBA	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.42

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indiana-Chicago Metro CBA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$11.96
Indiana-Chicago Metro CBA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.62
Indiana-Chicago Metro CBA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$26.54
Indiana-Chicago Metro CBA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.00
Indiana-Chicago Metro CBA	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
Indiana-Chicago Metro CBA	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
Indiana-Chicago Metro CBA	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
Indiana-Chicago Metro CBA	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				\$1.30
Indiana-Chicago Metro CBA	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
Indiana-Chicago Metro CBA	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				\$0.71
Indiana-Chicago Metro CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$36.48

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indiana-Chicago Metro CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$729.63
Indiana-Chicago Metro CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$72.96
Indiana-Chicago Metro CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$547.22
Indiana-Chicago Metro CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$34.50
Indiana-Chicago Metro CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$690.00
Indiana-Chicago Metro CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$69.00
Indiana-Chicago Metro CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$517.50
Indiana-Chicago Metro CBA	E0776	IV POLE	NU	BA	KG	\$54.27
Indiana-Chicago Metro CBA	E0776	IV POLE	RR	BA	KG	\$5.43
Indiana-Chicago Metro CBA	E0776	IV POLE	UE	BA	KG	\$40.70
Indianapolis-Carmel, IN	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.25

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indianapolis-Carmel, IN	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.10
Indianapolis-Carmel, IN	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.50
Indianapolis-Carmel, IN	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.70
Indianapolis-Carmel, IN	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.98
Indianapolis-Carmel, IN	B4083	STOMACH TUBE - LEVINE TYPE				\$1.62
Indianapolis-Carmel, IN	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.79
Indianapolis-Carmel, IN	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$29.22
Indianapolis-Carmel, 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
Indianapolis-Carmel, 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				\$0.39
Indianapolis-Carmel, 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				\$0.33
Indianapolis-Carmel, 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				\$1.20

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indianapolis-Carmel, 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				\$0.70
Indianapolis-Carmel, 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				\$0.70
Indianapolis-Carmel, IN	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$34.70
Indianapolis-Carmel, IN	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$694.00
Indianapolis-Carmel, IN	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$69.40
Indianapolis-Carmel, IN	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$520.50
Indianapolis-Carmel, IN	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$33.75
Indianapolis-Carmel, IN	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$675.00
Indianapolis-Carmel, IN	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$67.50
Indianapolis-Carmel, IN	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$506.25
Indianapolis-Carmel, IN	E0776	IV POLE	NU	BA	KG	\$55.62

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indianapolis-Carmel, IN	E0776	IV POLE	RR	BA	KG	\$5.56
Indianapolis-Carmel, IN	E0776	IV POLE	UE	BA	KG	\$41.72
Jackson, MS	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.42
Jackson, MS	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.86
Jackson, MS	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.71
Jackson, MS	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.00
Jackson, MS	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.98
Jackson, MS	B4083	STOMACH TUBE - LEVINE TYPE				\$1.62
Jackson, MS	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$25.00
Jackson, MS	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$28.00
Jackson, MS	B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$1.06

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jackson, MS	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
Jackson, MS	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				\$0.36
Jackson, MS	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
Jackson, MS	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				\$0.78
Jackson, MS	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
Jackson, MS	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$36.85
Jackson, MS	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$737.01
Jackson, MS	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$73.70
Jackson, MS	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$552.76
Jackson, MS	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$35.61
Jackson, MS	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$712.17

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jackson, MS	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$71.22
Jackson, MS	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$534.13
Jackson, MS	E0776	IV POLE	NU	BA	KG	\$59.72
Jackson, MS	E0776	IV POLE	RR	BA	KG	\$5.97
Jackson, MS	E0776	IV POLE	UE	BA	KG	\$44.79
Jacksonville, FL	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.33
Jacksonville, FL	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.36
Jacksonville, FL	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.88
Jacksonville, FL	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.70
Jacksonville, FL	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.98
Jacksonville, FL	B4083	STOMACH TUBE - LEVINE TYPE				\$1.68

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jacksonville, FL	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$25.00
Jacksonville, FL	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$28.00
Jacksonville, 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				\$1.07
Jacksonville, 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
Jacksonville, 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
Jacksonville, 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
Jacksonville, 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				\$0.76
Jacksonville, 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				\$0.69
Jacksonville, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$38.31
Jacksonville, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$766.13
Jacksonville, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$76.61

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jacksonville, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$574.60
Jacksonville, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$36.85
Jacksonville, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$737.00
Jacksonville, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$73.70
Jacksonville, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$552.75
Jacksonville, FL	E0776	IV POLE	NU	BA	KG	\$63.26
Jacksonville, FL	E0776	IV POLE	RR	BA	KG	\$6.33
Jacksonville, FL	E0776	IV POLE	UE	BA	KG	\$47.45
Knoxville, TN	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.56
Knoxville, TN	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$7.04
Knoxville, TN	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.76

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Knoxville, TN	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.41
Knoxville, TN	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$11.36
Knoxville, TN	B4083	STOMACH TUBE - LEVINE TYPE				\$1.62
Knoxville, TN	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$26.98
Knoxville, TN	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.00
Knoxville, TN	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
Knoxville, TN	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
Knoxville, TN	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				\$0.36
Knoxville, TN	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				\$1.42
Knoxville, TN	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				\$0.76
Knoxville, TN	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				\$0.71

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Knoxville, TN	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$37.15
Knoxville, TN	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$743.01
Knoxville, TN	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$74.30
Knoxville, TN	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$557.26
Knoxville, TN	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$35.62
Knoxville, TN	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$712.32
Knoxville, TN	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$71.23
Knoxville, TN	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$534.24
Knoxville, TN	E0776	IV POLE	NU	BA	KG	\$55.12
Knoxville, TN	E0776	IV POLE	RR	BA	KG	\$5.51
Knoxville, TN	E0776	IV POLE	UE	BA	KG	\$41.34

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Lakeland-Winter Haven, 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
Lakeland-Winter Haven, FL	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.50
Lakeland-Winter Haven, FL	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.61
Lakeland-Winter Haven, FL	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.32
Lakeland-Winter Haven, FL	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.84
Lakeland-Winter Haven, FL	B4083	STOMACH TUBE - LEVINE TYPE				\$1.83
Lakeland-Winter Haven, FL	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$27.67
Lakeland-Winter Haven, FL	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.00
Lakeland-Winter Haven, 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				\$1.01
Lakeland-Winter Haven, 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				\$0.39
Lakeland-Winter Haven, 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				\$0.32

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Lakeland-Winter Haven, 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				\$1.31
Lakeland-Winter Haven, 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				\$0.73
Lakeland-Winter Haven, 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				\$0.70
Lakeland-Winter Haven, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$35.27
Lakeland-Winter Haven, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$705.31
Lakeland-Winter Haven, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$70.53
Lakeland-Winter Haven, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$528.98
Lakeland-Winter Haven, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$33.41
Lakeland-Winter Haven, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$668.28
Lakeland-Winter Haven, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$66.83
Lakeland-Winter Haven, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$501.21

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Lakeland-Winter Haven, FL	E0776	IV POLE	NU	BA	KG	\$60.68
Lakeland-Winter Haven, FL	E0776	IV POLE	RR	BA	KG	\$6.07
Lakeland-Winter Haven, FL	E0776	IV POLE	UE	BA	KG	\$45.51
Las Vegas-Paradise, NV	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.14
Las Vegas-Paradise, NV	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.39
Las Vegas-Paradise, NV	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.46
Las Vegas-Paradise, NV	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.92
Las Vegas-Paradise, NV	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$11.42
Las Vegas-Paradise, NV	B4083	STOMACH TUBE - LEVINE TYPE				\$1.92
Las Vegas-Paradise, NV	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$25.50
Las Vegas-Paradise, NV	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.50

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Las Vegas-Paradise, NV	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				\$1.09
Las Vegas-Paradise, NV	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
Las Vegas-Paradise, NV	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
Las Vegas-Paradise, NV	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				\$1.36
Las Vegas-Paradise, NV	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
Las Vegas-Paradise, NV	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				\$0.74
Las Vegas-Paradise, NV	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$33.18
Las Vegas-Paradise, NV	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$663.52
Las Vegas-Paradise, NV	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$66.35
Las Vegas-Paradise, NV	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$497.64
Las Vegas-Paradise, NV	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$30.20

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Las Vegas-Paradise, NV	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$604.02
Las Vegas-Paradise, NV	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$60.40
Las Vegas-Paradise, NV	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$453.02
Las Vegas-Paradise, NV	E0776	IV POLE	NU	BA	KG	\$57.50
Las Vegas-Paradise, NV	E0776	IV POLE	RR	BA	KG	\$5.75
Las Vegas-Paradise, NV	E0776	IV POLE	UE	BA	KG	\$43.13
Little Rock-North Little Rock-Conway, AR	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.26
Little Rock-North Little Rock-Conway, AR	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.75
Little Rock-North Little Rock-Conway, AR	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.66
Little Rock-North Little Rock-Conway, AR	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.00
Little Rock-North Little Rock-Conway, AR	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.98

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Little Rock-North Little Rock-Conway, AR	B4083	STOMACH TUBE - LEVINE TYPE				\$1.62
Little Rock-North Little Rock-Conway, AR	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.79
Little Rock-North Little Rock-Conway, AR	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$28.00
Little Rock-North Little Rock-Conway, AR	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
Little Rock-North Little Rock-Conway, AR	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
Little Rock-North Little Rock-Conway, AR	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
Little Rock-North Little Rock-Conway, AR	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
Little Rock-North Little Rock-Conway, AR	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				\$0.76
Little Rock-North Little Rock-Conway, AR	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				\$0.71
Little Rock-North Little Rock-Conway, AR	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$36.48
Little Rock-North Little Rock-Conway, AR	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$729.63

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Little Rock-North Little Rock-Conway, AR	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$72.96
Little Rock-North Little Rock-Conway, AR	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$547.22
Little Rock-North Little Rock-Conway, AR	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$34.00
Little Rock-North Little Rock-Conway, AR	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$680.00
Little Rock-North Little Rock-Conway, AR	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$68.00
Little Rock-North Little Rock-Conway, AR	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$510.00
Little Rock-North Little Rock-Conway, AR	E0776	IV POLE	NU	BA	KG	\$55.00
Little Rock-North Little Rock-Conway, AR	E0776	IV POLE	RR	BA	KG	\$5.50
Little Rock-North Little Rock-Conway, AR	E0776	IV POLE	UE	BA	KG	\$41.25
Los Angeles County CBA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.20
Los Angeles County CBA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.90

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Los Angeles County CBA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.50
Los Angeles County CBA	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.42
Los Angeles County CBA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$11.90
Los Angeles County CBA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.60
Los Angeles County CBA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$25.99
Los Angeles County CBA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$28.16
Los Angeles County CBA	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				\$1.07
Los Angeles County CBA	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
Los Angeles County CBA	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
Los Angeles County CBA	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				\$1.41
Los Angeles County CBA	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

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Los Angeles County CBA	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
Los Angeles County CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$33.44
Los Angeles County CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$668.83
Los Angeles County CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$66.88
Los Angeles County CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$501.62
Los Angeles County CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$31.28
Los Angeles County CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$625.50
Los Angeles County CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$62.55
Los Angeles County CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$469.13
Los Angeles County CBA	E0776	IV POLE	NU	BA	KG	\$57.00
Los Angeles County CBA	E0776	IV POLE	RR	BA	KG	\$5.70

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Los Angeles County CBA	E0776	IV POLE	UE	BA	KG	\$42.75
Louisville/Jefferson County, KY-IN	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.26
Louisville/Jefferson County, KY-IN	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.91
Louisville/Jefferson County, KY-IN	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.50
Louisville/Jefferson County, KY-IN	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.85
Louisville/Jefferson County, KY-IN	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$12.00
Louisville/Jefferson County, KY-IN	B4083	STOMACH TUBE - LEVINE TYPE				\$1.62
Louisville/Jefferson County, KY-IN	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$26.31
Louisville/Jefferson County, KY-IN	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$30.11
Louisville/Jefferson County, 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
Louisville/Jefferson County, 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				\$0.39

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Louisville/Jefferson County, 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				\$0.33
Louisville/Jefferson County, 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				\$1.25
Louisville/Jefferson County, 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				\$0.70
Louisville/Jefferson County, 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				\$0.72
Louisville/Jefferson County, KY-IN	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$33.60
Louisville/Jefferson County, KY-IN	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$671.92
Louisville/Jefferson County, KY-IN	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$67.19
Louisville/Jefferson County, KY-IN	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$503.94
Louisville/Jefferson County, KY-IN	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$31.91
Louisville/Jefferson County, KY-IN	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$638.23
Louisville/Jefferson County, KY-IN	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$63.82

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Louisville/Jefferson County, KY-IN	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$478.67
Louisville/Jefferson County, KY-IN	E0776	IV POLE	NU	BA	KG	\$55.31
Louisville/Jefferson County, KY-IN	E0776	IV POLE	RR	BA	KG	\$5.53
Louisville/Jefferson County, KY-IN	E0776	IV POLE	UE	BA	KG	\$41.48
McAllen-Edinburg-Mission, TX	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.30
McAllen-Edinburg-Mission, TX	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.78
McAllen-Edinburg-Mission, TX	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.50
McAllen-Edinburg-Mission, TX	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.51
McAllen-Edinburg-Mission, TX	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.50
McAllen-Edinburg-Mission, TX	B4083	STOMACH TUBE - LEVINE TYPE				\$1.60
McAllen-Edinburg-Mission, TX	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.45

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
McAllen-Edinburg-Mission, TX	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$27.74
McAllen-Edinburg-Mission, 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				\$1.00
McAllen-Edinburg-Mission, 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
McAllen-Edinburg-Mission, 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				\$0.33
McAllen-Edinburg-Mission, 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				\$1.24
McAllen-Edinburg-Mission, 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				\$0.74
McAllen-Edinburg-Mission, 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				\$0.71
McAllen-Edinburg-Mission, TX	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$35.69
McAllen-Edinburg-Mission, TX	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$713.86
McAllen-Edinburg-Mission, TX	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$71.39
McAllen-Edinburg-Mission, TX	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$535.40

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
McAllen-Edinburg-Mission, TX	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$33.72
McAllen-Edinburg-Mission, TX	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$674.42
McAllen-Edinburg-Mission, TX	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$67.44
McAllen-Edinburg-Mission, TX	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$505.82
McAllen-Edinburg-Mission, TX	E0776	IV POLE	NU	BA	KG	\$57.19
McAllen-Edinburg-Mission, TX	E0776	IV POLE	RR	BA	KG	\$5.72
McAllen-Edinburg-Mission, TX	E0776	IV POLE	UE	BA	KG	\$42.89
Memphis, TN-MS-AR	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.42
Memphis, TN-MS-AR	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$7.24
Memphis, TN-MS-AR	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.92
Memphis, TN-MS-AR	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.57

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Memphis, TN-MS-AR	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$11.75
Memphis, TN-MS-AR	B4083	STOMACH TUBE - LEVINE TYPE				\$1.66
Memphis, TN-MS-AR	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$26.74
Memphis, TN-MS-AR	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$28.00
Memphis, TN-MS-AR	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
Memphis, TN-MS-AR	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				\$0.44
Memphis, TN-MS-AR	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				\$0.38
Memphis, TN-MS-AR	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				\$1.40
Memphis, TN-MS-AR	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				\$0.79
Memphis, TN-MS-AR	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				\$0.71
Memphis, TN-MS-AR	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$38.90

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Memphis, TN-MS-AR	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$778.06
Memphis, TN-MS-AR	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$77.81
Memphis, TN-MS-AR	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$583.55
Memphis, TN-MS-AR	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$37.36
Memphis, TN-MS-AR	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$747.10
Memphis, TN-MS-AR	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$74.71
Memphis, TN-MS-AR	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$560.33
Memphis, TN-MS-AR	E0776	IV POLE	NU	BA	KG	\$58.31
Memphis, TN-MS-AR	E0776	IV POLE	RR	BA	KG	\$5.83
Memphis, TN-MS-AR	E0776	IV POLE	UE	BA	KG	\$43.73
Milwaukee-Waukesha-West Allis, WI	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.26

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Milwaukee-Waukesha-West Allis, WI	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.82
Milwaukee-Waukesha-West Allis, WI	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.60
Milwaukee-Waukesha-West Allis, WI	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.85
Milwaukee-Waukesha-West Allis, WI	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.99
Milwaukee-Waukesha-West Allis, WI	B4083	STOMACH TUBE - LEVINE TYPE				\$1.64
Milwaukee-Waukesha-West Allis, WI	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$26.54
Milwaukee-Waukesha-West Allis, WI	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$29.58
Milwaukee-Waukesha-West Allis, WI	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
Milwaukee-Waukesha-West Allis, WI	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
Milwaukee-Waukesha-West Allis, WI	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
Milwaukee-Waukesha-West Allis, WI	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

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Milwaukee-Waukesha-West Allis, WI	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
Milwaukee-Waukesha-West Allis, WI	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
Milwaukee-Waukesha-West Allis, WI	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$34.88
Milwaukee-Waukesha-West Allis, WI	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$697.66
Milwaukee-Waukesha-West Allis, WI	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$69.77
Milwaukee-Waukesha-West Allis, WI	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$523.25
Milwaukee-Waukesha-West Allis, WI	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$34.46
Milwaukee-Waukesha-West Allis, WI	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$689.25
Milwaukee-Waukesha-West Allis, WI	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$68.93
Milwaukee-Waukesha-West Allis, WI	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$516.94
Milwaukee-Waukesha-West Allis, WI	E0776	IV POLE	NU	BA	KG	\$56.88

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Milwaukee-Waukesha-West Allis, WI	E0776	IV POLE	RR	BA	KG	\$5.69
Milwaukee-Waukesha-West Allis, WI	E0776	IV POLE	UE	BA	KG	\$42.66
Minneapolis-St. Paul-Bloomington, MN-WI	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.26
Minneapolis-St. Paul-Bloomington, MN-WI	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.10
Minneapolis-St. Paul-Bloomington, MN-WI	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.59
Minneapolis-St. Paul-Bloomington, MN-WI	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.00
Minneapolis-St. Paul-Bloomington, MN-WI	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.98
Minneapolis-St. Paul-Bloomington, MN-WI	B4083	STOMACH TUBE - LEVINE TYPE				\$1.65
Minneapolis-St. Paul-Bloomington, MN-WI	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$25.00
Minneapolis-St. Paul-Bloomington, MN-WI	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$28.16
Minneapolis-St. Paul-Bloomington, MN-WI	B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$1.06

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Minneapolis-St. Paul-Bloomington, MN-WI	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
Minneapolis-St. Paul-Bloomington, MN-WI	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
Minneapolis-St. Paul-Bloomington, MN-WI	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
Minneapolis-St. Paul-Bloomington, MN-WI	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
Minneapolis-St. Paul-Bloomington, MN-WI	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				\$0.71
Minneapolis-St. Paul-Bloomington, MN-WI	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$34.50
Minneapolis-St. Paul-Bloomington, MN-WI	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$690.00
Minneapolis-St. Paul-Bloomington, MN-WI	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$69.00
Minneapolis-St. Paul-Bloomington, MN-WI	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$517.50
Minneapolis-St. Paul-Bloomington, MN-WI	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$32.50
Minneapolis-St. Paul-Bloomington, MN-WI	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$650.00

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Minneapolis-St. Paul-Bloomington, MN-WI	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$65.00
Minneapolis-St. Paul-Bloomington, MN-WI	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$487.50
Minneapolis-St. Paul-Bloomington, MN-WI	E0776	IV POLE	NU	BA	KG	\$55.62
Minneapolis-St. Paul-Bloomington, MN-WI	E0776	IV POLE	RR	BA	KG	\$5.56
Minneapolis-St. Paul-Bloomington, MN-WI	E0776	IV POLE	UE	BA	KG	\$41.72
Nashville-Davidson--Murfreesboro--Franklin, TN	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.60
Nashville-Davidson--Murfreesboro--Franklin, TN	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$7.13
Nashville-Davidson--Murfreesboro--Franklin, TN	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.76
Nashville-Davidson--Murfreesboro--Franklin, TN	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.40
Nashville-Davidson--Murfreesboro--Franklin, TN	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.98
Nashville-Davidson--Murfreesboro--Franklin, TN	B4083	STOMACH TUBE - LEVINE TYPE				\$1.62

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nashville-Davidson--Murfreeseboro--Franklin, TN	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$26.84
Nashville-Davidson--Murfreeseboro--Franklin, TN	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$30.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	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
Nashville-Davidson--Murfreeseboro--Franklin, TN	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
Nashville-Davidson--Murfreeseboro--Franklin, TN	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				\$0.36
Nashville-Davidson--Murfreeseboro--Franklin, TN	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				\$1.41
Nashville-Davidson--Murfreeseboro--Franklin, TN	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				\$0.76
Nashville-Davidson--Murfreeseboro--Franklin, TN	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				\$0.71
Nashville-Davidson--Murfreeseboro--Franklin, TN	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$37.45
Nashville-Davidson--Murfreeseboro--Franklin, TN	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$749.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$74.90

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nashville-Davidson--Murfreeseboro--Franklin, TN	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$561.75
Nashville-Davidson--Murfreeseboro--Franklin, TN	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$36.48
Nashville-Davidson--Murfreeseboro--Franklin, TN	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$729.63
Nashville-Davidson--Murfreeseboro--Franklin, TN	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$72.96
Nashville-Davidson--Murfreeseboro--Franklin, TN	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$547.22
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0776	IV POLE	NU	BA	KG	\$55.25
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0776	IV POLE	RR	BA	KG	\$5.53
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0776	IV POLE	UE	BA	KG	\$41.44
Nassau-Brooklyn-Queens-Richmond County Metro CBA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.10
Nassau-Brooklyn-Queens-Richmond County Metro CBA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.93
Nassau-Brooklyn-Queens-Richmond County Metro CBA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.50

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nassau-Brooklyn-Queens-Richmond County Metro CBA	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.63
Nassau-Brooklyn-Queens-Richmond County Metro CBA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.87
Nassau-Brooklyn-Queens-Richmond County Metro CBA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.62
Nassau-Brooklyn-Queens-Richmond County Metro CBA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$25.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$25.90
Nassau-Brooklyn-Queens-Richmond County Metro CBA	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
Nassau-Brooklyn-Queens-Richmond County Metro CBA	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
Nassau-Brooklyn-Queens-Richmond County Metro CBA	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
Nassau-Brooklyn-Queens-Richmond County Metro CBA	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				\$1.26
Nassau-Brooklyn-Queens-Richmond County Metro CBA	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
Nassau-Brooklyn-Queens-Richmond County Metro CBA	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

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nassau-Brooklyn-Queens-Richmond County Metro CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$32.24
Nassau-Brooklyn-Queens-Richmond County Metro CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$644.76
Nassau-Brooklyn-Queens-Richmond County Metro CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$64.48
Nassau-Brooklyn-Queens-Richmond County Metro CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$483.57
Nassau-Brooklyn-Queens-Richmond County Metro CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$31.75
Nassau-Brooklyn-Queens-Richmond County Metro CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$635.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$63.50
Nassau-Brooklyn-Queens-Richmond County Metro CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$476.25
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0776	IV POLE	NU	BA	KG	\$54.27
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0776	IV POLE	RR	BA	KG	\$5.43
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0776	IV POLE	UE	BA	KG	\$40.70

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Haven-Milford, CT	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.14
New Haven-Milford, CT	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.66
New Haven-Milford, CT	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.22
New Haven-Milford, CT	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.51
New Haven-Milford, CT	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.30
New Haven-Milford, CT	B4083	STOMACH TUBE - LEVINE TYPE				\$1.61
New Haven-Milford, CT	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.20
New Haven-Milford, CT	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$30.00
New Haven-Milford, CT	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				\$0.97
New Haven-Milford, CT	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
New Haven-Milford, CT	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

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Haven-Milford, CT	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				\$1.14
New Haven-Milford, CT	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				\$0.70
New Haven-Milford, CT	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
New Haven-Milford, CT	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$31.46
New Haven-Milford, CT	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$629.12
New Haven-Milford, CT	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$62.91
New Haven-Milford, CT	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$471.84
New Haven-Milford, CT	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$30.40
New Haven-Milford, CT	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$608.03
New Haven-Milford, CT	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$60.80
New Haven-Milford, CT	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$456.02

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Haven-Milford, CT	E0776	IV POLE	NU	BA	KG	\$54.94
New Haven-Milford, CT	E0776	IV POLE	RR	BA	KG	\$5.49
New Haven-Milford, CT	E0776	IV POLE	UE	BA	KG	\$41.21
New Orleans-Metairie-Kenner, LA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.33
New Orleans-Metairie-Kenner, LA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.36
New Orleans-Metairie-Kenner, LA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.66
New Orleans-Metairie-Kenner, LA	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.40
New Orleans-Metairie-Kenner, LA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$11.00
New Orleans-Metairie-Kenner, LA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.65
New Orleans-Metairie-Kenner, LA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$25.00
New Orleans-Metairie-Kenner, LA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$27.75

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Orleans-Metairie-Kenner, LA	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
New Orleans-Metairie-Kenner, LA	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
New Orleans-Metairie-Kenner, LA	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				\$0.36
New Orleans-Metairie-Kenner, LA	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
New Orleans-Metairie-Kenner, LA	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				\$0.76
New Orleans-Metairie-Kenner, LA	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				\$0.71
New Orleans-Metairie-Kenner, LA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$36.85
New Orleans-Metairie-Kenner, LA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$737.00
New Orleans-Metairie-Kenner, LA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$73.70
New Orleans-Metairie-Kenner, LA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$552.75
New Orleans-Metairie-Kenner, LA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$34.75

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Orleans-Metairie-Kenner, LA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$695.00
New Orleans-Metairie-Kenner, LA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$69.50
New Orleans-Metairie-Kenner, LA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$521.25
New Orleans-Metairie-Kenner, LA	E0776	IV POLE	NU	BA	KG	\$58.76
New Orleans-Metairie-Kenner, LA	E0776	IV POLE	RR	BA	KG	\$5.88
New Orleans-Metairie-Kenner, LA	E0776	IV POLE	UE	BA	KG	\$44.07
North East NY CBA Metro	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.03
North East NY CBA Metro	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.50
North East NY CBA Metro	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.23
North East NY CBA Metro	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.41
North East NY CBA Metro	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.02

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North East NY CBA Metro	B4083	STOMACH TUBE - LEVINE TYPE				\$1.58
North East NY CBA Metro	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$22.62
North East NY CBA Metro	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$24.75
North East NY CBA Metro	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				\$0.95
North East NY CBA Metro	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
North East NY CBA Metro	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
North East NY CBA Metro	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				\$1.15
North East NY CBA Metro	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				\$0.70
North East NY CBA Metro	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
North East NY CBA Metro	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$31.75
North East NY CBA Metro	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$635.00

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North East NY CBA Metro	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$63.50
North East NY CBA Metro	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$476.25
North East NY CBA Metro	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$30.65
North East NY CBA Metro	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$613.02
North East NY CBA Metro	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$61.30
North East NY CBA Metro	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$459.77
North East NY CBA Metro	E0776	IV POLE	NU	BA	KG	\$52.08
North East NY CBA Metro	E0776	IV POLE	RR	BA	KG	\$5.21
North East NY CBA Metro	E0776	IV POLE	UE	BA	KG	\$39.06
North Port-Bradenton-Sarasota, FL	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.28
North Port-Bradenton-Sarasota, FL	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.58

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North Port-Bradenton-Sarasota, FL	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.72
North Port-Bradenton-Sarasota, FL	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.70
North Port-Bradenton-Sarasota, FL	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.98
North Port-Bradenton-Sarasota, FL	B4083	STOMACH TUBE - LEVINE TYPE				\$1.66
North Port-Bradenton-Sarasota, FL	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$25.51
North Port-Bradenton-Sarasota, FL	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$27.71
North Port-Bradenton-Sarasota, 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				\$1.06
North Port-Bradenton-Sarasota, 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
North Port-Bradenton-Sarasota, 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
North Port-Bradenton-Sarasota, 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
North Port-Bradenton-Sarasota, 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				\$0.76

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North Port-Bradenton-Sarasota, 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				\$0.69
North Port-Bradenton-Sarasota, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$37.18
North Port-Bradenton-Sarasota, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$743.51
North Port-Bradenton-Sarasota, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$74.35
North Port-Bradenton-Sarasota, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$557.63
North Port-Bradenton-Sarasota, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$34.88
North Port-Bradenton-Sarasota, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$697.50
North Port-Bradenton-Sarasota, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$69.75
North Port-Bradenton-Sarasota, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$523.13
North Port-Bradenton-Sarasota, FL	E0776	IV POLE	NU	BA	KG	\$58.38
North Port-Bradenton-Sarasota, FL	E0776	IV POLE	RR	BA	KG	\$5.84

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North Port-Bradenton-Sarasota, FL	E0776	IV POLE	UE	BA	KG	\$43.79
Northern NJ Metro CBA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.03
Northern NJ Metro CBA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.78
Northern NJ Metro CBA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.37
Northern NJ Metro CBA	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.50
Northern NJ Metro CBA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.54
Northern NJ Metro CBA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.62
Northern NJ Metro CBA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$23.29
Northern NJ Metro CBA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$26.54
Northern NJ Metro CBA	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				\$0.99
Northern NJ Metro CBA	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

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern NJ Metro CBA	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
Northern NJ Metro CBA	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				\$1.13
Northern NJ Metro CBA	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				\$0.70
Northern NJ Metro CBA	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
Northern NJ Metro CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$32.50
Northern NJ Metro CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$650.00
Northern NJ Metro CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$65.00
Northern NJ Metro CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$487.50
Northern NJ Metro CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$32.23
Northern NJ Metro CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$644.51
Northern NJ Metro CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$64.45

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern NJ Metro CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$483.38
Northern NJ Metro CBA	E0776	IV POLE	NU	BA	KG	\$54.27
Northern NJ Metro CBA	E0776	IV POLE	RR	BA	KG	\$5.43
Northern NJ Metro CBA	E0776	IV POLE	UE	BA	KG	\$40.70
Northern-Chicago Metro CBA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.26
Northern-Chicago Metro CBA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.00
Northern-Chicago Metro CBA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.59
Northern-Chicago Metro CBA	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.70
Northern-Chicago Metro CBA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.54
Northern-Chicago Metro CBA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.56
Northern-Chicago Metro CBA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$23.00

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern-Chicago Metro CBA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$29.57
Northern-Chicago Metro CBA	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				\$0.99
Northern-Chicago Metro CBA	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
Northern-Chicago Metro CBA	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
Northern-Chicago Metro CBA	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				\$1.15
Northern-Chicago Metro CBA	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				\$0.70
Northern-Chicago Metro CBA	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
Northern-Chicago Metro CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$36.12
Northern-Chicago Metro CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$722.40
Northern-Chicago Metro CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$72.24
Northern-Chicago Metro CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$541.80

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern-Chicago Metro CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$32.50
Northern-Chicago Metro CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$650.00
Northern-Chicago Metro CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$65.00
Northern-Chicago Metro CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$487.50
Northern-Chicago Metro CBA	E0776	IV POLE	NU	BA	KG	\$60.68
Northern-Chicago Metro CBA	E0776	IV POLE	RR	BA	KG	\$6.07
Northern-Chicago Metro CBA	E0776	IV POLE	UE	BA	KG	\$45.51
Ocala, FL	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.26
Ocala, FL	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.10
Ocala, FL	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.76
Ocala, FL	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.00

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Ocala, FL	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.98
Ocala, FL	B4083	STOMACH TUBE - LEVINE TYPE				\$1.68
Ocala, FL	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$26.02
Ocala, FL	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$28.00
Ocala, 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				\$1.06
Ocala, 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
Ocala, 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
Ocala, 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
Ocala, 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				\$0.76
Ocala, 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				\$0.70
Ocala, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$37.50

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Ocala, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$750.00
Ocala, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$75.00
Ocala, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$562.50
Ocala, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$34.75
Ocala, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$695.00
Ocala, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$69.50
Ocala, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$521.25
Ocala, FL	E0776	IV POLE	NU	BA	KG	\$59.77
Ocala, FL	E0776	IV POLE	RR	BA	KG	\$5.98
Ocala, FL	E0776	IV POLE	UE	BA	KG	\$44.83
Oklahoma City, OK	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.25

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oklahoma City, OK	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.78
Oklahoma City, OK	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.50
Oklahoma City, OK	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.70
Oklahoma City, OK	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.54
Oklahoma City, OK	B4083	STOMACH TUBE - LEVINE TYPE				\$1.62
Oklahoma City, OK	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.40
Oklahoma City, OK	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$29.57
Oklahoma City, OK	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				\$0.99
Oklahoma City, OK	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
Oklahoma City, OK	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
Oklahoma City, OK	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				\$1.20

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oklahoma City, OK	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
Oklahoma City, OK	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				\$0.71
Oklahoma City, OK	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$35.27
Oklahoma City, OK	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$705.31
Oklahoma City, OK	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$70.53
Oklahoma City, OK	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$528.98
Oklahoma City, OK	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$32.50
Oklahoma City, OK	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$650.00
Oklahoma City, OK	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$65.00
Oklahoma City, OK	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$487.50
Oklahoma City, OK	E0776	IV POLE	NU	BA	KG	\$55.00

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oklahoma City, OK	E0776	IV POLE	RR	BA	KG	\$5.50
Oklahoma City, OK	E0776	IV POLE	UE	BA	KG	\$41.25
Omaha-Council Bluffs, NE-IA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.26
Omaha-Council Bluffs, NE-IA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.52
Omaha-Council Bluffs, NE-IA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.54
Omaha-Council Bluffs, NE-IA	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.85
Omaha-Council Bluffs, NE-IA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$11.17
Omaha-Council Bluffs, NE-IA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.72
Omaha-Council Bluffs, NE-IA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$25.47
Omaha-Council Bluffs, NE-IA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.50
Omaha-Council Bluffs, NE-IA	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

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Omaha-Council Bluffs, NE-IA	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
Omaha-Council Bluffs, NE-IA	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
Omaha-Council Bluffs, NE-IA	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				\$1.25
Omaha-Council Bluffs, NE-IA	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
Omaha-Council Bluffs, NE-IA	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				\$0.77
Omaha-Council Bluffs, NE-IA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$34.88
Omaha-Council Bluffs, NE-IA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$697.66
Omaha-Council Bluffs, NE-IA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$69.77
Omaha-Council Bluffs, NE-IA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$523.25
Omaha-Council Bluffs, NE-IA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$31.45
Omaha-Council Bluffs, NE-IA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$629.02

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Omaha-Council Bluffs, NE-IA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$62.90
Omaha-Council Bluffs, NE-IA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$471.77
Omaha-Council Bluffs, NE-IA	E0776	IV POLE	NU	BA	KG	\$56.88
Omaha-Council Bluffs, NE-IA	E0776	IV POLE	RR	BA	KG	\$5.69
Omaha-Council Bluffs, NE-IA	E0776	IV POLE	UE	BA	KG	\$42.66
Orange County CBA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.00
Orange County CBA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.50
Orange County CBA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.13
Orange County CBA	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.48
Orange County CBA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.92
Orange County CBA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.62

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orange County CBA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$25.97
Orange County CBA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.00
Orange County CBA	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				\$1.05
Orange County CBA	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
Orange County CBA	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
Orange County CBA	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				\$1.46
Orange County CBA	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				\$0.68
Orange County CBA	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				\$0.74
Orange County CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$32.50
Orange County CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$650.00
Orange County CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$65.00

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orange County CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$487.50
Orange County CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$30.42
Orange County CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$608.49
Orange County CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$60.85
Orange County CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$456.37
Orange County CBA	E0776	IV POLE	NU	BA	KG	\$55.31
Orange County CBA	E0776	IV POLE	RR	BA	KG	\$5.53
Orange County CBA	E0776	IV POLE	UE	BA	KG	\$41.48
Oxnard-Thousand Oaks-Ventura, CA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.03
Oxnard-Thousand Oaks-Ventura, CA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.50
Oxnard-Thousand Oaks-Ventura, CA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.15

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oxnard-Thousand Oaks-Ventura, CA	B4081	NASOGASTRIC TUBING WITH STYLET				\$16.00
Oxnard-Thousand Oaks-Ventura, CA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$12.00
Oxnard-Thousand Oaks-Ventura, CA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.60
Oxnard-Thousand Oaks-Ventura, CA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$30.70
Oxnard-Thousand Oaks-Ventura, CA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$32.00
Oxnard-Thousand Oaks-Ventura, 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				\$1.02
Oxnard-Thousand Oaks-Ventura, 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
Oxnard-Thousand Oaks-Ventura, 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				\$0.34
Oxnard-Thousand Oaks-Ventura, 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				\$1.44
Oxnard-Thousand Oaks-Ventura, 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				\$0.69
Oxnard-Thousand Oaks-Ventura, 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				\$0.74

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oxnard-Thousand Oaks-Ventura, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$32.50
Oxnard-Thousand Oaks-Ventura, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$650.00
Oxnard-Thousand Oaks-Ventura, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$65.00
Oxnard-Thousand Oaks-Ventura, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$487.50
Oxnard-Thousand Oaks-Ventura, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$29.50
Oxnard-Thousand Oaks-Ventura, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$590.00
Oxnard-Thousand Oaks-Ventura, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$59.00
Oxnard-Thousand Oaks-Ventura, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$442.50
Oxnard-Thousand Oaks-Ventura, CA	E0776	IV POLE	NU	BA	KG	\$55.00
Oxnard-Thousand Oaks-Ventura, CA	E0776	IV POLE	RR	BA	KG	\$5.50
Oxnard-Thousand Oaks-Ventura, CA	E0776	IV POLE	UE	BA	KG	\$41.25

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Palm Bay-Melbourne-Titusville, FL	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.26
Palm Bay-Melbourne-Titusville, FL	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.52
Palm Bay-Melbourne-Titusville, FL	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.64
Palm Bay-Melbourne-Titusville, FL	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.51
Palm Bay-Melbourne-Titusville, FL	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$11.13
Palm Bay-Melbourne-Titusville, FL	B4083	STOMACH TUBE - LEVINE TYPE				\$1.72
Palm Bay-Melbourne-Titusville, FL	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$27.67
Palm Bay-Melbourne-Titusville, FL	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$30.99
Palm Bay-Melbourne-Titusville, 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
Palm Bay-Melbourne-Titusville, 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				\$0.40
Palm Bay-Melbourne-Titusville, 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				\$0.32

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Palm Bay-Melbourne-Titusville, 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
Palm Bay-Melbourne-Titusville, 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				\$0.74
Palm Bay-Melbourne-Titusville, 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				\$0.70
Palm Bay-Melbourne-Titusville, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$35.87
Palm Bay-Melbourne-Titusville, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$717.47
Palm Bay-Melbourne-Titusville, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$71.75
Palm Bay-Melbourne-Titusville, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$538.10
Palm Bay-Melbourne-Titusville, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$32.97
Palm Bay-Melbourne-Titusville, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$659.42
Palm Bay-Melbourne-Titusville, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$65.94
Palm Bay-Melbourne-Titusville, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$494.57

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Palm Bay-Melbourne-Titusville, FL	E0776	IV POLE	NU	BA	KG	\$58.15
Palm Bay-Melbourne-Titusville, FL	E0776	IV POLE	RR	BA	KG	\$5.82
Palm Bay-Melbourne-Titusville, FL	E0776	IV POLE	UE	BA	KG	\$43.61
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.20
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.90
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.37
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.50
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.84
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	B4083	STOMACH TUBE - LEVINE TYPE				\$1.60
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.70
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$28.00

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	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
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	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
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	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
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	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				\$1.17
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	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				\$0.70
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	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				\$0.71
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$32.75
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$655.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$65.50
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$491.25
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$32.25

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$645.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$64.50
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$483.75
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0776	IV POLE	NU	BA	KG	\$50.50
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0776	IV POLE	RR	BA	KG	\$5.05
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0776	IV POLE	UE	BA	KG	\$37.88
Phoenix-Mesa-Glendale, AZ	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.23
Phoenix-Mesa-Glendale, AZ	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.75
Phoenix-Mesa-Glendale, AZ	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.23
Phoenix-Mesa-Glendale, AZ	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.77
Phoenix-Mesa-Glendale, AZ	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.69

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Phoenix-Mesa-Glendale, AZ	B4083	STOMACH TUBE - LEVINE TYPE				\$1.64
Phoenix-Mesa-Glendale, AZ	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.45
Phoenix-Mesa-Glendale, AZ	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.00
Phoenix-Mesa-Glendale, AZ	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
Phoenix-Mesa-Glendale, AZ	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
Phoenix-Mesa-Glendale, AZ	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
Phoenix-Mesa-Glendale, AZ	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
Phoenix-Mesa-Glendale, AZ	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
Phoenix-Mesa-Glendale, AZ	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				\$0.74
Phoenix-Mesa-Glendale, AZ	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$32.36
Phoenix-Mesa-Glendale, AZ	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$647.26

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Phoenix-Mesa-Glendale, AZ	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$64.73
Phoenix-Mesa-Glendale, AZ	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$485.45
Phoenix-Mesa-Glendale, AZ	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$30.70
Phoenix-Mesa-Glendale, AZ	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$614.02
Phoenix-Mesa-Glendale, AZ	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$61.40
Phoenix-Mesa-Glendale, AZ	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$460.52
Phoenix-Mesa-Glendale, AZ	E0776	IV POLE	NU	BA	KG	\$58.32
Phoenix-Mesa-Glendale, AZ	E0776	IV POLE	RR	BA	KG	\$5.83
Phoenix-Mesa-Glendale, AZ	E0776	IV POLE	UE	BA	KG	\$43.74
Portland-Vancouver-Hillsboro, OR-WA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.26
Portland-Vancouver-Hillsboro, OR-WA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.12

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Portland-Vancouver-Hillsboro, OR-WA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.64
Portland-Vancouver-Hillsboro, OR-WA	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.20
Portland-Vancouver-Hillsboro, OR-WA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$11.24
Portland-Vancouver-Hillsboro, OR-WA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.69
Portland-Vancouver-Hillsboro, OR-WA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.70
Portland-Vancouver-Hillsboro, OR-WA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$29.50
Portland-Vancouver-Hillsboro, OR-WA	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
Portland-Vancouver-Hillsboro, OR-WA	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
Portland-Vancouver-Hillsboro, OR-WA	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
Portland-Vancouver-Hillsboro, OR-WA	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				\$1.22
Portland-Vancouver-Hillsboro, OR-WA	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

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Portland-Vancouver-Hillsboro, OR-WA	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				\$0.74
Portland-Vancouver-Hillsboro, OR-WA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$36.59
Portland-Vancouver-Hillsboro, OR-WA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$731.76
Portland-Vancouver-Hillsboro, OR-WA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$73.18
Portland-Vancouver-Hillsboro, OR-WA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$548.82
Portland-Vancouver-Hillsboro, OR-WA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$33.63
Portland-Vancouver-Hillsboro, OR-WA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$672.50
Portland-Vancouver-Hillsboro, OR-WA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$67.25
Portland-Vancouver-Hillsboro, OR-WA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$504.38
Portland-Vancouver-Hillsboro, OR-WA	E0776	IV POLE	NU	BA	KG	\$59.72
Portland-Vancouver-Hillsboro, OR-WA	E0776	IV POLE	RR	BA	KG	\$5.97

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Portland-Vancouver-Hillsboro, OR-WA	E0776	IV POLE	UE	BA	KG	\$44.79
Poughkeepsie-Newburgh-Middletown, NY	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.03
Poughkeepsie-Newburgh-Middletown, NY	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.28
Poughkeepsie-Newburgh-Middletown, NY	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.19
Poughkeepsie-Newburgh-Middletown, NY	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.32
Poughkeepsie-Newburgh-Middletown, NY	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.00
Poughkeepsie-Newburgh-Middletown, NY	B4083	STOMACH TUBE - LEVINE TYPE				\$1.50
Poughkeepsie-Newburgh-Middletown, NY	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.00
Poughkeepsie-Newburgh-Middletown, NY	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$27.47
Poughkeepsie-Newburgh-Middletown, NY	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				\$0.95
Poughkeepsie-Newburgh-Middletown, NY	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				\$0.38

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Poughkeepsie-Newburgh-Middletown, NY	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
Poughkeepsie-Newburgh-Middletown, NY	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				\$1.17
Poughkeepsie-Newburgh-Middletown, NY	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				\$0.68
Poughkeepsie-Newburgh-Middletown, NY	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
Poughkeepsie-Newburgh-Middletown, NY	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$32.23
Poughkeepsie-Newburgh-Middletown, NY	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$644.51
Poughkeepsie-Newburgh-Middletown, NY	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$64.45
Poughkeepsie-Newburgh-Middletown, NY	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$483.38
Poughkeepsie-Newburgh-Middletown, NY	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$30.40
Poughkeepsie-Newburgh-Middletown, NY	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$608.03
Poughkeepsie-Newburgh-Middletown, NY	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$60.80

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Poughkeepsie-Newburgh-Middletown, NY	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$456.02
Poughkeepsie-Newburgh-Middletown, NY	E0776	IV POLE	NU	BA	KG	\$50.57
Poughkeepsie-Newburgh-Middletown, NY	E0776	IV POLE	RR	BA	KG	\$5.06
Poughkeepsie-Newburgh-Middletown, NY	E0776	IV POLE	UE	BA	KG	\$37.93
Providence-New Bedford-Fall River, RI-MA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.30
Providence-New Bedford-Fall River, RI-MA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.30
Providence-New Bedford-Fall River, RI-MA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.66
Providence-New Bedford-Fall River, RI-MA	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.41
Providence-New Bedford-Fall River, RI-MA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.99
Providence-New Bedford-Fall River, RI-MA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.62
Providence-New Bedford-Fall River, RI-MA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$25.77

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Providence-New Bedford-Fall River, RI-MA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$28.04
Providence-New Bedford-Fall River, RI-MA	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
Providence-New Bedford-Fall River, RI-MA	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
Providence-New Bedford-Fall River, RI-MA	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
Providence-New Bedford-Fall River, RI-MA	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				\$1.36
Providence-New Bedford-Fall River, RI-MA	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				\$0.77
Providence-New Bedford-Fall River, RI-MA	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				\$0.71
Providence-New Bedford-Fall River, RI-MA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$36.77
Providence-New Bedford-Fall River, RI-MA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$735.44
Providence-New Bedford-Fall River, RI-MA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$73.54
Providence-New Bedford-Fall River, RI-MA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$551.58

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Providence-New Bedford-Fall River, RI-MA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$34.10
Providence-New Bedford-Fall River, RI-MA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$681.92
Providence-New Bedford-Fall River, RI-MA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$68.19
Providence-New Bedford-Fall River, RI-MA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$511.44
Providence-New Bedford-Fall River, RI-MA	E0776	IV POLE	NU	BA	KG	\$60.88
Providence-New Bedford-Fall River, RI-MA	E0776	IV POLE	RR	BA	KG	\$6.09
Providence-New Bedford-Fall River, RI-MA	E0776	IV POLE	UE	BA	KG	\$45.66
Raleigh-Cary, NC	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.53
Raleigh-Cary, NC	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.94
Raleigh-Cary, NC	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.83
Raleigh-Cary, NC	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.01

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Raleigh-Cary, NC	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$11.15
Raleigh-Cary, NC	B4083	STOMACH TUBE - LEVINE TYPE				\$1.69
Raleigh-Cary, NC	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$26.75
Raleigh-Cary, NC	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.00
Raleigh-Cary, NC	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
Raleigh-Cary, NC	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
Raleigh-Cary, NC	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
Raleigh-Cary, NC	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
Raleigh-Cary, NC	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				\$0.76
Raleigh-Cary, NC	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				\$0.71
Raleigh-Cary, NC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$38.31

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Raleigh-Cary, NC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$766.13
Raleigh-Cary, NC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$76.61
Raleigh-Cary, NC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$574.60
Raleigh-Cary, NC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$36.48
Raleigh-Cary, NC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$729.63
Raleigh-Cary, NC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$72.96
Raleigh-Cary, NC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$547.22
Raleigh-Cary, NC	E0776	IV POLE	NU	BA	KG	\$62.24
Raleigh-Cary, NC	E0776	IV POLE	RR	BA	KG	\$6.22
Raleigh-Cary, NC	E0776	IV POLE	UE	BA	KG	\$46.68
Richmond, VA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.25

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Richmond, VA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.78
Richmond, VA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.21
Richmond, VA	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.70
Richmond, VA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.54
Richmond, VA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.62
Richmond, VA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.40
Richmond, VA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.00
Richmond, VA	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				\$0.99
Richmond, VA	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
Richmond, VA	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
Richmond, VA	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				\$1.18

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Richmond, VA	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				\$0.70
Richmond, VA	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
Richmond, VA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$33.44
Richmond, VA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$668.83
Richmond, VA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$66.88
Richmond, VA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$501.62
Richmond, VA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$32.23
Richmond, VA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$644.51
Richmond, VA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$64.45
Richmond, VA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$483.38
Richmond, VA	E0776	IV POLE	NU	BA	KG	\$54.27

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Richmond, VA	E0776	IV POLE	RR	BA	KG	\$5.43
Richmond, VA	E0776	IV POLE	UE	BA	KG	\$40.70
Rochester, NY	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.20
Rochester, NY	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.64
Rochester, NY	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.20
Rochester, NY	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.70
Rochester, NY	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.69
Rochester, NY	B4083	STOMACH TUBE - LEVINE TYPE				\$1.74
Rochester, NY	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$25.47
Rochester, NY	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.07
Rochester, NY	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				\$1.00

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Rochester, NY	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				\$0.38
Rochester, NY	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
Rochester, NY	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				\$1.16
Rochester, NY	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				\$0.70
Rochester, NY	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				\$0.77
Rochester, NY	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$32.36
Rochester, NY	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$647.26
Rochester, NY	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$64.73
Rochester, NY	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$485.45
Rochester, NY	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$30.40
Rochester, NY	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$608.03

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Rochester, NY	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$60.80
Rochester, NY	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$456.02
Rochester, NY	E0776	IV POLE	NU	BA	KG	\$54.94
Rochester, NY	E0776	IV POLE	RR	BA	KG	\$5.49
Rochester, NY	E0776	IV POLE	UE	BA	KG	\$41.21
Sacramento--Arden-Arcade--Roseville, CA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.15
Sacramento--Arden-Arcade--Roseville, CA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.95
Sacramento--Arden-Arcade--Roseville, CA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.36
Sacramento--Arden-Arcade--Roseville, CA	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.00
Sacramento--Arden-Arcade--Roseville, CA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.84
Sacramento--Arden-Arcade--Roseville, CA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.60

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Sacramento--Arden-Arcade--Roseville, CA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$25.00
Sacramento--Arden-Arcade--Roseville, CA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$32.00
Sacramento--Arden-Arcade--Roseville, 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				\$1.02
Sacramento--Arden-Arcade--Roseville, 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
Sacramento--Arden-Arcade--Roseville, 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
Sacramento--Arden-Arcade--Roseville, 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				\$1.31
Sacramento--Arden-Arcade--Roseville, 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				\$0.70
Sacramento--Arden-Arcade--Roseville, 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
Sacramento--Arden-Arcade--Roseville, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$32.50
Sacramento--Arden-Arcade--Roseville, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$650.00
Sacramento--Arden-Arcade--Roseville, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$65.00

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Sacramento--Arden-Arcade--Roseville, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$487.50
Sacramento--Arden-Arcade--Roseville, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$31.00
Sacramento--Arden-Arcade--Roseville, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$620.00
Sacramento--Arden-Arcade--Roseville, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$62.00
Sacramento--Arden-Arcade--Roseville, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$465.00
Sacramento--Arden-Arcade--Roseville, CA	E0776	IV POLE	NU	BA	KG	\$54.27
Sacramento--Arden-Arcade--Roseville, CA	E0776	IV POLE	RR	BA	KG	\$5.43
Sacramento--Arden-Arcade--Roseville, CA	E0776	IV POLE	UE	BA	KG	\$40.70
Salt Lake City, UT	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.21
Salt Lake City, UT	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.10
Salt Lake City, UT	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.59

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Salt Lake City, UT	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.00
Salt Lake City, UT	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$11.50
Salt Lake City, UT	B4083	STOMACH TUBE - LEVINE TYPE				\$2.20
Salt Lake City, UT	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$28.31
Salt Lake City, UT	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$32.00
Salt Lake City, UT	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				\$1.09
Salt Lake City, UT	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
Salt Lake City, UT	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
Salt Lake City, UT	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				\$1.30
Salt Lake City, UT	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
Salt Lake City, UT	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				\$0.82

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Salt Lake City, UT	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$35.27
Salt Lake City, UT	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$705.31
Salt Lake City, UT	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$70.53
Salt Lake City, UT	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$528.98
Salt Lake City, UT	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$32.50
Salt Lake City, UT	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$650.00
Salt Lake City, UT	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$65.00
Salt Lake City, UT	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$487.50
Salt Lake City, UT	E0776	IV POLE	NU	BA	KG	\$58.76
Salt Lake City, UT	E0776	IV POLE	RR	BA	KG	\$5.88
Salt Lake City, UT	E0776	IV POLE	UE	BA	KG	\$44.07

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Antonio-New Braunfels, TX	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.20
San Antonio-New Braunfels, 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
San Antonio-New Braunfels, TX	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.37
San Antonio-New Braunfels, TX	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.32
San Antonio-New Braunfels, TX	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.32
San Antonio-New Braunfels, TX	B4083	STOMACH TUBE - LEVINE TYPE				\$1.60
San Antonio-New Braunfels, TX	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.50
San Antonio-New Braunfels, TX	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$28.16
San Antonio-New Braunfels, 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				\$0.99
San Antonio-New Braunfels, 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
San Antonio-New Braunfels, 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

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Antonio-New Braunfels, 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				\$1.15
San Antonio-New Braunfels, 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				\$0.73
San Antonio-New Braunfels, 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				\$0.71
San Antonio-New Braunfels, TX	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$34.43
San Antonio-New Braunfels, TX	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$688.50
San Antonio-New Braunfels, TX	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$68.85
San Antonio-New Braunfels, TX	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$516.38
San Antonio-New Braunfels, TX	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$32.50
San Antonio-New Braunfels, TX	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$650.00
San Antonio-New Braunfels, TX	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$65.00
San Antonio-New Braunfels, TX	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$487.50

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Antonio-New Braunfels, TX	E0776	IV POLE	NU	BA	KG	\$50.70
San Antonio-New Braunfels, TX	E0776	IV POLE	RR	BA	KG	\$5.07
San Antonio-New Braunfels, TX	E0776	IV POLE	UE	BA	KG	\$38.03
San Diego-Carlsbad-San Marcos, CA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.20
San Diego-Carlsbad-San Marcos, CA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.95
San Diego-Carlsbad-San Marcos, CA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.21
San Diego-Carlsbad-San Marcos, CA	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.95
San Diego-Carlsbad-San Marcos, CA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$12.00
San Diego-Carlsbad-San Marcos, CA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.65
San Diego-Carlsbad-San Marcos, CA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$25.99
San Diego-Carlsbad-San Marcos, CA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.00

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Diego-Carlsbad-San Marcos, 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				\$1.02
San Diego-Carlsbad-San Marcos, 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
San Diego-Carlsbad-San Marcos, 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				\$0.34
San Diego-Carlsbad-San Marcos, 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				\$1.40
San Diego-Carlsbad-San Marcos, 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				\$0.70
San Diego-Carlsbad-San Marcos, 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
San Diego-Carlsbad-San Marcos, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$32.50
San Diego-Carlsbad-San Marcos, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$650.00
San Diego-Carlsbad-San Marcos, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$65.00
San Diego-Carlsbad-San Marcos, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$487.50
San Diego-Carlsbad-San Marcos, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$31.00

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Diego-Carlsbad-San Marcos, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$620.00
San Diego-Carlsbad-San Marcos, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$62.00
San Diego-Carlsbad-San Marcos, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$465.00
San Diego-Carlsbad-San Marcos, CA	E0776	IV POLE	NU	BA	KG	\$55.62
San Diego-Carlsbad-San Marcos, CA	E0776	IV POLE	RR	BA	KG	\$5.56
San Diego-Carlsbad-San Marcos, CA	E0776	IV POLE	UE	BA	KG	\$41.72
San Francisco-Oakland-Fremont, CA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.25
San Francisco-Oakland-Fremont, CA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.95
San Francisco-Oakland-Fremont, CA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.37
San Francisco-Oakland-Fremont, CA	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.00
San Francisco-Oakland-Fremont, CA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.90

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Francisco-Oakland-Fremont, CA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.57
San Francisco-Oakland-Fremont, CA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$25.00
San Francisco-Oakland-Fremont, CA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.00
San Francisco-Oakland-Fremont, 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				\$1.02
San Francisco-Oakland-Fremont, 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				\$0.40
San Francisco-Oakland-Fremont, 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				\$0.34
San Francisco-Oakland-Fremont, 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				\$1.31
San Francisco-Oakland-Fremont, 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				\$0.72
San Francisco-Oakland-Fremont, 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				\$0.71
San Francisco-Oakland-Fremont, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$32.50
San Francisco-Oakland-Fremont, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$650.00

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Francisco-Oakland-Fremont, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$65.00
San Francisco-Oakland-Fremont, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$487.50
San Francisco-Oakland-Fremont, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$31.28
San Francisco-Oakland-Fremont, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$625.50
San Francisco-Oakland-Fremont, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$62.55
San Francisco-Oakland-Fremont, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$469.13
San Francisco-Oakland-Fremont, CA	E0776	IV POLE	NU	BA	KG	\$55.00
San Francisco-Oakland-Fremont, CA	E0776	IV POLE	RR	BA	KG	\$5.50
San Francisco-Oakland-Fremont, CA	E0776	IV POLE	UE	BA	KG	\$41.25
San Jose-Sunnyvale-Santa Clara, CA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.33
San Jose-Sunnyvale-Santa Clara, CA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.10

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Jose-Sunnyvale-Santa Clara, CA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.66
San Jose-Sunnyvale-Santa Clara, CA	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.40
San Jose-Sunnyvale-Santa Clara, CA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$11.68
San Jose-Sunnyvale-Santa Clara, CA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.60
San Jose-Sunnyvale-Santa Clara, CA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$26.54
San Jose-Sunnyvale-Santa Clara, CA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.00
San Jose-Sunnyvale-Santa Clara, 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
San Jose-Sunnyvale-Santa Clara, 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				\$0.41
San Jose-Sunnyvale-Santa Clara, 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				\$0.34
San Jose-Sunnyvale-Santa Clara, 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				\$1.32
San Jose-Sunnyvale-Santa Clara, 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				\$0.73

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Jose-Sunnyvale-Santa Clara, 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				\$0.70
San Jose-Sunnyvale-Santa Clara, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$35.27
San Jose-Sunnyvale-Santa Clara, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$705.31
San Jose-Sunnyvale-Santa Clara, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$70.53
San Jose-Sunnyvale-Santa Clara, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$528.98
San Jose-Sunnyvale-Santa Clara, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$33.75
San Jose-Sunnyvale-Santa Clara, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$675.00
San Jose-Sunnyvale-Santa Clara, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$67.50
San Jose-Sunnyvale-Santa Clara, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$506.25
San Jose-Sunnyvale-Santa Clara, CA	E0776	IV POLE	NU	BA	KG	\$58.76
San Jose-Sunnyvale-Santa Clara, CA	E0776	IV POLE	RR	BA	KG	\$5.88

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Jose-Sunnyvale-Santa Clara, CA	E0776	IV POLE	UE	BA	KG	\$44.07
Scranton--Wilkes-Barre, 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
Scranton--Wilkes-Barre, 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
Scranton--Wilkes-Barre, PA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.61
Scranton--Wilkes-Barre, PA	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.70
Scranton--Wilkes-Barre, PA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.54
Scranton--Wilkes-Barre, PA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.62
Scranton--Wilkes-Barre, PA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.40
Scranton--Wilkes-Barre, PA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.00
Scranton--Wilkes-Barre, 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				\$0.99
Scranton--Wilkes-Barre, 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				\$0.39

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Scranton--Wilkes-Barre, 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				\$0.32
Scranton--Wilkes-Barre, 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				\$1.15
Scranton--Wilkes-Barre, 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				\$0.70
Scranton--Wilkes-Barre, 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				\$0.72
Scranton--Wilkes-Barre, PA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$32.50
Scranton--Wilkes-Barre, PA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$650.00
Scranton--Wilkes-Barre, PA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$65.00
Scranton--Wilkes-Barre, PA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$487.50
Scranton--Wilkes-Barre, PA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$30.40
Scranton--Wilkes-Barre, PA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$608.03
Scranton--Wilkes-Barre, PA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$60.80

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Scranton--Wilkes-Barre, PA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$456.02
Scranton--Wilkes-Barre, PA	E0776	IV POLE	NU	BA	KG	\$54.27
Scranton--Wilkes-Barre, PA	E0776	IV POLE	RR	BA	KG	\$5.43
Scranton--Wilkes-Barre, PA	E0776	IV POLE	UE	BA	KG	\$40.70
Seattle-Tacoma-Bellevue, WA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.30
Seattle-Tacoma-Bellevue, WA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.55
Seattle-Tacoma-Bellevue, WA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.50
Seattle-Tacoma-Bellevue, WA	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.70
Seattle-Tacoma-Bellevue, WA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.84
Seattle-Tacoma-Bellevue, WA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.60
Seattle-Tacoma-Bellevue, WA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.50

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Seattle-Tacoma-Bellevue, WA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.00
Seattle-Tacoma-Bellevue, WA	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
Seattle-Tacoma-Bellevue, WA	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
Seattle-Tacoma-Bellevue, WA	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
Seattle-Tacoma-Bellevue, WA	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				\$1.15
Seattle-Tacoma-Bellevue, WA	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
Seattle-Tacoma-Bellevue, WA	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
Seattle-Tacoma-Bellevue, WA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$33.75
Seattle-Tacoma-Bellevue, WA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$675.00
Seattle-Tacoma-Bellevue, WA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$67.50
Seattle-Tacoma-Bellevue, WA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$506.25

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Seattle-Tacoma-Bellevue, WA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$32.50
Seattle-Tacoma-Bellevue, WA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$650.00
Seattle-Tacoma-Bellevue, WA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$65.00
Seattle-Tacoma-Bellevue, WA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$487.50
Seattle-Tacoma-Bellevue, WA	E0776	IV POLE	NU	BA	KG	\$55.00
Seattle-Tacoma-Bellevue, WA	E0776	IV POLE	RR	BA	KG	\$5.50
Seattle-Tacoma-Bellevue, WA	E0776	IV POLE	UE	BA	KG	\$41.25
South-West-Chicago-Metro CBA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.26
South-West-Chicago-Metro CBA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.32
South-West-Chicago-Metro CBA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.66
South-West-Chicago-Metro CBA	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.00

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
South-West-Chicago-Metro CBA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$11.50
South-West-Chicago-Metro CBA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.62
South-West-Chicago-Metro CBA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$26.54
South-West-Chicago-Metro CBA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$29.57
South-West-Chicago-Metro CBA	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
South-West-Chicago-Metro CBA	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
South-West-Chicago-Metro CBA	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
South-West-Chicago-Metro CBA	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				\$1.30
South-West-Chicago-Metro CBA	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
South-West-Chicago-Metro CBA	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				\$0.71
South-West-Chicago-Metro CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$36.15

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
South-West-Chicago-Metro CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$722.93
South-West-Chicago-Metro CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$72.29
South-West-Chicago-Metro CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$542.20
South-West-Chicago-Metro CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$34.75
South-West-Chicago-Metro CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$695.00
South-West-Chicago-Metro CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$69.50
South-West-Chicago-Metro CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$521.25
South-West-Chicago-Metro CBA	E0776	IV POLE	NU	BA	KG	\$60.68
South-West-Chicago-Metro CBA	E0776	IV POLE	RR	BA	KG	\$6.07
South-West-Chicago-Metro CBA	E0776	IV POLE	UE	BA	KG	\$45.51
Southern NY Metro CBA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.16

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Southern NY Metro CBA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.74
Southern NY Metro CBA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.20
Southern NY Metro CBA	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.50
Southern NY Metro CBA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.28
Southern NY Metro CBA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.58
Southern NY Metro CBA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$23.84
Southern NY Metro CBA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$25.77
Southern NY Metro CBA	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				\$0.99
Southern NY Metro CBA	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				\$0.38
Southern NY Metro CBA	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
Southern NY Metro CBA	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				\$1.15

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Southern NY Metro CBA	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				\$0.70
Southern NY Metro CBA	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				\$0.71
Southern NY Metro CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$32.63
Southern NY Metro CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$652.50
Southern NY Metro CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$65.25
Southern NY Metro CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$489.38
Southern NY Metro CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$31.75
Southern NY Metro CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$635.00
Southern NY Metro CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$63.50
Southern NY Metro CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$476.25
Southern NY Metro CBA	E0776	IV POLE	NU	BA	KG	\$53.94

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Southern NY Metro CBA	E0776	IV POLE	RR	BA	KG	\$5.39
Southern NY Metro CBA	E0776	IV POLE	UE	BA	KG	\$40.46
Springfield, MA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.23
Springfield, MA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.08
Springfield, MA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.60
Springfield, MA	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.20
Springfield, MA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$11.24
Springfield, MA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.69
Springfield, MA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.70
Springfield, MA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$29.50
Springfield, MA	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

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Springfield, MA	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
Springfield, MA	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
Springfield, MA	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				\$1.24
Springfield, MA	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
Springfield, MA	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
Springfield, MA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$33.88
Springfield, MA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$677.66
Springfield, MA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$67.77
Springfield, MA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$508.25
Springfield, MA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$32.36
Springfield, MA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$647.26

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Springfield, MA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$64.73
Springfield, MA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$485.45
Springfield, MA	E0776	IV POLE	NU	BA	KG	\$57.19
Springfield, MA	E0776	IV POLE	RR	BA	KG	\$5.72
Springfield, MA	E0776	IV POLE	UE	BA	KG	\$42.89
St. Louis, MO-IL	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.30
St. Louis, MO-IL	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.36
St. Louis, MO-IL	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.66
St. Louis, MO-IL	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.42
St. Louis, MO-IL	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$11.75
St. Louis, MO-IL	B4083	STOMACH TUBE - LEVINE TYPE				\$1.65

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
St. Louis, MO-IL	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$27.99
St. Louis, MO-IL	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$29.57
St. Louis, MO-IL	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				\$1.07
St. Louis, MO-IL	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
St. Louis, MO-IL	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
St. Louis, MO-IL	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				\$1.40
St. Louis, MO-IL	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				\$0.76
St. Louis, MO-IL	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				\$0.75
St. Louis, MO-IL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$36.85
St. Louis, MO-IL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$737.02
St. Louis, MO-IL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$73.70

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
St. Louis, MO-IL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$552.77
St. Louis, MO-IL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$34.75
St. Louis, MO-IL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$695.00
St. Louis, MO-IL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$69.50
St. Louis, MO-IL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$521.25
St. Louis, MO-IL	E0776	IV POLE	NU	BA	KG	\$63.00
St. Louis, MO-IL	E0776	IV POLE	RR	BA	KG	\$6.30
St. Louis, MO-IL	E0776	IV POLE	UE	BA	KG	\$47.25
Stockton, CA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.25
Stockton, CA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.05
Stockton, CA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.30

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Stockton, CA	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.92
Stockton, CA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$11.17
Stockton, CA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.62
Stockton, CA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$26.36
Stockton, CA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$32.81
Stockton, 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				\$1.02
Stockton, 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
Stockton, 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
Stockton, 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				\$1.23
Stockton, 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				\$0.70
Stockton, 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

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Stockton, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$32.93
Stockton, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$658.52
Stockton, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$65.85
Stockton, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$493.89
Stockton, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$31.14
Stockton, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$622.75
Stockton, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$62.28
Stockton, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$467.06
Stockton, CA	E0776	IV POLE	NU	BA	KG	\$54.64
Stockton, CA	E0776	IV POLE	RR	BA	KG	\$5.46
Stockton, CA	E0776	IV POLE	UE	BA	KG	\$40.98

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Suffolk County CBA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.06
Suffolk County CBA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.50
Suffolk County CBA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.29
Suffolk County CBA	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.41
Suffolk County CBA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.02
Suffolk County CBA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.58
Suffolk County CBA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$23.70
Suffolk County CBA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$25.77
Suffolk County CBA	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				\$0.99
Suffolk County CBA	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				\$0.38
Suffolk County CBA	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

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Suffolk County CBA	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				\$1.16
Suffolk County CBA	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				\$0.68
Suffolk County CBA	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
Suffolk County CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$31.75
Suffolk County CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$635.00
Suffolk County CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$63.50
Suffolk County CBA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$476.25
Suffolk County CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$30.84
Suffolk County CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$616.76
Suffolk County CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$61.68
Suffolk County CBA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$462.57

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Suffolk County CBA	E0776	IV POLE	NU	BA	KG	\$53.94
Suffolk County CBA	E0776	IV POLE	RR	BA	KG	\$5.39
Suffolk County CBA	E0776	IV POLE	UE	BA	KG	\$40.46
Syracuse, NY	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.16
Syracuse, NY	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.64
Syracuse, NY	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.23
Syracuse, NY	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.82
Syracuse, NY	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.69
Syracuse, NY	B4083	STOMACH TUBE - LEVINE TYPE				\$1.64
Syracuse, NY	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$26.27
Syracuse, NY	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.07

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Syracuse, NY	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				\$0.99
Syracuse, NY	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
Syracuse, NY	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
Syracuse, NY	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				\$1.29
Syracuse, NY	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
Syracuse, NY	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
Syracuse, NY	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$31.31
Syracuse, NY	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$626.27
Syracuse, NY	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$62.63
Syracuse, NY	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$469.70
Syracuse, NY	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$30.40

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Syracuse, NY	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$608.03
Syracuse, NY	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$60.80
Syracuse, NY	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$456.02
Syracuse, NY	E0776	IV POLE	NU	BA	KG	\$53.94
Syracuse, NY	E0776	IV POLE	RR	BA	KG	\$5.39
Syracuse, NY	E0776	IV POLE	UE	BA	KG	\$40.46
Tampa-St. Petersburg-Clearwater, FL	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.28
Tampa-St. Petersburg-Clearwater, FL	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.36
Tampa-St. Petersburg-Clearwater, FL	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.66
Tampa-St. Petersburg-Clearwater, FL	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.70
Tampa-St. Petersburg-Clearwater, FL	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.98

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tampa-St. Petersburg-Clearwater, FL	B4083	STOMACH TUBE - LEVINE TYPE				\$1.68
Tampa-St. Petersburg-Clearwater, FL	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$25.51
Tampa-St. Petersburg-Clearwater, FL	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$27.71
Tampa-St. Petersburg-Clearwater, 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				\$1.07
Tampa-St. Petersburg-Clearwater, 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
Tampa-St. Petersburg-Clearwater, 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
Tampa-St. Petersburg-Clearwater, 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
Tampa-St. Petersburg-Clearwater, 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				\$0.76
Tampa-St. Petersburg-Clearwater, 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				\$0.69
Tampa-St. Petersburg-Clearwater, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$37.18
Tampa-St. Petersburg-Clearwater, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$743.51

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tampa-St. Petersburg-Clearwater, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$74.35
Tampa-St. Petersburg-Clearwater, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$557.63
Tampa-St. Petersburg-Clearwater, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$34.75
Tampa-St. Petersburg-Clearwater, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$695.00
Tampa-St. Petersburg-Clearwater, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$69.50
Tampa-St. Petersburg-Clearwater, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$521.25
Tampa-St. Petersburg-Clearwater, FL	E0776	IV POLE	NU	BA	KG	\$58.38
Tampa-St. Petersburg-Clearwater, FL	E0776	IV POLE	RR	BA	KG	\$5.84
Tampa-St. Petersburg-Clearwater, FL	E0776	IV POLE	UE	BA	KG	\$43.79
Toledo, OH	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.22
Toledo, OH	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.66

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Toledo, OH	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.20
Toledo, OH	B4081	NASOGASTRIC TUBING WITH STYLET				\$13.58
Toledo, OH	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.00
Toledo, OH	B4083	STOMACH TUBE - LEVINE TYPE				\$1.52
Toledo, OH	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$25.70
Toledo, OH	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$30.50
Toledo, 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				\$0.96
Toledo, 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				\$0.38
Toledo, 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
Toledo, 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				\$1.11
Toledo, 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				\$0.64

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Toledo, 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				\$0.72
Toledo, OH	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$33.13
Toledo, OH	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$662.50
Toledo, OH	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$66.25
Toledo, OH	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$496.88
Toledo, OH	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$31.45
Toledo, OH	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$629.02
Toledo, OH	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$62.90
Toledo, OH	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$471.77
Toledo, OH	E0776	IV POLE	NU	BA	KG	\$50.28
Toledo, OH	E0776	IV POLE	RR	BA	KG	\$5.03

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Toledo, OH	E0776	IV POLE	UE	BA	KG	\$37.71
Tucson, AZ	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.25
Tucson, AZ	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.05
Tucson, AZ	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.30
Tucson, AZ	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.77
Tucson, AZ	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.84
Tucson, AZ	B4083	STOMACH TUBE - LEVINE TYPE				\$1.74
Tucson, AZ	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.20
Tucson, AZ	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.00
Tucson, AZ	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
Tucson, AZ	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

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tucson, AZ	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
Tucson, AZ	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				\$1.19
Tucson, AZ	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
Tucson, AZ	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
Tucson, AZ	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$32.93
Tucson, AZ	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$658.52
Tucson, AZ	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$65.85
Tucson, AZ	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$493.89
Tucson, AZ	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$31.14
Tucson, AZ	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$622.75
Tucson, AZ	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$62.28

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tucson, AZ	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$467.06
Tucson, AZ	E0776	IV POLE	NU	BA	KG	\$61.16
Tucson, AZ	E0776	IV POLE	RR	BA	KG	\$6.12
Tucson, AZ	E0776	IV POLE	UE	BA	KG	\$45.87
Tulsa, OK	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.14
Tulsa, OK	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.52
Tulsa, OK	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.30
Tulsa, OK	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.70
Tulsa, OK	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.43
Tulsa, OK	B4083	STOMACH TUBE - LEVINE TYPE				\$1.61
Tulsa, OK	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.45

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tulsa, OK	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.00
Tulsa, OK	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				\$0.99
Tulsa, OK	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
Tulsa, OK	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
Tulsa, OK	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				\$1.30
Tulsa, OK	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
Tulsa, OK	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
Tulsa, OK	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$33.13
Tulsa, OK	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$662.50
Tulsa, OK	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$66.25
Tulsa, OK	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$496.88

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tulsa, OK	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$30.20
Tulsa, OK	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$604.02
Tulsa, OK	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$60.40
Tulsa, OK	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$453.02
Tulsa, OK	E0776	IV POLE	NU	BA	KG	\$52.78
Tulsa, OK	E0776	IV POLE	RR	BA	KG	\$5.28
Tulsa, OK	E0776	IV POLE	UE	BA	KG	\$39.59
Virginia Beach-Norfolk-Newport News, VA-NC	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.50
Virginia Beach-Norfolk-Newport News, VA-NC	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.79
Virginia Beach-Norfolk-Newport News, VA-NC	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.66
Virginia Beach-Norfolk-Newport News, VA-NC	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.01

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Virginia Beach-Norfolk-Newport News, VA-NC	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$11.15
Virginia Beach-Norfolk-Newport News, VA-NC	B4083	STOMACH TUBE - LEVINE TYPE				\$1.65
Virginia Beach-Norfolk-Newport News, VA-NC	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$26.75
Virginia Beach-Norfolk-Newport News, VA-NC	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$28.16
Virginia Beach-Norfolk-Newport News, VA-NC	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
Virginia Beach-Norfolk-Newport News, VA-NC	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
Virginia Beach-Norfolk-Newport News, VA-NC	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
Virginia Beach-Norfolk-Newport News, VA-NC	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				\$1.40
Virginia Beach-Norfolk-Newport News, VA-NC	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				\$0.76
Virginia Beach-Norfolk-Newport News, VA-NC	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				\$0.71
Virginia Beach-Norfolk-Newport News, VA-NC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$38.31

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Virginia Beach-Norfolk-Newport News, VA-NC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$766.13
Virginia Beach-Norfolk-Newport News, VA-NC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$76.61
Virginia Beach-Norfolk-Newport News, VA-NC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$574.60
Virginia Beach-Norfolk-Newport News, VA-NC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$34.75
Virginia Beach-Norfolk-Newport News, VA-NC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$695.00
Virginia Beach-Norfolk-Newport News, VA-NC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$69.50
Virginia Beach-Norfolk-Newport News, VA-NC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$521.25
Virginia Beach-Norfolk-Newport News, VA-NC	E0776	IV POLE	NU	BA	KG	\$62.24
Virginia Beach-Norfolk-Newport News, VA-NC	E0776	IV POLE	RR	BA	KG	\$6.22
Virginia Beach-Norfolk-Newport News, VA-NC	E0776	IV POLE	UE	BA	KG	\$46.68
Visalia-Porterville, CA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.03

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Visalia-Porterville, CA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.50
Visalia-Porterville, CA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.15
Visalia-Porterville, CA	B4081	NASOGASTRIC TUBING WITH STYLET				\$16.50
Visalia-Porterville, CA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$12.00
Visalia-Porterville, CA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.65
Visalia-Porterville, CA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$30.70
Visalia-Porterville, CA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$32.00
Visalia-Porterville, 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				\$1.02
Visalia-Porterville, 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
Visalia-Porterville, 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				\$0.34
Visalia-Porterville, 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				\$1.44

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Visalia-Porterville, 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				\$0.69
Visalia-Porterville, 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				\$0.75
Visalia-Porterville, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$33.35
Visalia-Porterville, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$667.04
Visalia-Porterville, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$66.70
Visalia-Porterville, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$500.28
Visalia-Porterville, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$29.50
Visalia-Porterville, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$590.00
Visalia-Porterville, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$59.00
Visalia-Porterville, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$442.50
Visalia-Porterville, CA	E0776	IV POLE	NU	BA	KG	\$55.00

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Visalia-Porterville, CA	E0776	IV POLE	RR	BA	KG	\$5.50
Visalia-Porterville, CA	E0776	IV POLE	UE	BA	KG	\$41.25
Washington-Arlington-Alexandria, DC-VA-MD-WV	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.25
Washington-Arlington-Alexandria, DC-VA-MD-WV	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.50
Washington-Arlington-Alexandria, DC-VA-MD-WV	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.25
Washington-Arlington-Alexandria, DC-VA-MD-WV	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.32
Washington-Arlington-Alexandria, DC-VA-MD-WV	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.38
Washington-Arlington-Alexandria, DC-VA-MD-WV	B4083	STOMACH TUBE - LEVINE TYPE				\$1.65
Washington-Arlington-Alexandria, DC-VA-MD-WV	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$26.54
Washington-Arlington-Alexandria, DC-VA-MD-WV	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.00
Washington-Arlington-Alexandria, DC-VA-MD-WV	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				\$0.99

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Washington-Arlington-Alexandria, DC-VA-MD-WV	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
Washington-Arlington-Alexandria, DC-VA-MD-WV	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
Washington-Arlington-Alexandria, DC-VA-MD-WV	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				\$1.12
Washington-Arlington-Alexandria, DC-VA-MD-WV	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				\$0.70
Washington-Arlington-Alexandria, DC-VA-MD-WV	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
Washington-Arlington-Alexandria, DC-VA-MD-WV	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$32.50
Washington-Arlington-Alexandria, DC-VA-MD-WV	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$650.00
Washington-Arlington-Alexandria, DC-VA-MD-WV	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$65.00
Washington-Arlington-Alexandria, DC-VA-MD-WV	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$487.50
Washington-Arlington-Alexandria, DC-VA-MD-WV	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$32.23
Washington-Arlington-Alexandria, DC-VA-MD-WV	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$644.51

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Washington-Arlington-Alexandria, DC-VA-MD-WV	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$64.45
Washington-Arlington-Alexandria, DC-VA-MD-WV	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$483.38
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0776	IV POLE	NU	BA	KG	\$50.57
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0776	IV POLE	RR	BA	KG	\$5.06
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0776	IV POLE	UE	BA	KG	\$37.93
Wichita, KS	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.25
Wichita, KS	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.10
Wichita, KS	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.59
Wichita, KS	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.40
Wichita, KS	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$11.50
Wichita, KS	B4083	STOMACH TUBE - LEVINE TYPE				\$1.65

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Wichita, KS	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$25.00
Wichita, KS	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$30.00
Wichita, 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				\$1.06
Wichita, 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				\$0.41
Wichita, 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				\$0.34
Wichita, 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				\$1.32
Wichita, 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				\$0.74
Wichita, 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				\$0.72
Wichita, KS	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$35.27
Wichita, KS	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$705.31
Wichita, KS	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$70.53

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Wichita, KS	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$528.98
Wichita, KS	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$33.01
Wichita, KS	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$660.25
Wichita, KS	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$66.03
Wichita, KS	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$495.19
Wichita, KS	E0776	IV POLE	NU	BA	KG	\$54.27
Wichita, KS	E0776	IV POLE	RR	BA	KG	\$5.43
Wichita, KS	E0776	IV POLE	UE	BA	KG	\$40.70
Worcester, MA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.21
Worcester, MA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.78
Worcester, MA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.25

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Worcester, MA	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.70
Worcester, MA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.84
Worcester, MA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.84
Worcester, MA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.40
Worcester, MA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$31.00
Worcester, MA	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
Worcester, MA	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
Worcester, MA	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
Worcester, MA	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				\$1.15
Worcester, MA	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
Worcester, MA	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

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Worcester, MA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$32.50
Worcester, MA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$650.00
Worcester, MA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$65.00
Worcester, MA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$487.50
Worcester, MA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$30.40
Worcester, MA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$608.03
Worcester, MA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$60.80
Worcester, MA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$456.02
Worcester, MA	E0776	IV POLE	NU	BA	KG	\$55.62
Worcester, MA	E0776	IV POLE	RR	BA	KG	\$5.56
Worcester, MA	E0776	IV POLE	UE	BA	KG	\$41.72

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Youngstown-Warren-Boardman, OH-PA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.20
Youngstown-Warren-Boardman, OH-PA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.05
Youngstown-Warren-Boardman, OH-PA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.25
Youngstown-Warren-Boardman, OH-PA	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.32
Youngstown-Warren-Boardman, OH-PA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.00
Youngstown-Warren-Boardman, OH-PA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.58
Youngstown-Warren-Boardman, OH-PA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.00
Youngstown-Warren-Boardman, OH-PA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$30.00
Youngstown-Warren-Boardman, OH-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				\$0.94
Youngstown-Warren-Boardman, OH-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				\$0.37
Youngstown-Warren-Boardman, OH-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				\$0.32

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Youngstown-Warren-Boardman, OH-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				\$1.10
Youngstown-Warren-Boardman, OH-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				\$0.67
Youngstown-Warren-Boardman, OH-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				\$0.71
Youngstown-Warren-Boardman, OH-PA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$33.44
Youngstown-Warren-Boardman, OH-PA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$668.83
Youngstown-Warren-Boardman, OH-PA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$66.88
Youngstown-Warren-Boardman, OH-PA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$501.62
Youngstown-Warren-Boardman, OH-PA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$32.50
Youngstown-Warren-Boardman, OH-PA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$650.00
Youngstown-Warren-Boardman, OH-PA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$65.00
Youngstown-Warren-Boardman, OH-PA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$487.50

Enteral Nutrients, Equipment and Supplies

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Youngstown-Warren-Boardman, OH-PA	E0776	IV POLE	NU	BA	KG	\$55.00
Youngstown-Warren-Boardman, OH-PA	E0776	IV POLE	RR	BA	KG	\$5.50
Youngstown-Warren-Boardman, OH-PA	E0776	IV POLE	UE	BA	KG	\$41.25

Single Payment Amounts

Hospital Beds and Related Accessories

Akron, OH	4
Albany-Schenectady-Troy, NY	6
Albuquerque, NM	9
Allentown-Bethlehem-Easton, PA-NJ	12
Asheville, NC	15
Atlanta-Sandy Springs-Marietta, GA	18
Augusta-Richmond County, GA-SC	21
Austin-Round Rock-San Marcos, TX	23
Bakersfield-Delano, CA	26
Baltimore-Towson, MD	29
Baton Rouge, LA	32
Beaumont-Port Arthur, TX	35
Birmingham-Hoover, AL	38
Boise City-Nampa, ID	40
Boston-Cambridge-Quincy, MA-NH	43
Bridgeport-Stamford-Norwalk, CT	46
Bronx-Manhattan, NY CBA	49
Buffalo-Niagara Falls, NY	52
Cape Coral-Fort Myers, FL	55
Central-Chicago Metro CBA	57
Charleston-North Charleston-Summerville, SC	60
Chattanooga, TN-GA	63
Colorado Springs, CO	66
Columbia, SC	69
Columbus, OH	72
Dayton, OH	74
Deltona-Daytona Beach-Ormond Beach, FL	77
Denver-Aurora-Broomfield, CO	80



Detroit-Warren-Livonia, MI	83
El Paso, TX	86
Flint, MI	89
Fresno, CA	91
Grand Rapids-Wyoming, MI	94
Greensboro-High Point, NC	97
Greenville-Mauldin-Easley, SC	100
Hartford-West Hartford-East Hartford, CT	103
Honolulu, HI	106
Houston-Sugar Land-Baytown, TX	108
Huntington-Ashland, WV-KY-OH	111
Indiana-Chicago Metro	114
Indianapolis-Carmel, IN	117
Jackson, MS	120
Jacksonville, FL	123
Knoxville, TN	125
Lakeland-Winter Haven, FL	128
Las Vegas-Paradise, NV	131
Little Rock-North Little Rock-Conway, AR	134
Los Angeles County CBA	137
Louisville/Jefferson County, KY-IN	140
McAllen-Edinburg-Mission, TX	142
Memphis, TN-MS-AR	145
Milwaukee-Waukesha-West Allis, WI	148
Minneapolis-St. Paul-Bloomington, MN-WI	151
Nashville-Davidson--Murfreesboro--Franklin, TN	154
Nassau-Brooklyn-Queens-Richmond County Metro CBA	157
New Haven-Milford, CT	159
New Orleans-Metairie-Kenner, LA	162
North East NY CBA Metro	165
North Port-Bradenton-Sarasota, FL	168
Northern NJ Metro CBA	171
Northern-Chicago Metro CBA	174
Ocala, FL	176
Oklahoma City, OK	179
Omaha-Council Bluffs, NE-IA	182
Orange County CBA	185
Oxnard-Thousand Oaks-Ventura, CA	188

Palm Bay-Melbourne-Titusville, FL	191
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	193
Phoenix-Mesa-Glendale, AZ	196
Portland-Vancouver-Hillsboro, OR-WA	199
Poughkeepsie-Newburgh-Middletown, NY	202
Providence-New Bedford-Fall River, RI-MA	205
Raleigh-Cary, NC	208
Richmond, VA	210
Rochester, NY	213
Sacramento--Arden-Arcade--Roseville, CA	216
Salt Lake City, UT	219
San Antonio-New Braunfels, TX	222
San Diego-Carlsbad-San Marcos, CA	225
San Francisco-Oakland-Fremont, CA	227
San Jose-Sunnyvale-Santa Clara, CA	230
Scranton--Wilkes-Barre, PA	233
Seattle-Tacoma-Bellevue, WA	236
South-West-Chicago-Metro CBA	239
Southern NY Metro CBA	242
Springfield, MA	244
St. Louis, MO-IL	247
Stockton, CA	250
Suffolk County CBA	253
Syracuse, NY	256
Tampa-St. Petersburg-Clearwater, FL	259
Toledo, OH	261
Tucson, AZ	264
Tulsa, OK	267
Virginia Beach-Norfolk-Newport News, VA-NC	270
Visalia-Porterville, CA	273
Washington-Arlington-Alexandria, DC-VA-MD-WV	276
Wichita, KS	278
Worcester, MA	281
Youngstown-Warren-Boardman, OH-PA	284

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Akron, OH	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$58.20
Akron, OH	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$45.04
Akron, OH	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$64.90
Akron, OH	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$45.80
Akron, OH	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$65.00
Akron, OH	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$63.75
Akron, OH	E0271	MATTRESS, INNERSPRING	NU			\$108.64
Akron, OH	E0271	MATTRESS, INNERSPRING	RR			\$10.86
Akron, OH	E0271	MATTRESS, INNERSPRING	UE			\$81.48
Akron, OH	E0272	MATTRESS, FOAM RUBBER	NU			\$112.13
Akron, OH	E0272	MATTRESS, FOAM RUBBER	RR			\$11.21
Akron, OH	E0272	MATTRESS, FOAM RUBBER	UE			\$84.10

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Akron, OH	E0280	BED CRADLE, ANY TYPE	NU			\$23.20
Akron, OH	E0280	BED CRADLE, ANY TYPE	RR			\$2.32
Akron, OH	E0280	BED CRADLE, ANY TYPE	UE			\$17.40
Akron, OH	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$49.14
Akron, OH	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$36.32
Akron, OH	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$48.39
Akron, OH	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$44.33
Akron, OH	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$70.09
Akron, OH	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$68.88
Akron, 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			\$154.61
Akron, OH	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$412.65
Akron, 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			\$166.99

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Akron, OH	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$466.22
Akron, OH	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$9.51
Akron, OH	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$93.77
Akron, OH	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$9.38
Akron, OH	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$70.33
Akron, OH	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$138.34
Akron, OH	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.14
Akron, OH	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$34.05
Akron, OH	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$72.51
Akron, OH	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$19.87
Albany-Schenectady-Troy, NY	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$72.40
Albany-Schenectady-Troy, NY	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$53.22

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albany-Schenectady-Troy, NY	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$77.62
Albany-Schenectady-Troy, NY	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$65.00
Albany-Schenectady-Troy, NY	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$66.60
Albany-Schenectady-Troy, NY	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$62.60
Albany-Schenectady-Troy, NY	E0271	MATTRESS, INNERSPRING	NU			\$119.00
Albany-Schenectady-Troy, NY	E0271	MATTRESS, INNERSPRING	RR			\$11.90
Albany-Schenectady-Troy, NY	E0271	MATTRESS, INNERSPRING	UE			\$89.25
Albany-Schenectady-Troy, NY	E0272	MATTRESS, FOAM RUBBER	NU			\$134.79
Albany-Schenectady-Troy, NY	E0272	MATTRESS, FOAM RUBBER	RR			\$13.48
Albany-Schenectady-Troy, NY	E0272	MATTRESS, FOAM RUBBER	UE			\$101.09
Albany-Schenectady-Troy, NY	E0280	BED CRADLE, ANY TYPE	NU			\$35.00
Albany-Schenectady-Troy, NY	E0280	BED CRADLE, ANY TYPE	RR			\$3.50

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albany-Schenectady-Troy, NY	E0280	BED CRADLE, ANY TYPE	UE			\$26.25
Albany-Schenectady-Troy, NY	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$59.00
Albany-Schenectady-Troy, NY	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$40.00
Albany-Schenectady-Troy, NY	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$59.00
Albany-Schenectady-Troy, NY	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$56.00
Albany-Schenectady-Troy, NY	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$66.00
Albany-Schenectady-Troy, NY	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$62.50
Albany-Schenectady-Troy, NY	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			\$149.30
Albany-Schenectady-Troy, NY	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$398.60
Albany-Schenectady-Troy, NY	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			\$164.27
Albany-Schenectady-Troy, NY	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$450.00
Albany-Schenectady-Troy, NY	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$10.01

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albany-Schenectady-Troy, NY	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$93.00
Albany-Schenectady-Troy, NY	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$9.30
Albany-Schenectady-Troy, NY	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$69.75
Albany-Schenectady-Troy, NY	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$185.82
Albany-Schenectady-Troy, NY	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.70
Albany-Schenectady-Troy, NY	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$44.50
Albany-Schenectady-Troy, NY	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$100.00
Albany-Schenectady-Troy, NY	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$22.40
Albuquerque, NM	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$71.96
Albuquerque, NM	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$52.75
Albuquerque, NM	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$79.93
Albuquerque, NM	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$63.48

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albuquerque, NM	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.57
Albuquerque, NM	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$62.50
Albuquerque, NM	E0271	MATTRESS, INNERSPRING	NU			\$136.30
Albuquerque, NM	E0271	MATTRESS, INNERSPRING	RR			\$13.63
Albuquerque, NM	E0271	MATTRESS, INNERSPRING	UE			\$102.23
Albuquerque, NM	E0272	MATTRESS, FOAM RUBBER	NU			\$145.26
Albuquerque, NM	E0272	MATTRESS, FOAM RUBBER	RR			\$14.53
Albuquerque, NM	E0272	MATTRESS, FOAM RUBBER	UE			\$108.95
Albuquerque, NM	E0280	BED CRADLE, ANY TYPE	NU			\$27.20
Albuquerque, NM	E0280	BED CRADLE, ANY TYPE	RR			\$2.72
Albuquerque, NM	E0280	BED CRADLE, ANY TYPE	UE			\$20.40
Albuquerque, NM	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$51.26

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albuquerque, NM	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$38.48
Albuquerque, NM	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$63.60
Albuquerque, NM	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$55.24
Albuquerque, NM	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$85.78
Albuquerque, NM	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$82.71
Albuquerque, NM	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			\$171.75
Albuquerque, NM	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$508.13
Albuquerque, NM	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			\$171.45
Albuquerque, NM	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$546.82
Albuquerque, NM	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$12.68
Albuquerque, NM	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$141.12
Albuquerque, NM	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$14.11

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albuquerque, NM	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$105.84
Albuquerque, NM	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$159.59
Albuquerque, NM	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.52
Albuquerque, NM	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$41.76
Albuquerque, NM	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$95.91
Albuquerque, NM	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$20.27
Allentown-Bethlehem-Easton, PA-NJ	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$63.00
Allentown-Bethlehem-Easton, PA-NJ	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$53.22
Allentown-Bethlehem-Easton, PA-NJ	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$75.00
Allentown-Bethlehem-Easton, PA-NJ	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$54.50
Allentown-Bethlehem-Easton, PA-NJ	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$65.02
Allentown-Bethlehem-Easton, PA-NJ	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$69.08

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Allentown-Bethlehem-Easton, PA-NJ	E0271	MATTRESS, INNERSPRING	NU			\$122.31
Allentown-Bethlehem-Easton, PA-NJ	E0271	MATTRESS, INNERSPRING	RR			\$12.23
Allentown-Bethlehem-Easton, PA-NJ	E0271	MATTRESS, INNERSPRING	UE			\$91.73
Allentown-Bethlehem-Easton, PA-NJ	E0272	MATTRESS, FOAM RUBBER	NU			\$130.00
Allentown-Bethlehem-Easton, PA-NJ	E0272	MATTRESS, FOAM RUBBER	RR			\$13.00
Allentown-Bethlehem-Easton, PA-NJ	E0272	MATTRESS, FOAM RUBBER	UE			\$97.50
Allentown-Bethlehem-Easton, PA-NJ	E0280	BED CRADLE, ANY TYPE	NU			\$24.05
Allentown-Bethlehem-Easton, PA-NJ	E0280	BED CRADLE, ANY TYPE	RR			\$2.41
Allentown-Bethlehem-Easton, PA-NJ	E0280	BED CRADLE, ANY TYPE	UE			\$18.04
Allentown-Bethlehem-Easton, PA-NJ	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$49.00
Allentown-Bethlehem-Easton, PA-NJ	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$38.50
Allentown-Bethlehem-Easton, PA-NJ	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$58.50

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Allentown-Bethlehem-Easton, PA-NJ	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$53.32
Allentown-Bethlehem-Easton, PA-NJ	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$70.15
Allentown-Bethlehem-Easton, PA-NJ	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$68.38
Allentown-Bethlehem-Easton, PA-NJ	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			\$169.86
Allentown-Bethlehem-Easton, PA-NJ	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$447.50
Allentown-Bethlehem-Easton, PA-NJ	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			\$164.27
Allentown-Bethlehem-Easton, PA-NJ	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$498.60
Allentown-Bethlehem-Easton, PA-NJ	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$10.90
Allentown-Bethlehem-Easton, PA-NJ	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$93.50
Allentown-Bethlehem-Easton, PA-NJ	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$9.35
Allentown-Bethlehem-Easton, PA-NJ	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$70.13
Allentown-Bethlehem-Easton, PA-NJ	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$176.04

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Allentown-Bethlehem-Easton, PA-NJ	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.50
Allentown-Bethlehem-Easton, PA-NJ	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$37.50
Allentown-Bethlehem-Easton, PA-NJ	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$95.38
Allentown-Bethlehem-Easton, PA-NJ	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$22.40
Asheville, NC	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$71.20
Asheville, NC	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$57.86
Asheville, NC	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$74.93
Asheville, NC	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$63.78
Asheville, NC	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$65.78
Asheville, NC	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$62.05
Asheville, NC	E0271	MATTRESS, INNERSPRING	NU			\$157.55
Asheville, NC	E0271	MATTRESS, INNERSPRING	RR			\$15.76

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Asheville, NC	E0271	MATTRESS, INNERSPRING	UE			\$118.16
Asheville, NC	E0272	MATTRESS, FOAM RUBBER	NU			\$167.50
Asheville, NC	E0272	MATTRESS, FOAM RUBBER	RR			\$16.75
Asheville, NC	E0272	MATTRESS, FOAM RUBBER	UE			\$125.63
Asheville, NC	E0280	BED CRADLE, ANY TYPE	NU			\$28.50
Asheville, NC	E0280	BED CRADLE, ANY TYPE	RR			\$2.85
Asheville, NC	E0280	BED CRADLE, ANY TYPE	UE			\$21.38
Asheville, NC	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$56.40
Asheville, NC	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$42.73
Asheville, NC	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$63.33
Asheville, NC	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$55.53
Asheville, NC	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$66.50

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Asheville, NC	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$64.50
Asheville, NC	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			\$160.50
Asheville, NC	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$434.50
Asheville, NC	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			\$161.78
Asheville, NC	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$467.83
Asheville, NC	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$11.31
Asheville, NC	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$129.33
Asheville, NC	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$12.93
Asheville, NC	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$97.00
Asheville, NC	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$191.82
Asheville, NC	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.55
Asheville, NC	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$45.09

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Asheville, NC	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$95.00
Asheville, NC	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$21.20
Atlanta-Sandy Springs-Marietta, GA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.46
Atlanta-Sandy Springs-Marietta, GA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$55.61
Atlanta-Sandy Springs-Marietta, GA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$74.25
Atlanta-Sandy Springs-Marietta, GA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$63.45
Atlanta-Sandy Springs-Marietta, GA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.00
Atlanta-Sandy Springs-Marietta, GA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$63.69
Atlanta-Sandy Springs-Marietta, GA	E0271	MATTRESS, INNERSPRING	NU			\$133.18
Atlanta-Sandy Springs-Marietta, GA	E0271	MATTRESS, INNERSPRING	RR			\$13.32
Atlanta-Sandy Springs-Marietta, GA	E0271	MATTRESS, INNERSPRING	UE			\$99.89
Atlanta-Sandy Springs-Marietta, GA	E0272	MATTRESS, FOAM RUBBER	NU			\$156.81

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Atlanta-Sandy Springs-Marietta, GA	E0272	MATTRESS, FOAM RUBBER	RR			\$15.68
Atlanta-Sandy Springs-Marietta, GA	E0272	MATTRESS, FOAM RUBBER	UE			\$117.61
Atlanta-Sandy Springs-Marietta, GA	E0280	BED CRADLE, ANY TYPE	NU			\$31.03
Atlanta-Sandy Springs-Marietta, GA	E0280	BED CRADLE, ANY TYPE	RR			\$3.10
Atlanta-Sandy Springs-Marietta, GA	E0280	BED CRADLE, ANY TYPE	UE			\$23.27
Atlanta-Sandy Springs-Marietta, GA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$57.28
Atlanta-Sandy Springs-Marietta, GA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$40.55
Atlanta-Sandy Springs-Marietta, GA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$60.50
Atlanta-Sandy Springs-Marietta, GA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$55.61
Atlanta-Sandy Springs-Marietta, GA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$72.96
Atlanta-Sandy Springs-Marietta, GA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$71.13
Atlanta-Sandy Springs-Marietta, GA	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			\$173.64

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Atlanta-Sandy Springs-Marietta, GA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$488.44
Atlanta-Sandy Springs-Marietta, GA	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			\$163.66
Atlanta-Sandy Springs-Marietta, GA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$506.55
Atlanta-Sandy Springs-Marietta, GA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$12.60
Atlanta-Sandy Springs-Marietta, GA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$150.43
Atlanta-Sandy Springs-Marietta, GA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$15.04
Atlanta-Sandy Springs-Marietta, GA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$112.82
Atlanta-Sandy Springs-Marietta, GA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$185.82
Atlanta-Sandy Springs-Marietta, GA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.80
Atlanta-Sandy Springs-Marietta, GA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$42.68
Atlanta-Sandy Springs-Marietta, GA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$92.73
Atlanta-Sandy Springs-Marietta, GA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$20.73

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Augusta-Richmond County, GA-SC	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$66.43
Augusta-Richmond County, GA-SC	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$55.61
Augusta-Richmond County, GA-SC	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.98
Augusta-Richmond County, GA-SC	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$63.36
Augusta-Richmond County, GA-SC	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.45
Augusta-Richmond County, GA-SC	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$67.86
Augusta-Richmond County, GA-SC	E0271	MATTRESS, INNERSPRING	NU			\$140.69
Augusta-Richmond County, GA-SC	E0271	MATTRESS, INNERSPRING	RR			\$14.07
Augusta-Richmond County, GA-SC	E0271	MATTRESS, INNERSPRING	UE			\$105.52
Augusta-Richmond County, GA-SC	E0272	MATTRESS, FOAM RUBBER	NU			\$154.90
Augusta-Richmond County, GA-SC	E0272	MATTRESS, FOAM RUBBER	RR			\$15.49
Augusta-Richmond County, GA-SC	E0272	MATTRESS, FOAM RUBBER	UE			\$116.18

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Augusta-Richmond County, GA-SC	E0280	BED CRADLE, ANY TYPE	NU			\$33.30
Augusta-Richmond County, GA-SC	E0280	BED CRADLE, ANY TYPE	RR			\$3.33
Augusta-Richmond County, GA-SC	E0280	BED CRADLE, ANY TYPE	UE			\$24.98
Augusta-Richmond County, GA-SC	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$56.83
Augusta-Richmond County, GA-SC	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$41.30
Augusta-Richmond County, GA-SC	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$62.25
Augusta-Richmond County, GA-SC	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$55.33
Augusta-Richmond County, GA-SC	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$68.91
Augusta-Richmond County, GA-SC	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$68.24
Augusta-Richmond County, GA-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			\$171.75
Augusta-Richmond County, GA-SC	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$481.82
Augusta-Richmond County, GA-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			\$181.90

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Augusta-Richmond County, GA-SC	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$499.42
Augusta-Richmond County, GA-SC	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$12.10
Augusta-Richmond County, GA-SC	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$144.01
Augusta-Richmond County, GA-SC	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$14.40
Augusta-Richmond County, GA-SC	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$108.01
Augusta-Richmond County, GA-SC	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$189.16
Augusta-Richmond County, GA-SC	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.12
Augusta-Richmond County, GA-SC	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$44.42
Augusta-Richmond County, GA-SC	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$95.34
Augusta-Richmond County, GA-SC	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$21.60
Austin-Round Rock-San Marcos, TX	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.51
Austin-Round Rock-San Marcos, TX	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$57.03

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Austin-Round Rock-San Marcos, TX	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.77
Austin-Round Rock-San Marcos, TX	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$60.17
Austin-Round Rock-San Marcos, TX	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$63.81
Austin-Round Rock-San Marcos, TX	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$60.51
Austin-Round Rock-San Marcos, TX	E0271	MATTRESS, INNERSPRING	NU			\$117.08
Austin-Round Rock-San Marcos, TX	E0271	MATTRESS, INNERSPRING	RR			\$11.71
Austin-Round Rock-San Marcos, TX	E0271	MATTRESS, INNERSPRING	UE			\$87.81
Austin-Round Rock-San Marcos, TX	E0272	MATTRESS, FOAM RUBBER	NU			\$135.85
Austin-Round Rock-San Marcos, TX	E0272	MATTRESS, FOAM RUBBER	RR			\$13.59
Austin-Round Rock-San Marcos, TX	E0272	MATTRESS, FOAM RUBBER	UE			\$101.89
Austin-Round Rock-San Marcos, TX	E0280	BED CRADLE, ANY TYPE	NU			\$31.64
Austin-Round Rock-San Marcos, TX	E0280	BED CRADLE, ANY TYPE	RR			\$3.16

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Austin-Round Rock-San Marcos, TX	E0280	BED CRADLE, ANY TYPE	UE			\$23.73
Austin-Round Rock-San Marcos, TX	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$54.20
Austin-Round Rock-San Marcos, TX	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$40.86
Austin-Round Rock-San Marcos, TX	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$63.91
Austin-Round Rock-San Marcos, TX	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$52.40
Austin-Round Rock-San Marcos, TX	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$69.11
Austin-Round Rock-San Marcos, TX	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$69.56
Austin-Round Rock-San Marcos, 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			\$162.10
Austin-Round Rock-San Marcos, TX	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$473.75
Austin-Round Rock-San Marcos, 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			\$171.11
Austin-Round Rock-San Marcos, TX	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$479.46
Austin-Round Rock-San Marcos, TX	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$11.40

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Austin-Round Rock-San Marcos, TX	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$130.50
Austin-Round Rock-San Marcos, TX	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$13.05
Austin-Round Rock-San Marcos, TX	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$97.88
Austin-Round Rock-San Marcos, TX	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$169.17
Austin-Round Rock-San Marcos, TX	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.78
Austin-Round Rock-San Marcos, TX	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$42.59
Austin-Round Rock-San Marcos, TX	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$87.51
Austin-Round Rock-San Marcos, TX	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$21.07
Bakersfield-Delano, CA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$71.20
Bakersfield-Delano, CA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$57.69
Bakersfield-Delano, CA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$79.68
Bakersfield-Delano, CA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$61.28

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bakersfield-Delano, CA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$66.95
Bakersfield-Delano, CA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$65.70
Bakersfield-Delano, CA	E0271	MATTRESS, INNERSPRING	NU			\$141.50
Bakersfield-Delano, CA	E0271	MATTRESS, INNERSPRING	RR			\$14.15
Bakersfield-Delano, CA	E0271	MATTRESS, INNERSPRING	UE			\$106.13
Bakersfield-Delano, CA	E0272	MATTRESS, FOAM RUBBER	NU			\$154.56
Bakersfield-Delano, CA	E0272	MATTRESS, FOAM RUBBER	RR			\$15.46
Bakersfield-Delano, CA	E0272	MATTRESS, FOAM RUBBER	UE			\$115.92
Bakersfield-Delano, CA	E0280	BED CRADLE, ANY TYPE	NU			\$31.59
Bakersfield-Delano, CA	E0280	BED CRADLE, ANY TYPE	RR			\$3.16
Bakersfield-Delano, CA	E0280	BED CRADLE, ANY TYPE	UE			\$23.69
Bakersfield-Delano, CA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$51.76

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bakersfield-Delano, CA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$39.80
Bakersfield-Delano, CA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$59.72
Bakersfield-Delano, CA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$53.39
Bakersfield-Delano, CA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$90.65
Bakersfield-Delano, CA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$83.11
Bakersfield-Delano, 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			\$170.12
Bakersfield-Delano, CA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$495.57
Bakersfield-Delano, 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			\$158.93
Bakersfield-Delano, CA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$497.11
Bakersfield-Delano, CA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$11.93
Bakersfield-Delano, CA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$124.30
Bakersfield-Delano, CA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$12.43

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bakersfield-Delano, CA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$93.23
Bakersfield-Delano, CA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$179.35
Bakersfield-Delano, CA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.40
Bakersfield-Delano, CA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$42.68
Bakersfield-Delano, CA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$93.81
Bakersfield-Delano, CA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$22.22
Baltimore-Towson, MD	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$72.40
Baltimore-Towson, MD	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$58.29
Baltimore-Towson, MD	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$79.86
Baltimore-Towson, MD	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$64.60
Baltimore-Towson, MD	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$75.60
Baltimore-Towson, MD	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$69.90

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baltimore-Towson, MD	E0271	MATTRESS, INNERSPRING	NU			\$129.30
Baltimore-Towson, MD	E0271	MATTRESS, INNERSPRING	RR			\$12.93
Baltimore-Towson, MD	E0271	MATTRESS, INNERSPRING	UE			\$96.98
Baltimore-Towson, MD	E0272	MATTRESS, FOAM RUBBER	NU			\$156.16
Baltimore-Towson, MD	E0272	MATTRESS, FOAM RUBBER	RR			\$15.62
Baltimore-Towson, MD	E0272	MATTRESS, FOAM RUBBER	UE			\$117.12
Baltimore-Towson, MD	E0280	BED CRADLE, ANY TYPE	NU			\$27.05
Baltimore-Towson, MD	E0280	BED CRADLE, ANY TYPE	RR			\$2.71
Baltimore-Towson, MD	E0280	BED CRADLE, ANY TYPE	UE			\$20.29
Baltimore-Towson, MD	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$58.81
Baltimore-Towson, MD	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$42.73
Baltimore-Towson, MD	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$63.33

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baltimore-Towson, MD	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$56.28
Baltimore-Towson, MD	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$80.94
Baltimore-Towson, MD	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$75.45
Baltimore-Towson, MD	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			\$174.40
Baltimore-Towson, MD	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$490.13
Baltimore-Towson, MD	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			\$180.00
Baltimore-Towson, MD	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$527.98
Baltimore-Towson, MD	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$12.71
Baltimore-Towson, MD	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$151.80
Baltimore-Towson, MD	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$15.18
Baltimore-Towson, MD	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$113.85
Baltimore-Towson, MD	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$171.77

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baltimore-Towson, MD	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$13.55
Baltimore-Towson, MD	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$41.53
Baltimore-Towson, MD	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$95.38
Baltimore-Towson, MD	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$22.40
Baton Rouge, LA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$72.40
Baton Rouge, LA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$56.96
Baton Rouge, LA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$79.86
Baton Rouge, LA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$62.31
Baton Rouge, LA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$71.16
Baton Rouge, LA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$75.43
Baton Rouge, LA	E0271	MATTRESS, INNERSPRING	NU			\$145.00
Baton Rouge, LA	E0271	MATTRESS, INNERSPRING	RR			\$14.50

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baton Rouge, LA	E0271	MATTRESS, INNERSPRING	UE			\$108.75
Baton Rouge, LA	E0272	MATTRESS, FOAM RUBBER	NU			\$142.66
Baton Rouge, LA	E0272	MATTRESS, FOAM RUBBER	RR			\$14.27
Baton Rouge, LA	E0272	MATTRESS, FOAM RUBBER	UE			\$107.00
Baton Rouge, LA	E0280	BED CRADLE, ANY TYPE	NU			\$29.76
Baton Rouge, LA	E0280	BED CRADLE, ANY TYPE	RR			\$2.98
Baton Rouge, LA	E0280	BED CRADLE, ANY TYPE	UE			\$22.32
Baton Rouge, LA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$58.22
Baton Rouge, LA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$44.74
Baton Rouge, LA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$65.47
Baton Rouge, LA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$58.93
Baton Rouge, LA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$88.29

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baton Rouge, LA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$86.06
Baton Rouge, LA	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			\$172.80
Baton Rouge, LA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$573.66
Baton Rouge, LA	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			\$195.59
Baton Rouge, LA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$578.50
Baton Rouge, LA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$10.90
Baton Rouge, LA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$133.00
Baton Rouge, LA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$13.30
Baton Rouge, LA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$99.75
Baton Rouge, LA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$171.29
Baton Rouge, LA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$12.73
Baton Rouge, LA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$43.83

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baton Rouge, LA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$94.32
Baton Rouge, LA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$22.40
Beaumont-Port Arthur, TX	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$57.38
Beaumont-Port Arthur, TX	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$54.80
Beaumont-Port Arthur, TX	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.37
Beaumont-Port Arthur, TX	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$54.50
Beaumont-Port Arthur, TX	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$68.90
Beaumont-Port Arthur, TX	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$61.02
Beaumont-Port Arthur, TX	E0271	MATTRESS, INNERSPRING	NU			\$117.92
Beaumont-Port Arthur, TX	E0271	MATTRESS, INNERSPRING	RR			\$11.79
Beaumont-Port Arthur, TX	E0271	MATTRESS, INNERSPRING	UE			\$88.44
Beaumont-Port Arthur, TX	E0272	MATTRESS, FOAM RUBBER	NU			\$117.86

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Beaumont-Port Arthur, TX	E0272	MATTRESS, FOAM RUBBER	RR			\$11.79
Beaumont-Port Arthur, TX	E0272	MATTRESS, FOAM RUBBER	UE			\$88.40
Beaumont-Port Arthur, TX	E0280	BED CRADLE, ANY TYPE	NU			\$27.00
Beaumont-Port Arthur, TX	E0280	BED CRADLE, ANY TYPE	RR			\$2.70
Beaumont-Port Arthur, TX	E0280	BED CRADLE, ANY TYPE	UE			\$20.25
Beaumont-Port Arthur, TX	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$46.20
Beaumont-Port Arthur, TX	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$38.50
Beaumont-Port Arthur, TX	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$58.50
Beaumont-Port Arthur, TX	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$56.00
Beaumont-Port Arthur, TX	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$70.00
Beaumont-Port Arthur, TX	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$69.12
Beaumont-Port Arthur, 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			\$160.95

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Beaumont-Port Arthur, TX	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$496.76
Beaumont-Port Arthur, 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			\$170.14
Beaumont-Port Arthur, TX	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$460.32
Beaumont-Port Arthur, TX	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$12.35
Beaumont-Port Arthur, TX	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$119.00
Beaumont-Port Arthur, TX	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$11.90
Beaumont-Port Arthur, TX	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$89.25
Beaumont-Port Arthur, TX	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$148.30
Beaumont-Port Arthur, TX	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.59
Beaumont-Port Arthur, TX	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$37.50
Beaumont-Port Arthur, TX	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$79.49
Beaumont-Port Arthur, TX	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$18.56

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Birmingham-Hoover, AL	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.00
Birmingham-Hoover, AL	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$55.29
Birmingham-Hoover, AL	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.26
Birmingham-Hoover, AL	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$62.31
Birmingham-Hoover, AL	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$72.50
Birmingham-Hoover, AL	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$75.00
Birmingham-Hoover, AL	E0271	MATTRESS, INNERSPRING	NU			\$156.23
Birmingham-Hoover, AL	E0271	MATTRESS, INNERSPRING	RR			\$15.62
Birmingham-Hoover, AL	E0271	MATTRESS, INNERSPRING	UE			\$117.17
Birmingham-Hoover, AL	E0272	MATTRESS, FOAM RUBBER	NU			\$134.79
Birmingham-Hoover, AL	E0272	MATTRESS, FOAM RUBBER	RR			\$13.48
Birmingham-Hoover, AL	E0272	MATTRESS, FOAM RUBBER	UE			\$101.09

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Birmingham-Hoover, AL	E0280	BED CRADLE, ANY TYPE	NU			\$29.76
Birmingham-Hoover, AL	E0280	BED CRADLE, ANY TYPE	RR			\$2.98
Birmingham-Hoover, AL	E0280	BED CRADLE, ANY TYPE	UE			\$22.32
Birmingham-Hoover, AL	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$55.87
Birmingham-Hoover, AL	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$40.03
Birmingham-Hoover, AL	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$62.82
Birmingham-Hoover, AL	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$53.47
Birmingham-Hoover, AL	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$75.06
Birmingham-Hoover, AL	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$73.60
Birmingham-Hoover, AL	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			\$171.00
Birmingham-Hoover, AL	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$500.00
Birmingham-Hoover, AL	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			\$187.53

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Birmingham-Hoover, AL	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$499.59
Birmingham-Hoover, AL	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$13.00
Birmingham-Hoover, AL	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$150.00
Birmingham-Hoover, AL	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$15.00
Birmingham-Hoover, AL	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$112.50
Birmingham-Hoover, AL	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$185.82
Birmingham-Hoover, AL	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.01
Birmingham-Hoover, AL	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$43.83
Birmingham-Hoover, AL	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$95.38
Birmingham-Hoover, AL	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$21.89
Boise City-Nampa, ID	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$72.45
Boise City-Nampa, ID	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$56.50

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boise City-Nampa, ID	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$76.91
Boise City-Nampa, ID	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$65.00
Boise City-Nampa, ID	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.07
Boise City-Nampa, ID	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$65.50
Boise City-Nampa, ID	E0271	MATTRESS, INNERSPRING	NU			\$144.72
Boise City-Nampa, ID	E0271	MATTRESS, INNERSPRING	RR			\$14.47
Boise City-Nampa, ID	E0271	MATTRESS, INNERSPRING	UE			\$108.54
Boise City-Nampa, ID	E0272	MATTRESS, FOAM RUBBER	NU			\$152.50
Boise City-Nampa, ID	E0272	MATTRESS, FOAM RUBBER	RR			\$15.25
Boise City-Nampa, ID	E0272	MATTRESS, FOAM RUBBER	UE			\$114.38
Boise City-Nampa, ID	E0280	BED CRADLE, ANY TYPE	NU			\$30.92
Boise City-Nampa, ID	E0280	BED CRADLE, ANY TYPE	RR			\$3.09

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boise City-Nampa, ID	E0280	BED CRADLE, ANY TYPE	UE			\$23.19
Boise City-Nampa, ID	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$58.00
Boise City-Nampa, ID	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$42.25
Boise City-Nampa, ID	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$65.00
Boise City-Nampa, ID	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$55.25
Boise City-Nampa, ID	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$70.29
Boise City-Nampa, ID	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$78.90
Boise City-Nampa, ID	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			\$168.21
Boise City-Nampa, ID	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$513.75
Boise City-Nampa, ID	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			\$173.59
Boise City-Nampa, ID	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$484.75
Boise City-Nampa, ID	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$13.25

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boise City-Nampa, ID	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$152.50
Boise City-Nampa, ID	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$15.25
Boise City-Nampa, ID	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$114.38
Boise City-Nampa, ID	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$167.50
Boise City-Nampa, ID	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.75
Boise City-Nampa, ID	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$45.34
Boise City-Nampa, ID	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$98.58
Boise City-Nampa, ID	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$23.34
Boston-Cambridge-Quincy, MA-NH	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.20
Boston-Cambridge-Quincy, MA-NH	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$56.50
Boston-Cambridge-Quincy, MA-NH	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$74.50
Boston-Cambridge-Quincy, MA-NH	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$61.96

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boston-Cambridge-Quincy, MA-NH	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$75.29
Boston-Cambridge-Quincy, MA-NH	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$76.07
Boston-Cambridge-Quincy, MA-NH	E0271	MATTRESS, INNERSPRING	NU			\$129.30
Boston-Cambridge-Quincy, MA-NH	E0271	MATTRESS, INNERSPRING	RR			\$12.93
Boston-Cambridge-Quincy, MA-NH	E0271	MATTRESS, INNERSPRING	UE			\$96.98
Boston-Cambridge-Quincy, MA-NH	E0272	MATTRESS, FOAM RUBBER	NU			\$138.64
Boston-Cambridge-Quincy, MA-NH	E0272	MATTRESS, FOAM RUBBER	RR			\$13.86
Boston-Cambridge-Quincy, MA-NH	E0272	MATTRESS, FOAM RUBBER	UE			\$103.98
Boston-Cambridge-Quincy, MA-NH	E0280	BED CRADLE, ANY TYPE	NU			\$29.76
Boston-Cambridge-Quincy, MA-NH	E0280	BED CRADLE, ANY TYPE	RR			\$2.98
Boston-Cambridge-Quincy, MA-NH	E0280	BED CRADLE, ANY TYPE	UE			\$22.32
Boston-Cambridge-Quincy, MA-NH	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$58.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boston-Cambridge-Quincy, MA-NH	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$42.50
Boston-Cambridge-Quincy, MA-NH	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$65.00
Boston-Cambridge-Quincy, MA-NH	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$56.00
Boston-Cambridge-Quincy, MA-NH	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$77.53
Boston-Cambridge-Quincy, MA-NH	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$77.00
Boston-Cambridge-Quincy, MA-NH	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			\$180.00
Boston-Cambridge-Quincy, MA-NH	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$490.13
Boston-Cambridge-Quincy, MA-NH	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			\$195.00
Boston-Cambridge-Quincy, MA-NH	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$507.10
Boston-Cambridge-Quincy, MA-NH	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$12.19
Boston-Cambridge-Quincy, MA-NH	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$126.75
Boston-Cambridge-Quincy, MA-NH	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$12.68

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boston-Cambridge-Quincy, MA-NH	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$95.06
Boston-Cambridge-Quincy, MA-NH	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$178.96
Boston-Cambridge-Quincy, MA-NH	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$12.00
Boston-Cambridge-Quincy, MA-NH	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$43.83
Boston-Cambridge-Quincy, MA-NH	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$90.13
Boston-Cambridge-Quincy, MA-NH	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$22.40
Bridgeport-Stamford-Norwalk, CT	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$62.95
Bridgeport-Stamford-Norwalk, CT	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$48.00
Bridgeport-Stamford-Norwalk, CT	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$71.30
Bridgeport-Stamford-Norwalk, CT	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$53.23
Bridgeport-Stamford-Norwalk, CT	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$78.02
Bridgeport-Stamford-Norwalk, CT	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$74.89

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bridgeport-Stamford-Norwalk, CT	E0271	MATTRESS, INNERSPRING	NU			\$121.16
Bridgeport-Stamford-Norwalk, CT	E0271	MATTRESS, INNERSPRING	RR			\$12.12
Bridgeport-Stamford-Norwalk, CT	E0271	MATTRESS, INNERSPRING	UE			\$90.87
Bridgeport-Stamford-Norwalk, CT	E0272	MATTRESS, FOAM RUBBER	NU			\$126.14
Bridgeport-Stamford-Norwalk, CT	E0272	MATTRESS, FOAM RUBBER	RR			\$12.61
Bridgeport-Stamford-Norwalk, CT	E0272	MATTRESS, FOAM RUBBER	UE			\$94.61
Bridgeport-Stamford-Norwalk, CT	E0280	BED CRADLE, ANY TYPE	NU			\$24.98
Bridgeport-Stamford-Norwalk, CT	E0280	BED CRADLE, ANY TYPE	RR			\$2.50
Bridgeport-Stamford-Norwalk, CT	E0280	BED CRADLE, ANY TYPE	UE			\$18.74
Bridgeport-Stamford-Norwalk, CT	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$47.97
Bridgeport-Stamford-Norwalk, CT	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$35.04
Bridgeport-Stamford-Norwalk, CT	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$53.06

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bridgeport-Stamford-Norwalk, CT	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$44.86
Bridgeport-Stamford-Norwalk, CT	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$75.14
Bridgeport-Stamford-Norwalk, CT	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$72.55
Bridgeport-Stamford-Norwalk, CT	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			\$173.05
Bridgeport-Stamford-Norwalk, CT	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$463.64
Bridgeport-Stamford-Norwalk, CT	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			\$188.66
Bridgeport-Stamford-Norwalk, CT	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$499.44
Bridgeport-Stamford-Norwalk, CT	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$10.54
Bridgeport-Stamford-Norwalk, CT	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$115.35
Bridgeport-Stamford-Norwalk, CT	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$11.54
Bridgeport-Stamford-Norwalk, CT	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$86.51
Bridgeport-Stamford-Norwalk, CT	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$154.20

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bridgeport-Stamford-Norwalk, CT	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$12.02
Bridgeport-Stamford-Norwalk, CT	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$37.10
Bridgeport-Stamford-Norwalk, CT	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$79.69
Bridgeport-Stamford-Norwalk, CT	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$20.33
Bronx-Manhattan NY CBA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$60.02
Bronx-Manhattan NY CBA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$45.23
Bronx-Manhattan NY CBA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.35
Bronx-Manhattan NY CBA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$55.40
Bronx-Manhattan NY CBA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$67.75
Bronx-Manhattan NY CBA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$65.86
Bronx-Manhattan NY CBA	E0271	MATTRESS, INNERSPRING	NU			\$113.18
Bronx-Manhattan NY CBA	E0271	MATTRESS, INNERSPRING	RR			\$11.32

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bronx-Manhattan NY CBA	E0271	MATTRESS, INNERSPRING	UE			\$84.89
Bronx-Manhattan NY CBA	E0272	MATTRESS, FOAM RUBBER	NU			\$118.54
Bronx-Manhattan NY CBA	E0272	MATTRESS, FOAM RUBBER	RR			\$11.85
Bronx-Manhattan NY CBA	E0272	MATTRESS, FOAM RUBBER	UE			\$88.91
Bronx-Manhattan NY CBA	E0280	BED CRADLE, ANY TYPE	NU			\$28.00
Bronx-Manhattan NY CBA	E0280	BED CRADLE, ANY TYPE	RR			\$2.80
Bronx-Manhattan NY CBA	E0280	BED CRADLE, ANY TYPE	UE			\$21.00
Bronx-Manhattan NY CBA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$49.10
Bronx-Manhattan NY CBA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$38.10
Bronx-Manhattan NY CBA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$58.43
Bronx-Manhattan NY CBA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$48.83
Bronx-Manhattan NY CBA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$72.57

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bronx-Manhattan NY CBA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$70.75
Bronx-Manhattan NY CBA	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			\$164.72
Bronx-Manhattan NY CBA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$442.32
Bronx-Manhattan NY CBA	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			\$162.03
Bronx-Manhattan NY CBA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$483.90
Bronx-Manhattan NY CBA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$9.52
Bronx-Manhattan NY CBA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$97.92
Bronx-Manhattan NY CBA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$9.79
Bronx-Manhattan NY CBA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$73.44
Bronx-Manhattan NY CBA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$149.95
Bronx-Manhattan NY CBA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.95
Bronx-Manhattan NY CBA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$37.21

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bronx-Manhattan NY CBA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$85.81
Bronx-Manhattan NY CBA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$19.91
Buffalo-Niagara Falls, NY	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$72.40
Buffalo-Niagara Falls, NY	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$46.95
Buffalo-Niagara Falls, NY	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$79.86
Buffalo-Niagara Falls, NY	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$61.96
Buffalo-Niagara Falls, NY	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$65.00
Buffalo-Niagara Falls, NY	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$62.50
Buffalo-Niagara Falls, NY	E0271	MATTRESS, INNERSPRING	NU			\$111.03
Buffalo-Niagara Falls, NY	E0271	MATTRESS, INNERSPRING	RR			\$11.10
Buffalo-Niagara Falls, NY	E0271	MATTRESS, INNERSPRING	UE			\$83.27
Buffalo-Niagara Falls, NY	E0272	MATTRESS, FOAM RUBBER	NU			\$112.13

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Buffalo-Niagara Falls, NY	E0272	MATTRESS, FOAM RUBBER	RR			\$11.21
Buffalo-Niagara Falls, NY	E0272	MATTRESS, FOAM RUBBER	UE			\$84.10
Buffalo-Niagara Falls, NY	E0280	BED CRADLE, ANY TYPE	NU			\$26.53
Buffalo-Niagara Falls, NY	E0280	BED CRADLE, ANY TYPE	RR			\$2.65
Buffalo-Niagara Falls, NY	E0280	BED CRADLE, ANY TYPE	UE			\$19.90
Buffalo-Niagara Falls, NY	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$51.13
Buffalo-Niagara Falls, NY	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$38.50
Buffalo-Niagara Falls, NY	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$58.50
Buffalo-Niagara Falls, NY	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$53.32
Buffalo-Niagara Falls, NY	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$67.94
Buffalo-Niagara Falls, NY	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$67.76
Buffalo-Niagara Falls, NY	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			\$171.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Buffalo-Niagara Falls, NY	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$447.50
Buffalo-Niagara Falls, NY	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			\$164.27
Buffalo-Niagara Falls, NY	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$483.34
Buffalo-Niagara Falls, NY	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$10.50
Buffalo-Niagara Falls, NY	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$93.50
Buffalo-Niagara Falls, NY	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$9.35
Buffalo-Niagara Falls, NY	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$70.13
Buffalo-Niagara Falls, NY	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$180.00
Buffalo-Niagara Falls, NY	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.64
Buffalo-Niagara Falls, NY	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$45.00
Buffalo-Niagara Falls, NY	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$84.50
Buffalo-Niagara Falls, NY	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$20.86

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cape Coral-Fort Myers, FL	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$68.43
Cape Coral-Fort Myers, FL	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$51.86
Cape Coral-Fort Myers, FL	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$65.46
Cape Coral-Fort Myers, FL	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$55.22
Cape Coral-Fort Myers, FL	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$65.10
Cape Coral-Fort Myers, FL	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$58.67
Cape Coral-Fort Myers, FL	E0271	MATTRESS, INNERSPRING	NU			\$132.11
Cape Coral-Fort Myers, FL	E0271	MATTRESS, INNERSPRING	RR			\$13.21
Cape Coral-Fort Myers, FL	E0271	MATTRESS, INNERSPRING	UE			\$99.08
Cape Coral-Fort Myers, FL	E0272	MATTRESS, FOAM RUBBER	NU			\$133.68
Cape Coral-Fort Myers, FL	E0272	MATTRESS, FOAM RUBBER	RR			\$13.37
Cape Coral-Fort Myers, FL	E0272	MATTRESS, FOAM RUBBER	UE			\$100.26

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cape Coral-Fort Myers, FL	E0280	BED CRADLE, ANY TYPE	NU			\$25.90
Cape Coral-Fort Myers, FL	E0280	BED CRADLE, ANY TYPE	RR			\$2.59
Cape Coral-Fort Myers, FL	E0280	BED CRADLE, ANY TYPE	UE			\$19.43
Cape Coral-Fort Myers, FL	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$52.32
Cape Coral-Fort Myers, FL	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$38.01
Cape Coral-Fort Myers, FL	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$55.34
Cape Coral-Fort Myers, FL	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$47.12
Cape Coral-Fort Myers, FL	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$77.74
Cape Coral-Fort Myers, FL	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$73.59
Cape Coral-Fort Myers, 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			\$172.76
Cape Coral-Fort Myers, FL	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$500.81
Cape Coral-Fort Myers, 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			\$150.49

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cape Coral-Fort Myers, FL	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$468.74
Cape Coral-Fort Myers, FL	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$10.58
Cape Coral-Fort Myers, FL	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$99.85
Cape Coral-Fort Myers, FL	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$9.99
Cape Coral-Fort Myers, FL	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$74.89
Cape Coral-Fort Myers, FL	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$147.90
Cape Coral-Fort Myers, FL	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.10
Cape Coral-Fort Myers, FL	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$34.90
Cape Coral-Fort Myers, FL	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$80.13
Cape Coral-Fort Myers, FL	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$21.52
Central-Chicago Metro CBA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$66.99
Central-Chicago Metro CBA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$51.27

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Central-Chicago Metro CBA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$74.65
Central-Chicago Metro CBA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$55.56
Central-Chicago Metro CBA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$75.71
Central-Chicago Metro CBA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$72.86
Central-Chicago Metro CBA	E0271	MATTRESS, INNERSPRING	NU			\$125.68
Central-Chicago Metro CBA	E0271	MATTRESS, INNERSPRING	RR			\$12.57
Central-Chicago Metro CBA	E0271	MATTRESS, INNERSPRING	UE			\$94.26
Central-Chicago Metro CBA	E0272	MATTRESS, FOAM RUBBER	NU			\$126.88
Central-Chicago Metro CBA	E0272	MATTRESS, FOAM RUBBER	RR			\$12.69
Central-Chicago Metro CBA	E0272	MATTRESS, FOAM RUBBER	UE			\$95.16
Central-Chicago Metro CBA	E0280	BED CRADLE, ANY TYPE	NU			\$27.34
Central-Chicago Metro CBA	E0280	BED CRADLE, ANY TYPE	RR			\$2.73

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Central-Chicago Metro CBA	E0280	BED CRADLE, ANY TYPE	UE			\$20.51
Central-Chicago Metro CBA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$51.56
Central-Chicago Metro CBA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$38.25
Central-Chicago Metro CBA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$57.26
Central-Chicago Metro CBA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$53.16
Central-Chicago Metro CBA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$75.74
Central-Chicago Metro CBA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$74.88
Central-Chicago Metro CBA	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			\$170.50
Central-Chicago Metro CBA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$476.89
Central-Chicago Metro CBA	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			\$185.32
Central-Chicago Metro CBA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$506.85
Central-Chicago Metro CBA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$10.73

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Central-Chicago Metro CBA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$112.97
Central-Chicago Metro CBA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$11.30
Central-Chicago Metro CBA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$84.73
Central-Chicago Metro CBA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$152.57
Central-Chicago Metro CBA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.81
Central-Chicago Metro CBA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$37.75
Central-Chicago Metro CBA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$87.15
Central-Chicago Metro CBA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$21.40
Charleston-North Charleston-Summerville, SC	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$62.93
Charleston-North Charleston-Summerville, SC	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$52.32
Charleston-North Charleston-Summerville, SC	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.00
Charleston-North Charleston-Summerville, SC	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$60.48

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charleston-North Charleston-Summerville, SC	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.00
Charleston-North Charleston-Summerville, SC	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$67.86
Charleston-North Charleston-Summerville, SC	E0271	MATTRESS, INNERSPRING	NU			\$149.94
Charleston-North Charleston-Summerville, SC	E0271	MATTRESS, INNERSPRING	RR			\$14.99
Charleston-North Charleston-Summerville, SC	E0271	MATTRESS, INNERSPRING	UE			\$112.46
Charleston-North Charleston-Summerville, SC	E0272	MATTRESS, FOAM RUBBER	NU			\$146.00
Charleston-North Charleston-Summerville, SC	E0272	MATTRESS, FOAM RUBBER	RR			\$14.60
Charleston-North Charleston-Summerville, SC	E0272	MATTRESS, FOAM RUBBER	UE			\$109.50
Charleston-North Charleston-Summerville, SC	E0280	BED CRADLE, ANY TYPE	NU			\$29.50
Charleston-North Charleston-Summerville, SC	E0280	BED CRADLE, ANY TYPE	RR			\$2.95
Charleston-North Charleston-Summerville, SC	E0280	BED CRADLE, ANY TYPE	UE			\$22.13
Charleston-North Charleston-Summerville, SC	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$55.17

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charleston-North Charleston-Summerville, SC	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$40.30
Charleston-North Charleston-Summerville, SC	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$57.54
Charleston-North Charleston-Summerville, SC	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$54.24
Charleston-North Charleston-Summerville, SC	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$72.14
Charleston-North Charleston-Summerville, SC	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$69.83
Charleston-North Charleston-Summerville, 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			\$175.34
Charleston-North Charleston-Summerville, SC	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$497.62
Charleston-North Charleston-Summerville, 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			\$188.75
Charleston-North Charleston-Summerville, SC	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$517.27
Charleston-North Charleston-Summerville, SC	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$10.95
Charleston-North Charleston-Summerville, SC	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$126.50
Charleston-North Charleston-Summerville, SC	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$12.65

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charleston-North Charleston-Summerville, SC	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$94.88
Charleston-North Charleston-Summerville, SC	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$182.11
Charleston-North Charleston-Summerville, SC	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.42
Charleston-North Charleston-Summerville, SC	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$44.32
Charleston-North Charleston-Summerville, SC	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$91.25
Charleston-North Charleston-Summerville, SC	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$20.25
Chattanooga, TN-GA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$72.05
Chattanooga, TN-GA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$54.93
Chattanooga, TN-GA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$79.93
Chattanooga, TN-GA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$61.71
Chattanooga, TN-GA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.57
Chattanooga, TN-GA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$62.50

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chattanooga, TN-GA	E0271	MATTRESS, INNERSPRING	NU			\$150.24
Chattanooga, TN-GA	E0271	MATTRESS, INNERSPRING	RR			\$15.02
Chattanooga, TN-GA	E0271	MATTRESS, INNERSPRING	UE			\$112.68
Chattanooga, TN-GA	E0272	MATTRESS, FOAM RUBBER	NU			\$160.24
Chattanooga, TN-GA	E0272	MATTRESS, FOAM RUBBER	RR			\$16.02
Chattanooga, TN-GA	E0272	MATTRESS, FOAM RUBBER	UE			\$120.18
Chattanooga, TN-GA	E0280	BED CRADLE, ANY TYPE	NU			\$32.01
Chattanooga, TN-GA	E0280	BED CRADLE, ANY TYPE	RR			\$3.20
Chattanooga, TN-GA	E0280	BED CRADLE, ANY TYPE	UE			\$24.01
Chattanooga, TN-GA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$53.75
Chattanooga, TN-GA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$39.74
Chattanooga, TN-GA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$60.92

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chattanooga, TN-GA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$53.39
Chattanooga, TN-GA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$74.54
Chattanooga, TN-GA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$71.88
Chattanooga, TN-GA	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			\$177.44
Chattanooga, TN-GA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$462.19
Chattanooga, TN-GA	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			\$191.41
Chattanooga, TN-GA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$506.15
Chattanooga, TN-GA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$11.43
Chattanooga, TN-GA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$139.70
Chattanooga, TN-GA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$13.97
Chattanooga, TN-GA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$104.78
Chattanooga, TN-GA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$175.52

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chattanooga, TN-GA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.95
Chattanooga, TN-GA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$42.91
Chattanooga, TN-GA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$98.56
Chattanooga, TN-GA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$22.14
Colorado Springs, CO	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$73.95
Colorado Springs, CO	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$55.61
Colorado Springs, CO	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$79.08
Colorado Springs, CO	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$63.48
Colorado Springs, CO	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.57
Colorado Springs, CO	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$62.50
Colorado Springs, CO	E0271	MATTRESS, INNERSPRING	NU			\$131.00
Colorado Springs, CO	E0271	MATTRESS, INNERSPRING	RR			\$13.10

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Colorado Springs, CO	E0271	MATTRESS, INNERSPRING	UE			\$98.25
Colorado Springs, CO	E0272	MATTRESS, FOAM RUBBER	NU			\$145.26
Colorado Springs, CO	E0272	MATTRESS, FOAM RUBBER	RR			\$14.53
Colorado Springs, CO	E0272	MATTRESS, FOAM RUBBER	UE			\$108.95
Colorado Springs, CO	E0280	BED CRADLE, ANY TYPE	NU			\$28.26
Colorado Springs, CO	E0280	BED CRADLE, ANY TYPE	RR			\$2.83
Colorado Springs, CO	E0280	BED CRADLE, ANY TYPE	UE			\$21.20
Colorado Springs, CO	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$51.67
Colorado Springs, CO	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$38.69
Colorado Springs, CO	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$61.75
Colorado Springs, CO	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$55.24
Colorado Springs, CO	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$83.57

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Colorado Springs, CO	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$81.84
Colorado Springs, CO	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			\$171.75
Colorado Springs, CO	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$508.13
Colorado Springs, CO	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			\$176.18
Colorado Springs, CO	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$506.15
Colorado Springs, CO	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$12.68
Colorado Springs, CO	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$135.63
Colorado Springs, CO	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$13.56
Colorado Springs, CO	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$101.72
Colorado Springs, CO	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$171.37
Colorado Springs, CO	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.40
Colorado Springs, CO	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$42.91

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Colorado Springs, CO	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$90.47
Colorado Springs, CO	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$21.96
Columbia, SC	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$71.20
Columbia, SC	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$55.46
Columbia, SC	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$74.93
Columbia, SC	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$63.28
Columbia, SC	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$66.45
Columbia, SC	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$64.73
Columbia, SC	E0271	MATTRESS, INNERSPRING	NU			\$157.44
Columbia, SC	E0271	MATTRESS, INNERSPRING	RR			\$15.74
Columbia, SC	E0271	MATTRESS, INNERSPRING	UE			\$118.08
Columbia, SC	E0272	MATTRESS, FOAM RUBBER	NU			\$163.99

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbia, SC	E0272	MATTRESS, FOAM RUBBER	RR			\$16.40
Columbia, SC	E0272	MATTRESS, FOAM RUBBER	UE			\$122.99
Columbia, SC	E0280	BED CRADLE, ANY TYPE	NU			\$31.80
Columbia, SC	E0280	BED CRADLE, ANY TYPE	RR			\$3.18
Columbia, SC	E0280	BED CRADLE, ANY TYPE	UE			\$23.85
Columbia, SC	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$56.83
Columbia, SC	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$41.30
Columbia, SC	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$61.75
Columbia, SC	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$55.33
Columbia, SC	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$66.50
Columbia, SC	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$65.54
Columbia, 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			\$175.92

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbia, SC	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$497.62
Columbia, 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			\$168.35
Columbia, SC	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$538.55
Columbia, SC	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$13.15
Columbia, SC	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$163.10
Columbia, SC	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$16.31
Columbia, SC	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$122.33
Columbia, SC	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$185.82
Columbia, SC	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.80
Columbia, SC	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$44.90
Columbia, SC	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$100.92
Columbia, SC	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$21.60

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbus, OH	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$64.75
Columbus, OH	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$48.08
Columbus, OH	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$66.40
Columbus, OH	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$51.08
Columbus, OH	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$65.84
Columbus, OH	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$65.04
Columbus, OH	E0271	MATTRESS, INNERSPRING	NU			\$133.50
Columbus, OH	E0271	MATTRESS, INNERSPRING	RR			\$13.35
Columbus, OH	E0271	MATTRESS, INNERSPRING	UE			\$100.13
Columbus, OH	E0272	MATTRESS, FOAM RUBBER	NU			\$141.90
Columbus, OH	E0272	MATTRESS, FOAM RUBBER	RR			\$14.19
Columbus, OH	E0272	MATTRESS, FOAM RUBBER	UE			\$106.43

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbus, OH	E0280	BED CRADLE, ANY TYPE	NU			\$28.50
Columbus, OH	E0280	BED CRADLE, ANY TYPE	RR			\$2.85
Columbus, OH	E0280	BED CRADLE, ANY TYPE	UE			\$21.38
Columbus, OH	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$52.70
Columbus, OH	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$39.18
Columbus, OH	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$58.80
Columbus, OH	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$50.15
Columbus, OH	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$71.73
Columbus, OH	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$70.83
Columbus, 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			\$154.61
Columbus, OH	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$458.75
Columbus, 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			\$173.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbus, OH	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$531.09
Columbus, OH	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$9.58
Columbus, OH	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$94.52
Columbus, OH	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$9.45
Columbus, OH	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$70.89
Columbus, OH	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$172.69
Columbus, OH	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.19
Columbus, OH	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$42.01
Columbus, OH	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$92.28
Columbus, OH	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$21.08
Dayton, OH	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$68.70
Dayton, OH	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$51.11

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dayton, OH	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$73.20
Dayton, OH	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$57.10
Dayton, OH	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$66.59
Dayton, OH	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$65.04
Dayton, OH	E0271	MATTRESS, INNERSPRING	NU			\$136.00
Dayton, OH	E0271	MATTRESS, INNERSPRING	RR			\$13.60
Dayton, OH	E0271	MATTRESS, INNERSPRING	UE			\$102.00
Dayton, OH	E0272	MATTRESS, FOAM RUBBER	NU			\$141.90
Dayton, OH	E0272	MATTRESS, FOAM RUBBER	RR			\$14.19
Dayton, OH	E0272	MATTRESS, FOAM RUBBER	UE			\$106.43
Dayton, OH	E0280	BED CRADLE, ANY TYPE	NU			\$28.02
Dayton, OH	E0280	BED CRADLE, ANY TYPE	RR			\$2.80

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dayton, OH	E0280	BED CRADLE, ANY TYPE	UE			\$21.02
Dayton, OH	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$51.25
Dayton, OH	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$39.70
Dayton, OH	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$56.00
Dayton, OH	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$50.23
Dayton, OH	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$69.84
Dayton, OH	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$68.88
Dayton, 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			\$175.50
Dayton, OH	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$464.75
Dayton, 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			\$173.00
Dayton, OH	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$531.09
Dayton, OH	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$9.65

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dayton, OH	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$96.50
Dayton, OH	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$9.65
Dayton, OH	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$72.38
Dayton, OH	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$172.69
Dayton, OH	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.89
Dayton, OH	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$42.01
Dayton, OH	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$96.94
Dayton, OH	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$22.28
Deltona-Daytona Beach-Ormond Beach, FL	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$55.53
Deltona-Daytona Beach-Ormond Beach, FL	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$40.22
Deltona-Daytona Beach-Ormond Beach, FL	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$60.97
Deltona-Daytona Beach-Ormond Beach, FL	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$42.83

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Deltona-Daytona Beach-Ormond Beach, FL	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$68.65
Deltona-Daytona Beach-Ormond Beach, FL	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$59.27
Deltona-Daytona Beach-Ormond Beach, FL	E0271	MATTRESS, INNERSPRING	NU			\$130.00
Deltona-Daytona Beach-Ormond Beach, FL	E0271	MATTRESS, INNERSPRING	RR			\$13.00
Deltona-Daytona Beach-Ormond Beach, FL	E0271	MATTRESS, INNERSPRING	UE			\$97.50
Deltona-Daytona Beach-Ormond Beach, FL	E0272	MATTRESS, FOAM RUBBER	NU			\$111.38
Deltona-Daytona Beach-Ormond Beach, FL	E0272	MATTRESS, FOAM RUBBER	RR			\$11.14
Deltona-Daytona Beach-Ormond Beach, FL	E0272	MATTRESS, FOAM RUBBER	UE			\$83.54
Deltona-Daytona Beach-Ormond Beach, FL	E0280	BED CRADLE, ANY TYPE	NU			\$25.90
Deltona-Daytona Beach-Ormond Beach, FL	E0280	BED CRADLE, ANY TYPE	RR			\$2.59
Deltona-Daytona Beach-Ormond Beach, FL	E0280	BED CRADLE, ANY TYPE	UE			\$19.43
Deltona-Daytona Beach-Ormond Beach, FL	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$47.50

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Deltona-Daytona Beach-Ormond Beach, FL	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$33.00
Deltona-Daytona Beach-Ormond Beach, FL	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$45.00
Deltona-Daytona Beach-Ormond Beach, FL	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$37.62
Deltona-Daytona Beach-Ormond Beach, FL	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$60.30
Deltona-Daytona Beach-Ormond Beach, FL	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$59.72
Deltona-Daytona Beach-Ormond 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			\$142.41
Deltona-Daytona Beach-Ormond 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			\$415.10
Deltona-Daytona Beach-Ormond 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			\$163.05
Deltona-Daytona Beach-Ormond 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			\$418.48
Deltona-Daytona Beach-Ormond Beach, FL	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$8.57
Deltona-Daytona Beach-Ormond Beach, FL	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$99.85
Deltona-Daytona Beach-Ormond Beach, FL	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$9.99

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Deltona-Daytona Beach-Ormond Beach, FL	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$74.89
Deltona-Daytona Beach-Ormond Beach, FL	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$147.90
Deltona-Daytona Beach-Ormond Beach, FL	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.10
Deltona-Daytona Beach-Ormond Beach, FL	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$34.90
Deltona-Daytona Beach-Ormond Beach, FL	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$80.13
Deltona-Daytona Beach-Ormond Beach, FL	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$16.73
Denver-Aurora-Broomfield, CO	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$72.40
Denver-Aurora-Broomfield, CO	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$53.22
Denver-Aurora-Broomfield, CO	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$78.31
Denver-Aurora-Broomfield, CO	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$61.96
Denver-Aurora-Broomfield, CO	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$71.14
Denver-Aurora-Broomfield, CO	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$62.50

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Denver-Aurora-Broomfield, CO	E0271	MATTRESS, INNERSPRING	NU			\$130.87
Denver-Aurora-Broomfield, CO	E0271	MATTRESS, INNERSPRING	RR			\$13.09
Denver-Aurora-Broomfield, CO	E0271	MATTRESS, INNERSPRING	UE			\$98.15
Denver-Aurora-Broomfield, CO	E0272	MATTRESS, FOAM RUBBER	NU			\$140.51
Denver-Aurora-Broomfield, CO	E0272	MATTRESS, FOAM RUBBER	RR			\$14.05
Denver-Aurora-Broomfield, CO	E0272	MATTRESS, FOAM RUBBER	UE			\$105.38
Denver-Aurora-Broomfield, CO	E0280	BED CRADLE, ANY TYPE	NU			\$26.53
Denver-Aurora-Broomfield, CO	E0280	BED CRADLE, ANY TYPE	RR			\$2.65
Denver-Aurora-Broomfield, CO	E0280	BED CRADLE, ANY TYPE	UE			\$19.90
Denver-Aurora-Broomfield, CO	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$49.82
Denver-Aurora-Broomfield, CO	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$38.50
Denver-Aurora-Broomfield, CO	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$58.50

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Denver-Aurora-Broomfield, CO	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$54.98
Denver-Aurora-Broomfield, CO	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$80.84
Denver-Aurora-Broomfield, CO	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$78.80
Denver-Aurora-Broomfield, CO	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			\$171.00
Denver-Aurora-Broomfield, CO	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$496.76
Denver-Aurora-Broomfield, CO	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			\$188.09
Denver-Aurora-Broomfield, CO	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$507.56
Denver-Aurora-Broomfield, CO	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$12.35
Denver-Aurora-Broomfield, CO	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$132.24
Denver-Aurora-Broomfield, CO	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$13.22
Denver-Aurora-Broomfield, CO	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$99.18
Denver-Aurora-Broomfield, CO	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$167.74

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Denver-Aurora-Broomfield, CO	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.50
Denver-Aurora-Broomfield, CO	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$41.99
Denver-Aurora-Broomfield, CO	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$84.50
Denver-Aurora-Broomfield, CO	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$21.52
Detroit-Warren-Livonia, MI	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$72.40
Detroit-Warren-Livonia, MI	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$55.00
Detroit-Warren-Livonia, MI	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.69
Detroit-Warren-Livonia, MI	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$60.00
Detroit-Warren-Livonia, MI	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.00
Detroit-Warren-Livonia, MI	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$68.46
Detroit-Warren-Livonia, MI	E0271	MATTRESS, INNERSPRING	NU			\$116.00
Detroit-Warren-Livonia, MI	E0271	MATTRESS, INNERSPRING	RR			\$11.60

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Detroit-Warren-Livonia, MI	E0271	MATTRESS, INNERSPRING	UE			\$87.00
Detroit-Warren-Livonia, MI	E0272	MATTRESS, FOAM RUBBER	NU			\$134.79
Detroit-Warren-Livonia, MI	E0272	MATTRESS, FOAM RUBBER	RR			\$13.48
Detroit-Warren-Livonia, MI	E0272	MATTRESS, FOAM RUBBER	UE			\$101.09
Detroit-Warren-Livonia, MI	E0280	BED CRADLE, ANY TYPE	NU			\$28.00
Detroit-Warren-Livonia, MI	E0280	BED CRADLE, ANY TYPE	RR			\$2.80
Detroit-Warren-Livonia, MI	E0280	BED CRADLE, ANY TYPE	UE			\$21.00
Detroit-Warren-Livonia, MI	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$57.00
Detroit-Warren-Livonia, MI	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$39.90
Detroit-Warren-Livonia, MI	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$58.50
Detroit-Warren-Livonia, MI	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$55.00
Detroit-Warren-Livonia, MI	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$74.83

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Detroit-Warren-Livonia, MI	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$73.73
Detroit-Warren-Livonia, MI	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			\$160.33
Detroit-Warren-Livonia, MI	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
Detroit-Warren-Livonia, MI	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			\$178.87
Detroit-Warren-Livonia, MI	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$480.27
Detroit-Warren-Livonia, MI	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$9.94
Detroit-Warren-Livonia, MI	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$99.14
Detroit-Warren-Livonia, MI	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$9.91
Detroit-Warren-Livonia, MI	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$74.36
Detroit-Warren-Livonia, MI	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$172.12
Detroit-Warren-Livonia, MI	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.17
Detroit-Warren-Livonia, MI	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$44.90

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Detroit-Warren-Livonia, MI	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$89.17
Detroit-Warren-Livonia, MI	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$19.87
El Paso, TX	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$62.82
El Paso, TX	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$51.44
El Paso, TX	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$74.92
El Paso, TX	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$57.18
El Paso, TX	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.00
El Paso, TX	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$66.44
El Paso, TX	E0271	MATTRESS, INNERSPRING	NU			\$128.00
El Paso, TX	E0271	MATTRESS, INNERSPRING	RR			\$12.80
El Paso, TX	E0271	MATTRESS, INNERSPRING	UE			\$96.00
El Paso, TX	E0272	MATTRESS, FOAM RUBBER	NU			\$131.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
El Paso, TX	E0272	MATTRESS, FOAM RUBBER	RR			\$13.10
El Paso, TX	E0272	MATTRESS, FOAM RUBBER	UE			\$98.25
El Paso, TX	E0280	BED CRADLE, ANY TYPE	NU			\$26.53
El Paso, TX	E0280	BED CRADLE, ANY TYPE	RR			\$2.65
El Paso, TX	E0280	BED CRADLE, ANY TYPE	UE			\$19.90
El Paso, TX	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$58.00
El Paso, TX	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$41.00
El Paso, TX	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$61.50
El Paso, TX	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$56.00
El Paso, TX	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$81.57
El Paso, TX	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$77.00
El Paso, 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			\$175.44

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
El Paso, TX	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$519.50
El Paso, 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			\$195.00
El Paso, TX	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$560.00
El Paso, TX	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$12.00
El Paso, TX	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$119.00
El Paso, TX	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$11.90
El Paso, TX	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$89.25
El Paso, TX	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$169.72
El Paso, TX	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.80
El Paso, TX	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$41.50
El Paso, TX	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$90.00
El Paso, TX	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$20.92

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Flint, MI	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$72.45
Flint, MI	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$54.11
Flint, MI	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$79.93
Flint, MI	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$63.48
Flint, MI	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.40
Flint, MI	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$69.95
Flint, MI	E0271	MATTRESS, INNERSPRING	NU			\$129.63
Flint, MI	E0271	MATTRESS, INNERSPRING	RR			\$12.96
Flint, MI	E0271	MATTRESS, INNERSPRING	UE			\$97.22
Flint, MI	E0272	MATTRESS, FOAM RUBBER	NU			\$142.40
Flint, MI	E0272	MATTRESS, FOAM RUBBER	RR			\$14.24
Flint, MI	E0272	MATTRESS, FOAM RUBBER	UE			\$106.80

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Flint, MI	E0280	BED CRADLE, ANY TYPE	NU			\$26.78
Flint, MI	E0280	BED CRADLE, ANY TYPE	RR			\$2.68
Flint, MI	E0280	BED CRADLE, ANY TYPE	UE			\$20.09
Flint, MI	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$55.31
Flint, MI	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$38.58
Flint, MI	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$61.75
Flint, MI	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$55.25
Flint, MI	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$77.02
Flint, MI	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$76.81
Flint, MI	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			\$179.81
Flint, MI	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$496.44
Flint, MI	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			\$178.43

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Flint, MI	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$549.25
Flint, MI	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$11.84
Flint, MI	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$133.41
Flint, MI	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$13.34
Flint, MI	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$100.06
Flint, MI	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$163.13
Flint, MI	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.84
Flint, MI	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$43.94
Flint, MI	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$93.41
Flint, MI	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$24.45
Fresno, CA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.65
Fresno, CA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$56.09

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Fresno, CA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$72.33
Fresno, CA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$60.50
Fresno, CA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$68.91
Fresno, CA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$62.48
Fresno, CA	E0271	MATTRESS, INNERSPRING	NU			\$120.64
Fresno, CA	E0271	MATTRESS, INNERSPRING	RR			\$12.06
Fresno, CA	E0271	MATTRESS, INNERSPRING	UE			\$90.48
Fresno, CA	E0272	MATTRESS, FOAM RUBBER	NU			\$143.76
Fresno, CA	E0272	MATTRESS, FOAM RUBBER	RR			\$14.38
Fresno, CA	E0272	MATTRESS, FOAM RUBBER	UE			\$107.82
Fresno, CA	E0280	BED CRADLE, ANY TYPE	NU			\$30.00
Fresno, CA	E0280	BED CRADLE, ANY TYPE	RR			\$3.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Fresno, CA	E0280	BED CRADLE, ANY TYPE	UE			\$22.50
Fresno, CA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$52.64
Fresno, CA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$39.45
Fresno, CA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$59.72
Fresno, CA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$51.99
Fresno, CA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$92.15
Fresno, CA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$76.89
Fresno, 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			\$170.12
Fresno, CA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$495.99
Fresno, 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			\$170.78
Fresno, CA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$497.11
Fresno, CA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$11.61

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Fresno, CA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$124.30
Fresno, CA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$12.43
Fresno, CA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$93.23
Fresno, CA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$173.28
Fresno, CA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.40
Fresno, CA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$43.83
Fresno, CA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$93.94
Fresno, CA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$22.24
Grand Rapids-Wyoming, MI	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$74.00
Grand Rapids-Wyoming, MI	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$59.00
Grand Rapids-Wyoming, MI	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$80.95
Grand Rapids-Wyoming, MI	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$65.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Grand Rapids-Wyoming, MI	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.40
Grand Rapids-Wyoming, MI	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$69.95
Grand Rapids-Wyoming, MI	E0271	MATTRESS, INNERSPRING	NU			\$129.63
Grand Rapids-Wyoming, MI	E0271	MATTRESS, INNERSPRING	RR			\$12.96
Grand Rapids-Wyoming, MI	E0271	MATTRESS, INNERSPRING	UE			\$97.22
Grand Rapids-Wyoming, MI	E0272	MATTRESS, FOAM RUBBER	NU			\$150.00
Grand Rapids-Wyoming, MI	E0272	MATTRESS, FOAM RUBBER	RR			\$15.00
Grand Rapids-Wyoming, MI	E0272	MATTRESS, FOAM RUBBER	UE			\$112.50
Grand Rapids-Wyoming, MI	E0280	BED CRADLE, ANY TYPE	NU			\$30.92
Grand Rapids-Wyoming, MI	E0280	BED CRADLE, ANY TYPE	RR			\$3.09
Grand Rapids-Wyoming, MI	E0280	BED CRADLE, ANY TYPE	UE			\$23.19
Grand Rapids-Wyoming, MI	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$59.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Grand Rapids-Wyoming, MI	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$40.33
Grand Rapids-Wyoming, MI	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$65.00
Grand Rapids-Wyoming, MI	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$55.75
Grand Rapids-Wyoming, MI	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$76.42
Grand Rapids-Wyoming, MI	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$78.50
Grand Rapids-Wyoming, MI	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			\$188.56
Grand Rapids-Wyoming, MI	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$549.75
Grand Rapids-Wyoming, MI	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			\$177.84
Grand Rapids-Wyoming, MI	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$580.09
Grand Rapids-Wyoming, MI	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$12.89
Grand Rapids-Wyoming, MI	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$150.00
Grand Rapids-Wyoming, MI	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$15.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Grand Rapids-Wyoming, MI	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$112.50
Grand Rapids-Wyoming, MI	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$167.65
Grand Rapids-Wyoming, MI	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.67
Grand Rapids-Wyoming, MI	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$45.34
Grand Rapids-Wyoming, MI	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$98.27
Grand Rapids-Wyoming, MI	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$24.45
Greensboro-High Point, NC	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$66.50
Greensboro-High Point, NC	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$58.53
Greensboro-High Point, NC	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.25
Greensboro-High Point, NC	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$60.98
Greensboro-High Point, NC	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$73.21
Greensboro-High Point, NC	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$69.61

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greensboro-High Point, NC	E0271	MATTRESS, INNERSPRING	NU			\$141.45
Greensboro-High Point, NC	E0271	MATTRESS, INNERSPRING	RR			\$14.15
Greensboro-High Point, NC	E0271	MATTRESS, INNERSPRING	UE			\$106.09
Greensboro-High Point, NC	E0272	MATTRESS, FOAM RUBBER	NU			\$139.32
Greensboro-High Point, NC	E0272	MATTRESS, FOAM RUBBER	RR			\$13.93
Greensboro-High Point, NC	E0272	MATTRESS, FOAM RUBBER	UE			\$104.49
Greensboro-High Point, NC	E0280	BED CRADLE, ANY TYPE	NU			\$28.38
Greensboro-High Point, NC	E0280	BED CRADLE, ANY TYPE	RR			\$2.84
Greensboro-High Point, NC	E0280	BED CRADLE, ANY TYPE	UE			\$21.29
Greensboro-High Point, NC	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$54.50
Greensboro-High Point, NC	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$41.00
Greensboro-High Point, NC	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$60.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greensboro-High Point, NC	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$54.24
Greensboro-High Point, NC	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$74.95
Greensboro-High Point, NC	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$70.15
Greensboro-High Point, NC	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			\$177.67
Greensboro-High Point, NC	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$495.07
Greensboro-High Point, NC	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			\$190.25
Greensboro-High Point, NC	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$517.50
Greensboro-High Point, NC	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$10.43
Greensboro-High Point, NC	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$118.00
Greensboro-High Point, NC	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$11.80
Greensboro-High Point, NC	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$88.50
Greensboro-High Point, NC	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$180.41

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greensboro-High Point, NC	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.80
Greensboro-High Point, NC	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$42.04
Greensboro-High Point, NC	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$89.00
Greensboro-High Point, NC	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$19.75
Greenville-Mauldin-Easley, SC	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$66.55
Greenville-Mauldin-Easley, SC	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$54.94
Greenville-Mauldin-Easley, SC	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$74.93
Greenville-Mauldin-Easley, SC	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$61.71
Greenville-Mauldin-Easley, SC	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$67.23
Greenville-Mauldin-Easley, SC	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$63.54
Greenville-Mauldin-Easley, SC	E0271	MATTRESS, INNERSPRING	NU			\$157.55
Greenville-Mauldin-Easley, SC	E0271	MATTRESS, INNERSPRING	RR			\$15.76

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greenville-Mauldin-Easley, SC	E0271	MATTRESS, INNERSPRING	UE			\$118.16
Greenville-Mauldin-Easley, SC	E0272	MATTRESS, FOAM RUBBER	NU			\$163.99
Greenville-Mauldin-Easley, SC	E0272	MATTRESS, FOAM RUBBER	RR			\$16.40
Greenville-Mauldin-Easley, SC	E0272	MATTRESS, FOAM RUBBER	UE			\$122.99
Greenville-Mauldin-Easley, SC	E0280	BED CRADLE, ANY TYPE	NU			\$31.80
Greenville-Mauldin-Easley, SC	E0280	BED CRADLE, ANY TYPE	RR			\$3.18
Greenville-Mauldin-Easley, SC	E0280	BED CRADLE, ANY TYPE	UE			\$23.85
Greenville-Mauldin-Easley, SC	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$55.17
Greenville-Mauldin-Easley, SC	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$41.30
Greenville-Mauldin-Easley, SC	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$60.08
Greenville-Mauldin-Easley, SC	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$55.53
Greenville-Mauldin-Easley, SC	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$66.50

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greenville-Mauldin-Easley, SC	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$65.54
Greenville-Mauldin-Easley, 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			\$175.92
Greenville-Mauldin-Easley, SC	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$471.37
Greenville-Mauldin-Easley, 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			\$177.82
Greenville-Mauldin-Easley, SC	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$486.80
Greenville-Mauldin-Easley, SC	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$11.95
Greenville-Mauldin-Easley, SC	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$134.33
Greenville-Mauldin-Easley, SC	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$13.43
Greenville-Mauldin-Easley, SC	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$100.75
Greenville-Mauldin-Easley, SC	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$182.11
Greenville-Mauldin-Easley, SC	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.80
Greenville-Mauldin-Easley, SC	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$44.32

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greenville-Mauldin-Easley, SC	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$96.59
Greenville-Mauldin-Easley, SC	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$21.60
Hartford-West Hartford-East Hartford, CT	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$61.54
Hartford-West Hartford-East Hartford, CT	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$47.32
Hartford-West Hartford-East Hartford, CT	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.69
Hartford-West Hartford-East Hartford, CT	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$53.23
Hartford-West Hartford-East Hartford, CT	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$76.72
Hartford-West Hartford-East Hartford, CT	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$74.88
Hartford-West Hartford-East Hartford, CT	E0271	MATTRESS, INNERSPRING	NU			\$118.54
Hartford-West Hartford-East Hartford, CT	E0271	MATTRESS, INNERSPRING	RR			\$11.85
Hartford-West Hartford-East Hartford, CT	E0271	MATTRESS, INNERSPRING	UE			\$88.91
Hartford-West Hartford-East Hartford, CT	E0272	MATTRESS, FOAM RUBBER	NU			\$125.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Hartford-West Hartford-East Hartford, CT	E0272	MATTRESS, FOAM RUBBER	RR			\$12.50
Hartford-West Hartford-East Hartford, CT	E0272	MATTRESS, FOAM RUBBER	UE			\$93.75
Hartford-West Hartford-East Hartford, CT	E0280	BED CRADLE, ANY TYPE	NU			\$24.98
Hartford-West Hartford-East Hartford, CT	E0280	BED CRADLE, ANY TYPE	RR			\$2.50
Hartford-West Hartford-East Hartford, CT	E0280	BED CRADLE, ANY TYPE	UE			\$18.74
Hartford-West Hartford-East Hartford, CT	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$47.97
Hartford-West Hartford-East Hartford, CT	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$35.00
Hartford-West Hartford-East Hartford, CT	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$53.03
Hartford-West Hartford-East Hartford, CT	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$44.85
Hartford-West Hartford-East Hartford, CT	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$75.05
Hartford-West Hartford-East Hartford, CT	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$70.89
Hartford-West Hartford-East Hartford, CT	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			\$172.72

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Hartford-West Hartford-East Hartford, CT	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$462.32
Hartford-West Hartford-East Hartford, CT	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			\$188.65
Hartford-West Hartford-East Hartford, CT	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$492.52
Hartford-West Hartford-East Hartford, CT	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$10.44
Hartford-West Hartford-East Hartford, CT	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$115.00
Hartford-West Hartford-East Hartford, CT	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$11.50
Hartford-West Hartford-East Hartford, CT	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$86.25
Hartford-West Hartford-East Hartford, CT	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$154.20
Hartford-West Hartford-East Hartford, CT	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$12.00
Hartford-West Hartford-East Hartford, CT	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$37.10
Hartford-West Hartford-East Hartford, CT	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$77.37
Hartford-West Hartford-East Hartford, CT	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$19.90

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Honolulu, HI	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$78.00
Honolulu, HI	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$70.57
Honolulu, HI	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$79.86
Honolulu, HI	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$68.00
Honolulu, HI	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$86.92
Honolulu, HI	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$91.62
Honolulu, HI	E0271	MATTRESS, INNERSPRING	NU			\$155.00
Honolulu, HI	E0271	MATTRESS, INNERSPRING	RR			\$15.50
Honolulu, HI	E0271	MATTRESS, INNERSPRING	UE			\$116.25
Honolulu, HI	E0272	MATTRESS, FOAM RUBBER	NU			\$178.62
Honolulu, HI	E0272	MATTRESS, FOAM RUBBER	RR			\$17.86
Honolulu, HI	E0272	MATTRESS, FOAM RUBBER	UE			\$133.97

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Honolulu, HI	E0280	BED CRADLE, ANY TYPE	NU			\$40.00
Honolulu, HI	E0280	BED CRADLE, ANY TYPE	RR			\$4.00
Honolulu, HI	E0280	BED CRADLE, ANY TYPE	UE			\$30.00
Honolulu, HI	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$51.04
Honolulu, HI	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$41.36
Honolulu, HI	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$70.12
Honolulu, HI	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$52.56
Honolulu, HI	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$89.47
Honolulu, HI	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$92.09
Honolulu, HI	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			\$171.00
Honolulu, HI	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$563.00
Honolulu, HI	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			\$191.07

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Honolulu, HI	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$513.71
Honolulu, HI	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$15.52
Honolulu, HI	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$152.35
Honolulu, HI	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$15.24
Honolulu, HI	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$114.26
Honolulu, HI	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$176.15
Honolulu, HI	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$12.69
Honolulu, HI	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$45.00
Honolulu, HI	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$101.10
Honolulu, HI	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$27.04
Houston-Sugar Land-Baytown, TX	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$63.92
Houston-Sugar Land-Baytown, TX	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$56.75

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Houston-Sugar Land-Baytown, TX	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.43
Houston-Sugar Land-Baytown, TX	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$57.50
Houston-Sugar Land-Baytown, TX	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$68.96
Houston-Sugar Land-Baytown, TX	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$65.00
Houston-Sugar Land-Baytown, TX	E0271	MATTRESS, INNERSPRING	NU			\$117.08
Houston-Sugar Land-Baytown, TX	E0271	MATTRESS, INNERSPRING	RR			\$11.71
Houston-Sugar Land-Baytown, TX	E0271	MATTRESS, INNERSPRING	UE			\$87.81
Houston-Sugar Land-Baytown, TX	E0272	MATTRESS, FOAM RUBBER	NU			\$119.44
Houston-Sugar Land-Baytown, TX	E0272	MATTRESS, FOAM RUBBER	RR			\$11.94
Houston-Sugar Land-Baytown, TX	E0272	MATTRESS, FOAM RUBBER	UE			\$89.58
Houston-Sugar Land-Baytown, TX	E0280	BED CRADLE, ANY TYPE	NU			\$28.26
Houston-Sugar Land-Baytown, TX	E0280	BED CRADLE, ANY TYPE	RR			\$2.83

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Houston-Sugar Land-Baytown, TX	E0280	BED CRADLE, ANY TYPE	UE			\$21.20
Houston-Sugar Land-Baytown, TX	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$54.20
Houston-Sugar Land-Baytown, TX	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$40.00
Houston-Sugar Land-Baytown, TX	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$61.85
Houston-Sugar Land-Baytown, TX	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$55.68
Houston-Sugar Land-Baytown, TX	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$72.31
Houston-Sugar Land-Baytown, TX	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$69.56
Houston-Sugar Land-Baytown, 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			\$173.97
Houston-Sugar Land-Baytown, TX	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$498.38
Houston-Sugar Land-Baytown, 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			\$177.51
Houston-Sugar Land-Baytown, TX	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$499.02
Houston-Sugar Land-Baytown, TX	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$11.21

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Houston-Sugar Land-Baytown, TX	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$122.50
Houston-Sugar Land-Baytown, TX	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$12.25
Houston-Sugar Land-Baytown, TX	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$91.88
Houston-Sugar Land-Baytown, TX	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$160.26
Houston-Sugar Land-Baytown, TX	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.92
Houston-Sugar Land-Baytown, TX	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$40.50
Houston-Sugar Land-Baytown, TX	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$85.13
Houston-Sugar Land-Baytown, TX	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$20.86
Huntington-Ashland, WV-KY-OH	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$78.48
Huntington-Ashland, WV-KY-OH	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$58.93
Huntington-Ashland, WV-KY-OH	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$84.93
Huntington-Ashland, WV-KY-OH	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$63.48

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Huntington-Ashland, WV-KY-OH	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$66.25
Huntington-Ashland, WV-KY-OH	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$69.76
Huntington-Ashland, WV-KY-OH	E0271	MATTRESS, INNERSPRING	NU			\$150.66
Huntington-Ashland, WV-KY-OH	E0271	MATTRESS, INNERSPRING	RR			\$15.07
Huntington-Ashland, WV-KY-OH	E0271	MATTRESS, INNERSPRING	UE			\$113.00
Huntington-Ashland, WV-KY-OH	E0272	MATTRESS, FOAM RUBBER	NU			\$154.41
Huntington-Ashland, WV-KY-OH	E0272	MATTRESS, FOAM RUBBER	RR			\$15.44
Huntington-Ashland, WV-KY-OH	E0272	MATTRESS, FOAM RUBBER	UE			\$115.81
Huntington-Ashland, WV-KY-OH	E0280	BED CRADLE, ANY TYPE	NU			\$28.40
Huntington-Ashland, WV-KY-OH	E0280	BED CRADLE, ANY TYPE	RR			\$2.84
Huntington-Ashland, WV-KY-OH	E0280	BED CRADLE, ANY TYPE	UE			\$21.30
Huntington-Ashland, WV-KY-OH	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$55.46

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Huntington-Ashland, WV-KY-OH	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$41.58
Huntington-Ashland, WV-KY-OH	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$62.26
Huntington-Ashland, WV-KY-OH	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$54.41
Huntington-Ashland, WV-KY-OH	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$88.02
Huntington-Ashland, WV-KY-OH	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$87.23
Huntington-Ashland, WV-KY-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			\$203.54
Huntington-Ashland, WV-KY-OH	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$526.69
Huntington-Ashland, WV-KY-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			\$178.28
Huntington-Ashland, WV-KY-OH	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$611.91
Huntington-Ashland, WV-KY-OH	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$13.50
Huntington-Ashland, WV-KY-OH	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$128.38
Huntington-Ashland, WV-KY-OH	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$12.84

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Huntington-Ashland, WV-KY-OH	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$96.29
Huntington-Ashland, WV-KY-OH	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$174.78
Huntington-Ashland, WV-KY-OH	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.56
Huntington-Ashland, WV-KY-OH	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$44.52
Huntington-Ashland, WV-KY-OH	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$101.83
Huntington-Ashland, WV-KY-OH	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$26.93
Indiana-Chicago Metro CBA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$72.40
Indiana-Chicago Metro CBA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$53.22
Indiana-Chicago Metro CBA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$79.86
Indiana-Chicago Metro CBA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$65.00
Indiana-Chicago Metro CBA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.90
Indiana-Chicago Metro CBA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$70.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indiana-Chicago Metro CBA	E0271	MATTRESS, INNERSPRING	NU			\$149.88
Indiana-Chicago Metro CBA	E0271	MATTRESS, INNERSPRING	RR			\$14.99
Indiana-Chicago Metro CBA	E0271	MATTRESS, INNERSPRING	UE			\$112.41
Indiana-Chicago Metro CBA	E0272	MATTRESS, FOAM RUBBER	NU			\$136.99
Indiana-Chicago Metro CBA	E0272	MATTRESS, FOAM RUBBER	RR			\$13.70
Indiana-Chicago Metro CBA	E0272	MATTRESS, FOAM RUBBER	UE			\$102.74
Indiana-Chicago Metro CBA	E0280	BED CRADLE, ANY TYPE	NU			\$30.00
Indiana-Chicago Metro CBA	E0280	BED CRADLE, ANY TYPE	RR			\$3.00
Indiana-Chicago Metro CBA	E0280	BED CRADLE, ANY TYPE	UE			\$22.50
Indiana-Chicago Metro CBA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$55.35
Indiana-Chicago Metro CBA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$42.50
Indiana-Chicago Metro CBA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$65.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indiana-Chicago Metro CBA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$53.59
Indiana-Chicago Metro CBA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$78.00
Indiana-Chicago Metro CBA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$74.96
Indiana-Chicago Metro CBA	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			\$186.99
Indiana-Chicago Metro CBA	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
Indiana-Chicago Metro CBA	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			\$192.75
Indiana-Chicago Metro CBA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$570.78
Indiana-Chicago Metro CBA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$11.86
Indiana-Chicago Metro CBA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$123.57
Indiana-Chicago Metro CBA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$12.36
Indiana-Chicago Metro CBA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$92.68
Indiana-Chicago Metro CBA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$176.04

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indiana-Chicago Metro CBA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$12.47
Indiana-Chicago Metro CBA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$44.80
Indiana-Chicago Metro CBA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$95.38
Indiana-Chicago Metro CBA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$22.40
Indianapolis-Carmel, IN	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$64.50
Indianapolis-Carmel, IN	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$49.00
Indianapolis-Carmel, IN	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.11
Indianapolis-Carmel, IN	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$55.00
Indianapolis-Carmel, IN	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.90
Indianapolis-Carmel, IN	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$68.08
Indianapolis-Carmel, IN	E0271	MATTRESS, INNERSPRING	NU			\$124.60
Indianapolis-Carmel, IN	E0271	MATTRESS, INNERSPRING	RR			\$12.46

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indianapolis-Carmel, IN	E0271	MATTRESS, INNERSPRING	UE			\$93.45
Indianapolis-Carmel, IN	E0272	MATTRESS, FOAM RUBBER	NU			\$134.79
Indianapolis-Carmel, IN	E0272	MATTRESS, FOAM RUBBER	RR			\$13.48
Indianapolis-Carmel, IN	E0272	MATTRESS, FOAM RUBBER	UE			\$101.09
Indianapolis-Carmel, IN	E0280	BED CRADLE, ANY TYPE	NU			\$24.66
Indianapolis-Carmel, IN	E0280	BED CRADLE, ANY TYPE	RR			\$2.47
Indianapolis-Carmel, IN	E0280	BED CRADLE, ANY TYPE	UE			\$18.50
Indianapolis-Carmel, IN	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$50.00
Indianapolis-Carmel, IN	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$38.58
Indianapolis-Carmel, IN	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$55.41
Indianapolis-Carmel, IN	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$49.80
Indianapolis-Carmel, IN	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$71.76

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indianapolis-Carmel, IN	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$71.46
Indianapolis-Carmel, 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			\$171.00
Indianapolis-Carmel, IN	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$470.00
Indianapolis-Carmel, 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			\$175.00
Indianapolis-Carmel, IN	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$563.59
Indianapolis-Carmel, IN	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$9.78
Indianapolis-Carmel, IN	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$97.22
Indianapolis-Carmel, IN	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$9.72
Indianapolis-Carmel, IN	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$72.92
Indianapolis-Carmel, IN	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$166.00
Indianapolis-Carmel, IN	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.00
Indianapolis-Carmel, IN	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$42.50

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indianapolis-Carmel, IN	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$91.44
Indianapolis-Carmel, IN	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$20.80
Jackson, MS	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$73.08
Jackson, MS	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$60.58
Jackson, MS	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$83.21
Jackson, MS	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$64.93
Jackson, MS	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$75.29
Jackson, MS	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$73.00
Jackson, MS	E0271	MATTRESS, INNERSPRING	NU			\$158.58
Jackson, MS	E0271	MATTRESS, INNERSPRING	RR			\$15.86
Jackson, MS	E0271	MATTRESS, INNERSPRING	UE			\$118.94
Jackson, MS	E0272	MATTRESS, FOAM RUBBER	NU			\$151.28

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jackson, MS	E0272	MATTRESS, FOAM RUBBER	RR			\$15.13
Jackson, MS	E0272	MATTRESS, FOAM RUBBER	UE			\$113.46
Jackson, MS	E0280	BED CRADLE, ANY TYPE	NU			\$29.00
Jackson, MS	E0280	BED CRADLE, ANY TYPE	RR			\$2.90
Jackson, MS	E0280	BED CRADLE, ANY TYPE	UE			\$21.75
Jackson, MS	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$58.00
Jackson, MS	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$43.13
Jackson, MS	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$65.00
Jackson, MS	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$55.50
Jackson, MS	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$91.50
Jackson, MS	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$89.19
Jackson, MS	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			\$197.51

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jackson, MS	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$589.48
Jackson, MS	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			\$192.04
Jackson, MS	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$635.00
Jackson, MS	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$13.50
Jackson, MS	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$150.00
Jackson, MS	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$15.00
Jackson, MS	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$112.50
Jackson, MS	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$182.00
Jackson, MS	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$12.42
Jackson, MS	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$43.83
Jackson, MS	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$100.68
Jackson, MS	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$25.99

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jacksonville, FL	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$55.53
Jacksonville, FL	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$50.00
Jacksonville, FL	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$60.97
Jacksonville, FL	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$46.66
Jacksonville, FL	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$68.65
Jacksonville, FL	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$59.27
Jacksonville, FL	E0271	MATTRESS, INNERSPRING	NU			\$120.95
Jacksonville, FL	E0271	MATTRESS, INNERSPRING	RR			\$12.10
Jacksonville, FL	E0271	MATTRESS, INNERSPRING	UE			\$90.71
Jacksonville, FL	E0272	MATTRESS, FOAM RUBBER	NU			\$112.00
Jacksonville, FL	E0272	MATTRESS, FOAM RUBBER	RR			\$11.20
Jacksonville, FL	E0272	MATTRESS, FOAM RUBBER	UE			\$84.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jacksonville, FL	E0280	BED CRADLE, ANY TYPE	NU			\$25.90
Jacksonville, FL	E0280	BED CRADLE, ANY TYPE	RR			\$2.59
Jacksonville, FL	E0280	BED CRADLE, ANY TYPE	UE			\$19.43
Jacksonville, FL	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$50.00
Jacksonville, FL	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$33.00
Jacksonville, FL	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$48.37
Jacksonville, FL	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$40.45
Jacksonville, FL	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$65.90
Jacksonville, FL	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$64.00
Jacksonville, 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			\$142.41
Jacksonville, FL	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$420.00
Jacksonville, 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			\$163.05

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jacksonville, FL	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$460.00
Jacksonville, FL	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$8.57
Jacksonville, FL	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$99.85
Jacksonville, FL	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$9.99
Jacksonville, FL	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$74.89
Jacksonville, FL	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$147.90
Jacksonville, FL	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.10
Jacksonville, FL	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$34.90
Jacksonville, FL	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$74.25
Jacksonville, FL	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$18.31
Knoxville, TN	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$63.11
Knoxville, TN	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$55.39

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Knoxville, TN	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$72.50
Knoxville, TN	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$61.46
Knoxville, TN	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$71.85
Knoxville, TN	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$68.26
Knoxville, TN	E0271	MATTRESS, INNERSPRING	NU			\$131.99
Knoxville, TN	E0271	MATTRESS, INNERSPRING	RR			\$13.20
Knoxville, TN	E0271	MATTRESS, INNERSPRING	UE			\$98.99
Knoxville, TN	E0272	MATTRESS, FOAM RUBBER	NU			\$131.00
Knoxville, TN	E0272	MATTRESS, FOAM RUBBER	RR			\$13.10
Knoxville, TN	E0272	MATTRESS, FOAM RUBBER	UE			\$98.25
Knoxville, TN	E0280	BED CRADLE, ANY TYPE	NU			\$30.00
Knoxville, TN	E0280	BED CRADLE, ANY TYPE	RR			\$3.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Knoxville, TN	E0280	BED CRADLE, ANY TYPE	UE			\$22.50
Knoxville, TN	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$55.00
Knoxville, TN	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$40.59
Knoxville, TN	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$61.66
Knoxville, TN	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$50.65
Knoxville, TN	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$73.00
Knoxville, TN	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$71.50
Knoxville, TN	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			\$170.65
Knoxville, TN	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$468.41
Knoxville, TN	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			\$186.37
Knoxville, TN	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$499.40
Knoxville, TN	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$11.20

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Knoxville, TN	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$118.66
Knoxville, TN	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$11.87
Knoxville, TN	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$89.00
Knoxville, TN	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$175.00
Knoxville, TN	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.11
Knoxville, TN	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$41.86
Knoxville, TN	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$80.13
Knoxville, TN	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$19.70
Lakeland-Winter Haven, FL	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$56.52
Lakeland-Winter Haven, FL	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$46.04
Lakeland-Winter Haven, FL	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$62.11
Lakeland-Winter Haven, FL	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$45.33

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Lakeland-Winter Haven, FL	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$68.64
Lakeland-Winter Haven, FL	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$59.63
Lakeland-Winter Haven, FL	E0271	MATTRESS, INNERSPRING	NU			\$117.50
Lakeland-Winter Haven, FL	E0271	MATTRESS, INNERSPRING	RR			\$11.75
Lakeland-Winter Haven, FL	E0271	MATTRESS, INNERSPRING	UE			\$88.13
Lakeland-Winter Haven, FL	E0272	MATTRESS, FOAM RUBBER	NU			\$114.94
Lakeland-Winter Haven, FL	E0272	MATTRESS, FOAM RUBBER	RR			\$11.49
Lakeland-Winter Haven, FL	E0272	MATTRESS, FOAM RUBBER	UE			\$86.21
Lakeland-Winter Haven, FL	E0280	BED CRADLE, ANY TYPE	NU			\$25.90
Lakeland-Winter Haven, FL	E0280	BED CRADLE, ANY TYPE	RR			\$2.59
Lakeland-Winter Haven, FL	E0280	BED CRADLE, ANY TYPE	UE			\$19.43
Lakeland-Winter Haven, FL	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$48.73

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Lakeland-Winter Haven, FL	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$35.51
Lakeland-Winter Haven, FL	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$50.17
Lakeland-Winter Haven, FL	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$42.37
Lakeland-Winter Haven, FL	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$62.65
Lakeland-Winter Haven, FL	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$59.25
Lakeland-Winter Haven, 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			\$142.27
Lakeland-Winter Haven, FL	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$452.55
Lakeland-Winter Haven, 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			\$169.03
Lakeland-Winter Haven, FL	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$458.99
Lakeland-Winter Haven, FL	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$8.39
Lakeland-Winter Haven, FL	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$98.54
Lakeland-Winter Haven, FL	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$9.85

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Lakeland-Winter Haven, FL	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$73.91
Lakeland-Winter Haven, FL	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$147.90
Lakeland-Winter Haven, FL	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.09
Lakeland-Winter Haven, FL	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$34.90
Lakeland-Winter Haven, FL	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$74.81
Lakeland-Winter Haven, FL	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$16.61
Las Vegas-Paradise, NV	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$63.30
Las Vegas-Paradise, NV	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$51.44
Las Vegas-Paradise, NV	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$72.69
Las Vegas-Paradise, NV	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$55.56
Las Vegas-Paradise, NV	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$72.50
Las Vegas-Paradise, NV	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$70.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Las Vegas-Paradise, NV	E0271	MATTRESS, INNERSPRING	NU			\$125.00
Las Vegas-Paradise, NV	E0271	MATTRESS, INNERSPRING	RR			\$12.50
Las Vegas-Paradise, NV	E0271	MATTRESS, INNERSPRING	UE			\$93.75
Las Vegas-Paradise, NV	E0272	MATTRESS, FOAM RUBBER	NU			\$134.79
Las Vegas-Paradise, NV	E0272	MATTRESS, FOAM RUBBER	RR			\$13.48
Las Vegas-Paradise, NV	E0272	MATTRESS, FOAM RUBBER	UE			\$101.09
Las Vegas-Paradise, NV	E0280	BED CRADLE, ANY TYPE	NU			\$24.66
Las Vegas-Paradise, NV	E0280	BED CRADLE, ANY TYPE	RR			\$2.47
Las Vegas-Paradise, NV	E0280	BED CRADLE, ANY TYPE	UE			\$18.50
Las Vegas-Paradise, NV	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$49.00
Las Vegas-Paradise, NV	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$36.19
Las Vegas-Paradise, NV	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$56.02

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Las Vegas-Paradise, NV	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$53.32
Las Vegas-Paradise, NV	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$78.62
Las Vegas-Paradise, NV	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$77.00
Las Vegas-Paradise, NV	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			\$158.59
Las Vegas-Paradise, NV	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$476.89
Las Vegas-Paradise, NV	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			\$170.20
Las Vegas-Paradise, NV	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$476.87
Las Vegas-Paradise, NV	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$11.50
Las Vegas-Paradise, NV	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$125.00
Las Vegas-Paradise, NV	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$12.50
Las Vegas-Paradise, NV	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$93.75
Las Vegas-Paradise, NV	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$148.30

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Las Vegas-Paradise, NV	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.59
Las Vegas-Paradise, NV	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$36.60
Las Vegas-Paradise, NV	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$76.31
Las Vegas-Paradise, NV	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$22.35
Little Rock-North Little Rock-Conway, AR	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$72.40
Little Rock-North Little Rock-Conway, AR	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$53.22
Little Rock-North Little Rock-Conway, AR	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$79.86
Little Rock-North Little Rock-Conway, AR	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$55.00
Little Rock-North Little Rock-Conway, AR	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$65.00
Little Rock-North Little Rock-Conway, AR	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$61.60
Little Rock-North Little Rock-Conway, AR	E0271	MATTRESS, INNERSPRING	NU			\$123.14
Little Rock-North Little Rock-Conway, AR	E0271	MATTRESS, INNERSPRING	RR			\$12.31

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Little Rock-North Little Rock-Conway, AR	E0271	MATTRESS, INNERSPRING	UE			\$92.36
Little Rock-North Little Rock-Conway, AR	E0272	MATTRESS, FOAM RUBBER	NU			\$134.79
Little Rock-North Little Rock-Conway, AR	E0272	MATTRESS, FOAM RUBBER	RR			\$13.48
Little Rock-North Little Rock-Conway, AR	E0272	MATTRESS, FOAM RUBBER	UE			\$101.09
Little Rock-North Little Rock-Conway, AR	E0280	BED CRADLE, ANY TYPE	NU			\$24.66
Little Rock-North Little Rock-Conway, AR	E0280	BED CRADLE, ANY TYPE	RR			\$2.47
Little Rock-North Little Rock-Conway, AR	E0280	BED CRADLE, ANY TYPE	UE			\$18.50
Little Rock-North Little Rock-Conway, AR	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$48.50
Little Rock-North Little Rock-Conway, AR	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$38.50
Little Rock-North Little Rock-Conway, AR	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$57.50
Little Rock-North Little Rock-Conway, AR	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$53.30
Little Rock-North Little Rock-Conway, AR	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$78.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Little Rock-North Little Rock-Conway, AR	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$77.00
Little Rock-North Little Rock-Conway, AR	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			\$171.00
Little Rock-North Little Rock-Conway, AR	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$496.76
Little Rock-North Little Rock-Conway, AR	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			\$163.05
Little Rock-North Little Rock-Conway, AR	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$498.60
Little Rock-North Little Rock-Conway, AR	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$12.00
Little Rock-North Little Rock-Conway, AR	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$132.24
Little Rock-North Little Rock-Conway, AR	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$13.22
Little Rock-North Little Rock-Conway, AR	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$99.18
Little Rock-North Little Rock-Conway, AR	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$171.04
Little Rock-North Little Rock-Conway, AR	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.30
Little Rock-North Little Rock-Conway, AR	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$43.83

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Little Rock-North Little Rock-Conway, AR	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$90.00
Little Rock-North Little Rock-Conway, AR	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$22.40
Los Angeles County CBA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$61.06
Los Angeles County CBA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$51.44
Los Angeles County CBA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$64.80
Los Angeles County CBA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$49.62
Los Angeles County CBA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.89
Los Angeles County CBA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$65.00
Los Angeles County CBA	E0271	MATTRESS, INNERSPRING	NU			\$114.92
Los Angeles County CBA	E0271	MATTRESS, INNERSPRING	RR			\$11.49
Los Angeles County CBA	E0271	MATTRESS, INNERSPRING	UE			\$86.19
Los Angeles County CBA	E0272	MATTRESS, FOAM RUBBER	NU			\$121.70

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Los Angeles County CBA	E0272	MATTRESS, FOAM RUBBER	RR			\$12.17
Los Angeles County CBA	E0272	MATTRESS, FOAM RUBBER	UE			\$91.28
Los Angeles County CBA	E0280	BED CRADLE, ANY TYPE	NU			\$26.53
Los Angeles County CBA	E0280	BED CRADLE, ANY TYPE	RR			\$2.65
Los Angeles County CBA	E0280	BED CRADLE, ANY TYPE	UE			\$19.90
Los Angeles County CBA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$44.92
Los Angeles County CBA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$34.10
Los Angeles County CBA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$52.90
Los Angeles County CBA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$44.88
Los Angeles County CBA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$72.50
Los Angeles County CBA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$73.50
Los Angeles County CBA	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			\$154.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Los Angeles County CBA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$489.60
Los Angeles County CBA	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			\$158.10
Los Angeles County CBA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$490.00
Los Angeles County CBA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$10.44
Los Angeles County CBA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$105.60
Los Angeles County CBA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$10.56
Los Angeles County CBA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$79.20
Los Angeles County CBA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$159.89
Los Angeles County CBA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.20
Los Angeles County CBA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$36.00
Los Angeles County CBA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$79.00
Los Angeles County CBA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$19.50

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Louisville/Jefferson County, KY-IN	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$65.20
Louisville/Jefferson County, KY-IN	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$49.00
Louisville/Jefferson County, KY-IN	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$79.80
Louisville/Jefferson County, KY-IN	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$61.90
Louisville/Jefferson County, KY-IN	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$67.50
Louisville/Jefferson County, KY-IN	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$65.00
Louisville/Jefferson County, KY-IN	E0271	MATTRESS, INNERSPRING	NU			\$124.00
Louisville/Jefferson County, KY-IN	E0271	MATTRESS, INNERSPRING	RR			\$12.40
Louisville/Jefferson County, KY-IN	E0271	MATTRESS, INNERSPRING	UE			\$93.00
Louisville/Jefferson County, KY-IN	E0272	MATTRESS, FOAM RUBBER	NU			\$149.00
Louisville/Jefferson County, KY-IN	E0272	MATTRESS, FOAM RUBBER	RR			\$14.90
Louisville/Jefferson County, KY-IN	E0272	MATTRESS, FOAM RUBBER	UE			\$111.75

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Louisville/Jefferson County, KY-IN	E0280	BED CRADLE, ANY TYPE	NU			\$29.00
Louisville/Jefferson County, KY-IN	E0280	BED CRADLE, ANY TYPE	RR			\$2.90
Louisville/Jefferson County, KY-IN	E0280	BED CRADLE, ANY TYPE	UE			\$21.75
Louisville/Jefferson County, KY-IN	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$52.50
Louisville/Jefferson County, KY-IN	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$39.90
Louisville/Jefferson County, KY-IN	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$59.10
Louisville/Jefferson County, KY-IN	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$53.30
Louisville/Jefferson County, KY-IN	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$76.00
Louisville/Jefferson County, KY-IN	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$74.91
Louisville/Jefferson County, 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			\$171.00
Louisville/Jefferson County, 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			\$480.00
Louisville/Jefferson County, 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			\$181.57

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Louisville/Jefferson County, 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			\$563.59
Louisville/Jefferson County, KY-IN	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$9.94
Louisville/Jefferson County, KY-IN	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$98.35
Louisville/Jefferson County, KY-IN	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$9.84
Louisville/Jefferson County, KY-IN	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$73.76
Louisville/Jefferson County, KY-IN	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$180.00
Louisville/Jefferson County, KY-IN	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.00
Louisville/Jefferson County, KY-IN	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$44.50
Louisville/Jefferson County, KY-IN	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$92.50
Louisville/Jefferson County, KY-IN	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$22.40
McAllen-Edinburg-Mission, TX	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$62.82
McAllen-Edinburg-Mission, TX	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$51.44

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
McAllen-Edinburg-Mission, TX	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.93
McAllen-Edinburg-Mission, TX	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$56.33
McAllen-Edinburg-Mission, TX	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.00
McAllen-Edinburg-Mission, TX	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$66.44
McAllen-Edinburg-Mission, TX	E0271	MATTRESS, INNERSPRING	NU			\$127.60
McAllen-Edinburg-Mission, TX	E0271	MATTRESS, INNERSPRING	RR			\$12.76
McAllen-Edinburg-Mission, TX	E0271	MATTRESS, INNERSPRING	UE			\$95.70
McAllen-Edinburg-Mission, TX	E0272	MATTRESS, FOAM RUBBER	NU			\$131.00
McAllen-Edinburg-Mission, TX	E0272	MATTRESS, FOAM RUBBER	RR			\$13.10
McAllen-Edinburg-Mission, TX	E0272	MATTRESS, FOAM RUBBER	UE			\$98.25
McAllen-Edinburg-Mission, TX	E0280	BED CRADLE, ANY TYPE	NU			\$26.44
McAllen-Edinburg-Mission, TX	E0280	BED CRADLE, ANY TYPE	RR			\$2.64

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
McAllen-Edinburg-Mission, TX	E0280	BED CRADLE, ANY TYPE	UE			\$19.83
McAllen-Edinburg-Mission, TX	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$52.50
McAllen-Edinburg-Mission, TX	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$39.00
McAllen-Edinburg-Mission, TX	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$58.50
McAllen-Edinburg-Mission, TX	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$55.50
McAllen-Edinburg-Mission, TX	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$80.00
McAllen-Edinburg-Mission, TX	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$77.00
McAllen-Edinburg-Mission, 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			\$175.44
McAllen-Edinburg-Mission, TX	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$496.76
McAllen-Edinburg-Mission, 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			\$195.00
McAllen-Edinburg-Mission, TX	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$523.10
McAllen-Edinburg-Mission, TX	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$11.53

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
McAllen-Edinburg-Mission, TX	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$118.22
McAllen-Edinburg-Mission, TX	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$11.82
McAllen-Edinburg-Mission, TX	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$88.67
McAllen-Edinburg-Mission, TX	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$162.95
McAllen-Edinburg-Mission, TX	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.00
McAllen-Edinburg-Mission, TX	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$39.88
McAllen-Edinburg-Mission, TX	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$85.00
McAllen-Edinburg-Mission, TX	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$20.92
Memphis, TN-MS-AR	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$73.90
Memphis, TN-MS-AR	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$56.65
Memphis, TN-MS-AR	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$79.56
Memphis, TN-MS-AR	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$62.66

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Memphis, TN-MS-AR	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$76.40
Memphis, TN-MS-AR	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$75.43
Memphis, TN-MS-AR	E0271	MATTRESS, INNERSPRING	NU			\$165.50
Memphis, TN-MS-AR	E0271	MATTRESS, INNERSPRING	RR			\$16.55
Memphis, TN-MS-AR	E0271	MATTRESS, INNERSPRING	UE			\$124.13
Memphis, TN-MS-AR	E0272	MATTRESS, FOAM RUBBER	NU			\$153.83
Memphis, TN-MS-AR	E0272	MATTRESS, FOAM RUBBER	RR			\$15.38
Memphis, TN-MS-AR	E0272	MATTRESS, FOAM RUBBER	UE			\$115.37
Memphis, TN-MS-AR	E0280	BED CRADLE, ANY TYPE	NU			\$30.92
Memphis, TN-MS-AR	E0280	BED CRADLE, ANY TYPE	RR			\$3.09
Memphis, TN-MS-AR	E0280	BED CRADLE, ANY TYPE	UE			\$23.19
Memphis, TN-MS-AR	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$57.81

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Memphis, TN-MS-AR	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$40.77
Memphis, TN-MS-AR	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$64.21
Memphis, TN-MS-AR	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$55.18
Memphis, TN-MS-AR	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$81.44
Memphis, TN-MS-AR	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$88.22
Memphis, TN-MS-AR	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			\$200.12
Memphis, TN-MS-AR	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$573.02
Memphis, TN-MS-AR	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			\$183.78
Memphis, TN-MS-AR	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$623.57
Memphis, TN-MS-AR	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$12.80
Memphis, TN-MS-AR	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$152.00
Memphis, TN-MS-AR	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$15.20

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Memphis, TN-MS-AR	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$114.00
Memphis, TN-MS-AR	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$175.19
Memphis, TN-MS-AR	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.93
Memphis, TN-MS-AR	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$43.83
Memphis, TN-MS-AR	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$95.38
Memphis, TN-MS-AR	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$24.90
Milwaukee-Waukesha-West Allis, WI	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$74.00
Milwaukee-Waukesha-West Allis, WI	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$58.09
Milwaukee-Waukesha-West Allis, WI	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$83.45
Milwaukee-Waukesha-West Allis, WI	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$65.00
Milwaukee-Waukesha-West Allis, WI	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.88
Milwaukee-Waukesha-West Allis, WI	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$69.95

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Milwaukee-Waukesha-West Allis, WI	E0271	MATTRESS, INNERSPRING	NU			\$157.44
Milwaukee-Waukesha-West Allis, WI	E0271	MATTRESS, INNERSPRING	RR			\$15.74
Milwaukee-Waukesha-West Allis, WI	E0271	MATTRESS, INNERSPRING	UE			\$118.08
Milwaukee-Waukesha-West Allis, WI	E0272	MATTRESS, FOAM RUBBER	NU			\$150.00
Milwaukee-Waukesha-West Allis, WI	E0272	MATTRESS, FOAM RUBBER	RR			\$15.00
Milwaukee-Waukesha-West Allis, WI	E0272	MATTRESS, FOAM RUBBER	UE			\$112.50
Milwaukee-Waukesha-West Allis, WI	E0280	BED CRADLE, ANY TYPE	NU			\$30.92
Milwaukee-Waukesha-West Allis, WI	E0280	BED CRADLE, ANY TYPE	RR			\$3.09
Milwaukee-Waukesha-West Allis, WI	E0280	BED CRADLE, ANY TYPE	UE			\$23.19
Milwaukee-Waukesha-West Allis, WI	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$53.41
Milwaukee-Waukesha-West Allis, WI	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$39.39
Milwaukee-Waukesha-West Allis, WI	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$65.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Milwaukee-Waukesha-West Allis, WI	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$54.99
Milwaukee-Waukesha-West Allis, WI	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$85.00
Milwaukee-Waukesha-West Allis, WI	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$78.50
Milwaukee-Waukesha-West Allis, WI	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			\$199.74
Milwaukee-Waukesha-West Allis, WI	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$565.00
Milwaukee-Waukesha-West Allis, WI	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			\$196.00
Milwaukee-Waukesha-West Allis, WI	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$594.42
Milwaukee-Waukesha-West Allis, WI	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$13.30
Milwaukee-Waukesha-West Allis, WI	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$150.00
Milwaukee-Waukesha-West Allis, WI	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$15.00
Milwaukee-Waukesha-West Allis, WI	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$112.50
Milwaukee-Waukesha-West Allis, WI	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$172.39

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Milwaukee-Waukesha-West Allis, WI	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.60
Milwaukee-Waukesha-West Allis, WI	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$44.32
Milwaukee-Waukesha-West Allis, WI	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$95.91
Milwaukee-Waukesha-West Allis, WI	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$26.15
Minneapolis-St. Paul-Bloomington, MN-WI	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$75.50
Minneapolis-St. Paul-Bloomington, MN-WI	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$58.00
Minneapolis-St. Paul-Bloomington, MN-WI	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$87.01
Minneapolis-St. Paul-Bloomington, MN-WI	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$65.00
Minneapolis-St. Paul-Bloomington, MN-WI	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$75.29
Minneapolis-St. Paul-Bloomington, MN-WI	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$72.80
Minneapolis-St. Paul-Bloomington, MN-WI	E0271	MATTRESS, INNERSPRING	NU			\$174.73
Minneapolis-St. Paul-Bloomington, MN-WI	E0271	MATTRESS, INNERSPRING	RR			\$17.47

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Minneapolis-St. Paul-Bloomington, MN-WI	E0271	MATTRESS, INNERSPRING	UE			\$131.05
Minneapolis-St. Paul-Bloomington, MN-WI	E0272	MATTRESS, FOAM RUBBER	NU			\$159.25
Minneapolis-St. Paul-Bloomington, MN-WI	E0272	MATTRESS, FOAM RUBBER	RR			\$15.93
Minneapolis-St. Paul-Bloomington, MN-WI	E0272	MATTRESS, FOAM RUBBER	UE			\$119.44
Minneapolis-St. Paul-Bloomington, MN-WI	E0280	BED CRADLE, ANY TYPE	NU			\$30.06
Minneapolis-St. Paul-Bloomington, MN-WI	E0280	BED CRADLE, ANY TYPE	RR			\$3.01
Minneapolis-St. Paul-Bloomington, MN-WI	E0280	BED CRADLE, ANY TYPE	UE			\$22.55
Minneapolis-St. Paul-Bloomington, MN-WI	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$57.05
Minneapolis-St. Paul-Bloomington, MN-WI	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$41.45
Minneapolis-St. Paul-Bloomington, MN-WI	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$65.00
Minneapolis-St. Paul-Bloomington, MN-WI	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$55.00
Minneapolis-St. Paul-Bloomington, MN-WI	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$94.55

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Minneapolis-St. Paul-Bloomington, MN-WI	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$85.18
Minneapolis-St. Paul-Bloomington, MN-WI	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			\$213.04
Minneapolis-St. Paul-Bloomington, MN-WI	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$580.00
Minneapolis-St. Paul-Bloomington, MN-WI	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			\$210.00
Minneapolis-St. Paul-Bloomington, MN-WI	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$606.46
Minneapolis-St. Paul-Bloomington, MN-WI	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$14.00
Minneapolis-St. Paul-Bloomington, MN-WI	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$152.77
Minneapolis-St. Paul-Bloomington, MN-WI	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$15.28
Minneapolis-St. Paul-Bloomington, MN-WI	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$114.58
Minneapolis-St. Paul-Bloomington, MN-WI	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$172.19
Minneapolis-St. Paul-Bloomington, MN-WI	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$12.41
Minneapolis-St. Paul-Bloomington, MN-WI	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$43.83

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Minneapolis-St. Paul-Bloomington, MN-WI	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$101.10
Minneapolis-St. Paul-Bloomington, MN-WI	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$27.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$71.16
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$55.67
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$85.99
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$62.91
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$77.50
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$69.75
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0271	MATTRESS, INNERSPRING	NU			\$140.96
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0271	MATTRESS, INNERSPRING	RR			\$14.10
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0271	MATTRESS, INNERSPRING	UE			\$105.72
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0272	MATTRESS, FOAM RUBBER	NU			\$169.31

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0272	MATTRESS, FOAM RUBBER	RR			\$16.93
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0272	MATTRESS, FOAM RUBBER	UE			\$126.98
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0280	BED CRADLE, ANY TYPE	NU			\$33.05
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0280	BED CRADLE, ANY TYPE	RR			\$3.31
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0280	BED CRADLE, ANY TYPE	UE			\$24.79
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$54.93
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$40.30
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$62.66
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$54.23
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$81.95
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$79.50
Nashville-Davidson--Murfreeseboro--Franklin, TN	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			\$205.12

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$592.80
Nashville-Davidson--Murfreeseboro--Franklin, TN	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			\$194.82
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$645.70
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$12.67
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$152.50
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$15.25
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$114.38
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$182.50
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.34
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$43.83
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$95.38
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$20.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$58.50
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$43.50
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.95
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$54.50
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$67.99
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$69.73
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0271	MATTRESS, INNERSPRING	NU			\$115.32
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0271	MATTRESS, INNERSPRING	RR			\$11.53
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0271	MATTRESS, INNERSPRING	UE			\$86.49
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0272	MATTRESS, FOAM RUBBER	NU			\$117.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0272	MATTRESS, FOAM RUBBER	RR			\$11.70
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0272	MATTRESS, FOAM RUBBER	UE			\$87.75

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0280	BED CRADLE, ANY TYPE	NU			\$27.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0280	BED CRADLE, ANY TYPE	RR			\$2.70
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0280	BED CRADLE, ANY TYPE	UE			\$20.25
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$46.40
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$37.70
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$54.50
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$48.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$73.78
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$73.09
Nassau-Brooklyn-Queens-Richmond County Metro CBA	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			\$155.30
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$437.14
Nassau-Brooklyn-Queens-Richmond County Metro CBA	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			\$164.06

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$470.90
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$9.24
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$97.80
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$9.78
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$73.35
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$147.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.90
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$36.41
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$84.50
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$20.80
New Haven-Milford, CT	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$62.54
New Haven-Milford, CT	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$46.50

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Haven-Milford, CT	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.69
New Haven-Milford, CT	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$50.90
New Haven-Milford, CT	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$75.42
New Haven-Milford, CT	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$73.70
New Haven-Milford, CT	E0271	MATTRESS, INNERSPRING	NU			\$110.00
New Haven-Milford, CT	E0271	MATTRESS, INNERSPRING	RR			\$11.00
New Haven-Milford, CT	E0271	MATTRESS, INNERSPRING	UE			\$82.50
New Haven-Milford, CT	E0272	MATTRESS, FOAM RUBBER	NU			\$124.00
New Haven-Milford, CT	E0272	MATTRESS, FOAM RUBBER	RR			\$12.40
New Haven-Milford, CT	E0272	MATTRESS, FOAM RUBBER	UE			\$93.00
New Haven-Milford, CT	E0280	BED CRADLE, ANY TYPE	NU			\$24.95
New Haven-Milford, CT	E0280	BED CRADLE, ANY TYPE	RR			\$2.50

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Haven-Milford, CT	E0280	BED CRADLE, ANY TYPE	UE			\$18.71
New Haven-Milford, CT	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$46.70
New Haven-Milford, CT	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$34.30
New Haven-Milford, CT	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$51.60
New Haven-Milford, CT	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$43.70
New Haven-Milford, CT	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$75.10
New Haven-Milford, CT	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$70.77
New Haven-Milford, CT	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			\$165.00
New Haven-Milford, CT	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$461.00
New Haven-Milford, CT	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			\$188.10
New Haven-Milford, CT	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$499.44
New Haven-Milford, CT	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$10.38

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Haven-Milford, CT	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$109.64
New Haven-Milford, CT	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$10.96
New Haven-Milford, CT	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$82.23
New Haven-Milford, CT	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$154.00
New Haven-Milford, CT	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$12.00
New Haven-Milford, CT	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$36.60
New Haven-Milford, CT	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$75.25
New Haven-Milford, CT	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$19.50
New Orleans-Metairie-Kenner, LA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$62.50
New Orleans-Metairie-Kenner, LA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$55.00
New Orleans-Metairie-Kenner, LA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$77.31
New Orleans-Metairie-Kenner, LA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$58.64

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Orleans-Metairie-Kenner, LA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$72.50
New Orleans-Metairie-Kenner, LA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$75.43
New Orleans-Metairie-Kenner, LA	E0271	MATTRESS, INNERSPRING	NU			\$132.00
New Orleans-Metairie-Kenner, LA	E0271	MATTRESS, INNERSPRING	RR			\$13.20
New Orleans-Metairie-Kenner, LA	E0271	MATTRESS, INNERSPRING	UE			\$99.00
New Orleans-Metairie-Kenner, LA	E0272	MATTRESS, FOAM RUBBER	NU			\$134.00
New Orleans-Metairie-Kenner, LA	E0272	MATTRESS, FOAM RUBBER	RR			\$13.40
New Orleans-Metairie-Kenner, LA	E0272	MATTRESS, FOAM RUBBER	UE			\$100.50
New Orleans-Metairie-Kenner, LA	E0280	BED CRADLE, ANY TYPE	NU			\$28.45
New Orleans-Metairie-Kenner, LA	E0280	BED CRADLE, ANY TYPE	RR			\$2.85
New Orleans-Metairie-Kenner, LA	E0280	BED CRADLE, ANY TYPE	UE			\$21.34
New Orleans-Metairie-Kenner, LA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$56.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Orleans-Metairie-Kenner, LA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$42.50
New Orleans-Metairie-Kenner, LA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$59.13
New Orleans-Metairie-Kenner, LA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$55.50
New Orleans-Metairie-Kenner, LA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$83.16
New Orleans-Metairie-Kenner, LA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$77.90
New Orleans-Metairie-Kenner, LA	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			\$172.50
New Orleans-Metairie-Kenner, LA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$503.38
New Orleans-Metairie-Kenner, LA	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			\$189.00
New Orleans-Metairie-Kenner, LA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$511.00
New Orleans-Metairie-Kenner, LA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$10.90
New Orleans-Metairie-Kenner, LA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$125.00
New Orleans-Metairie-Kenner, LA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$12.50

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Orleans-Metairie-Kenner, LA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$93.75
New Orleans-Metairie-Kenner, LA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$165.00
New Orleans-Metairie-Kenner, LA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$12.10
New Orleans-Metairie-Kenner, LA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$37.89
New Orleans-Metairie-Kenner, LA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$84.50
New Orleans-Metairie-Kenner, LA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$20.80
North East NY CBA Metro	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$58.50
North East NY CBA Metro	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$43.50
North East NY CBA Metro	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$66.53
North East NY CBA Metro	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$54.50
North East NY CBA Metro	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$65.02
North East NY CBA Metro	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$64.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North East NY CBA Metro	E0271	MATTRESS, INNERSPRING	NU			\$111.03
North East NY CBA Metro	E0271	MATTRESS, INNERSPRING	RR			\$11.10
North East NY CBA Metro	E0271	MATTRESS, INNERSPRING	UE			\$83.27
North East NY CBA Metro	E0272	MATTRESS, FOAM RUBBER	NU			\$112.00
North East NY CBA Metro	E0272	MATTRESS, FOAM RUBBER	RR			\$11.20
North East NY CBA Metro	E0272	MATTRESS, FOAM RUBBER	UE			\$84.00
North East NY CBA Metro	E0280	BED CRADLE, ANY TYPE	NU			\$27.00
North East NY CBA Metro	E0280	BED CRADLE, ANY TYPE	RR			\$2.70
North East NY CBA Metro	E0280	BED CRADLE, ANY TYPE	UE			\$20.25
North East NY CBA Metro	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$49.00
North East NY CBA Metro	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$37.70
North East NY CBA Metro	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$58.35

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North East NY CBA Metro	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$48.00
North East NY CBA Metro	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$72.07
North East NY CBA Metro	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$70.73
North East NY CBA Metro	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			\$145.59
North East NY CBA Metro	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$420.80
North East NY CBA Metro	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			\$163.99
North East NY CBA Metro	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$452.50
North East NY CBA Metro	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$9.20
North East NY CBA Metro	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$91.66
North East NY CBA Metro	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$9.17
North East NY CBA Metro	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$68.75
North East NY CBA Metro	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$148.30

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North East NY CBA Metro	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.90
North East NY CBA Metro	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$36.91
North East NY CBA Metro	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$84.50
North East NY CBA Metro	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$19.31
North Port-Bradenton-Sarasota, FL	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$68.43
North Port-Bradenton-Sarasota, FL	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$51.86
North Port-Bradenton-Sarasota, FL	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$65.46
North Port-Bradenton-Sarasota, FL	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$55.22
North Port-Bradenton-Sarasota, FL	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$65.10
North Port-Bradenton-Sarasota, FL	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$58.67
North Port-Bradenton-Sarasota, FL	E0271	MATTRESS, INNERSPRING	NU			\$132.11
North Port-Bradenton-Sarasota, FL	E0271	MATTRESS, INNERSPRING	RR			\$13.21

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North Port-Bradenton-Sarasota, FL	E0271	MATTRESS, INNERSPRING	UE			\$99.08
North Port-Bradenton-Sarasota, FL	E0272	MATTRESS, FOAM RUBBER	NU			\$133.68
North Port-Bradenton-Sarasota, FL	E0272	MATTRESS, FOAM RUBBER	RR			\$13.37
North Port-Bradenton-Sarasota, FL	E0272	MATTRESS, FOAM RUBBER	UE			\$100.26
North Port-Bradenton-Sarasota, FL	E0280	BED CRADLE, ANY TYPE	NU			\$25.90
North Port-Bradenton-Sarasota, FL	E0280	BED CRADLE, ANY TYPE	RR			\$2.59
North Port-Bradenton-Sarasota, FL	E0280	BED CRADLE, ANY TYPE	UE			\$19.43
North Port-Bradenton-Sarasota, FL	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$52.32
North Port-Bradenton-Sarasota, FL	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$38.01
North Port-Bradenton-Sarasota, FL	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$55.34
North Port-Bradenton-Sarasota, FL	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$47.12
North Port-Bradenton-Sarasota, FL	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$77.74

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North Port-Bradenton-Sarasota, FL	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$73.59
North Port-Bradenton-Sarasota, 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			\$172.76
North Port-Bradenton-Sarasota, FL	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$500.81
North Port-Bradenton-Sarasota, 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			\$150.49
North Port-Bradenton-Sarasota, FL	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$468.74
North Port-Bradenton-Sarasota, FL	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$10.58
North Port-Bradenton-Sarasota, FL	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$99.85
North Port-Bradenton-Sarasota, FL	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$9.99
North Port-Bradenton-Sarasota, FL	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$74.89
North Port-Bradenton-Sarasota, FL	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$147.90
North Port-Bradenton-Sarasota, FL	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.10
North Port-Bradenton-Sarasota, FL	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$34.90

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North Port-Bradenton-Sarasota, FL	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$80.13
North Port-Bradenton-Sarasota, FL	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$21.52
Northern NJ Metro CBA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$58.50
Northern NJ Metro CBA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$46.99
Northern NJ Metro CBA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$68.58
Northern NJ Metro CBA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$54.01
Northern NJ Metro CBA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.81
Northern NJ Metro CBA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$64.00
Northern NJ Metro CBA	E0271	MATTRESS, INNERSPRING	NU			\$122.31
Northern NJ Metro CBA	E0271	MATTRESS, INNERSPRING	RR			\$12.23
Northern NJ Metro CBA	E0271	MATTRESS, INNERSPRING	UE			\$91.73
Northern NJ Metro CBA	E0272	MATTRESS, FOAM RUBBER	NU			\$130.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern NJ Metro CBA	E0272	MATTRESS, FOAM RUBBER	RR			\$13.00
Northern NJ Metro CBA	E0272	MATTRESS, FOAM RUBBER	UE			\$97.50
Northern NJ Metro CBA	E0280	BED CRADLE, ANY TYPE	NU			\$25.70
Northern NJ Metro CBA	E0280	BED CRADLE, ANY TYPE	RR			\$2.57
Northern NJ Metro CBA	E0280	BED CRADLE, ANY TYPE	UE			\$19.28
Northern NJ Metro CBA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$45.30
Northern NJ Metro CBA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$34.18
Northern NJ Metro CBA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$52.90
Northern NJ Metro CBA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$47.69
Northern NJ Metro CBA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$70.10
Northern NJ Metro CBA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$68.10
Northern NJ Metro CBA	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			\$165.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern NJ Metro CBA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$447.50
Northern NJ Metro CBA	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			\$164.09
Northern NJ Metro CBA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$463.76
Northern NJ Metro CBA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$9.98
Northern NJ Metro CBA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$104.24
Northern NJ Metro CBA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$10.42
Northern NJ Metro CBA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$78.18
Northern NJ Metro CBA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$148.30
Northern NJ Metro CBA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.90
Northern NJ Metro CBA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$36.91
Northern NJ Metro CBA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$84.50
Northern NJ Metro CBA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$19.23

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern-Chicago Metro CBA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$72.40
Northern-Chicago Metro CBA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$53.20
Northern-Chicago Metro CBA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$79.80
Northern-Chicago Metro CBA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$66.08
Northern-Chicago Metro CBA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.00
Northern-Chicago Metro CBA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$70.00
Northern-Chicago Metro CBA	E0271	MATTRESS, INNERSPRING	NU			\$131.56
Northern-Chicago Metro CBA	E0271	MATTRESS, INNERSPRING	RR			\$13.16
Northern-Chicago Metro CBA	E0271	MATTRESS, INNERSPRING	UE			\$98.67
Northern-Chicago Metro CBA	E0272	MATTRESS, FOAM RUBBER	NU			\$130.00
Northern-Chicago Metro CBA	E0272	MATTRESS, FOAM RUBBER	RR			\$13.00
Northern-Chicago Metro CBA	E0272	MATTRESS, FOAM RUBBER	UE			\$97.50

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern-Chicago Metro CBA	E0280	BED CRADLE, ANY TYPE	NU			\$30.00
Northern-Chicago Metro CBA	E0280	BED CRADLE, ANY TYPE	RR			\$3.00
Northern-Chicago Metro CBA	E0280	BED CRADLE, ANY TYPE	UE			\$22.50
Northern-Chicago Metro CBA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$54.11
Northern-Chicago Metro CBA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$39.00
Northern-Chicago Metro CBA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$65.00
Northern-Chicago Metro CBA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$55.59
Northern-Chicago Metro CBA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$76.79
Northern-Chicago Metro CBA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$74.80
Northern-Chicago Metro CBA	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			\$172.50
Northern-Chicago Metro CBA	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
Northern-Chicago Metro CBA	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			\$178.40

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern-Chicago Metro CBA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$570.78
Northern-Chicago Metro CBA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$10.90
Northern-Chicago Metro CBA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$107.00
Northern-Chicago Metro CBA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$10.70
Northern-Chicago Metro CBA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$80.25
Northern-Chicago Metro CBA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$161.91
Northern-Chicago Metro CBA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.50
Northern-Chicago Metro CBA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$41.99
Northern-Chicago Metro CBA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$95.38
Northern-Chicago Metro CBA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$21.81
Ocala, FL	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$68.43
Ocala, FL	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$51.86

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Ocala, FL	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$78.60
Ocala, FL	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$55.22
Ocala, FL	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$68.63
Ocala, FL	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$60.00
Ocala, FL	E0271	MATTRESS, INNERSPRING	NU			\$132.11
Ocala, FL	E0271	MATTRESS, INNERSPRING	RR			\$13.21
Ocala, FL	E0271	MATTRESS, INNERSPRING	UE			\$99.08
Ocala, FL	E0272	MATTRESS, FOAM RUBBER	NU			\$133.68
Ocala, FL	E0272	MATTRESS, FOAM RUBBER	RR			\$13.37
Ocala, FL	E0272	MATTRESS, FOAM RUBBER	UE			\$100.26
Ocala, FL	E0280	BED CRADLE, ANY TYPE	NU			\$25.90
Ocala, FL	E0280	BED CRADLE, ANY TYPE	RR			\$2.59

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Ocala, FL	E0280	BED CRADLE, ANY TYPE	UE			\$19.43
Ocala, FL	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$52.32
Ocala, FL	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$38.01
Ocala, FL	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$55.34
Ocala, FL	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$47.12
Ocala, FL	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$77.74
Ocala, FL	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$75.78
Ocala, 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			\$183.59
Ocala, FL	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$500.81
Ocala, 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			\$206.89
Ocala, FL	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$539.47
Ocala, FL	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$10.58

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Ocala, FL	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$128.73
Ocala, FL	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$12.87
Ocala, FL	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$96.55
Ocala, FL	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$147.90
Ocala, FL	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.18
Ocala, FL	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$34.90
Ocala, FL	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$80.13
Ocala, FL	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$21.57
Oklahoma City, OK	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$72.40
Oklahoma City, OK	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$52.50
Oklahoma City, OK	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$75.60
Oklahoma City, OK	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$57.50

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oklahoma City, OK	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$72.90
Oklahoma City, OK	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$70.00
Oklahoma City, OK	E0271	MATTRESS, INNERSPRING	NU			\$127.37
Oklahoma City, OK	E0271	MATTRESS, INNERSPRING	RR			\$12.74
Oklahoma City, OK	E0271	MATTRESS, INNERSPRING	UE			\$95.53
Oklahoma City, OK	E0272	MATTRESS, FOAM RUBBER	NU			\$133.94
Oklahoma City, OK	E0272	MATTRESS, FOAM RUBBER	RR			\$13.39
Oklahoma City, OK	E0272	MATTRESS, FOAM RUBBER	UE			\$100.46
Oklahoma City, OK	E0280	BED CRADLE, ANY TYPE	NU			\$25.11
Oklahoma City, OK	E0280	BED CRADLE, ANY TYPE	RR			\$2.51
Oklahoma City, OK	E0280	BED CRADLE, ANY TYPE	UE			\$18.83
Oklahoma City, OK	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$49.82

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oklahoma City, OK	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$38.00
Oklahoma City, OK	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$56.02
Oklahoma City, OK	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$52.50
Oklahoma City, OK	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$79.13
Oklahoma City, OK	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$77.50
Oklahoma City, OK	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			\$172.32
Oklahoma City, OK	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$491.40
Oklahoma City, OK	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			\$198.00
Oklahoma City, OK	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$513.71
Oklahoma City, OK	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$11.13
Oklahoma City, OK	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$116.52
Oklahoma City, OK	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$11.65

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oklahoma City, OK	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$87.39
Oklahoma City, OK	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$170.00
Oklahoma City, OK	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.00
Oklahoma City, OK	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$39.64
Oklahoma City, OK	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$89.50
Oklahoma City, OK	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$22.40
Omaha-Council Bluffs, NE-IA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$72.40
Omaha-Council Bluffs, NE-IA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$53.20
Omaha-Council Bluffs, NE-IA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$78.50
Omaha-Council Bluffs, NE-IA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$61.90
Omaha-Council Bluffs, NE-IA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$68.90
Omaha-Council Bluffs, NE-IA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$65.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Omaha-Council Bluffs, NE-IA	E0271	MATTRESS, INNERSPRING	NU			\$130.00
Omaha-Council Bluffs, NE-IA	E0271	MATTRESS, INNERSPRING	RR			\$13.00
Omaha-Council Bluffs, NE-IA	E0271	MATTRESS, INNERSPRING	UE			\$97.50
Omaha-Council Bluffs, NE-IA	E0272	MATTRESS, FOAM RUBBER	NU			\$140.51
Omaha-Council Bluffs, NE-IA	E0272	MATTRESS, FOAM RUBBER	RR			\$14.05
Omaha-Council Bluffs, NE-IA	E0272	MATTRESS, FOAM RUBBER	UE			\$105.38
Omaha-Council Bluffs, NE-IA	E0280	BED CRADLE, ANY TYPE	NU			\$26.53
Omaha-Council Bluffs, NE-IA	E0280	BED CRADLE, ANY TYPE	RR			\$2.65
Omaha-Council Bluffs, NE-IA	E0280	BED CRADLE, ANY TYPE	UE			\$19.90
Omaha-Council Bluffs, NE-IA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$49.82
Omaha-Council Bluffs, NE-IA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$39.50
Omaha-Council Bluffs, NE-IA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$62.50

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Omaha-Council Bluffs, NE-IA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$55.00
Omaha-Council Bluffs, NE-IA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$78.00
Omaha-Council Bluffs, NE-IA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$80.00
Omaha-Council Bluffs, NE-IA	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			\$172.50
Omaha-Council Bluffs, NE-IA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$496.76
Omaha-Council Bluffs, NE-IA	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
Omaha-Council Bluffs, NE-IA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$520.00
Omaha-Council Bluffs, NE-IA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$12.35
Omaha-Council Bluffs, NE-IA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$132.24
Omaha-Council Bluffs, NE-IA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$13.22
Omaha-Council Bluffs, NE-IA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$99.18
Omaha-Council Bluffs, NE-IA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$165.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Omaha-Council Bluffs, NE-IA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.30
Omaha-Council Bluffs, NE-IA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$45.00
Omaha-Council Bluffs, NE-IA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$90.00
Omaha-Council Bluffs, NE-IA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$21.37
Orange County CBA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$62.91
Orange County CBA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$53.69
Orange County CBA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$73.75
Orange County CBA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$51.16
Orange County CBA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$67.40
Orange County CBA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$61.86
Orange County CBA	E0271	MATTRESS, INNERSPRING	NU			\$106.63
Orange County CBA	E0271	MATTRESS, INNERSPRING	RR			\$10.66

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orange County CBA	E0271	MATTRESS, INNERSPRING	UE			\$79.97
Orange County CBA	E0272	MATTRESS, FOAM RUBBER	NU			\$123.00
Orange County CBA	E0272	MATTRESS, FOAM RUBBER	RR			\$12.30
Orange County CBA	E0272	MATTRESS, FOAM RUBBER	UE			\$92.25
Orange County CBA	E0280	BED CRADLE, ANY TYPE	NU			\$27.48
Orange County CBA	E0280	BED CRADLE, ANY TYPE	RR			\$2.75
Orange County CBA	E0280	BED CRADLE, ANY TYPE	UE			\$20.61
Orange County CBA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$45.46
Orange County CBA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$34.21
Orange County CBA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$53.01
Orange County CBA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$45.05
Orange County CBA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$79.25

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orange County CBA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$71.20
Orange County CBA	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			\$161.59
Orange County CBA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$492.19
Orange County CBA	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			\$148.95
Orange County CBA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$492.35
Orange County CBA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$10.50
Orange County CBA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$105.30
Orange County CBA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$10.53
Orange County CBA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$78.98
Orange County CBA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$159.85
Orange County CBA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$9.90
Orange County CBA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$35.95

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orange County CBA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$82.31
Orange County CBA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$19.75
Oxnard-Thousand Oaks-Ventura, CA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$62.91
Oxnard-Thousand Oaks-Ventura, CA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$52.78
Oxnard-Thousand Oaks-Ventura, CA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$63.55
Oxnard-Thousand Oaks-Ventura, CA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$55.39
Oxnard-Thousand Oaks-Ventura, CA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.46
Oxnard-Thousand Oaks-Ventura, CA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$65.45
Oxnard-Thousand Oaks-Ventura, CA	E0271	MATTRESS, INNERSPRING	NU			\$106.63
Oxnard-Thousand Oaks-Ventura, CA	E0271	MATTRESS, INNERSPRING	RR			\$10.66
Oxnard-Thousand Oaks-Ventura, CA	E0271	MATTRESS, INNERSPRING	UE			\$79.97
Oxnard-Thousand Oaks-Ventura, CA	E0272	MATTRESS, FOAM RUBBER	NU			\$127.85

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oxnard-Thousand Oaks-Ventura, CA	E0272	MATTRESS, FOAM RUBBER	RR			\$12.79
Oxnard-Thousand Oaks-Ventura, CA	E0272	MATTRESS, FOAM RUBBER	UE			\$95.89
Oxnard-Thousand Oaks-Ventura, CA	E0280	BED CRADLE, ANY TYPE	NU			\$29.35
Oxnard-Thousand Oaks-Ventura, CA	E0280	BED CRADLE, ANY TYPE	RR			\$2.94
Oxnard-Thousand Oaks-Ventura, CA	E0280	BED CRADLE, ANY TYPE	UE			\$22.01
Oxnard-Thousand Oaks-Ventura, CA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$47.50
Oxnard-Thousand Oaks-Ventura, CA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$37.58
Oxnard-Thousand Oaks-Ventura, CA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$55.31
Oxnard-Thousand Oaks-Ventura, CA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$49.35
Oxnard-Thousand Oaks-Ventura, CA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$72.78
Oxnard-Thousand Oaks-Ventura, CA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$72.37
Oxnard-Thousand Oaks-Ventura, 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			\$161.59

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oxnard-Thousand Oaks-Ventura, CA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$468.75
Oxnard-Thousand Oaks-Ventura, 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			\$158.55
Oxnard-Thousand Oaks-Ventura, CA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$492.35
Oxnard-Thousand Oaks-Ventura, CA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$10.47
Oxnard-Thousand Oaks-Ventura, CA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$105.30
Oxnard-Thousand Oaks-Ventura, CA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$10.53
Oxnard-Thousand Oaks-Ventura, CA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$78.98
Oxnard-Thousand Oaks-Ventura, CA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$164.65
Oxnard-Thousand Oaks-Ventura, CA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.05
Oxnard-Thousand Oaks-Ventura, CA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$38.63
Oxnard-Thousand Oaks-Ventura, CA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$85.82
Oxnard-Thousand Oaks-Ventura, CA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$20.62

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Palm Bay-Melbourne-Titusville, FL	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$55.53
Palm Bay-Melbourne-Titusville, FL	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$40.22
Palm Bay-Melbourne-Titusville, FL	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$60.97
Palm Bay-Melbourne-Titusville, FL	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$42.83
Palm Bay-Melbourne-Titusville, FL	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$68.65
Palm Bay-Melbourne-Titusville, FL	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$59.27
Palm Bay-Melbourne-Titusville, FL	E0271	MATTRESS, INNERSPRING	NU			\$130.00
Palm Bay-Melbourne-Titusville, FL	E0271	MATTRESS, INNERSPRING	RR			\$13.00
Palm Bay-Melbourne-Titusville, FL	E0271	MATTRESS, INNERSPRING	UE			\$97.50
Palm Bay-Melbourne-Titusville, FL	E0272	MATTRESS, FOAM RUBBER	NU			\$111.38
Palm Bay-Melbourne-Titusville, FL	E0272	MATTRESS, FOAM RUBBER	RR			\$11.14
Palm Bay-Melbourne-Titusville, FL	E0272	MATTRESS, FOAM RUBBER	UE			\$83.54

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Palm Bay-Melbourne-Titusville, FL	E0280	BED CRADLE, ANY TYPE	NU			\$25.90
Palm Bay-Melbourne-Titusville, FL	E0280	BED CRADLE, ANY TYPE	RR			\$2.59
Palm Bay-Melbourne-Titusville, FL	E0280	BED CRADLE, ANY TYPE	UE			\$19.43
Palm Bay-Melbourne-Titusville, FL	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$47.50
Palm Bay-Melbourne-Titusville, FL	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$33.00
Palm Bay-Melbourne-Titusville, FL	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$45.00
Palm Bay-Melbourne-Titusville, FL	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$37.62
Palm Bay-Melbourne-Titusville, FL	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$60.30
Palm Bay-Melbourne-Titusville, FL	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$59.72
Palm Bay-Melbourne-Titusville, 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			\$142.41
Palm Bay-Melbourne-Titusville, FL	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$415.10
Palm Bay-Melbourne-Titusville, 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			\$163.05

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Palm Bay-Melbourne-Titusville, FL	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$418.48
Palm Bay-Melbourne-Titusville, FL	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$8.57
Palm Bay-Melbourne-Titusville, FL	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$99.85
Palm Bay-Melbourne-Titusville, FL	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$9.99
Palm Bay-Melbourne-Titusville, FL	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$74.89
Palm Bay-Melbourne-Titusville, FL	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$147.90
Palm Bay-Melbourne-Titusville, FL	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.10
Palm Bay-Melbourne-Titusville, FL	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$34.90
Palm Bay-Melbourne-Titusville, FL	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$80.13
Palm Bay-Melbourne-Titusville, FL	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$16.73
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$60.68
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$48.32

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$68.29
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$54.75
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$74.31
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$69.94
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0271	MATTRESS, INNERSPRING	NU			\$131.48
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0271	MATTRESS, INNERSPRING	RR			\$13.15
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0271	MATTRESS, INNERSPRING	UE			\$98.61
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0272	MATTRESS, FOAM RUBBER	NU			\$134.50
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0272	MATTRESS, FOAM RUBBER	RR			\$13.45
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0272	MATTRESS, FOAM RUBBER	UE			\$100.88
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0280	BED CRADLE, ANY TYPE	NU			\$23.99
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0280	BED CRADLE, ANY TYPE	RR			\$2.40

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0280	BED CRADLE, ANY TYPE	UE			\$17.99
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$48.72
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$36.85
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$53.47
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$47.01
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$73.50
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$71.90
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	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			\$163.81
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$430.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	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			\$175.16
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$463.73
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$10.05

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$104.12
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$10.41
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$78.09
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$148.50
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.82
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$33.61
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$79.45
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$19.28
Phoenix-Mesa-Glendale, AZ	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$65.16
Phoenix-Mesa-Glendale, AZ	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$51.44
Phoenix-Mesa-Glendale, AZ	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$78.31
Phoenix-Mesa-Glendale, AZ	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$55.31

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Phoenix-Mesa-Glendale, AZ	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$71.14
Phoenix-Mesa-Glendale, AZ	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$68.40
Phoenix-Mesa-Glendale, AZ	E0271	MATTRESS, INNERSPRING	NU			\$124.00
Phoenix-Mesa-Glendale, AZ	E0271	MATTRESS, INNERSPRING	RR			\$12.40
Phoenix-Mesa-Glendale, AZ	E0271	MATTRESS, INNERSPRING	UE			\$93.00
Phoenix-Mesa-Glendale, AZ	E0272	MATTRESS, FOAM RUBBER	NU			\$134.00
Phoenix-Mesa-Glendale, AZ	E0272	MATTRESS, FOAM RUBBER	RR			\$13.40
Phoenix-Mesa-Glendale, AZ	E0272	MATTRESS, FOAM RUBBER	UE			\$100.50
Phoenix-Mesa-Glendale, AZ	E0280	BED CRADLE, ANY TYPE	NU			\$24.66
Phoenix-Mesa-Glendale, AZ	E0280	BED CRADLE, ANY TYPE	RR			\$2.47
Phoenix-Mesa-Glendale, AZ	E0280	BED CRADLE, ANY TYPE	UE			\$18.50
Phoenix-Mesa-Glendale, AZ	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$49.82

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Phoenix-Mesa-Glendale, AZ	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$39.00
Phoenix-Mesa-Glendale, AZ	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$55.40
Phoenix-Mesa-Glendale, AZ	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$53.30
Phoenix-Mesa-Glendale, AZ	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$84.60
Phoenix-Mesa-Glendale, AZ	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$77.00
Phoenix-Mesa-Glendale, AZ	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			\$170.00
Phoenix-Mesa-Glendale, AZ	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$476.89
Phoenix-Mesa-Glendale, AZ	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			\$180.00
Phoenix-Mesa-Glendale, AZ	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$498.60
Phoenix-Mesa-Glendale, AZ	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$11.40
Phoenix-Mesa-Glendale, AZ	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$125.00
Phoenix-Mesa-Glendale, AZ	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$12.50

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Phoenix-Mesa-Glendale, AZ	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$93.75
Phoenix-Mesa-Glendale, AZ	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$150.00
Phoenix-Mesa-Glendale, AZ	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.00
Phoenix-Mesa-Glendale, AZ	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$37.50
Phoenix-Mesa-Glendale, AZ	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$79.49
Phoenix-Mesa-Glendale, AZ	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$22.40
Portland-Vancouver-Hillsboro, OR-WA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$73.95
Portland-Vancouver-Hillsboro, OR-WA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$62.16
Portland-Vancouver-Hillsboro, OR-WA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$80.14
Portland-Vancouver-Hillsboro, OR-WA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$70.69
Portland-Vancouver-Hillsboro, OR-WA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$71.45
Portland-Vancouver-Hillsboro, OR-WA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$62.88

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Portland-Vancouver-Hillsboro, OR-WA	E0271	MATTRESS, INNERSPRING	NU			\$153.15
Portland-Vancouver-Hillsboro, OR-WA	E0271	MATTRESS, INNERSPRING	RR			\$15.32
Portland-Vancouver-Hillsboro, OR-WA	E0271	MATTRESS, INNERSPRING	UE			\$114.86
Portland-Vancouver-Hillsboro, OR-WA	E0272	MATTRESS, FOAM RUBBER	NU			\$154.62
Portland-Vancouver-Hillsboro, OR-WA	E0272	MATTRESS, FOAM RUBBER	RR			\$15.46
Portland-Vancouver-Hillsboro, OR-WA	E0272	MATTRESS, FOAM RUBBER	UE			\$115.97
Portland-Vancouver-Hillsboro, OR-WA	E0280	BED CRADLE, ANY TYPE	NU			\$35.18
Portland-Vancouver-Hillsboro, OR-WA	E0280	BED CRADLE, ANY TYPE	RR			\$3.52
Portland-Vancouver-Hillsboro, OR-WA	E0280	BED CRADLE, ANY TYPE	UE			\$26.39
Portland-Vancouver-Hillsboro, OR-WA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$63.65
Portland-Vancouver-Hillsboro, OR-WA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$49.99
Portland-Vancouver-Hillsboro, OR-WA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$77.37

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Portland-Vancouver-Hillsboro, OR-WA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$64.88
Portland-Vancouver-Hillsboro, OR-WA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$87.90
Portland-Vancouver-Hillsboro, OR-WA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$89.23
Portland-Vancouver-Hillsboro, OR-WA	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			\$178.23
Portland-Vancouver-Hillsboro, OR-WA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$544.94
Portland-Vancouver-Hillsboro, OR-WA	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			\$198.17
Portland-Vancouver-Hillsboro, OR-WA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$513.29
Portland-Vancouver-Hillsboro, OR-WA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$13.59
Portland-Vancouver-Hillsboro, OR-WA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$163.96
Portland-Vancouver-Hillsboro, OR-WA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$16.40
Portland-Vancouver-Hillsboro, OR-WA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$122.97
Portland-Vancouver-Hillsboro, OR-WA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$175.91

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Portland-Vancouver-Hillsboro, OR-WA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$12.18
Portland-Vancouver-Hillsboro, OR-WA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$45.34
Portland-Vancouver-Hillsboro, OR-WA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$92.94
Portland-Vancouver-Hillsboro, OR-WA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$23.18
Poughkeepsie-Newburgh-Middletown, NY	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$66.53
Poughkeepsie-Newburgh-Middletown, NY	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$53.20
Poughkeepsie-Newburgh-Middletown, NY	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.95
Poughkeepsie-Newburgh-Middletown, NY	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$58.83
Poughkeepsie-Newburgh-Middletown, NY	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$65.00
Poughkeepsie-Newburgh-Middletown, NY	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$64.32
Poughkeepsie-Newburgh-Middletown, NY	E0271	MATTRESS, INNERSPRING	NU			\$111.03
Poughkeepsie-Newburgh-Middletown, NY	E0271	MATTRESS, INNERSPRING	RR			\$11.10

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Poughkeepsie-Newburgh-Middletown, NY	E0271	MATTRESS, INNERSPRING	UE			\$83.27
Poughkeepsie-Newburgh-Middletown, NY	E0272	MATTRESS, FOAM RUBBER	NU			\$130.00
Poughkeepsie-Newburgh-Middletown, NY	E0272	MATTRESS, FOAM RUBBER	RR			\$13.00
Poughkeepsie-Newburgh-Middletown, NY	E0272	MATTRESS, FOAM RUBBER	UE			\$97.50
Poughkeepsie-Newburgh-Middletown, NY	E0280	BED CRADLE, ANY TYPE	NU			\$30.00
Poughkeepsie-Newburgh-Middletown, NY	E0280	BED CRADLE, ANY TYPE	RR			\$3.00
Poughkeepsie-Newburgh-Middletown, NY	E0280	BED CRADLE, ANY TYPE	UE			\$22.50
Poughkeepsie-Newburgh-Middletown, NY	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$57.50
Poughkeepsie-Newburgh-Middletown, NY	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$40.00
Poughkeepsie-Newburgh-Middletown, NY	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$59.00
Poughkeepsie-Newburgh-Middletown, NY	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$53.30
Poughkeepsie-Newburgh-Middletown, NY	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$66.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Poughkeepsie-Newburgh-Middletown, NY	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$66.30
Poughkeepsie-Newburgh-Middletown, NY	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			\$149.50
Poughkeepsie-Newburgh-Middletown, NY	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$420.80
Poughkeepsie-Newburgh-Middletown, NY	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			\$164.20
Poughkeepsie-Newburgh-Middletown, NY	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$452.50
Poughkeepsie-Newburgh-Middletown, NY	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$10.01
Poughkeepsie-Newburgh-Middletown, NY	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$93.50
Poughkeepsie-Newburgh-Middletown, NY	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$9.35
Poughkeepsie-Newburgh-Middletown, NY	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$70.13
Poughkeepsie-Newburgh-Middletown, NY	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$180.00
Poughkeepsie-Newburgh-Middletown, NY	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.50
Poughkeepsie-Newburgh-Middletown, NY	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$43.83

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Poughkeepsie-Newburgh-Middletown, NY	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$97.50
Poughkeepsie-Newburgh-Middletown, NY	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$20.80
Providence-New Bedford-Fall River, RI-MA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$72.50
Providence-New Bedford-Fall River, RI-MA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$58.74
Providence-New Bedford-Fall River, RI-MA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$80.95
Providence-New Bedford-Fall River, RI-MA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$63.50
Providence-New Bedford-Fall River, RI-MA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$78.50
Providence-New Bedford-Fall River, RI-MA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$80.00
Providence-New Bedford-Fall River, RI-MA	E0271	MATTRESS, INNERSPRING	NU			\$131.81
Providence-New Bedford-Fall River, RI-MA	E0271	MATTRESS, INNERSPRING	RR			\$13.18
Providence-New Bedford-Fall River, RI-MA	E0271	MATTRESS, INNERSPRING	UE			\$98.86
Providence-New Bedford-Fall River, RI-MA	E0272	MATTRESS, FOAM RUBBER	NU			\$146.20

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Providence-New Bedford-Fall River, RI-MA	E0272	MATTRESS, FOAM RUBBER	RR			\$14.62
Providence-New Bedford-Fall River, RI-MA	E0272	MATTRESS, FOAM RUBBER	UE			\$109.65
Providence-New Bedford-Fall River, RI-MA	E0280	BED CRADLE, ANY TYPE	NU			\$29.88
Providence-New Bedford-Fall River, RI-MA	E0280	BED CRADLE, ANY TYPE	RR			\$2.99
Providence-New Bedford-Fall River, RI-MA	E0280	BED CRADLE, ANY TYPE	UE			\$22.41
Providence-New Bedford-Fall River, RI-MA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$60.10
Providence-New Bedford-Fall River, RI-MA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$43.85
Providence-New Bedford-Fall River, RI-MA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$67.50
Providence-New Bedford-Fall River, RI-MA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$57.75
Providence-New Bedford-Fall River, RI-MA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$88.67
Providence-New Bedford-Fall River, RI-MA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$87.61
Providence-New Bedford-Fall River, RI-MA	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			\$190.24

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Providence-New Bedford-Fall River, RI-MA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$557.11
Providence-New Bedford-Fall River, RI-MA	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			\$210.00
Providence-New Bedford-Fall River, RI-MA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$561.86
Providence-New Bedford-Fall River, RI-MA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$13.50
Providence-New Bedford-Fall River, RI-MA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$142.94
Providence-New Bedford-Fall River, RI-MA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$14.29
Providence-New Bedford-Fall River, RI-MA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$107.21
Providence-New Bedford-Fall River, RI-MA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$179.84
Providence-New Bedford-Fall River, RI-MA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$12.98
Providence-New Bedford-Fall River, RI-MA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$44.13
Providence-New Bedford-Fall River, RI-MA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$91.93
Providence-New Bedford-Fall River, RI-MA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$24.28

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Raleigh-Cary, NC	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$71.20
Raleigh-Cary, NC	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$58.53
Raleigh-Cary, NC	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.25
Raleigh-Cary, NC	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$60.45
Raleigh-Cary, NC	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$73.21
Raleigh-Cary, NC	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$69.61
Raleigh-Cary, NC	E0271	MATTRESS, INNERSPRING	NU			\$140.51
Raleigh-Cary, NC	E0271	MATTRESS, INNERSPRING	RR			\$14.05
Raleigh-Cary, NC	E0271	MATTRESS, INNERSPRING	UE			\$105.38
Raleigh-Cary, NC	E0272	MATTRESS, FOAM RUBBER	NU			\$139.32
Raleigh-Cary, NC	E0272	MATTRESS, FOAM RUBBER	RR			\$13.93
Raleigh-Cary, NC	E0272	MATTRESS, FOAM RUBBER	UE			\$104.49

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Raleigh-Cary, NC	E0280	BED CRADLE, ANY TYPE	NU			\$29.76
Raleigh-Cary, NC	E0280	BED CRADLE, ANY TYPE	RR			\$2.98
Raleigh-Cary, NC	E0280	BED CRADLE, ANY TYPE	UE			\$22.32
Raleigh-Cary, NC	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$58.40
Raleigh-Cary, NC	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$42.36
Raleigh-Cary, NC	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$65.23
Raleigh-Cary, NC	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$54.23
Raleigh-Cary, NC	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$75.00
Raleigh-Cary, NC	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$70.57
Raleigh-Cary, NC	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			\$175.22
Raleigh-Cary, NC	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$490.07
Raleigh-Cary, NC	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			\$187.85

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Raleigh-Cary, NC	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$521.49
Raleigh-Cary, NC	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$10.43
Raleigh-Cary, NC	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$118.00
Raleigh-Cary, NC	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$11.80
Raleigh-Cary, NC	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$88.50
Raleigh-Cary, NC	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$189.73
Raleigh-Cary, NC	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.55
Raleigh-Cary, NC	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$44.42
Raleigh-Cary, NC	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$89.00
Raleigh-Cary, NC	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$19.75
Richmond, VA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$72.50
Richmond, VA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$53.20

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Richmond, VA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$80.00
Richmond, VA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$64.93
Richmond, VA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$71.14
Richmond, VA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$69.50
Richmond, VA	E0271	MATTRESS, INNERSPRING	NU			\$130.00
Richmond, VA	E0271	MATTRESS, INNERSPRING	RR			\$13.00
Richmond, VA	E0271	MATTRESS, INNERSPRING	UE			\$97.50
Richmond, VA	E0272	MATTRESS, FOAM RUBBER	NU			\$150.00
Richmond, VA	E0272	MATTRESS, FOAM RUBBER	RR			\$15.00
Richmond, VA	E0272	MATTRESS, FOAM RUBBER	UE			\$112.50
Richmond, VA	E0280	BED CRADLE, ANY TYPE	NU			\$29.76
Richmond, VA	E0280	BED CRADLE, ANY TYPE	RR			\$2.98

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Richmond, VA	E0280	BED CRADLE, ANY TYPE	UE			\$22.32
Richmond, VA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$58.00
Richmond, VA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$42.00
Richmond, VA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$65.00
Richmond, VA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$55.50
Richmond, VA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$75.25
Richmond, VA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$80.00
Richmond, VA	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			\$190.00
Richmond, VA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$500.00
Richmond, VA	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			\$178.37
Richmond, VA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$520.00
Richmond, VA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$13.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Richmond, VA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$150.00
Richmond, VA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$15.00
Richmond, VA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$112.50
Richmond, VA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$174.93
Richmond, VA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.99
Richmond, VA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$45.00
Richmond, VA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$95.38
Richmond, VA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$23.00
Richmond, VA						
Rochester, NY	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$68.70
Rochester, NY	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$50.08
Rochester, NY	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$80.69
Rochester, NY	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$63.45

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Rochester, NY	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.45
Rochester, NY	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$66.25
Rochester, NY	E0271	MATTRESS, INNERSPRING	NU			\$129.22
Rochester, NY	E0271	MATTRESS, INNERSPRING	RR			\$12.92
Rochester, NY	E0271	MATTRESS, INNERSPRING	UE			\$96.92
Rochester, NY	E0272	MATTRESS, FOAM RUBBER	NU			\$129.48
Rochester, NY	E0272	MATTRESS, FOAM RUBBER	RR			\$12.95
Rochester, NY	E0272	MATTRESS, FOAM RUBBER	UE			\$97.11
Rochester, NY	E0280	BED CRADLE, ANY TYPE	NU			\$27.76
Rochester, NY	E0280	BED CRADLE, ANY TYPE	RR			\$2.78
Rochester, NY	E0280	BED CRADLE, ANY TYPE	UE			\$20.82
Rochester, NY	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$54.56

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Rochester, NY	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$41.00
Rochester, NY	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$65.00
Rochester, NY	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$55.75
Rochester, NY	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$79.00
Rochester, NY	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$78.50
Rochester, NY	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			\$177.24
Rochester, NY	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$495.99
Rochester, NY	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			\$170.97
Rochester, NY	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$564.25
Rochester, NY	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$10.70
Rochester, NY	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$107.29
Rochester, NY	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$10.73

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Rochester, NY	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$80.47
Rochester, NY	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$172.20
Rochester, NY	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.40
Rochester, NY	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$44.32
Rochester, NY	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$96.80
Rochester, NY	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$25.32
Sacramento--Arden-Arcade--Roseville, CA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$68.90
Sacramento--Arden-Arcade--Roseville, CA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$52.36
Sacramento--Arden-Arcade--Roseville, CA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$68.78
Sacramento--Arden-Arcade--Roseville, CA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$59.03
Sacramento--Arden-Arcade--Roseville, CA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$71.41
Sacramento--Arden-Arcade--Roseville, CA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$70.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Sacramento--Arden-Arcade--Roseville, CA	E0271	MATTRESS, INNERSPRING	NU			\$124.00
Sacramento--Arden-Arcade--Roseville, CA	E0271	MATTRESS, INNERSPRING	RR			\$12.40
Sacramento--Arden-Arcade--Roseville, CA	E0271	MATTRESS, INNERSPRING	UE			\$93.00
Sacramento--Arden-Arcade--Roseville, CA	E0272	MATTRESS, FOAM RUBBER	NU			\$140.51
Sacramento--Arden-Arcade--Roseville, CA	E0272	MATTRESS, FOAM RUBBER	RR			\$14.05
Sacramento--Arden-Arcade--Roseville, CA	E0272	MATTRESS, FOAM RUBBER	UE			\$105.38
Sacramento--Arden-Arcade--Roseville, CA	E0280	BED CRADLE, ANY TYPE	NU			\$29.00
Sacramento--Arden-Arcade--Roseville, CA	E0280	BED CRADLE, ANY TYPE	RR			\$2.90
Sacramento--Arden-Arcade--Roseville, CA	E0280	BED CRADLE, ANY TYPE	UE			\$21.75
Sacramento--Arden-Arcade--Roseville, CA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$52.36
Sacramento--Arden-Arcade--Roseville, CA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$38.46
Sacramento--Arden-Arcade--Roseville, CA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$56.57

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Sacramento--Arden-Arcade--Roseville, CA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$50.65
Sacramento--Arden-Arcade--Roseville, CA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$73.06
Sacramento--Arden-Arcade--Roseville, CA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$75.97
Sacramento--Arden-Arcade--Roseville, 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			\$171.00
Sacramento--Arden-Arcade--Roseville, CA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$476.89
Sacramento--Arden-Arcade--Roseville, 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			\$164.20
Sacramento--Arden-Arcade--Roseville, CA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$498.60
Sacramento--Arden-Arcade--Roseville, CA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$13.00
Sacramento--Arden-Arcade--Roseville, CA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$141.06
Sacramento--Arden-Arcade--Roseville, CA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$14.11
Sacramento--Arden-Arcade--Roseville, CA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$105.80
Sacramento--Arden-Arcade--Roseville, CA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$169.29

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Sacramento--Arden-Arcade--Roseville, CA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.50
Sacramento--Arden-Arcade--Roseville, CA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$43.83
Sacramento--Arden-Arcade--Roseville, CA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$92.50
Sacramento--Arden-Arcade--Roseville, CA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$22.40
Salt Lake City, UT	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$65.16
Salt Lake City, UT	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$53.20
Salt Lake City, UT	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$73.96
Salt Lake City, UT	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$61.90
Salt Lake City, UT	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.00
Salt Lake City, UT	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$62.50
Salt Lake City, UT	E0271	MATTRESS, INNERSPRING	NU			\$148.01
Salt Lake City, UT	E0271	MATTRESS, INNERSPRING	RR			\$14.80

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Salt Lake City, UT	E0271	MATTRESS, INNERSPRING	UE			\$111.01
Salt Lake City, UT	E0272	MATTRESS, FOAM RUBBER	NU			\$140.51
Salt Lake City, UT	E0272	MATTRESS, FOAM RUBBER	RR			\$14.05
Salt Lake City, UT	E0272	MATTRESS, FOAM RUBBER	UE			\$105.38
Salt Lake City, UT	E0280	BED CRADLE, ANY TYPE	NU			\$26.53
Salt Lake City, UT	E0280	BED CRADLE, ANY TYPE	RR			\$2.65
Salt Lake City, UT	E0280	BED CRADLE, ANY TYPE	UE			\$19.90
Salt Lake City, UT	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$49.82
Salt Lake City, UT	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$40.00
Salt Lake City, UT	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$58.50
Salt Lake City, UT	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$55.50
Salt Lake City, UT	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$84.60

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Salt Lake City, UT	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$84.88
Salt Lake City, UT	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			\$172.50
Salt Lake City, UT	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$496.76
Salt Lake City, UT	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			\$182.92
Salt Lake City, UT	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$499.40
Salt Lake City, UT	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$12.35
Salt Lake City, UT	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$132.34
Salt Lake City, UT	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$13.23
Salt Lake City, UT	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$99.26
Salt Lake City, UT	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$148.30
Salt Lake City, UT	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.50
Salt Lake City, UT	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$43.83

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Salt Lake City, UT	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$84.78
Salt Lake City, UT	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$22.53
San Antonio-New Braunfels, TX	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$58.66
San Antonio-New Braunfels, TX	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$50.91
San Antonio-New Braunfels, TX	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.77
San Antonio-New Braunfels, TX	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$52.31
San Antonio-New Braunfels, TX	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$66.95
San Antonio-New Braunfels, TX	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$61.31
San Antonio-New Braunfels, TX	E0271	MATTRESS, INNERSPRING	NU			\$117.08
San Antonio-New Braunfels, TX	E0271	MATTRESS, INNERSPRING	RR			\$11.71
San Antonio-New Braunfels, TX	E0271	MATTRESS, INNERSPRING	UE			\$87.81
San Antonio-New Braunfels, TX	E0272	MATTRESS, FOAM RUBBER	NU			\$118.10

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Antonio-New Braunfels, TX	E0272	MATTRESS, FOAM RUBBER	RR			\$11.81
San Antonio-New Braunfels, TX	E0272	MATTRESS, FOAM RUBBER	UE			\$88.58
San Antonio-New Braunfels, TX	E0280	BED CRADLE, ANY TYPE	NU			\$26.76
San Antonio-New Braunfels, TX	E0280	BED CRADLE, ANY TYPE	RR			\$2.68
San Antonio-New Braunfels, TX	E0280	BED CRADLE, ANY TYPE	UE			\$20.07
San Antonio-New Braunfels, TX	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$48.47
San Antonio-New Braunfels, TX	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$36.84
San Antonio-New Braunfels, TX	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$58.00
San Antonio-New Braunfels, TX	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$48.72
San Antonio-New Braunfels, TX	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$70.20
San Antonio-New Braunfels, TX	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$69.56
San Antonio-New Braunfels, 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			\$162.10

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Antonio-New Braunfels, TX	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$490.20
San Antonio-New Braunfels, 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			\$171.11
San Antonio-New Braunfels, TX	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$499.02
San Antonio-New Braunfels, TX	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$11.21
San Antonio-New Braunfels, TX	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$118.61
San Antonio-New Braunfels, TX	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$11.86
San Antonio-New Braunfels, TX	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$88.96
San Antonio-New Braunfels, TX	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$148.90
San Antonio-New Braunfels, TX	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.70
San Antonio-New Braunfels, TX	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$36.30
San Antonio-New Braunfels, TX	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$81.99
San Antonio-New Braunfels, TX	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$19.28

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Diego-Carlsbad-San Marcos, CA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$63.26
San Diego-Carlsbad-San Marcos, CA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$52.78
San Diego-Carlsbad-San Marcos, CA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$72.25
San Diego-Carlsbad-San Marcos, CA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$55.39
San Diego-Carlsbad-San Marcos, CA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$71.70
San Diego-Carlsbad-San Marcos, CA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$67.95
San Diego-Carlsbad-San Marcos, CA	E0271	MATTRESS, INNERSPRING	NU			\$123.76
San Diego-Carlsbad-San Marcos, CA	E0271	MATTRESS, INNERSPRING	RR			\$12.38
San Diego-Carlsbad-San Marcos, CA	E0271	MATTRESS, INNERSPRING	UE			\$92.82
San Diego-Carlsbad-San Marcos, CA	E0272	MATTRESS, FOAM RUBBER	NU			\$132.58
San Diego-Carlsbad-San Marcos, CA	E0272	MATTRESS, FOAM RUBBER	RR			\$13.26
San Diego-Carlsbad-San Marcos, CA	E0272	MATTRESS, FOAM RUBBER	UE			\$99.44

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Diego-Carlsbad-San Marcos, CA	E0280	BED CRADLE, ANY TYPE	NU			\$29.35
San Diego-Carlsbad-San Marcos, CA	E0280	BED CRADLE, ANY TYPE	RR			\$2.94
San Diego-Carlsbad-San Marcos, CA	E0280	BED CRADLE, ANY TYPE	UE			\$22.01
San Diego-Carlsbad-San Marcos, CA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$47.50
San Diego-Carlsbad-San Marcos, CA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$37.58
San Diego-Carlsbad-San Marcos, CA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$55.31
San Diego-Carlsbad-San Marcos, CA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$49.35
San Diego-Carlsbad-San Marcos, CA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$74.03
San Diego-Carlsbad-San Marcos, CA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$73.10
San Diego-Carlsbad-San Marcos, 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			\$169.50
San Diego-Carlsbad-San Marcos, CA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$494.81
San Diego-Carlsbad-San Marcos, 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			\$161.15

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Diego-Carlsbad-San Marcos, CA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$495.16
San Diego-Carlsbad-San Marcos, CA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$11.50
San Diego-Carlsbad-San Marcos, CA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$111.44
San Diego-Carlsbad-San Marcos, CA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$11.14
San Diego-Carlsbad-San Marcos, CA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$83.58
San Diego-Carlsbad-San Marcos, CA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$163.20
San Diego-Carlsbad-San Marcos, CA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.24
San Diego-Carlsbad-San Marcos, CA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$39.38
San Diego-Carlsbad-San Marcos, CA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$85.82
San Diego-Carlsbad-San Marcos, CA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$20.63
San Francisco-Oakland-Fremont, CA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$65.15
San Francisco-Oakland-Fremont, CA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$51.47

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Francisco-Oakland-Fremont, CA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$71.30
San Francisco-Oakland-Fremont, CA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$54.04
San Francisco-Oakland-Fremont, CA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$74.98
San Francisco-Oakland-Fremont, CA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$70.66
San Francisco-Oakland-Fremont, CA	E0271	MATTRESS, INNERSPRING	NU			\$123.88
San Francisco-Oakland-Fremont, CA	E0271	MATTRESS, INNERSPRING	RR			\$12.39
San Francisco-Oakland-Fremont, CA	E0271	MATTRESS, INNERSPRING	UE			\$92.91
San Francisco-Oakland-Fremont, CA	E0272	MATTRESS, FOAM RUBBER	NU			\$141.70
San Francisco-Oakland-Fremont, CA	E0272	MATTRESS, FOAM RUBBER	RR			\$14.17
San Francisco-Oakland-Fremont, CA	E0272	MATTRESS, FOAM RUBBER	UE			\$106.28
San Francisco-Oakland-Fremont, CA	E0280	BED CRADLE, ANY TYPE	NU			\$26.70
San Francisco-Oakland-Fremont, CA	E0280	BED CRADLE, ANY TYPE	RR			\$2.67

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Francisco-Oakland-Fremont, CA	E0280	BED CRADLE, ANY TYPE	UE			\$20.03
San Francisco-Oakland-Fremont, CA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$47.00
San Francisco-Oakland-Fremont, CA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$38.67
San Francisco-Oakland-Fremont, CA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$54.20
San Francisco-Oakland-Fremont, CA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$47.40
San Francisco-Oakland-Fremont, CA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$74.90
San Francisco-Oakland-Fremont, CA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$75.48
San Francisco-Oakland-Fremont, 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			\$168.00
San Francisco-Oakland-Fremont, CA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$463.25
San Francisco-Oakland-Fremont, 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			\$180.00
San Francisco-Oakland-Fremont, CA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$481.75
San Francisco-Oakland-Fremont, CA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$12.38

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Francisco-Oakland-Fremont, CA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$130.62
San Francisco-Oakland-Fremont, CA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$13.06
San Francisco-Oakland-Fremont, CA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$97.97
San Francisco-Oakland-Fremont, CA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$163.95
San Francisco-Oakland-Fremont, CA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.00
San Francisco-Oakland-Fremont, CA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$41.76
San Francisco-Oakland-Fremont, CA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$93.94
San Francisco-Oakland-Fremont, CA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$20.91
San Jose-Sunnyvale-Santa Clara, CA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.65
San Jose-Sunnyvale-Santa Clara, CA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$55.60
San Jose-Sunnyvale-Santa Clara, CA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$74.62
San Jose-Sunnyvale-Santa Clara, CA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$60.90

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Jose-Sunnyvale-Santa Clara, CA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$71.70
San Jose-Sunnyvale-Santa Clara, CA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$67.95
San Jose-Sunnyvale-Santa Clara, CA	E0271	MATTRESS, INNERSPRING	NU			\$123.88
San Jose-Sunnyvale-Santa Clara, CA	E0271	MATTRESS, INNERSPRING	RR			\$12.39
San Jose-Sunnyvale-Santa Clara, CA	E0271	MATTRESS, INNERSPRING	UE			\$92.91
San Jose-Sunnyvale-Santa Clara, CA	E0272	MATTRESS, FOAM RUBBER	NU			\$148.50
San Jose-Sunnyvale-Santa Clara, CA	E0272	MATTRESS, FOAM RUBBER	RR			\$14.85
San Jose-Sunnyvale-Santa Clara, CA	E0272	MATTRESS, FOAM RUBBER	UE			\$111.38
San Jose-Sunnyvale-Santa Clara, CA	E0280	BED CRADLE, ANY TYPE	NU			\$30.00
San Jose-Sunnyvale-Santa Clara, CA	E0280	BED CRADLE, ANY TYPE	RR			\$3.00
San Jose-Sunnyvale-Santa Clara, CA	E0280	BED CRADLE, ANY TYPE	UE			\$22.50
San Jose-Sunnyvale-Santa Clara, CA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$53.12

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Jose-Sunnyvale-Santa Clara, CA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$40.89
San Jose-Sunnyvale-Santa Clara, CA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$59.74
San Jose-Sunnyvale-Santa Clara, CA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$52.84
San Jose-Sunnyvale-Santa Clara, CA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$74.50
San Jose-Sunnyvale-Santa Clara, CA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$76.89
San Jose-Sunnyvale-Santa Clara, 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			\$166.17
San Jose-Sunnyvale-Santa Clara, CA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$471.37
San Jose-Sunnyvale-Santa Clara, 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			\$170.75
San Jose-Sunnyvale-Santa Clara, CA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$484.75
San Jose-Sunnyvale-Santa Clara, CA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$13.09
San Jose-Sunnyvale-Santa Clara, CA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$141.06
San Jose-Sunnyvale-Santa Clara, CA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$14.11

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Jose-Sunnyvale-Santa Clara, CA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$105.80
San Jose-Sunnyvale-Santa Clara, CA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$170.43
San Jose-Sunnyvale-Santa Clara, CA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.40
San Jose-Sunnyvale-Santa Clara, CA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$44.90
San Jose-Sunnyvale-Santa Clara, CA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$98.24
San Jose-Sunnyvale-Santa Clara, CA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$21.83
Scranton--Wilkes-Barre, PA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$65.98
Scranton--Wilkes-Barre, PA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$51.11
Scranton--Wilkes-Barre, PA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.06
Scranton--Wilkes-Barre, PA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$61.90
Scranton--Wilkes-Barre, PA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.90
Scranton--Wilkes-Barre, PA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$69.08

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Scranton--Wilkes-Barre, PA	E0271	MATTRESS, INNERSPRING	NU			\$124.00
Scranton--Wilkes-Barre, PA	E0271	MATTRESS, INNERSPRING	RR			\$12.40
Scranton--Wilkes-Barre, PA	E0271	MATTRESS, INNERSPRING	UE			\$93.00
Scranton--Wilkes-Barre, PA	E0272	MATTRESS, FOAM RUBBER	NU			\$134.00
Scranton--Wilkes-Barre, PA	E0272	MATTRESS, FOAM RUBBER	RR			\$13.40
Scranton--Wilkes-Barre, PA	E0272	MATTRESS, FOAM RUBBER	UE			\$100.50
Scranton--Wilkes-Barre, PA	E0280	BED CRADLE, ANY TYPE	NU			\$24.66
Scranton--Wilkes-Barre, PA	E0280	BED CRADLE, ANY TYPE	RR			\$2.47
Scranton--Wilkes-Barre, PA	E0280	BED CRADLE, ANY TYPE	UE			\$18.50
Scranton--Wilkes-Barre, PA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$49.00
Scranton--Wilkes-Barre, PA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$38.50
Scranton--Wilkes-Barre, PA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$58.50

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Scranton--Wilkes-Barre, PA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$55.50
Scranton--Wilkes-Barre, PA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$73.29
Scranton--Wilkes-Barre, PA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$73.08
Scranton--Wilkes-Barre, 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			\$171.00
Scranton--Wilkes-Barre, PA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$447.50
Scranton--Wilkes-Barre, 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			\$164.20
Scranton--Wilkes-Barre, PA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$498.60
Scranton--Wilkes-Barre, PA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$9.39
Scranton--Wilkes-Barre, PA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$97.22
Scranton--Wilkes-Barre, PA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$9.72
Scranton--Wilkes-Barre, PA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$72.92
Scranton--Wilkes-Barre, PA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$166.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Scranton--Wilkes-Barre, PA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.74
Scranton--Wilkes-Barre, PA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$41.53
Scranton--Wilkes-Barre, PA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$92.50
Scranton--Wilkes-Barre, PA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$20.80
Seattle-Tacoma-Bellevue, WA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.65
Seattle-Tacoma-Bellevue, WA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$53.79
Seattle-Tacoma-Bellevue, WA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$79.05
Seattle-Tacoma-Bellevue, WA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$63.45
Seattle-Tacoma-Bellevue, WA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$74.10
Seattle-Tacoma-Bellevue, WA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$69.25
Seattle-Tacoma-Bellevue, WA	E0271	MATTRESS, INNERSPRING	NU			\$149.00
Seattle-Tacoma-Bellevue, WA	E0271	MATTRESS, INNERSPRING	RR			\$14.90

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Seattle-Tacoma-Bellevue, WA	E0271	MATTRESS, INNERSPRING	UE			\$111.75
Seattle-Tacoma-Bellevue, WA	E0272	MATTRESS, FOAM RUBBER	NU			\$142.04
Seattle-Tacoma-Bellevue, WA	E0272	MATTRESS, FOAM RUBBER	RR			\$14.20
Seattle-Tacoma-Bellevue, WA	E0272	MATTRESS, FOAM RUBBER	UE			\$106.53
Seattle-Tacoma-Bellevue, WA	E0280	BED CRADLE, ANY TYPE	NU			\$28.30
Seattle-Tacoma-Bellevue, WA	E0280	BED CRADLE, ANY TYPE	RR			\$2.83
Seattle-Tacoma-Bellevue, WA	E0280	BED CRADLE, ANY TYPE	UE			\$21.23
Seattle-Tacoma-Bellevue, WA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$55.44
Seattle-Tacoma-Bellevue, WA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$40.22
Seattle-Tacoma-Bellevue, WA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$62.24
Seattle-Tacoma-Bellevue, WA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$54.45
Seattle-Tacoma-Bellevue, WA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$83.57

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Seattle-Tacoma-Bellevue, WA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$84.73
Seattle-Tacoma-Bellevue, WA	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			\$171.75
Seattle-Tacoma-Bellevue, WA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$524.69
Seattle-Tacoma-Bellevue, WA	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			\$185.51
Seattle-Tacoma-Bellevue, WA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$506.15
Seattle-Tacoma-Bellevue, WA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$12.68
Seattle-Tacoma-Bellevue, WA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$143.78
Seattle-Tacoma-Bellevue, WA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$14.38
Seattle-Tacoma-Bellevue, WA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$107.84
Seattle-Tacoma-Bellevue, WA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$158.20
Seattle-Tacoma-Bellevue, WA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.28
Seattle-Tacoma-Bellevue, WA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$41.53

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Seattle-Tacoma-Bellevue, WA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$87.43
Seattle-Tacoma-Bellevue, WA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$22.86
South-West-Chicago-Metro CBA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$72.40
South-West-Chicago-Metro CBA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$56.24
South-West-Chicago-Metro CBA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$81.90
South-West-Chicago-Metro CBA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$65.00
South-West-Chicago-Metro CBA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.81
South-West-Chicago-Metro CBA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$70.00
South-West-Chicago-Metro CBA	E0271	MATTRESS, INNERSPRING	NU			\$164.46
South-West-Chicago-Metro CBA	E0271	MATTRESS, INNERSPRING	RR			\$16.45
South-West-Chicago-Metro CBA	E0271	MATTRESS, INNERSPRING	UE			\$123.35
South-West-Chicago-Metro CBA	E0272	MATTRESS, FOAM RUBBER	NU			\$134.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
South-West-Chicago-Metro CBA	E0272	MATTRESS, FOAM RUBBER	RR			\$13.40
South-West-Chicago-Metro CBA	E0272	MATTRESS, FOAM RUBBER	UE			\$100.50
South-West-Chicago-Metro CBA	E0280	BED CRADLE, ANY TYPE	NU			\$30.00
South-West-Chicago-Metro CBA	E0280	BED CRADLE, ANY TYPE	RR			\$3.00
South-West-Chicago-Metro CBA	E0280	BED CRADLE, ANY TYPE	UE			\$22.50
South-West-Chicago-Metro CBA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$56.74
South-West-Chicago-Metro CBA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$39.00
South-West-Chicago-Metro CBA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$65.00
South-West-Chicago-Metro CBA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$59.59
South-West-Chicago-Metro CBA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$78.00
South-West-Chicago-Metro CBA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$77.00
South-West-Chicago-Metro CBA	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			\$186.99

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
South-West-Chicago-Metro CBA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$519.50
South-West-Chicago-Metro CBA	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			\$175.00
South-West-Chicago-Metro CBA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$578.50
South-West-Chicago-Metro CBA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$13.00
South-West-Chicago-Metro CBA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$130.98
South-West-Chicago-Metro CBA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$13.10
South-West-Chicago-Metro CBA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$98.24
South-West-Chicago-Metro CBA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$161.91
South-West-Chicago-Metro CBA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.00
South-West-Chicago-Metro CBA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$44.04
South-West-Chicago-Metro CBA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$100.68
South-West-Chicago-Metro CBA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$22.40

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Southern NY Metro CBA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$62.86
Southern NY Metro CBA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$46.84
Southern NY Metro CBA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.26
Southern NY Metro CBA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$55.34
Southern NY Metro CBA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$68.45
Southern NY Metro CBA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$62.50
Southern NY Metro CBA	E0271	MATTRESS, INNERSPRING	NU			\$121.16
Southern NY Metro CBA	E0271	MATTRESS, INNERSPRING	RR			\$12.12
Southern NY Metro CBA	E0271	MATTRESS, INNERSPRING	UE			\$90.87
Southern NY Metro CBA	E0272	MATTRESS, FOAM RUBBER	NU			\$134.66
Southern NY Metro CBA	E0272	MATTRESS, FOAM RUBBER	RR			\$13.47
Southern NY Metro CBA	E0272	MATTRESS, FOAM RUBBER	UE			\$101.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Southern NY Metro CBA	E0280	BED CRADLE, ANY TYPE	NU			\$27.54
Southern NY Metro CBA	E0280	BED CRADLE, ANY TYPE	RR			\$2.75
Southern NY Metro CBA	E0280	BED CRADLE, ANY TYPE	UE			\$20.66
Southern NY Metro CBA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$48.02
Southern NY Metro CBA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$36.41
Southern NY Metro CBA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$57.54
Southern NY Metro CBA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$50.94
Southern NY Metro CBA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$66.54
Southern NY Metro CBA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$66.79
Southern NY Metro CBA	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			\$165.36
Southern NY Metro CBA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$455.57
Southern NY Metro CBA	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			\$164.14

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Southern NY Metro CBA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$464.67
Southern NY Metro CBA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$9.87
Southern NY Metro CBA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$109.65
Southern NY Metro CBA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$10.97
Southern NY Metro CBA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$82.24
Southern NY Metro CBA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$161.24
Southern NY Metro CBA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.95
Southern NY Metro CBA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$37.50
Southern NY Metro CBA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$86.79
Southern NY Metro CBA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$18.89
Springfield, MA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.46
Springfield, MA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$60.26

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Springfield, MA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$77.01
Springfield, MA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$63.45
Springfield, MA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$71.50
Springfield, MA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$71.85
Springfield, MA	E0271	MATTRESS, INNERSPRING	NU			\$130.00
Springfield, MA	E0271	MATTRESS, INNERSPRING	RR			\$13.00
Springfield, MA	E0271	MATTRESS, INNERSPRING	UE			\$97.50
Springfield, MA	E0272	MATTRESS, FOAM RUBBER	NU			\$153.06
Springfield, MA	E0272	MATTRESS, FOAM RUBBER	RR			\$15.31
Springfield, MA	E0272	MATTRESS, FOAM RUBBER	UE			\$114.80
Springfield, MA	E0280	BED CRADLE, ANY TYPE	NU			\$30.20
Springfield, MA	E0280	BED CRADLE, ANY TYPE	RR			\$3.02

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Springfield, MA	E0280	BED CRADLE, ANY TYPE	UE			\$22.65
Springfield, MA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$62.24
Springfield, MA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$45.22
Springfield, MA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$70.01
Springfield, MA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$59.54
Springfield, MA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$78.00
Springfield, MA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$76.52
Springfield, MA	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			\$182.32
Springfield, MA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$549.75
Springfield, MA	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			\$186.55
Springfield, MA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$610.30
Springfield, MA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$13.90

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Springfield, MA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$146.89
Springfield, MA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$14.69
Springfield, MA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$110.17
Springfield, MA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$180.91
Springfield, MA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$12.34
Springfield, MA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$43.83
Springfield, MA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$98.03
Springfield, MA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$24.08
St. Louis, MO-IL	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$68.78
St. Louis, MO-IL	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$55.60
St. Louis, MO-IL	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$78.40
St. Louis, MO-IL	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$58.73

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
St. Louis, MO-IL	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.90
St. Louis, MO-IL	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$69.90
St. Louis, MO-IL	E0271	MATTRESS, INNERSPRING	NU			\$136.50
St. Louis, MO-IL	E0271	MATTRESS, INNERSPRING	RR			\$13.65
St. Louis, MO-IL	E0271	MATTRESS, INNERSPRING	UE			\$102.38
St. Louis, MO-IL	E0272	MATTRESS, FOAM RUBBER	NU			\$137.26
St. Louis, MO-IL	E0272	MATTRESS, FOAM RUBBER	RR			\$13.73
St. Louis, MO-IL	E0272	MATTRESS, FOAM RUBBER	UE			\$102.95
St. Louis, MO-IL	E0280	BED CRADLE, ANY TYPE	NU			\$26.18
St. Louis, MO-IL	E0280	BED CRADLE, ANY TYPE	RR			\$2.62
St. Louis, MO-IL	E0280	BED CRADLE, ANY TYPE	UE			\$19.64
St. Louis, MO-IL	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$49.41

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
St. Louis, MO-IL	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$38.75
St. Louis, MO-IL	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$57.26
St. Louis, MO-IL	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$54.40
St. Louis, MO-IL	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$82.25
St. Louis, MO-IL	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$81.20
St. Louis, MO-IL	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			\$175.86
St. Louis, MO-IL	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$488.31
St. Louis, MO-IL	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			\$180.70
St. Louis, MO-IL	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$522.80
St. Louis, MO-IL	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$12.11
St. Louis, MO-IL	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$125.06
St. Louis, MO-IL	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$12.51

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
St. Louis, MO-IL	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$93.80
St. Louis, MO-IL	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$156.78
St. Louis, MO-IL	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.26
St. Louis, MO-IL	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$39.27
St. Louis, MO-IL	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$89.67
St. Louis, MO-IL	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$22.45
Stockton, CA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.65
Stockton, CA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$52.78
Stockton, CA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$74.40
Stockton, CA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$60.47
Stockton, CA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.46
Stockton, CA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$65.10

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Stockton, CA	E0271	MATTRESS, INNERSPRING	NU			\$120.34
Stockton, CA	E0271	MATTRESS, INNERSPRING	RR			\$12.03
Stockton, CA	E0271	MATTRESS, INNERSPRING	UE			\$90.26
Stockton, CA	E0272	MATTRESS, FOAM RUBBER	NU			\$143.76
Stockton, CA	E0272	MATTRESS, FOAM RUBBER	RR			\$14.38
Stockton, CA	E0272	MATTRESS, FOAM RUBBER	UE			\$107.82
Stockton, CA	E0280	BED CRADLE, ANY TYPE	NU			\$29.50
Stockton, CA	E0280	BED CRADLE, ANY TYPE	RR			\$2.95
Stockton, CA	E0280	BED CRADLE, ANY TYPE	UE			\$22.13
Stockton, CA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$52.64
Stockton, CA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$39.18
Stockton, CA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$58.07

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Stockton, CA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$51.98
Stockton, CA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$75.97
Stockton, CA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$77.90
Stockton, 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			\$168.00
Stockton, CA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$471.37
Stockton, 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			\$171.15
Stockton, CA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$484.75
Stockton, CA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$11.61
Stockton, CA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$124.30
Stockton, CA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$12.43
Stockton, CA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$93.23
Stockton, CA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$170.43

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Stockton, CA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.64
Stockton, CA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$43.83
Stockton, CA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$93.94
Stockton, CA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$21.83
Suffolk County CBA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$61.25
Suffolk County CBA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$45.15
Suffolk County CBA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$68.37
Suffolk County CBA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$55.00
Suffolk County CBA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$65.01
Suffolk County CBA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$63.70
Suffolk County CBA	E0271	MATTRESS, INNERSPRING	NU			\$114.76
Suffolk County CBA	E0271	MATTRESS, INNERSPRING	RR			\$11.48

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Suffolk County CBA	E0271	MATTRESS, INNERSPRING	UE			\$86.07
Suffolk County CBA	E0272	MATTRESS, FOAM RUBBER	NU			\$114.50
Suffolk County CBA	E0272	MATTRESS, FOAM RUBBER	RR			\$11.45
Suffolk County CBA	E0272	MATTRESS, FOAM RUBBER	UE			\$85.88
Suffolk County CBA	E0280	BED CRADLE, ANY TYPE	NU			\$31.50
Suffolk County CBA	E0280	BED CRADLE, ANY TYPE	RR			\$3.15
Suffolk County CBA	E0280	BED CRADLE, ANY TYPE	UE			\$23.63
Suffolk County CBA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$47.70
Suffolk County CBA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$38.70
Suffolk County CBA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$56.50
Suffolk County CBA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$48.90
Suffolk County CBA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$69.29

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Suffolk County CBA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$68.52
Suffolk County CBA	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			\$149.50
Suffolk County CBA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$409.70
Suffolk County CBA	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			\$164.14
Suffolk County CBA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$445.55
Suffolk County CBA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$9.30
Suffolk County CBA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$91.66
Suffolk County CBA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$9.17
Suffolk County CBA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$68.75
Suffolk County CBA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$147.65
Suffolk County CBA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.58
Suffolk County CBA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$34.50

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Suffolk County CBA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$90.75
Suffolk County CBA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$18.81
Syracuse, NY	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$73.95
Syracuse, NY	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$51.15
Syracuse, NY	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$75.37
Syracuse, NY	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$65.00
Syracuse, NY	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$67.50
Syracuse, NY	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$61.25
Syracuse, NY	E0271	MATTRESS, INNERSPRING	NU			\$129.22
Syracuse, NY	E0271	MATTRESS, INNERSPRING	RR			\$12.92
Syracuse, NY	E0271	MATTRESS, INNERSPRING	UE			\$96.92
Syracuse, NY	E0272	MATTRESS, FOAM RUBBER	NU			\$129.48

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Syracuse, NY	E0272	MATTRESS, FOAM RUBBER	RR			\$12.95
Syracuse, NY	E0272	MATTRESS, FOAM RUBBER	UE			\$97.11
Syracuse, NY	E0280	BED CRADLE, ANY TYPE	NU			\$32.50
Syracuse, NY	E0280	BED CRADLE, ANY TYPE	RR			\$3.25
Syracuse, NY	E0280	BED CRADLE, ANY TYPE	UE			\$24.38
Syracuse, NY	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$58.50
Syracuse, NY	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$41.00
Syracuse, NY	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$62.20
Syracuse, NY	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$54.40
Syracuse, NY	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$72.80
Syracuse, NY	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$72.28
Syracuse, NY	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			\$176.49

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Syracuse, NY	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$481.02
Syracuse, NY	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			\$170.97
Syracuse, NY	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$516.86
Syracuse, NY	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$11.28
Syracuse, NY	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$111.30
Syracuse, NY	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$11.13
Syracuse, NY	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$83.48
Syracuse, NY	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$179.20
Syracuse, NY	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$12.14
Syracuse, NY	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$44.90
Syracuse, NY	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$99.05
Syracuse, NY	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$23.27

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tampa-St. Petersburg-Clearwater, FL	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$59.18
Tampa-St. Petersburg-Clearwater, FL	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$49.69
Tampa-St. Petersburg-Clearwater, FL	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$65.80
Tampa-St. Petersburg-Clearwater, FL	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$47.31
Tampa-St. Petersburg-Clearwater, FL	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.32
Tampa-St. Petersburg-Clearwater, FL	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$61.02
Tampa-St. Petersburg-Clearwater, FL	E0271	MATTRESS, INNERSPRING	NU			\$112.84
Tampa-St. Petersburg-Clearwater, FL	E0271	MATTRESS, INNERSPRING	RR			\$11.28
Tampa-St. Petersburg-Clearwater, FL	E0271	MATTRESS, INNERSPRING	UE			\$84.63
Tampa-St. Petersburg-Clearwater, FL	E0272	MATTRESS, FOAM RUBBER	NU			\$116.75
Tampa-St. Petersburg-Clearwater, FL	E0272	MATTRESS, FOAM RUBBER	RR			\$11.68
Tampa-St. Petersburg-Clearwater, FL	E0272	MATTRESS, FOAM RUBBER	UE			\$87.56

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tampa-St. Petersburg-Clearwater, FL	E0280	BED CRADLE, ANY TYPE	NU			\$25.90
Tampa-St. Petersburg-Clearwater, FL	E0280	BED CRADLE, ANY TYPE	RR			\$2.59
Tampa-St. Petersburg-Clearwater, FL	E0280	BED CRADLE, ANY TYPE	UE			\$19.43
Tampa-St. Petersburg-Clearwater, FL	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$49.88
Tampa-St. Petersburg-Clearwater, FL	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$34.87
Tampa-St. Petersburg-Clearwater, FL	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$50.74
Tampa-St. Petersburg-Clearwater, FL	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$41.76
Tampa-St. Petersburg-Clearwater, FL	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$65.49
Tampa-St. Petersburg-Clearwater, FL	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$65.69
Tampa-St. Petersburg-Clearwater, 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			\$154.88
Tampa-St. Petersburg-Clearwater, FL	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$436.45
Tampa-St. Petersburg-Clearwater, 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			\$172.45

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tampa-St. Petersburg-Clearwater, FL	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$466.87
Tampa-St. Petersburg-Clearwater, FL	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$9.25
Tampa-St. Petersburg-Clearwater, FL	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$99.10
Tampa-St. Petersburg-Clearwater, FL	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$9.91
Tampa-St. Petersburg-Clearwater, FL	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$74.33
Tampa-St. Petersburg-Clearwater, FL	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$147.90
Tampa-St. Petersburg-Clearwater, FL	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.58
Tampa-St. Petersburg-Clearwater, FL	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$34.90
Tampa-St. Petersburg-Clearwater, FL	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$73.23
Tampa-St. Petersburg-Clearwater, FL	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$18.31
Toledo, OH	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$61.66
Toledo, OH	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$50.18

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Toledo, OH	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$67.85
Toledo, OH	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$46.60
Toledo, OH	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$65.00
Toledo, OH	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$63.87
Toledo, OH	E0271	MATTRESS, INNERSPRING	NU			\$115.64
Toledo, OH	E0271	MATTRESS, INNERSPRING	RR			\$11.56
Toledo, OH	E0271	MATTRESS, INNERSPRING	UE			\$86.73
Toledo, OH	E0272	MATTRESS, FOAM RUBBER	NU			\$134.40
Toledo, OH	E0272	MATTRESS, FOAM RUBBER	RR			\$13.44
Toledo, OH	E0272	MATTRESS, FOAM RUBBER	UE			\$100.80
Toledo, OH	E0280	BED CRADLE, ANY TYPE	NU			\$28.50
Toledo, OH	E0280	BED CRADLE, ANY TYPE	RR			\$2.85

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Toledo, OH	E0280	BED CRADLE, ANY TYPE	UE			\$21.38
Toledo, OH	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$52.50
Toledo, OH	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$40.53
Toledo, OH	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$55.21
Toledo, OH	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$49.85
Toledo, OH	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$70.89
Toledo, OH	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$69.83
Toledo, 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			\$154.61
Toledo, OH	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$419.41
Toledo, 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			\$166.95
Toledo, OH	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$467.94
Toledo, OH	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$9.16

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Toledo, OH	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$91.24
Toledo, OH	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$9.12
Toledo, OH	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$68.43
Toledo, OH	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$180.96
Toledo, OH	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.67
Toledo, OH	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$43.60
Toledo, OH	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$96.94
Toledo, OH	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$21.02
Tucson, AZ	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$72.40
Tucson, AZ	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$53.20
Tucson, AZ	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$79.80
Tucson, AZ	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$61.90

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tucson, AZ	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$68.90
Tucson, AZ	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$62.50
Tucson, AZ	E0271	MATTRESS, INNERSPRING	NU			\$124.00
Tucson, AZ	E0271	MATTRESS, INNERSPRING	RR			\$12.40
Tucson, AZ	E0271	MATTRESS, INNERSPRING	UE			\$93.00
Tucson, AZ	E0272	MATTRESS, FOAM RUBBER	NU			\$140.51
Tucson, AZ	E0272	MATTRESS, FOAM RUBBER	RR			\$14.05
Tucson, AZ	E0272	MATTRESS, FOAM RUBBER	UE			\$105.38
Tucson, AZ	E0280	BED CRADLE, ANY TYPE	NU			\$26.53
Tucson, AZ	E0280	BED CRADLE, ANY TYPE	RR			\$2.65
Tucson, AZ	E0280	BED CRADLE, ANY TYPE	UE			\$19.90
Tucson, AZ	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$49.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tucson, AZ	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$38.50
Tucson, AZ	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$58.50
Tucson, AZ	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$55.50
Tucson, AZ	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$78.00
Tucson, AZ	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$77.00
Tucson, AZ	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			\$171.00
Tucson, AZ	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$496.76
Tucson, AZ	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			\$163.05
Tucson, AZ	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$498.60
Tucson, AZ	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$12.35
Tucson, AZ	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$132.24
Tucson, AZ	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$13.22

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tucson, AZ	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$99.18
Tucson, AZ	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$157.95
Tucson, AZ	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.50
Tucson, AZ	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$43.83
Tucson, AZ	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$101.10
Tucson, AZ	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$22.40
Tulsa, OK	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$72.40
Tulsa, OK	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$53.20
Tulsa, OK	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$75.00
Tulsa, OK	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$61.50
Tulsa, OK	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$71.16
Tulsa, OK	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$69.73

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tulsa, OK	E0271	MATTRESS, INNERSPRING	NU			\$130.00
Tulsa, OK	E0271	MATTRESS, INNERSPRING	RR			\$13.00
Tulsa, OK	E0271	MATTRESS, INNERSPRING	UE			\$97.50
Tulsa, OK	E0272	MATTRESS, FOAM RUBBER	NU			\$134.89
Tulsa, OK	E0272	MATTRESS, FOAM RUBBER	RR			\$13.49
Tulsa, OK	E0272	MATTRESS, FOAM RUBBER	UE			\$101.17
Tulsa, OK	E0280	BED CRADLE, ANY TYPE	NU			\$25.11
Tulsa, OK	E0280	BED CRADLE, ANY TYPE	RR			\$2.51
Tulsa, OK	E0280	BED CRADLE, ANY TYPE	UE			\$18.83
Tulsa, OK	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$58.00
Tulsa, OK	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$39.00
Tulsa, OK	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$65.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tulsa, OK	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$54.50
Tulsa, OK	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$85.00
Tulsa, OK	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$80.00
Tulsa, OK	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			\$180.45
Tulsa, OK	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$496.76
Tulsa, OK	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			\$200.00
Tulsa, OK	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$513.71
Tulsa, OK	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$11.50
Tulsa, OK	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$116.11
Tulsa, OK	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$11.61
Tulsa, OK	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$87.08
Tulsa, OK	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$185.12

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tulsa, OK	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$12.00
Tulsa, OK	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$43.83
Tulsa, OK	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$89.70
Tulsa, OK	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$23.18
Virginia Beach-Norfolk-Newport News, VA-NC	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$73.75
Virginia Beach-Norfolk-Newport News, VA-NC	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$56.50
Virginia Beach-Norfolk-Newport News, VA-NC	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$76.33
Virginia Beach-Norfolk-Newport News, VA-NC	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$65.00
Virginia Beach-Norfolk-Newport News, VA-NC	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$73.21
Virginia Beach-Norfolk-Newport News, VA-NC	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$69.61
Virginia Beach-Norfolk-Newport News, VA-NC	E0271	MATTRESS, INNERSPRING	NU			\$131.12
Virginia Beach-Norfolk-Newport News, VA-NC	E0271	MATTRESS, INNERSPRING	RR			\$13.11

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Virginia Beach-Norfolk-Newport News, VA-NC	E0271	MATTRESS, INNERSPRING	UE			\$98.34
Virginia Beach-Norfolk-Newport News, VA-NC	E0272	MATTRESS, FOAM RUBBER	NU			\$144.32
Virginia Beach-Norfolk-Newport News, VA-NC	E0272	MATTRESS, FOAM RUBBER	RR			\$14.43
Virginia Beach-Norfolk-Newport News, VA-NC	E0272	MATTRESS, FOAM RUBBER	UE			\$108.24
Virginia Beach-Norfolk-Newport News, VA-NC	E0280	BED CRADLE, ANY TYPE	NU			\$29.38
Virginia Beach-Norfolk-Newport News, VA-NC	E0280	BED CRADLE, ANY TYPE	RR			\$2.94
Virginia Beach-Norfolk-Newport News, VA-NC	E0280	BED CRADLE, ANY TYPE	UE			\$22.04
Virginia Beach-Norfolk-Newport News, VA-NC	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$58.00
Virginia Beach-Norfolk-Newport News, VA-NC	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$42.25
Virginia Beach-Norfolk-Newport News, VA-NC	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$65.00
Virginia Beach-Norfolk-Newport News, VA-NC	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$55.08
Virginia Beach-Norfolk-Newport News, VA-NC	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$75.66

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Virginia Beach-Norfolk-Newport News, VA-NC	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$77.08
Virginia Beach-Norfolk-Newport News, VA-NC	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			\$178.23
Virginia Beach-Norfolk-Newport News, VA-NC	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$531.49
Virginia Beach-Norfolk-Newport News, VA-NC	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			\$184.45
Virginia Beach-Norfolk-Newport News, VA-NC	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$523.99
Virginia Beach-Norfolk-Newport News, VA-NC	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$12.75
Virginia Beach-Norfolk-Newport News, VA-NC	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$135.93
Virginia Beach-Norfolk-Newport News, VA-NC	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$13.59
Virginia Beach-Norfolk-Newport News, VA-NC	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$101.95
Virginia Beach-Norfolk-Newport News, VA-NC	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$176.04
Virginia Beach-Norfolk-Newport News, VA-NC	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.06
Virginia Beach-Norfolk-Newport News, VA-NC	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$45.34

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Virginia Beach-Norfolk-Newport News, VA-NC	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$90.04
Virginia Beach-Norfolk-Newport News, VA-NC	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$22.45
Visalia-Porterville, CA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$72.40
Visalia-Porterville, CA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$58.00
Visalia-Porterville, CA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$79.80
Visalia-Porterville, CA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$61.90
Visalia-Porterville, CA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$68.90
Visalia-Porterville, CA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$62.50
Visalia-Porterville, CA	E0271	MATTRESS, INNERSPRING	NU			\$116.69
Visalia-Porterville, CA	E0271	MATTRESS, INNERSPRING	RR			\$11.67
Visalia-Porterville, CA	E0271	MATTRESS, INNERSPRING	UE			\$87.52
Visalia-Porterville, CA	E0272	MATTRESS, FOAM RUBBER	NU			\$140.51

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Visalia-Porterville, CA	E0272	MATTRESS, FOAM RUBBER	RR			\$14.05
Visalia-Porterville, CA	E0272	MATTRESS, FOAM RUBBER	UE			\$105.38
Visalia-Porterville, CA	E0280	BED CRADLE, ANY TYPE	NU			\$30.00
Visalia-Porterville, CA	E0280	BED CRADLE, ANY TYPE	RR			\$3.00
Visalia-Porterville, CA	E0280	BED CRADLE, ANY TYPE	UE			\$22.50
Visalia-Porterville, CA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$52.36
Visalia-Porterville, CA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$39.00
Visalia-Porterville, CA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$59.87
Visalia-Porterville, CA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$53.30
Visalia-Porterville, CA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$98.01
Visalia-Porterville, CA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$77.81
Visalia-Porterville, 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			\$169.24

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Visalia-Porterville, CA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$496.76
Visalia-Porterville, 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			\$164.20
Visalia-Porterville, CA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$495.63
Visalia-Porterville, CA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$12.35
Visalia-Porterville, CA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$132.24
Visalia-Porterville, CA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$13.22
Visalia-Porterville, CA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$99.18
Visalia-Porterville, CA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$166.00
Visalia-Porterville, CA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.30
Visalia-Porterville, CA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$43.83
Visalia-Porterville, CA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$95.38
Visalia-Porterville, CA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$22.40

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$72.36
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$54.25
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$77.94
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$60.47
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$78.01
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$72.10
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0271	MATTRESS, INNERSPRING	NU			\$144.29
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0271	MATTRESS, INNERSPRING	RR			\$14.43
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0271	MATTRESS, INNERSPRING	UE			\$108.22
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0272	MATTRESS, FOAM RUBBER	NU			\$149.94
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0272	MATTRESS, FOAM RUBBER	RR			\$14.99
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0272	MATTRESS, FOAM RUBBER	UE			\$112.46

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0280	BED CRADLE, ANY TYPE	NU			\$29.76
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0280	BED CRADLE, ANY TYPE	RR			\$2.98
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0280	BED CRADLE, ANY TYPE	UE			\$22.32
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$55.43
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$41.15
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$61.16
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$57.54
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$86.10
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$76.33
Washington-Arlington-Alexandria, DC-VA-MD-WV	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			\$177.00
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$487.65
Washington-Arlington-Alexandria, DC-VA-MD-WV	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			\$196.73

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$531.06
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$13.09
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$144.57
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$14.46
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$108.43
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$184.63
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$13.14
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$43.83
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$91.30
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$22.27
Wichita, KS	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$85.98
Wichita, KS	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$58.00

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Wichita, KS	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$79.80
Wichita, KS	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$73.30
Wichita, KS	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$75.29
Wichita, KS	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$70.00
Wichita, KS	E0271	MATTRESS, INNERSPRING	NU			\$165.00
Wichita, KS	E0271	MATTRESS, INNERSPRING	RR			\$16.50
Wichita, KS	E0271	MATTRESS, INNERSPRING	UE			\$123.75
Wichita, KS	E0272	MATTRESS, FOAM RUBBER	NU			\$177.98
Wichita, KS	E0272	MATTRESS, FOAM RUBBER	RR			\$17.80
Wichita, KS	E0272	MATTRESS, FOAM RUBBER	UE			\$133.49
Wichita, KS	E0280	BED CRADLE, ANY TYPE	NU			\$30.05
Wichita, KS	E0280	BED CRADLE, ANY TYPE	RR			\$3.01

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Wichita, KS	E0280	BED CRADLE, ANY TYPE	UE			\$22.54
Wichita, KS	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$65.73
Wichita, KS	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$42.00
Wichita, KS	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$73.91
Wichita, KS	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$60.83
Wichita, KS	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$83.11
Wichita, KS	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$88.42
Wichita, 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			\$180.45
Wichita, KS	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$534.82
Wichita, 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			\$188.09
Wichita, KS	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$500.00
Wichita, KS	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$15.65

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Wichita, KS	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$170.74
Wichita, KS	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$17.07
Wichita, KS	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$128.06
Wichita, KS	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$185.82
Wichita, KS	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.97
Wichita, KS	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$45.00
Wichita, KS	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$101.10
Wichita, KS	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$24.50
Worcester, MA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$68.36
Worcester, MA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$60.27
Worcester, MA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$73.06
Worcester, MA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$61.81

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Worcester, MA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$74.00
Worcester, MA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$69.95
Worcester, MA	E0271	MATTRESS, INNERSPRING	NU			\$129.65
Worcester, MA	E0271	MATTRESS, INNERSPRING	RR			\$12.97
Worcester, MA	E0271	MATTRESS, INNERSPRING	UE			\$97.24
Worcester, MA	E0272	MATTRESS, FOAM RUBBER	NU			\$150.00
Worcester, MA	E0272	MATTRESS, FOAM RUBBER	RR			\$15.00
Worcester, MA	E0272	MATTRESS, FOAM RUBBER	UE			\$112.50
Worcester, MA	E0280	BED CRADLE, ANY TYPE	NU			\$31.32
Worcester, MA	E0280	BED CRADLE, ANY TYPE	RR			\$3.13
Worcester, MA	E0280	BED CRADLE, ANY TYPE	UE			\$23.49
Worcester, MA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$63.26

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Worcester, MA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$47.51
Worcester, MA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$73.51
Worcester, MA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$62.29
Worcester, MA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$76.31
Worcester, MA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$75.52
Worcester, MA	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			\$179.59
Worcester, MA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$477.91
Worcester, MA	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			\$188.65
Worcester, MA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$503.55
Worcester, MA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$12.41
Worcester, MA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$127.56
Worcester, MA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$12.76

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Worcester, MA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$95.67
Worcester, MA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$189.16
Worcester, MA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$12.34
Worcester, MA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$44.75
Worcester, MA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$100.34
Worcester, MA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$22.34
Youngstown-Warren-Boardman, OH-PA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$73.95
Youngstown-Warren-Boardman, OH-PA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$55.60
Youngstown-Warren-Boardman, OH-PA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$72.50
Youngstown-Warren-Boardman, OH-PA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$60.55
Youngstown-Warren-Boardman, OH-PA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$65.00
Youngstown-Warren-Boardman, OH-PA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$61.25

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Youngstown-Warren-Boardman, OH-PA	E0271	MATTRESS, INNERSPRING	NU			\$140.63
Youngstown-Warren-Boardman, OH-PA	E0271	MATTRESS, INNERSPRING	RR			\$14.06
Youngstown-Warren-Boardman, OH-PA	E0271	MATTRESS, INNERSPRING	UE			\$105.47
Youngstown-Warren-Boardman, OH-PA	E0272	MATTRESS, FOAM RUBBER	NU			\$142.40
Youngstown-Warren-Boardman, OH-PA	E0272	MATTRESS, FOAM RUBBER	RR			\$14.24
Youngstown-Warren-Boardman, OH-PA	E0272	MATTRESS, FOAM RUBBER	UE			\$106.80
Youngstown-Warren-Boardman, OH-PA	E0280	BED CRADLE, ANY TYPE	NU			\$27.52
Youngstown-Warren-Boardman, OH-PA	E0280	BED CRADLE, ANY TYPE	RR			\$2.75
Youngstown-Warren-Boardman, OH-PA	E0280	BED CRADLE, ANY TYPE	UE			\$20.64
Youngstown-Warren-Boardman, OH-PA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$52.92
Youngstown-Warren-Boardman, OH-PA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$39.81
Youngstown-Warren-Boardman, OH-PA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$59.01

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Youngstown-Warren-Boardman, OH-PA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$51.98
Youngstown-Warren-Boardman, OH-PA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$71.24
Youngstown-Warren-Boardman, OH-PA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$70.03
Youngstown-Warren-Boardman, OH-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			\$161.64
Youngstown-Warren-Boardman, OH-PA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$424.97
Youngstown-Warren-Boardman, OH-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			\$162.10
Youngstown-Warren-Boardman, OH-PA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$456.30
Youngstown-Warren-Boardman, OH-PA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$11.19
Youngstown-Warren-Boardman, OH-PA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$116.67
Youngstown-Warren-Boardman, OH-PA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$11.67
Youngstown-Warren-Boardman, OH-PA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$87.50
Youngstown-Warren-Boardman, OH-PA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	RR			\$165.69

Hospital Beds and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Youngstown-Warren-Boardman, OH-PA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.99
Youngstown-Warren-Boardman, OH-PA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$42.68
Youngstown-Warren-Boardman, OH-PA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$98.24
Youngstown-Warren-Boardman, OH-PA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$24.45

Single Payment Amounts

Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories

Akron, OH	4
Albany-Schenectady-Troy, NY	4
Albuquerque, NM	4
Allentown-Bethlehem-Easton, PA-NJ	4
Asheville, NC	5
Atlanta-Sandy Springs-Marietta, GA	5
Augusta-Richmond County, GA-SC	5
Austin-Round Rock-San Marcos, TX	5
Bakersfield-Delano, CA	6
Baltimore-Towson, MD	6
Baton Rouge, LA	6
Beaumont-Port Arthur, TX	6
Birmingham-Hoover, AL	7
Boise City-Nampa, ID	7
Boston-Cambridge-Quincy, MA-NH	7
Bridgeport-Stamford-Norwalk, CT	7
Bronx-Manhattan, NY CBA	8
Buffalo-Niagara Falls, NY	8
Cape Coral-Fort Myers, FL	8
Central-Chicago Metro CBA	8
Charleston-North Charleston-Summerville, SC	9
Chattanooga, TN-GA	9
Colorado Springs, CO	9
Columbia, SC	9
Columbus, OH	10
Dayton, OH	10
Deltona-Daytona Beach-Ormond Beach, FL	10
Denver-Aurora-Broomfield, CO	10



Detroit-Warren-Livonia, MI	11
El Paso, TX	11
Flint, MI	11
Fresno, CA	11
Grand Rapids-Wyoming, MI	12
Greensboro-High Point, NC	12
Greenville-Mauldin-Easley, SC	12
Hartford-West Hartford-East Hartford, CT	12
Honolulu, HI	13
Houston-Sugar Land-Baytown, TX	13
Huntington-Ashland, WV-KY-OH	13
Indiana-Chicago Metro	13
Indianapolis-Carmel, IN	14
Jackson, MS	14
Jacksonville, FL	14
Knoxville, TN	14
Lakeland-Winter Haven, FL	15
Las Vegas-Paradise, NV	15
Little Rock-North Little Rock-Conway, AR	15
Los Angeles County CBA	15
Louisville/Jefferson County, KY-IN	16
McAllen-Edinburg-Mission, TX	16
Memphis, TN-MS-AR	16
Milwaukee-Waukesha-West Allis, WI	16
Minneapolis-St. Paul-Bloomington, MN-WI	17
Nashville-Davidson--Murfreesboro--Franklin, TN	17
Nassau-Brooklyn-Queens-Richmond County Metro CBA	17
New Haven-Milford, CT	17
New Orleans-Metairie-Kenner, LA	18
North East NY CBA Metro	18
North Port-Bradenton-Sarasota, FL	18
Northern NJ Metro CBA	18
Northern-Chicago Metro CBA	19
Ocala, FL	19
Oklahoma City, OK	19
Omaha-Council Bluffs, NE-IA	19
Orange County CBA	20
Oxnard-Thousand Oaks-Ventura, CA	20

Palm Bay-Melbourne-Titusville, FL	20
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	20
Phoenix-Mesa-Glendale, AZ	21
Portland-Vancouver-Hillsboro, OR-WA	21
Poughkeepsie-Newburgh-Middletown, NY	21
Providence-New Bedford-Fall River, RI-MA	21
Raleigh-Cary, NC	22
Richmond, VA	22
Rochester, NY	22
Sacramento--Arden-Arcade--Roseville, CA	22
Salt Lake City, UT	23
San Antonio-New Braunfels, TX	23
San Diego-Carlsbad-San Marcos, CA	23
San Francisco-Oakland-Fremont, CA	23
San Jose-Sunnyvale-Santa Clara, CA	24
Scranton--Wilkes-Barre, PA	24
Seattle-Tacoma-Bellevue, WA	24
South-West-Chicago-Metro CBA	24
Southern NY Metro CBA	25
Springfield, MA	25
St. Louis, MO-IL	25
Stockton, CA	25
Suffolk County CBA	26
Syracuse, NY	26
Tampa-St. Petersburg-Clearwater, FL	26
Toledo, OH	26
Tucson, AZ	27
Tulsa, OK	27
Virginia Beach-Norfolk-Newport News, VA-NC	27
Visalia-Porterville, CA	27
Washington-Arlington-Alexandria, DC-VA-MD-WV	28
Wichita, KS	28
Worcester, MA	28
Youngstown-Warren-Boardman, OH-PA	28

Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Akron, OH	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.26
Akron, OH	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.40
Akron, OH	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$756.38
Albany-Schenectady-Troy, NY	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.10
Albany-Schenectady-Troy, NY	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.50
Albany-Schenectady-Troy, NY	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$944.90
Albuquerque, NM	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.12
Albuquerque, NM	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.94
Albuquerque, NM	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$751.26
Allentown-Bethlehem-Easton, PA-NJ	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.10
Allentown-Bethlehem-Easton, PA-NJ	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.32
Allentown-Bethlehem-Easton, PA-NJ	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$760.00

Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Asheville, NC	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.51
Asheville, NC	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$8.30
Asheville, NC	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$825.68
Atlanta-Sandy Springs-Marietta, GA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.51
Atlanta-Sandy Springs-Marietta, GA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$8.34
Atlanta-Sandy Springs-Marietta, GA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$921.67
Augusta-Richmond County, GA-SC	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.51
Augusta-Richmond County, GA-SC	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$8.52
Augusta-Richmond County, GA-SC	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$788.76
Austin-Round Rock-San Marcos, TX	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.12
Austin-Round Rock-San Marcos, TX	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.76
Austin-Round Rock-San Marcos, TX	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$751.26

Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bakersfield-Delano, CA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.10
Bakersfield-Delano, CA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.95
Bakersfield-Delano, CA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$799.50
Baltimore-Towson, MD	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.12
Baltimore-Towson, MD	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.45
Baltimore-Towson, MD	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$775.00
Baton Rouge, LA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.13
Baton Rouge, LA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$8.34
Baton Rouge, LA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$825.00
Beaumont-Port Arthur, TX	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.10
Beaumont-Port Arthur, TX	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.50
Beaumont-Port Arthur, TX	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$750.00

Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Birmingham-Hoover, AL	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.64
Birmingham-Hoover, AL	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$8.63
Birmingham-Hoover, AL	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$750.00
Boise City-Nampa, ID	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.12
Boise City-Nampa, ID	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.94
Boise City-Nampa, ID	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$740.00
Boston-Cambridge-Quincy, MA-NH	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$23.05
Boston-Cambridge-Quincy, MA-NH	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.36
Boston-Cambridge-Quincy, MA-NH	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$874.02
Bridgeport-Stamford-Norwalk, CT	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.00
Bridgeport-Stamford-Norwalk, CT	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.42
Bridgeport-Stamford-Norwalk, CT	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$750.00

Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bronx-Manhattan NY CBA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.00
Bronx-Manhattan NY CBA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.32
Bronx-Manhattan NY CBA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$795.00
Buffalo-Niagara Falls, NY	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.12
Buffalo-Niagara Falls, NY	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.46
Buffalo-Niagara Falls, NY	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$775.00
Cape Coral-Fort Myers, FL	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$22.60
Cape Coral-Fort Myers, FL	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.50
Cape Coral-Fort Myers, FL	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$826.37
Central-Chicago Metro CBA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.26
Central-Chicago Metro CBA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.49
Central-Chicago Metro CBA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$812.50

Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charleston-North Charleston-Summerville, SC	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.13
Charleston-North Charleston-Summerville, SC	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$8.39
Charleston-North Charleston-Summerville, SC	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$838.18
Chattanooga, TN-GA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$25.27
Chattanooga, TN-GA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$8.62
Chattanooga, TN-GA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$713.81
Colorado Springs, CO	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.12
Colorado Springs, CO	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$8.14
Colorado Springs, CO	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$905.84
Columbia, SC	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.13
Columbia, SC	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$8.39
Columbia, SC	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$825.68

Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbus, OH	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.90
Columbus, OH	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.84
Columbus, OH	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$821.22
Dayton, OH	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.56
Dayton, OH	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.71
Dayton, OH	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$771.12
Deltona-Daytona Beach-Ormond Beach, FL	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$23.35
Deltona-Daytona Beach-Ormond Beach, FL	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.50
Deltona-Daytona Beach-Ormond Beach, FL	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$949.18
Denver-Aurora-Broomfield, CO	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.13
Denver-Aurora-Broomfield, CO	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$8.20
Denver-Aurora-Broomfield, CO	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$921.67

Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Detroit-Warren-Livonia, MI	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.76
Detroit-Warren-Livonia, MI	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.86
Detroit-Warren-Livonia, MI	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$833.61
El Paso, TX	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.12
El Paso, TX	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.80
El Paso, TX	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$874.02
Flint, MI	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.34
Flint, MI	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.83
Flint, MI	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$833.61
Fresno, CA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.10
Fresno, CA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.95
Fresno, CA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$799.50

Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Grand Rapids-Wyoming, MI	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.13
Grand Rapids-Wyoming, MI	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.50
Grand Rapids-Wyoming, MI	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$825.00
Greensboro-High Point, NC	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.89
Greensboro-High Point, NC	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$8.35
Greensboro-High Point, NC	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$826.37
Greenville-Mauldin-Easley, SC	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.13
Greenville-Mauldin-Easley, SC	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$8.39
Greenville-Mauldin-Easley, SC	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$825.00
Hartford-West Hartford-East Hartford, CT	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.10
Hartford-West Hartford-East Hartford, CT	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.50
Hartford-West Hartford-East Hartford, CT	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$750.00

Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Honolulu, HI	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.10
Honolulu, HI	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.40
Honolulu, HI	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$944.90
Houston-Sugar Land-Baytown, TX	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$23.35
Houston-Sugar Land-Baytown, TX	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.54
Houston-Sugar Land-Baytown, TX	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$937.56
Huntington-Ashland, WV-KY-OH	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.13
Huntington-Ashland, WV-KY-OH	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.51
Huntington-Ashland, WV-KY-OH	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$800.00
Indiana-Chicago Metro CBA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.38
Indiana-Chicago Metro CBA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.86
Indiana-Chicago Metro CBA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$800.00

Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indianapolis-Carmel, IN	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.34
Indianapolis-Carmel, IN	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.90
Indianapolis-Carmel, IN	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$796.12
Jackson, MS	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.89
Jackson, MS	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$8.39
Jackson, MS	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$944.90
Jacksonville, FL	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.10
Jacksonville, FL	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.50
Jacksonville, FL	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$874.00
Knoxville, TN	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$25.39
Knoxville, TN	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$8.82
Knoxville, TN	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$730.00

Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Lakeland-Winter Haven, FL	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$23.35
Lakeland-Winter Haven, FL	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.46
Lakeland-Winter Haven, FL	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$850.18
Las Vegas-Paradise, NV	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$23.50
Las Vegas-Paradise, NV	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.50
Las Vegas-Paradise, NV	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$921.67
Little Rock-North Little Rock-Conway, AR	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.13
Little Rock-North Little Rock-Conway, AR	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$8.39
Little Rock-North Little Rock-Conway, AR	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$730.00
Los Angeles County CBA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$22.18
Los Angeles County CBA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.34
Los Angeles County CBA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$813.18

Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Louisville/Jefferson County, KY-IN	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$25.00
Louisville/Jefferson County, KY-IN	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.50
Louisville/Jefferson County, KY-IN	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$792.23
McAllen-Edinburg-Mission, TX	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.12
McAllen-Edinburg-Mission, TX	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.76
McAllen-Edinburg-Mission, TX	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$776.26
Memphis, TN-MS-AR	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.89
Memphis, TN-MS-AR	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$8.65
Memphis, TN-MS-AR	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$921.67
Milwaukee-Waukesha-West Allis, WI	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.12
Milwaukee-Waukesha-West Allis, WI	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.68
Milwaukee-Waukesha-West Allis, WI	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$881.95

Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Minneapolis-St. Paul-Bloomington, MN-WI	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.12
Minneapolis-St. Paul-Bloomington, MN-WI	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.68
Minneapolis-St. Paul-Bloomington, MN-WI	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$860.84
Nashville-Davidson--Murfreeseboro--Franklin, TN	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$25.27
Nashville-Davidson--Murfreeseboro--Franklin, TN	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$8.78
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$713.81
Nassau-Brooklyn-Queens-Richmond County Metro CBA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.32
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$730.00
New Haven-Milford, CT	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.12
New Haven-Milford, CT	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.61
New Haven-Milford, CT	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$750.00

Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Orleans-Metairie-Kenner, LA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.38
New Orleans-Metairie-Kenner, LA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$8.36
New Orleans-Metairie-Kenner, LA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$776.26
North East NY CBA Metro	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.00
North East NY CBA Metro	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.28
North East NY CBA Metro	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$740.00
North Port-Bradenton-Sarasota, FL	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.10
North Port-Bradenton-Sarasota, FL	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.50
North Port-Bradenton-Sarasota, FL	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$826.37
Northern NJ Metro CBA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.00
Northern NJ Metro CBA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.46
Northern NJ Metro CBA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$750.00

Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern-Chicago Metro CBA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.13
Northern-Chicago Metro CBA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.50
Northern-Chicago Metro CBA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$762.76
Ocala, FL	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.12
Ocala, FL	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.75
Ocala, FL	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$867.45
Oklahoma City, OK	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$23.00
Oklahoma City, OK	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.51
Oklahoma City, OK	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$944.90
Omaha-Council Bluffs, NE-IA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.12
Omaha-Council Bluffs, NE-IA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.94
Omaha-Council Bluffs, NE-IA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$740.00

Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orange County CBA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$22.99
Orange County CBA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.25
Orange County CBA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$750.00
Oxnard-Thousand Oaks-Ventura, CA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.13
Oxnard-Thousand Oaks-Ventura, CA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$8.38
Oxnard-Thousand Oaks-Ventura, CA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$752.52
Palm Bay-Melbourne-Titusville, FL	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$22.60
Palm Bay-Melbourne-Titusville, FL	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.50
Palm Bay-Melbourne-Titusville, FL	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$806.24
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.05
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.60
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$750.00

Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Phoenix-Mesa-Glendale, AZ	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.12
Phoenix-Mesa-Glendale, AZ	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.75
Phoenix-Mesa-Glendale, AZ	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$775.00
Portland-Vancouver-Hillsboro, OR-WA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$23.35
Portland-Vancouver-Hillsboro, OR-WA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.72
Portland-Vancouver-Hillsboro, OR-WA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$860.84
Poughkeepsie-Newburgh-Middletown, NY	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.00
Poughkeepsie-Newburgh-Middletown, NY	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.32
Poughkeepsie-Newburgh-Middletown, NY	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$730.00
Providence-New Bedford-Fall River, RI-MA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.10
Providence-New Bedford-Fall River, RI-MA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.50
Providence-New Bedford-Fall River, RI-MA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$800.00

Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Raleigh-Cary, NC	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.51
Raleigh-Cary, NC	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$8.30
Raleigh-Cary, NC	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$927.54
Richmond, VA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.12
Richmond, VA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.49
Richmond, VA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$775.00
Rochester, NY	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.12
Rochester, NY	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.46
Rochester, NY	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$877.31
Sacramento--Arden-Arcade--Roseville, CA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.12
Sacramento--Arden-Arcade--Roseville, CA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$8.19
Sacramento--Arden-Arcade--Roseville, CA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$889.91

Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Salt Lake City, UT	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.10
Salt Lake City, UT	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.50
Salt Lake City, UT	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$750.00
San Antonio-New Braunfels, TX	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$22.60
San Antonio-New Braunfels, TX	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.50
San Antonio-New Braunfels, TX	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$906.75
San Diego-Carlsbad-San Marcos, CA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$22.60
San Diego-Carlsbad-San Marcos, CA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.50
San Diego-Carlsbad-San Marcos, CA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$799.50
San Francisco-Oakland-Fremont, CA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.10
San Francisco-Oakland-Fremont, CA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.95
San Francisco-Oakland-Fremont, CA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$800.00

Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Jose-Sunnyvale-Santa Clara, CA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.10
San Jose-Sunnyvale-Santa Clara, CA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$8.00
San Jose-Sunnyvale-Santa Clara, CA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$826.37
Scranton--Wilkes-Barre, PA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.12
Scranton--Wilkes-Barre, PA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.63
Scranton--Wilkes-Barre, PA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$965.18
Seattle-Tacoma-Bellevue, WA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$23.48
Seattle-Tacoma-Bellevue, WA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.95
Seattle-Tacoma-Bellevue, WA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$937.56
South-West-Chicago-Metro CBA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.26
South-West-Chicago-Metro CBA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.49
South-West-Chicago-Metro CBA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$781.38

Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Southern NY Metro CBA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.00
Southern NY Metro CBA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.32
Southern NY Metro CBA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$750.00
Springfield, MA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.13
Springfield, MA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.70
Springfield, MA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$750.00
St. Louis, MO-IL	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.12
St. Louis, MO-IL	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.45
St. Louis, MO-IL	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$833.61
Stockton, CA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.13
Stockton, CA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$8.39
Stockton, CA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$780.00

Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Suffolk County CBA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.00
Suffolk County CBA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.32
Suffolk County CBA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$750.00
Syracuse, NY	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$23.80
Syracuse, NY	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.37
Syracuse, NY	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$877.31
Tampa-St. Petersburg-Clearwater, FL	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.10
Tampa-St. Petersburg-Clearwater, FL	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.50
Tampa-St. Petersburg-Clearwater, FL	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$874.00
Toledo, OH	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$25.00
Toledo, OH	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$8.00
Toledo, OH	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$842.22

Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tucson, AZ	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.10
Tucson, AZ	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.50
Tucson, AZ	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$750.00
Tulsa, OK	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.10
Tulsa, OK	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.95
Tulsa, OK	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$944.90
Virginia Beach-Norfolk-Newport News, VA-NC	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.94
Virginia Beach-Norfolk-Newport News, VA-NC	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$8.54
Virginia Beach-Norfolk-Newport News, VA-NC	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$953.48
Visalia-Porterville, CA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.12
Visalia-Porterville, CA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$8.16
Visalia-Porterville, CA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$789.75

Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Washington-Arlington-Alexandria, DC-VA-MD-WV	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.12
Washington-Arlington-Alexandria, DC-VA-MD-WV	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.49
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$775.00
Wichita, KS	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.12
Wichita, KS	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$8.17
Wichita, KS	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$949.18
Worcester, MA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.56
Worcester, MA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.70
Worcester, MA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$775.00
Youngstown-Warren-Boardman, OH-PA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.13
Youngstown-Warren-Boardman, OH-PA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.92
Youngstown-Warren-Boardman, OH-PA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$800.00

Single Payment Amounts

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Akron, OH	4
Albany-Schenectady-Troy, NY	5
Albuquerque, NM	7
Allentown-Bethlehem-Easton, PA-NJ	8
Asheville, NC	10
Atlanta-Sandy Springs-Marietta, GA	11
Augusta-Richmond County, GA-SC	13
Austin-Round Rock-San Marcos, TX	14
Bakersfield-Delano, CA	16
Baltimore-Towson, MD	17
Baton Rouge, LA	19
Beaumont-Port Arthur, TX	20
Birmingham-Hoover, AL	22
Boise City-Nampa, ID	23
Boston-Cambridge-Quincy, MA-NH	25
Bridgeport-Stamford-Norwalk, CT	26
Bronx-Manhattan, NY CBA	28
Buffalo-Niagara Falls, NY	29
Cape Coral-Fort Myers, FL	31
Central-Chicago Metro CBA	32
Charleston-North Charleston-Summerville, SC	34
Chattanooga, TN-GA	35
Colorado Springs, CO	37
Columbia, SC	38
Columbus, OH	40
Dayton, OH	41
Deltona-Daytona Beach-Ormond Beach, FL	43
Denver-Aurora-Broomfield, CO	44



Detroit-Warren-Livonia, MI	46
El Paso, TX	47
Flint, MI	49
Fresno, CA	50
Grand Rapids-Wyoming, MI	52
Greensboro-High Point, NC	53
Greenville-Mauldin-Easley, SC	55
Hartford-West Hartford-East Hartford, CT	56
Honolulu, HI	58
Houston-Sugar Land-Baytown, TX	59
Huntington-Ashland, WV-KY-OH	61
Indiana-Chicago Metro	62
Indianapolis-Carmel, IN	64
Jackson, MS	65
Jacksonville, FL	67
Knoxville, TN	68
Lakeland-Winter Haven, FL	70
Las Vegas-Paradise, NV	71
Little Rock-North Little Rock-Conway, AR	73
Los Angeles County CBA	74
Louisville/Jefferson County, KY-IN	76
McAllen-Edinburg-Mission, TX	77
Memphis, TN-MS-AR	79
Milwaukee-Waukesha-West Allis, WI	80
Minneapolis-St. Paul-Bloomington, MN-WI	82
Nashville-Davidson--Murfreesboro--Franklin, TN	83
Nassau-Brooklyn-Queens-Richmond County Metro CBA	85
New Haven-Milford, CT	86
New Orleans-Metairie-Kenner, LA	88
North East NY CBA Metro	89
North Port-Bradenton-Sarasota, FL	91
Northern NJ Metro CBA	92
Northern-Chicago Metro CBA	94
Ocala, FL	95
Oklahoma City, OK	97
Omaha-Council Bluffs, NE-IA	98
Orange County CBA	100
Oxnard-Thousand Oaks-Ventura, CA	101

Palm Bay-Melbourne-Titusville, FL	103
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	104
Phoenix-Mesa-Glendale, AZ	106
Portland-Vancouver-Hillsboro, OR-WA	107
Poughkeepsie-Newburgh-Middletown, NY	109
Providence-New Bedford-Fall River, RI-MA	110
Raleigh-Cary, NC	112
Richmond, VA	113
Rochester, NY	115
Sacramento--Arden-Arcade--Roseville, CA	116
Salt Lake City, UT	118
San Antonio-New Braunfels, TX	119
San Diego-Carlsbad-San Marcos, CA	121
San Francisco-Oakland-Fremont, CA	122
San Jose-Sunnyvale-Santa Clara, CA	124
Scranton--Wilkes-Barre, PA	125
Seattle-Tacoma-Bellevue, WA	127
South-West-Chicago-Metro CBA	128
Southern NY Metro CBA	130
Springfield, MA	131
St. Louis, MO-IL	133
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Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Akron, OH		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Akron, OH	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$85.76
Akron, OH	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$85.76
Akron, OH	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$85.76
Akron, OH	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$85.76
Akron, OH		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Akron, OH	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.25
Akron, OH	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.25
Akron, OH		Payment Class C - Oxygen Generating Portable Equipment Only				
Akron, 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			\$41.49
Akron, 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			\$41.49
Akron, OH	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$41.49

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Akron, OH		Payment Class D - Stationary Oxygen Contents Only				
Akron, OH	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$56.80
Akron, OH	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$56.80
Akron, OH		Payment Class E - Portable Oxygen Contents Only				
Akron, OH	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$54.10
Akron, OH	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$54.10
Albany-Schenectady-Troy, NY		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Albany-Schenectady-Troy, NY	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.00
Albany-Schenectady-Troy, NY	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.00
Albany-Schenectady-Troy, NY	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.00
Albany-Schenectady-Troy, NY	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.00
Albany-Schenectady-Troy, NY		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albany-Schenectady-Troy, NY	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.50
Albany-Schenectady-Troy, NY	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.50
Albany-Schenectady-Troy, NY		Payment Class C - Oxygen Generating Portable Equipment Only				
Albany-Schenectady-Troy, NY	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			\$44.00
Albany-Schenectady-Troy, NY	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			\$44.00
Albany-Schenectady-Troy, NY	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.00
Albany-Schenectady-Troy, NY		Payment Class D - Stationary Oxygen Contents Only				
Albany-Schenectady-Troy, NY	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Albany-Schenectady-Troy, NY	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Albany-Schenectady-Troy, NY		Payment Class E - Portable Oxygen Contents Only				
Albany-Schenectady-Troy, NY	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$50.00
Albany-Schenectady-Troy, NY	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$50.00

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albuquerque, NM		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Albuquerque, NM	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$92.00
Albuquerque, NM	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$92.00
Albuquerque, NM	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$92.00
Albuquerque, NM	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$92.00
Albuquerque, NM		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Albuquerque, NM	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.47
Albuquerque, NM	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.47
Albuquerque, NM		Payment Class C - Oxygen Generating Portable Equipment Only				
Albuquerque, NM	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			\$42.98
Albuquerque, NM	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			\$42.98
Albuquerque, NM	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$42.98

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albuquerque, NM		Payment Class D - Stationary Oxygen Contents Only				
Albuquerque, NM	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.76
Albuquerque, NM	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.76
Albuquerque, NM		Payment Class E - Portable Oxygen Contents Only				
Albuquerque, NM	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Albuquerque, NM	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Allentown-Bethlehem-Easton, PA-NJ		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Allentown-Bethlehem-Easton, PA-NJ	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$91.55
Allentown-Bethlehem-Easton, PA-NJ	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$91.55
Allentown-Bethlehem-Easton, PA-NJ	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$91.55
Allentown-Bethlehem-Easton, PA-NJ	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$91.55
Allentown-Bethlehem-Easton, PA-NJ		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Allentown-Bethlehem-Easton, PA-NJ	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.43
Allentown-Bethlehem-Easton, PA-NJ	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.43
Allentown-Bethlehem-Easton, PA-NJ		Payment Class C - Oxygen Generating Portable Equipment Only				
Allentown-Bethlehem-Easton, PA-NJ	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			\$41.30
Allentown-Bethlehem-Easton, PA-NJ	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			\$41.30
Allentown-Bethlehem-Easton, PA-NJ	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$41.30
Allentown-Bethlehem-Easton, PA-NJ		Payment Class D - Stationary Oxygen Contents Only				
Allentown-Bethlehem-Easton, PA-NJ	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$57.00
Allentown-Bethlehem-Easton, PA-NJ	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$57.00
Allentown-Bethlehem-Easton, PA-NJ		Payment Class E - Portable Oxygen Contents Only				
Allentown-Bethlehem-Easton, PA-NJ	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$56.50
Allentown-Bethlehem-Easton, PA-NJ	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$56.50

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Asheville, NC		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Asheville, NC	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.00
Asheville, NC	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.00
Asheville, NC	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.00
Asheville, NC	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.00
Asheville, NC		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Asheville, NC	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.14
Asheville, NC	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.14
Asheville, NC		Payment Class C - Oxygen Generating Portable Equipment Only				
Asheville, NC	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			\$47.68
Asheville, NC	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			\$47.68
Asheville, NC	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$47.68

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Asheville, NC		Payment Class D - Stationary Oxygen Contents Only				
Asheville, NC	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$57.88
Asheville, NC	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$57.88
Asheville, NC		Payment Class E - Portable Oxygen Contents Only				
Asheville, NC	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$54.36
Asheville, NC	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$54.36
Atlanta-Sandy Springs-Marietta, GA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Atlanta-Sandy Springs-Marietta, GA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$98.59
Atlanta-Sandy Springs-Marietta, GA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$98.59
Atlanta-Sandy Springs-Marietta, GA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$98.59
Atlanta-Sandy Springs-Marietta, GA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$98.59
Atlanta-Sandy Springs-Marietta, GA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Atlanta-Sandy Springs-Marietta, GA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$20.00
Atlanta-Sandy Springs-Marietta, GA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$20.00
Atlanta-Sandy Springs-Marietta, GA		Payment Class C - Oxygen Generating Portable Equipment Only				
Atlanta-Sandy Springs-Marietta, GA	K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$43.99
Atlanta-Sandy Springs-Marietta, GA	E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE	RR			\$43.99
Atlanta-Sandy Springs-Marietta, GA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$43.99
Atlanta-Sandy Springs-Marietta, GA		Payment Class D - Stationary Oxygen Contents Only				
Atlanta-Sandy Springs-Marietta, GA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Atlanta-Sandy Springs-Marietta, GA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Atlanta-Sandy Springs-Marietta, GA		Payment Class E - Portable Oxygen Contents Only				
Atlanta-Sandy Springs-Marietta, GA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$56.54
Atlanta-Sandy Springs-Marietta, GA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$56.54

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Augusta-Richmond County, GA-SC		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Augusta-Richmond County, GA-SC	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.00
Augusta-Richmond County, GA-SC	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.00
Augusta-Richmond County, GA-SC	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.00
Augusta-Richmond County, GA-SC	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.00
Augusta-Richmond County, GA-SC		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Augusta-Richmond County, GA-SC	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.43
Augusta-Richmond County, GA-SC	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.43
Augusta-Richmond County, GA-SC		Payment Class C - Oxygen Generating Portable Equipment Only				
Augusta-Richmond County, GA-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			\$46.00
Augusta-Richmond County, GA-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			\$46.00
Augusta-Richmond County, GA-SC	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$46.00

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Augusta-Richmond County, GA-SC		Payment Class D - Stationary Oxygen Contents Only				
Augusta-Richmond County, GA-SC	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Augusta-Richmond County, GA-SC	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Augusta-Richmond County, GA-SC		Payment Class E - Portable Oxygen Contents Only				
Augusta-Richmond County, GA-SC	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Augusta-Richmond County, GA-SC	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Austin-Round Rock-San Marcos, TX		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Austin-Round Rock-San Marcos, TX	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$93.92
Austin-Round Rock-San Marcos, TX	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$93.92
Austin-Round Rock-San Marcos, TX	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$93.92
Austin-Round Rock-San Marcos, TX	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$93.92
Austin-Round Rock-San Marcos, TX		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Austin-Round Rock-San Marcos, TX	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.28
Austin-Round Rock-San Marcos, TX	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.28
Austin-Round Rock-San Marcos, TX		Payment Class C - Oxygen Generating Portable Equipment Only				
Austin-Round Rock-San Marcos, 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			\$37.82
Austin-Round Rock-San Marcos, 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			\$37.82
Austin-Round Rock-San Marcos, TX	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$37.82
Austin-Round Rock-San Marcos, TX		Payment Class D - Stationary Oxygen Contents Only				
Austin-Round Rock-San Marcos, TX	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.58
Austin-Round Rock-San Marcos, TX	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.58
Austin-Round Rock-San Marcos, TX		Payment Class E - Portable Oxygen Contents Only				
Austin-Round Rock-San Marcos, TX	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Austin-Round Rock-San Marcos, TX	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bakersfield-Delano, CA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Bakersfield-Delano, CA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.00
Bakersfield-Delano, CA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.00
Bakersfield-Delano, CA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.00
Bakersfield-Delano, CA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.00
Bakersfield-Delano, CA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Bakersfield-Delano, CA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.42
Bakersfield-Delano, CA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.42
Bakersfield-Delano, CA		Payment Class C - Oxygen Generating Portable Equipment Only				
Bakersfield-Delano, 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			\$43.49
Bakersfield-Delano, 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			\$43.49
Bakersfield-Delano, CA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$43.49

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bakersfield-Delano, CA		Payment Class D - Stationary Oxygen Contents Only				
Bakersfield-Delano, CA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Bakersfield-Delano, CA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Bakersfield-Delano, CA		Payment Class E - Portable Oxygen Contents Only				
Bakersfield-Delano, CA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$54.99
Bakersfield-Delano, CA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$54.99
Baltimore-Towson, MD		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Baltimore-Towson, MD	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$95.74
Baltimore-Towson, MD	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$95.74
Baltimore-Towson, MD	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$95.74
Baltimore-Towson, MD	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$95.74
Baltimore-Towson, MD		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baltimore-Towson, MD	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$20.00
Baltimore-Towson, MD	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$20.00
Baltimore-Towson, MD		Payment Class C - Oxygen Generating Portable Equipment Only				
Baltimore-Towson, MD	K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$43.94
Baltimore-Towson, MD	E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE	RR			\$43.94
Baltimore-Towson, MD	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$43.94
Baltimore-Towson, MD		Payment Class D - Stationary Oxygen Contents Only				
Baltimore-Towson, MD	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Baltimore-Towson, MD	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Baltimore-Towson, MD		Payment Class E - Portable Oxygen Contents Only				
Baltimore-Towson, MD	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$56.59
Baltimore-Towson, MD	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$56.59

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baton Rouge, LA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Baton Rouge, LA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$95.74
Baton Rouge, LA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$95.74
Baton Rouge, LA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$95.74
Baton Rouge, LA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$95.74
Baton Rouge, LA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Baton Rouge, LA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.72
Baton Rouge, LA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.72
Baton Rouge, LA		Payment Class C - Oxygen Generating Portable Equipment Only				
Baton Rouge, LA	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			\$41.95
Baton Rouge, LA	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			\$41.95
Baton Rouge, LA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$41.95

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baton Rouge, LA		Payment Class D - Stationary Oxygen Contents Only				
Baton Rouge, LA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$56.50
Baton Rouge, LA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$56.50
Baton Rouge, LA		Payment Class E - Portable Oxygen Contents Only				
Baton Rouge, LA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.57
Baton Rouge, LA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.57
Beaumont-Port Arthur, TX		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Beaumont-Port Arthur, TX	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$95.00
Beaumont-Port Arthur, TX	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$95.00
Beaumont-Port Arthur, TX	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$95.00
Beaumont-Port Arthur, TX	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$95.00
Beaumont-Port Arthur, TX		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Beaumont-Port Arthur, TX	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.42
Beaumont-Port Arthur, TX	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.42
Beaumont-Port Arthur, TX		Payment Class C - Oxygen Generating Portable Equipment Only				
Beaumont-Port Arthur, 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			\$39.90
Beaumont-Port Arthur, 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			\$39.90
Beaumont-Port Arthur, TX	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$39.90
Beaumont-Port Arthur, TX		Payment Class D - Stationary Oxygen Contents Only				
Beaumont-Port Arthur, TX	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$58.41
Beaumont-Port Arthur, TX	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$58.41
Beaumont-Port Arthur, TX		Payment Class E - Portable Oxygen Contents Only				
Beaumont-Port Arthur, TX	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.38
Beaumont-Port Arthur, TX	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.38

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Birmingham-Hoover, AL		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Birmingham-Hoover, AL	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$98.00
Birmingham-Hoover, AL	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$98.00
Birmingham-Hoover, AL	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$98.00
Birmingham-Hoover, AL	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$98.00
Birmingham-Hoover, AL		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Birmingham-Hoover, AL	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$20.00
Birmingham-Hoover, AL	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$20.00
Birmingham-Hoover, AL		Payment Class C - Oxygen Generating Portable Equipment Only				
Birmingham-Hoover, AL	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			\$44.00
Birmingham-Hoover, AL	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			\$44.00
Birmingham-Hoover, AL	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.00

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Birmingham-Hoover, AL		Payment Class D - Stationary Oxygen Contents Only				
Birmingham-Hoover, AL	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$58.00
Birmingham-Hoover, AL	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$58.00
Birmingham-Hoover, AL		Payment Class E - Portable Oxygen Contents Only				
Birmingham-Hoover, AL	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.76
Birmingham-Hoover, AL	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.76
Boise City-Nampa, ID		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Boise City-Nampa, ID	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.00
Boise City-Nampa, ID	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.00
Boise City-Nampa, ID	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.00
Boise City-Nampa, ID	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.00
Boise City-Nampa, ID		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boise City-Nampa, ID	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.72
Boise City-Nampa, ID	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.72
Boise City-Nampa, ID		Payment Class C - Oxygen Generating Portable Equipment Only				
Boise City-Nampa, ID	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			\$44.00
Boise City-Nampa, ID	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			\$44.00
Boise City-Nampa, ID	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.00
Boise City-Nampa, ID		Payment Class D - Stationary Oxygen Contents Only				
Boise City-Nampa, ID	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$57.70
Boise City-Nampa, ID	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$57.70
Boise City-Nampa, ID		Payment Class E - Portable Oxygen Contents Only				
Boise City-Nampa, ID	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$53.06
Boise City-Nampa, ID	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$53.06

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boston-Cambridge-Quincy, MA-NH		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Boston-Cambridge-Quincy, MA-NH	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$105.00
Boston-Cambridge-Quincy, MA-NH	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$105.00
Boston-Cambridge-Quincy, MA-NH	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$105.00
Boston-Cambridge-Quincy, MA-NH	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$105.00
Boston-Cambridge-Quincy, MA-NH		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Boston-Cambridge-Quincy, MA-NH	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$20.00
Boston-Cambridge-Quincy, MA-NH	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$20.00
Boston-Cambridge-Quincy, MA-NH		Payment Class C - Oxygen Generating Portable Equipment Only				
Boston-Cambridge-Quincy, MA-NH	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			\$41.05
Boston-Cambridge-Quincy, MA-NH	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			\$41.05
Boston-Cambridge-Quincy, MA-NH	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$41.05

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boston-Cambridge-Quincy, MA-NH		Payment Class D - Stationary Oxygen Contents Only				
Boston-Cambridge-Quincy, MA-NH	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Boston-Cambridge-Quincy, MA-NH	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Boston-Cambridge-Quincy, MA-NH		Payment Class E - Portable Oxygen Contents Only				
Boston-Cambridge-Quincy, MA-NH	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Boston-Cambridge-Quincy, MA-NH	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Bridgeport-Stamford-Norwalk, CT		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Bridgeport-Stamford-Norwalk, CT	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$99.90
Bridgeport-Stamford-Norwalk, CT	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$99.90
Bridgeport-Stamford-Norwalk, CT	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$99.90
Bridgeport-Stamford-Norwalk, CT	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$99.90
Bridgeport-Stamford-Norwalk, CT		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bridgeport-Stamford-Norwalk, CT	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$20.00
Bridgeport-Stamford-Norwalk, CT	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$20.00
Bridgeport-Stamford-Norwalk, CT		Payment Class C - Oxygen Generating Portable Equipment Only				
Bridgeport-Stamford-Norwalk, CT	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			\$41.18
Bridgeport-Stamford-Norwalk, CT	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			\$41.18
Bridgeport-Stamford-Norwalk, CT	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$41.18
Bridgeport-Stamford-Norwalk, CT		Payment Class D - Stationary Oxygen Contents Only				
Bridgeport-Stamford-Norwalk, CT	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$57.45
Bridgeport-Stamford-Norwalk, CT	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$57.45
Bridgeport-Stamford-Norwalk, CT		Payment Class E - Portable Oxygen Contents Only				
Bridgeport-Stamford-Norwalk, CT	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.19
Bridgeport-Stamford-Norwalk, CT	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.19

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bronx-Manhattan NY CBA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Bronx-Manhattan NY CBA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$86.58
Bronx-Manhattan NY CBA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$86.58
Bronx-Manhattan NY CBA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$86.58
Bronx-Manhattan NY CBA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$86.58
Bronx-Manhattan NY CBA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Bronx-Manhattan NY CBA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$18.00
Bronx-Manhattan NY CBA	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
Bronx-Manhattan NY CBA		Payment Class C - Oxygen Generating Portable Equipment Only				
Bronx-Manhattan NY CBA	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
Bronx-Manhattan NY CBA	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
Bronx-Manhattan NY CBA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$40.00

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bronx-Manhattan NY CBA		Payment Class D - Stationary Oxygen Contents Only				
Bronx-Manhattan NY CBA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Bronx-Manhattan NY CBA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Bronx-Manhattan NY CBA		Payment Class E - Portable Oxygen Contents Only				
Bronx-Manhattan NY CBA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$50.00
Bronx-Manhattan NY CBA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$50.00
Buffalo-Niagara Falls, NY		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Buffalo-Niagara Falls, NY	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.00
Buffalo-Niagara Falls, NY	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.00
Buffalo-Niagara Falls, NY	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.00
Buffalo-Niagara Falls, NY	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.00
Buffalo-Niagara Falls, NY		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Buffalo-Niagara Falls, NY	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.50
Buffalo-Niagara Falls, NY	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.50
Buffalo-Niagara Falls, NY		Payment Class C - Oxygen Generating Portable Equipment Only				
Buffalo-Niagara Falls, NY	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			\$44.00
Buffalo-Niagara Falls, NY	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			\$44.00
Buffalo-Niagara Falls, NY	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.00
Buffalo-Niagara Falls, NY		Payment Class D - Stationary Oxygen Contents Only				
Buffalo-Niagara Falls, NY	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$59.15
Buffalo-Niagara Falls, NY	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$59.15
Buffalo-Niagara Falls, NY		Payment Class E - Portable Oxygen Contents Only				
Buffalo-Niagara Falls, NY	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.38
Buffalo-Niagara Falls, NY	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.38

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cape Coral-Fort Myers, FL		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Cape Coral-Fort Myers, FL	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.00
Cape Coral-Fort Myers, FL	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.00
Cape Coral-Fort Myers, FL	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.00
Cape Coral-Fort Myers, FL	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.00
Cape Coral-Fort Myers, FL		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Cape Coral-Fort Myers, FL	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$17.65
Cape Coral-Fort Myers, FL	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$17.65
Cape Coral-Fort Myers, FL		Payment Class C - Oxygen Generating Portable Equipment Only				
Cape Coral-Fort Myers, 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			\$37.40
Cape Coral-Fort Myers, 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			\$37.40
Cape Coral-Fort Myers, FL	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$37.40

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cape Coral-Fort Myers, FL		Payment Class D - Stationary Oxygen Contents Only				
Cape Coral-Fort Myers, FL	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$54.22
Cape Coral-Fort Myers, FL	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$54.22
Cape Coral-Fort Myers, FL		Payment Class E - Portable Oxygen Contents Only				
Cape Coral-Fort Myers, FL	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$53.92
Cape Coral-Fort Myers, FL	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$53.92
Central-Chicago Metro CBA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Central-Chicago Metro CBA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$92.50
Central-Chicago Metro CBA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$92.50
Central-Chicago Metro CBA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$92.50
Central-Chicago Metro CBA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$92.50
Central-Chicago Metro CBA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Central-Chicago Metro CBA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.45
Central-Chicago Metro CBA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.45
Central-Chicago Metro CBA		Payment Class C - Oxygen Generating Portable Equipment Only				
Central-Chicago Metro CBA	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			\$38.90
Central-Chicago Metro CBA	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			\$38.90
Central-Chicago Metro CBA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$38.90
Central-Chicago Metro CBA		Payment Class D - Stationary Oxygen Contents Only				
Central-Chicago Metro CBA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$57.97
Central-Chicago Metro CBA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$57.97
Central-Chicago Metro CBA		Payment Class E - Portable Oxygen Contents Only				
Central-Chicago Metro CBA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.57
Central-Chicago Metro CBA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.57

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charleston-North Charleston-Summerville, SC		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Charleston-North Charleston-Summerville, SC	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$95.00
Charleston-North Charleston-Summerville, SC	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$95.00
Charleston-North Charleston-Summerville, SC	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$95.00
Charleston-North Charleston-Summerville, SC	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$95.00
Charleston-North Charleston-Summerville, SC		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Charleston-North Charleston-Summerville, SC	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.43
Charleston-North Charleston-Summerville, SC	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.43
Charleston-North Charleston-Summerville, SC		Payment Class C - Oxygen Generating Portable Equipment Only				
Charleston-North Charleston-Summerville, 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			\$44.06
Charleston-North Charleston-Summerville, 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			\$44.06
Charleston-North Charleston-Summerville, SC	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.06

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charleston-North Charleston-Summerville, SC		Payment Class D - Stationary Oxygen Contents Only				
Charleston-North Charleston-Summerville, SC	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$62.50
Charleston-North Charleston-Summerville, SC	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$62.50
Charleston-North Charleston-Summerville, SC		Payment Class E - Portable Oxygen Contents Only				
Charleston-North Charleston-Summerville, SC	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$56.54
Charleston-North Charleston-Summerville, SC	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$56.54
Chattanooga, TN-GA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Chattanooga, TN-GA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$95.74
Chattanooga, TN-GA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$95.74
Chattanooga, TN-GA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$95.74
Chattanooga, TN-GA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$95.74
Chattanooga, TN-GA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chattanooga, TN-GA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.42
Chattanooga, TN-GA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.42
Chattanooga, TN-GA		Payment Class C - Oxygen Generating Portable Equipment Only				
Chattanooga, TN-GA	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			\$45.03
Chattanooga, TN-GA	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			\$45.03
Chattanooga, TN-GA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$45.03
Chattanooga, TN-GA		Payment Class D - Stationary Oxygen Contents Only				
Chattanooga, TN-GA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$62.50
Chattanooga, TN-GA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$62.50
Chattanooga, TN-GA		Payment Class E - Portable Oxygen Contents Only				
Chattanooga, TN-GA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$58.27
Chattanooga, TN-GA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$58.27

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Colorado Springs, CO		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Colorado Springs, CO	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$93.78
Colorado Springs, CO	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$93.78
Colorado Springs, CO	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$93.78
Colorado Springs, CO	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$93.78
Colorado Springs, CO		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Colorado Springs, CO	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.45
Colorado Springs, CO	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.45
Colorado Springs, CO		Payment Class C - Oxygen Generating Portable Equipment Only				
Colorado Springs, CO	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			\$44.00
Colorado Springs, CO	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			\$44.00
Colorado Springs, CO	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.00

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Colorado Springs, CO		Payment Class D - Stationary Oxygen Contents Only				
Colorado Springs, CO	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$59.58
Colorado Springs, CO	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$59.58
Colorado Springs, CO		Payment Class E - Portable Oxygen Contents Only				
Colorado Springs, CO	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.19
Colorado Springs, CO	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.19
Columbia, SC		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Columbia, SC	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$95.00
Columbia, SC	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$95.00
Columbia, SC	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$95.00
Columbia, SC	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$95.00
Columbia, SC		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbia, SC	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.59
Columbia, SC	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.59
Columbia, SC		Payment Class C - Oxygen Generating Portable Equipment Only				
Columbia, 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			\$44.03
Columbia, 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			\$44.03
Columbia, SC	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.03
Columbia, SC		Payment Class D - Stationary Oxygen Contents Only				
Columbia, SC	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$64.12
Columbia, SC	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$64.12
Columbia, SC		Payment Class E - Portable Oxygen Contents Only				
Columbia, SC	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$56.59
Columbia, SC	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$56.59

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbus, OH		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Columbus, OH	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$87.88
Columbus, OH	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$87.88
Columbus, OH	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$87.88
Columbus, OH	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$87.88
Columbus, OH		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Columbus, OH	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.72
Columbus, OH	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.72
Columbus, OH		Payment Class C - Oxygen Generating Portable Equipment Only				
Columbus, 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			\$42.44
Columbus, 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			\$42.44
Columbus, OH	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$42.44

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbus, OH		Payment Class D - Stationary Oxygen Contents Only				
Columbus, OH	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Columbus, OH	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Columbus, OH		Payment Class E - Portable Oxygen Contents Only				
Columbus, OH	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.77
Columbus, OH	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.77
Dayton, OH		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Dayton, OH	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$87.88
Dayton, OH	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$87.88
Dayton, OH	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$87.88
Dayton, OH	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$87.88
Dayton, OH		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dayton, OH	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.50
Dayton, OH	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.50
Dayton, OH		Payment Class C - Oxygen Generating Portable Equipment Only				
Dayton, 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			\$42.44
Dayton, 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			\$42.44
Dayton, OH	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$42.44
Dayton, OH		Payment Class D - Stationary Oxygen Contents Only				
Dayton, OH	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$59.98
Dayton, OH	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$59.98
Dayton, OH		Payment Class E - Portable Oxygen Contents Only				
Dayton, OH	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.77
Dayton, OH	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.77

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Deltona-Daytona Beach-Ormond Beach, FL		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Deltona-Daytona Beach-Ormond Beach, FL	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.00
Deltona-Daytona Beach-Ormond Beach, FL	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.00
Deltona-Daytona Beach-Ormond Beach, FL	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.00
Deltona-Daytona Beach-Ormond Beach, FL	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.00
Deltona-Daytona Beach-Ormond Beach, FL		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Deltona-Daytona Beach-Ormond Beach, FL	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$17.31
Deltona-Daytona Beach-Ormond 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			\$17.31
Deltona-Daytona Beach-Ormond Beach, FL		Payment Class C - Oxygen Generating Portable Equipment Only				
Deltona-Daytona Beach-Ormond 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			\$37.40
Deltona-Daytona Beach-Ormond 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			\$37.40
Deltona-Daytona Beach-Ormond Beach, FL	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$37.40

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Deltona-Daytona Beach-Ormond Beach, FL		Payment Class D - Stationary Oxygen Contents Only				
Deltona-Daytona Beach-Ormond Beach, FL	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$54.61
Deltona-Daytona Beach-Ormond Beach, FL	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$54.61
Deltona-Daytona Beach-Ormond Beach, FL		Payment Class E - Portable Oxygen Contents Only				
Deltona-Daytona Beach-Ormond Beach, FL	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Deltona-Daytona Beach-Ormond Beach, FL	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Denver-Aurora-Broomfield, CO		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Denver-Aurora-Broomfield, CO	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$92.28
Denver-Aurora-Broomfield, CO	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$92.28
Denver-Aurora-Broomfield, CO	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$92.28
Denver-Aurora-Broomfield, CO	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$92.28
Denver-Aurora-Broomfield, CO		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Denver-Aurora-Broomfield, CO	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.45
Denver-Aurora-Broomfield, CO	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.45
Denver-Aurora-Broomfield, CO		Payment Class C - Oxygen Generating Portable Equipment Only				
Denver-Aurora-Broomfield, CO	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			\$44.00
Denver-Aurora-Broomfield, CO	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			\$44.00
Denver-Aurora-Broomfield, CO	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.00
Denver-Aurora-Broomfield, CO		Payment Class D - Stationary Oxygen Contents Only				
Denver-Aurora-Broomfield, CO	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$59.58
Denver-Aurora-Broomfield, CO	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$59.58
Denver-Aurora-Broomfield, CO		Payment Class E - Portable Oxygen Contents Only				
Denver-Aurora-Broomfield, CO	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.19
Denver-Aurora-Broomfield, CO	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.19

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Detroit-Warren-Livonia, MI		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Detroit-Warren-Livonia, MI	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$95.74
Detroit-Warren-Livonia, MI	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$95.74
Detroit-Warren-Livonia, MI	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$95.74
Detroit-Warren-Livonia, MI	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$95.74
Detroit-Warren-Livonia, MI		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Detroit-Warren-Livonia, MI	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.44
Detroit-Warren-Livonia, MI	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.44
Detroit-Warren-Livonia, MI		Payment Class C - Oxygen Generating Portable Equipment Only				
Detroit-Warren-Livonia, MI	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
Detroit-Warren-Livonia, MI	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
Detroit-Warren-Livonia, MI	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$40.00

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Detroit-Warren-Livonia, MI		Payment Class D - Stationary Oxygen Contents Only				
Detroit-Warren-Livonia, MI	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$58.00
Detroit-Warren-Livonia, MI	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$58.00
Detroit-Warren-Livonia, MI		Payment Class E - Portable Oxygen Contents Only				
Detroit-Warren-Livonia, MI	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.57
Detroit-Warren-Livonia, MI	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.57
El Paso, TX		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
El Paso, TX	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.00
El Paso, TX	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.00
El Paso, TX	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.00
El Paso, TX	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.00
El Paso, TX		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
El Paso, TX	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$20.00
El Paso, TX	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$20.00
El Paso, TX		Payment Class C - Oxygen Generating Portable Equipment Only				
El Paso, 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			\$44.00
El Paso, 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			\$44.00
El Paso, TX	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.00
El Paso, TX		Payment Class D - Stationary Oxygen Contents Only				
El Paso, TX	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$57.46
El Paso, TX	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$57.46
El Paso, TX		Payment Class E - Portable Oxygen Contents Only				
El Paso, TX	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.57
El Paso, TX	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.57

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Flint, MI		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Flint, MI	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$93.66
Flint, MI	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$93.66
Flint, MI	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$93.66
Flint, MI	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$93.66
Flint, MI		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Flint, MI	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.44
Flint, MI	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.44
Flint, MI		Payment Class C - Oxygen Generating Portable Equipment Only				
Flint, MI	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
Flint, MI	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
Flint, MI	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$40.00

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Flint, MI		Payment Class D - Stationary Oxygen Contents Only				
Flint, MI	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.76
Flint, MI	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.76
Flint, MI		Payment Class E - Portable Oxygen Contents Only				
Flint, MI	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$53.83
Flint, MI	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$53.83
Fresno, CA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Fresno, CA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.00
Fresno, CA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.00
Fresno, CA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.00
Fresno, CA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.00
Fresno, CA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Fresno, CA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.21
Fresno, CA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.21
Fresno, CA		Payment Class C - Oxygen Generating Portable Equipment Only				
Fresno, 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			\$44.00
Fresno, 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			\$44.00
Fresno, CA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.00
Fresno, CA		Payment Class D - Stationary Oxygen Contents Only				
Fresno, CA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Fresno, CA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Fresno, CA		Payment Class E - Portable Oxygen Contents Only				
Fresno, CA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$54.99
Fresno, CA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$54.99

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Grand Rapids-Wyoming, MI		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Grand Rapids-Wyoming, MI	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$95.00
Grand Rapids-Wyoming, MI	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$95.00
Grand Rapids-Wyoming, MI	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$95.00
Grand Rapids-Wyoming, MI	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$95.00
Grand Rapids-Wyoming, MI		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Grand Rapids-Wyoming, MI	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.45
Grand Rapids-Wyoming, MI	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.45
Grand Rapids-Wyoming, MI		Payment Class C - Oxygen Generating Portable Equipment Only				
Grand Rapids-Wyoming, MI	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
Grand Rapids-Wyoming, MI	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
Grand Rapids-Wyoming, MI	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$40.00

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Grand Rapids-Wyoming, MI		Payment Class D - Stationary Oxygen Contents Only				
Grand Rapids-Wyoming, MI	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.76
Grand Rapids-Wyoming, MI	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.76
Grand Rapids-Wyoming, MI		Payment Class E - Portable Oxygen Contents Only				
Grand Rapids-Wyoming, MI	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.38
Grand Rapids-Wyoming, MI	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.38
Greensboro-High Point, NC		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Greensboro-High Point, NC	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$96.38
Greensboro-High Point, NC	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$96.38
Greensboro-High Point, NC	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$96.38
Greensboro-High Point, NC	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$96.38
Greensboro-High Point, NC		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greensboro-High Point, NC	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.97
Greensboro-High Point, NC	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.97
Greensboro-High Point, NC		Payment Class C - Oxygen Generating Portable Equipment Only				
Greensboro-High Point, NC	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			\$44.03
Greensboro-High Point, NC	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			\$44.03
Greensboro-High Point, NC	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.03
Greensboro-High Point, NC		Payment Class D - Stationary Oxygen Contents Only				
Greensboro-High Point, NC	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$62.50
Greensboro-High Point, NC	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$62.50
Greensboro-High Point, NC		Payment Class E - Portable Oxygen Contents Only				
Greensboro-High Point, NC	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$56.59
Greensboro-High Point, NC	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$56.59

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greenville-Mauldin-Easley, SC		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Greenville-Mauldin-Easley, SC	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$91.57
Greenville-Mauldin-Easley, SC	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$91.57
Greenville-Mauldin-Easley, SC	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$91.57
Greenville-Mauldin-Easley, SC	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$91.57
Greenville-Mauldin-Easley, SC		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Greenville-Mauldin-Easley, SC	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.43
Greenville-Mauldin-Easley, SC	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.43
Greenville-Mauldin-Easley, SC		Payment Class C - Oxygen Generating Portable Equipment Only				
Greenville-Mauldin-Easley, 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			\$46.00
Greenville-Mauldin-Easley, 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			\$46.00
Greenville-Mauldin-Easley, SC	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$46.00

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greenville-Mauldin-Easley, SC		Payment Class D - Stationary Oxygen Contents Only				
Greenville-Mauldin-Easley, SC	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$62.50
Greenville-Mauldin-Easley, SC	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$62.50
Greenville-Mauldin-Easley, SC		Payment Class E - Portable Oxygen Contents Only				
Greenville-Mauldin-Easley, SC	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$56.54
Greenville-Mauldin-Easley, SC	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$56.54
Hartford-West Hartford-East Hartford, CT		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Hartford-West Hartford-East Hartford, CT	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$102.12
Hartford-West Hartford-East Hartford, CT	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$102.12
Hartford-West Hartford-East Hartford, CT	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$102.12
Hartford-West Hartford-East Hartford, CT	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$102.12
Hartford-West Hartford-East Hartford, CT		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Hartford-West Hartford-East Hartford, CT	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$20.00
Hartford-West Hartford-East Hartford, CT	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$20.00
Hartford-West Hartford-East Hartford, CT		Payment Class C - Oxygen Generating Portable Equipment Only				
Hartford-West Hartford-East Hartford, CT	K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$43.94
Hartford-West Hartford-East Hartford, CT	E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE	RR			\$43.94
Hartford-West Hartford-East Hartford, CT	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$43.94
Hartford-West Hartford-East Hartford, CT		Payment Class D - Stationary Oxygen Contents Only				
Hartford-West Hartford-East Hartford, CT	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$59.53
Hartford-West Hartford-East Hartford, CT	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$59.53
Hartford-West Hartford-East Hartford, CT		Payment Class E - Portable Oxygen Contents Only				
Hartford-West Hartford-East Hartford, CT	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$56.10
Hartford-West Hartford-East Hartford, CT	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$56.10

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Honolulu, HI		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Honolulu, HI	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$97.54
Honolulu, HI	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$97.54
Honolulu, HI	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$97.54
Honolulu, HI	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$97.54
Honolulu, HI		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Honolulu, HI	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.14
Honolulu, HI	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.14
Honolulu, HI		Payment Class C - Oxygen Generating Portable Equipment Only				
Honolulu, HI	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			\$45.14
Honolulu, HI	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			\$45.14
Honolulu, HI	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$45.14

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Honolulu, HI		Payment Class D - Stationary Oxygen Contents Only				
Honolulu, HI	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$61.12
Honolulu, HI	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$61.12
Honolulu, HI		Payment Class E - Portable Oxygen Contents Only				
Honolulu, HI	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$60.76
Honolulu, HI	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$60.76
Houston-Sugar Land-Baytown, TX		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Houston-Sugar Land-Baytown, TX	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$93.92
Houston-Sugar Land-Baytown, TX	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$93.92
Houston-Sugar Land-Baytown, TX	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$93.92
Houston-Sugar Land-Baytown, TX	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$93.92
Houston-Sugar Land-Baytown, TX		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Houston-Sugar Land-Baytown, TX	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.71
Houston-Sugar Land-Baytown, TX	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.71
Houston-Sugar Land-Baytown, TX		Payment Class C - Oxygen Generating Portable Equipment Only				
Houston-Sugar Land-Baytown, 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			\$40.88
Houston-Sugar Land-Baytown, 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			\$40.88
Houston-Sugar Land-Baytown, TX	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$40.88
Houston-Sugar Land-Baytown, TX		Payment Class D - Stationary Oxygen Contents Only				
Houston-Sugar Land-Baytown, TX	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.20
Houston-Sugar Land-Baytown, TX	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.20
Houston-Sugar Land-Baytown, TX		Payment Class E - Portable Oxygen Contents Only				
Houston-Sugar Land-Baytown, TX	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.57
Houston-Sugar Land-Baytown, TX	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.57

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Huntington-Ashland, WV-KY-OH		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Huntington-Ashland, WV-KY-OH	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.00
Huntington-Ashland, WV-KY-OH	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.00
Huntington-Ashland, WV-KY-OH	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.00
Huntington-Ashland, WV-KY-OH	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.00
Huntington-Ashland, WV-KY-OH		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Huntington-Ashland, WV-KY-OH	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.42
Huntington-Ashland, WV-KY-OH	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.42
Huntington-Ashland, WV-KY-OH		Payment Class C - Oxygen Generating Portable Equipment Only				
Huntington-Ashland, WV-KY-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			\$44.06
Huntington-Ashland, WV-KY-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			\$44.06
Huntington-Ashland, WV-KY-OH	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.06

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Huntington-Ashland, WV-KY-OH		Payment Class D - Stationary Oxygen Contents Only				
Huntington-Ashland, WV-KY-OH	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$56.96
Huntington-Ashland, WV-KY-OH	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$56.96
Huntington-Ashland, WV-KY-OH		Payment Class E - Portable Oxygen Contents Only				
Huntington-Ashland, WV-KY-OH	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.76
Huntington-Ashland, WV-KY-OH	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.76
Indiana-Chicago Metro CBA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Indiana-Chicago Metro CBA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.00
Indiana-Chicago Metro CBA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.00
Indiana-Chicago Metro CBA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.00
Indiana-Chicago Metro CBA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.00
Indiana-Chicago Metro CBA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indiana-Chicago Metro CBA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$20.00
Indiana-Chicago Metro CBA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$20.00
Indiana-Chicago Metro CBA		Payment Class C - Oxygen Generating Portable Equipment Only				
Indiana-Chicago Metro CBA	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			\$42.98
Indiana-Chicago Metro CBA	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			\$42.98
Indiana-Chicago Metro CBA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$42.98
Indiana-Chicago Metro CBA		Payment Class D - Stationary Oxygen Contents Only				
Indiana-Chicago Metro CBA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$57.00
Indiana-Chicago Metro CBA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$57.00
Indiana-Chicago Metro CBA		Payment Class E - Portable Oxygen Contents Only				
Indiana-Chicago Metro CBA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Indiana-Chicago Metro CBA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indianapolis-Carmel, IN		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Indianapolis-Carmel, IN	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.00
Indianapolis-Carmel, IN	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.00
Indianapolis-Carmel, IN	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.00
Indianapolis-Carmel, IN	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.00
Indianapolis-Carmel, IN		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Indianapolis-Carmel, IN	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.47
Indianapolis-Carmel, IN	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.47
Indianapolis-Carmel, IN		Payment Class C - Oxygen Generating Portable Equipment Only				
Indianapolis-Carmel, 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			\$41.89
Indianapolis-Carmel, 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			\$41.89
Indianapolis-Carmel, IN	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$41.89

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indianapolis-Carmel, IN		Payment Class D - Stationary Oxygen Contents Only				
Indianapolis-Carmel, IN	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$59.15
Indianapolis-Carmel, IN	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$59.15
Indianapolis-Carmel, IN		Payment Class E - Portable Oxygen Contents Only				
Indianapolis-Carmel, IN	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.38
Indianapolis-Carmel, IN	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.38
Jackson, MS		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Jackson, MS	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$96.48
Jackson, MS	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$96.48
Jackson, MS	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$96.48
Jackson, MS	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$96.48
Jackson, MS		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jackson, MS	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$20.00
Jackson, MS	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$20.00
Jackson, MS		Payment Class C - Oxygen Generating Portable Equipment Only				
Jackson, MS	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			\$44.00
Jackson, MS	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			\$44.00
Jackson, MS	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.00
Jackson, MS		Payment Class D - Stationary Oxygen Contents Only				
Jackson, MS	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Jackson, MS	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Jackson, MS		Payment Class E - Portable Oxygen Contents Only				
Jackson, MS	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.76
Jackson, MS	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.76

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jacksonville, FL		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Jacksonville, FL	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.00
Jacksonville, FL	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.00
Jacksonville, FL	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.00
Jacksonville, FL	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.00
Jacksonville, FL		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Jacksonville, FL	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$17.42
Jacksonville, FL	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$17.42
Jacksonville, FL		Payment Class C - Oxygen Generating Portable Equipment Only				
Jacksonville, 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			\$38.10
Jacksonville, 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			\$38.10
Jacksonville, FL	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$38.10

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jacksonville, FL		Payment Class D - Stationary Oxygen Contents Only				
Jacksonville, FL	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$54.61
Jacksonville, FL	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$54.61
Jacksonville, FL		Payment Class E - Portable Oxygen Contents Only				
Jacksonville, FL	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Jacksonville, FL	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Knoxville, TN		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Knoxville, TN	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$100.00
Knoxville, TN	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$100.00
Knoxville, TN	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$100.00
Knoxville, TN	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$100.00
Knoxville, TN		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Knoxville, TN	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$20.75
Knoxville, TN	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$20.75
Knoxville, TN		Payment Class C - Oxygen Generating Portable Equipment Only				
Knoxville, TN	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			\$44.00
Knoxville, TN	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			\$44.00
Knoxville, TN	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.00
Knoxville, TN		Payment Class D - Stationary Oxygen Contents Only				
Knoxville, TN	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$65.00
Knoxville, TN	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$65.00
Knoxville, TN		Payment Class E - Portable Oxygen Contents Only				
Knoxville, TN	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Knoxville, TN	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Lakeland-Winter Haven, FL		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Lakeland-Winter Haven, FL	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.00
Lakeland-Winter Haven, FL	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.00
Lakeland-Winter Haven, FL	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.00
Lakeland-Winter Haven, FL	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.00
Lakeland-Winter Haven, FL		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Lakeland-Winter Haven, FL	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$18.13
Lakeland-Winter Haven, FL	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$18.13
Lakeland-Winter Haven, FL		Payment Class C - Oxygen Generating Portable Equipment Only				
Lakeland-Winter Haven, 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			\$37.64
Lakeland-Winter Haven, 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			\$37.64
Lakeland-Winter Haven, FL	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$37.64

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Lakeland-Winter Haven, FL		Payment Class D - Stationary Oxygen Contents Only				
Lakeland-Winter Haven, FL	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Lakeland-Winter Haven, FL	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Lakeland-Winter Haven, FL		Payment Class E - Portable Oxygen Contents Only				
Lakeland-Winter Haven, FL	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Lakeland-Winter Haven, FL	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Las Vegas-Paradise, NV		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Las Vegas-Paradise, NV	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.00
Las Vegas-Paradise, NV	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.00
Las Vegas-Paradise, NV	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.00
Las Vegas-Paradise, NV	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.00
Las Vegas-Paradise, NV		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Las Vegas-Paradise, NV	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.42
Las Vegas-Paradise, NV	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.42
Las Vegas-Paradise, NV		Payment Class C - Oxygen Generating Portable Equipment Only				
Las Vegas-Paradise, NV	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			\$44.00
Las Vegas-Paradise, NV	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			\$44.00
Las Vegas-Paradise, NV	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.00
Las Vegas-Paradise, NV		Payment Class D - Stationary Oxygen Contents Only				
Las Vegas-Paradise, NV	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.58
Las Vegas-Paradise, NV	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.58
Las Vegas-Paradise, NV		Payment Class E - Portable Oxygen Contents Only				
Las Vegas-Paradise, NV	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$54.99
Las Vegas-Paradise, NV	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$54.99

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Little Rock-North Little Rock-Conway, AR		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Little Rock-North Little Rock-Conway, AR	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.00
Little Rock-North Little Rock-Conway, AR	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.00
Little Rock-North Little Rock-Conway, AR	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.00
Little Rock-North Little Rock-Conway, AR	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.00
Little Rock-North Little Rock-Conway, AR		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Little Rock-North Little Rock-Conway, AR	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$20.00
Little Rock-North Little Rock-Conway, AR	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$20.00
Little Rock-North Little Rock-Conway, AR		Payment Class C - Oxygen Generating Portable Equipment Only				
Little Rock-North Little Rock-Conway, AR	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			\$44.06
Little Rock-North Little Rock-Conway, AR	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			\$44.06
Little Rock-North Little Rock-Conway, AR	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.06

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Little Rock-North Little Rock-Conway, AR		Payment Class D - Stationary Oxygen Contents Only				
Little Rock-North Little Rock-Conway, AR	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Little Rock-North Little Rock-Conway, AR	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Little Rock-North Little Rock-Conway, AR		Payment Class E - Portable Oxygen Contents Only				
Little Rock-North Little Rock-Conway, AR	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.76
Little Rock-North Little Rock-Conway, AR	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.76
Los Angeles County CBA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Los Angeles County CBA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$94.84
Los Angeles County CBA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$94.84
Los Angeles County CBA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$94.84
Los Angeles County CBA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$94.84
Los Angeles County CBA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Los Angeles County CBA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$18.92
Los Angeles County CBA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$18.92
Los Angeles County CBA		Payment Class C - Oxygen Generating Portable Equipment Only				
Los Angeles County CBA	K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$43.50
Los Angeles County CBA	E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE	RR			\$43.50
Los Angeles County CBA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$43.50
Los Angeles County CBA		Payment Class D - Stationary Oxygen Contents Only				
Los Angeles County CBA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$59.62
Los Angeles County CBA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$59.62
Los Angeles County CBA		Payment Class E - Portable Oxygen Contents Only				
Los Angeles County CBA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.57
Los Angeles County CBA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.57

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Louisville/Jefferson County, KY-IN		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Louisville/Jefferson County, KY-IN	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$89.38
Louisville/Jefferson County, KY-IN	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$89.38
Louisville/Jefferson County, KY-IN	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$89.38
Louisville/Jefferson County, KY-IN	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$89.38
Louisville/Jefferson County, KY-IN		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Louisville/Jefferson County, KY-IN	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.21
Louisville/Jefferson County, 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			\$19.21
Louisville/Jefferson County, KY-IN		Payment Class C - Oxygen Generating Portable Equipment Only				
Louisville/Jefferson County, 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			\$38.62
Louisville/Jefferson County, 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			\$38.62
Louisville/Jefferson County, KY-IN	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$38.62

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Louisville/Jefferson County, KY-IN		Payment Class D - Stationary Oxygen Contents Only				
Louisville/Jefferson County, KY-IN	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.58
Louisville/Jefferson County, KY-IN	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.58
Louisville/Jefferson County, KY-IN		Payment Class E - Portable Oxygen Contents Only				
Louisville/Jefferson County, KY-IN	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Louisville/Jefferson County, KY-IN	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
McAllen-Edinburg-Mission, TX		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
McAllen-Edinburg-Mission, TX	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.00
McAllen-Edinburg-Mission, TX	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.00
McAllen-Edinburg-Mission, TX	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.00
McAllen-Edinburg-Mission, TX	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.00
McAllen-Edinburg-Mission, TX		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
McAllen-Edinburg-Mission, TX	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.74
McAllen-Edinburg-Mission, TX	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.74
McAllen-Edinburg-Mission, TX		Payment Class C - Oxygen Generating Portable Equipment Only				
McAllen-Edinburg-Mission, 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			\$45.00
McAllen-Edinburg-Mission, 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			\$45.00
McAllen-Edinburg-Mission, TX	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$45.00
McAllen-Edinburg-Mission, TX		Payment Class D - Stationary Oxygen Contents Only				
McAllen-Edinburg-Mission, TX	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$59.58
McAllen-Edinburg-Mission, TX	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$59.58
McAllen-Edinburg-Mission, TX		Payment Class E - Portable Oxygen Contents Only				
McAllen-Edinburg-Mission, TX	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.96
McAllen-Edinburg-Mission, TX	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.96

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Memphis, TN-MS-AR		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Memphis, TN-MS-AR	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$98.59
Memphis, TN-MS-AR	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$98.59
Memphis, TN-MS-AR	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$98.59
Memphis, TN-MS-AR	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$98.59
Memphis, TN-MS-AR		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Memphis, TN-MS-AR	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$20.50
Memphis, TN-MS-AR	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$20.50
Memphis, TN-MS-AR		Payment Class C - Oxygen Generating Portable Equipment Only				
Memphis, TN-MS-AR	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			\$45.00
Memphis, TN-MS-AR	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			\$45.00
Memphis, TN-MS-AR	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$45.00

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Memphis, TN-MS-AR		Payment Class D - Stationary Oxygen Contents Only				
Memphis, TN-MS-AR	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Memphis, TN-MS-AR	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Memphis, TN-MS-AR		Payment Class E - Portable Oxygen Contents Only				
Memphis, TN-MS-AR	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$59.64
Memphis, TN-MS-AR	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$59.64
Milwaukee-Waukesha-West Allis, WI		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Milwaukee-Waukesha-West Allis, WI	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$96.48
Milwaukee-Waukesha-West Allis, WI	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$96.48
Milwaukee-Waukesha-West Allis, WI	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$96.48
Milwaukee-Waukesha-West Allis, WI	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$96.48
Milwaukee-Waukesha-West Allis, WI		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Milwaukee-Waukesha-West Allis, WI	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$20.00
Milwaukee-Waukesha-West Allis, WI	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$20.00
Milwaukee-Waukesha-West Allis, WI		Payment Class C - Oxygen Generating Portable Equipment Only				
Milwaukee-Waukesha-West Allis, WI	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			\$44.00
Milwaukee-Waukesha-West Allis, WI	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			\$44.00
Milwaukee-Waukesha-West Allis, WI	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.00
Milwaukee-Waukesha-West Allis, WI		Payment Class D - Stationary Oxygen Contents Only				
Milwaukee-Waukesha-West Allis, WI	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$60.02
Milwaukee-Waukesha-West Allis, WI	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$60.02
Milwaukee-Waukesha-West Allis, WI		Payment Class E - Portable Oxygen Contents Only				
Milwaukee-Waukesha-West Allis, WI	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.99
Milwaukee-Waukesha-West Allis, WI	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.99

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Minneapolis-St. Paul-Bloomington, MN-WI		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Minneapolis-St. Paul-Bloomington, MN-WI	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$98.59
Minneapolis-St. Paul-Bloomington, MN-WI	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$98.59
Minneapolis-St. Paul-Bloomington, MN-WI	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$98.59
Minneapolis-St. Paul-Bloomington, MN-WI	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$98.59
Minneapolis-St. Paul-Bloomington, MN-WI		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Minneapolis-St. Paul-Bloomington, MN-WI	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$21.00
Minneapolis-St. Paul-Bloomington, MN-WI	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$21.00
Minneapolis-St. Paul-Bloomington, MN-WI		Payment Class C - Oxygen Generating Portable Equipment Only				
Minneapolis-St. Paul-Bloomington, MN-WI	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			\$46.00
Minneapolis-St. Paul-Bloomington, MN-WI	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			\$46.00
Minneapolis-St. Paul-Bloomington, MN-WI	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$46.00

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Minneapolis-St. Paul-Bloomington, MN-WI		Payment Class D - Stationary Oxygen Contents Only				
Minneapolis-St. Paul-Bloomington, MN-WI	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$60.02
Minneapolis-St. Paul-Bloomington, MN-WI	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$60.02
Minneapolis-St. Paul-Bloomington, MN-WI		Payment Class E - Portable Oxygen Contents Only				
Minneapolis-St. Paul-Bloomington, MN-WI	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$56.54
Minneapolis-St. Paul-Bloomington, MN-WI	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$56.54
Nashville-Davidson--Murfreeseboro--Franklin, TN		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Nashville-Davidson--Murfreeseboro--Franklin, TN	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$100.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$100.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$100.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$100.00
Nashville-Davidson--Murfreeseboro--Franklin, TN		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$20.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$20.00
Nashville-Davidson--Murfreeseboro--Franklin, TN		Payment Class C - Oxygen Generating Portable Equipment Only				
Nashville-Davidson--Murfreeseboro--Franklin, TN	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			\$44.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	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			\$44.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.00
Nashville-Davidson--Murfreeseboro--Franklin, TN		Payment Class D - Stationary Oxygen Contents Only				
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$61.97
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$61.97
Nashville-Davidson--Murfreeseboro--Franklin, TN		Payment Class E - Portable Oxygen Contents Only				
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nassau-Brooklyn-Queens-Richmond County Metro CBA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.42
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.42
Nassau-Brooklyn-Queens-Richmond County Metro CBA		Payment Class C - Oxygen Generating Portable Equipment Only				
Nassau-Brooklyn-Queens-Richmond County Metro CBA	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			\$41.30
Nassau-Brooklyn-Queens-Richmond County Metro CBA	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			\$41.30
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$41.30

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nassau-Brooklyn-Queens-Richmond County Metro CBA		Payment Class D - Stationary Oxygen Contents Only				
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$57.90
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$57.90
Nassau-Brooklyn-Queens-Richmond County Metro CBA		Payment Class E - Portable Oxygen Contents Only				
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$53.33
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$53.33
New Haven-Milford, CT		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
New Haven-Milford, CT	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$99.81
New Haven-Milford, CT	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$99.81
New Haven-Milford, CT	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$99.81
New Haven-Milford, CT	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$99.81
New Haven-Milford, CT		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Haven-Milford, CT	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$20.00
New Haven-Milford, CT	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$20.00
New Haven-Milford, CT		Payment Class C - Oxygen Generating Portable Equipment Only				
New Haven-Milford, CT	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			\$44.00
New Haven-Milford, CT	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			\$44.00
New Haven-Milford, CT	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.00
New Haven-Milford, CT		Payment Class D - Stationary Oxygen Contents Only				
New Haven-Milford, CT	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
New Haven-Milford, CT	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
New Haven-Milford, CT		Payment Class E - Portable Oxygen Contents Only				
New Haven-Milford, CT	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.38
New Haven-Milford, CT	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.38

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Orleans-Metairie-Kenner, LA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
New Orleans-Metairie-Kenner, LA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$96.62
New Orleans-Metairie-Kenner, LA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$96.62
New Orleans-Metairie-Kenner, LA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$96.62
New Orleans-Metairie-Kenner, LA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$96.62
New Orleans-Metairie-Kenner, LA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
New Orleans-Metairie-Kenner, LA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.50
New Orleans-Metairie-Kenner, LA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.50
New Orleans-Metairie-Kenner, LA		Payment Class C - Oxygen Generating Portable Equipment Only				
New Orleans-Metairie-Kenner, LA	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			\$42.98
New Orleans-Metairie-Kenner, LA	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			\$42.98
New Orleans-Metairie-Kenner, LA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$42.98

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Orleans-Metairie-Kenner, LA		Payment Class D - Stationary Oxygen Contents Only				
New Orleans-Metairie-Kenner, LA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$56.50
New Orleans-Metairie-Kenner, LA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$56.50
New Orleans-Metairie-Kenner, LA		Payment Class E - Portable Oxygen Contents Only				
New Orleans-Metairie-Kenner, LA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.57
New Orleans-Metairie-Kenner, LA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.57
North East NY CBA Metro		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
North East NY CBA Metro	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$85.79
North East NY CBA Metro	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$85.79
North East NY CBA Metro	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$85.79
North East NY CBA Metro	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$85.79
North East NY CBA Metro		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North East NY CBA Metro	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$18.27
North East NY CBA Metro	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$18.27
North East NY CBA Metro		Payment Class C - Oxygen Generating Portable Equipment Only				
North East NY CBA Metro	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			\$40.65
North East NY CBA Metro	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			\$40.65
North East NY CBA Metro	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$40.65
North East NY CBA Metro		Payment Class D - Stationary Oxygen Contents Only				
North East NY CBA Metro	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$50.56
North East NY CBA Metro	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$50.56
North East NY CBA Metro		Payment Class E - Portable Oxygen Contents Only				
North East NY CBA Metro	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$49.78
North East NY CBA Metro	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$49.78

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North Port-Bradenton-Sarasota, FL		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
North Port-Bradenton-Sarasota, FL	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.14
North Port-Bradenton-Sarasota, FL	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.14
North Port-Bradenton-Sarasota, FL	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.14
North Port-Bradenton-Sarasota, FL	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.14
North Port-Bradenton-Sarasota, FL		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
North Port-Bradenton-Sarasota, FL	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$18.34
North Port-Bradenton-Sarasota, FL	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$18.34
North Port-Bradenton-Sarasota, FL		Payment Class C - Oxygen Generating Portable Equipment Only				
North Port-Bradenton-Sarasota, 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			\$37.40
North Port-Bradenton-Sarasota, 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			\$37.40
North Port-Bradenton-Sarasota, FL	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$37.40

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North Port-Bradenton-Sarasota, FL		Payment Class D - Stationary Oxygen Contents Only				
North Port-Bradenton-Sarasota, FL	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$54.61
North Port-Bradenton-Sarasota, FL	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$54.61
North Port-Bradenton-Sarasota, FL		Payment Class E - Portable Oxygen Contents Only				
North Port-Bradenton-Sarasota, FL	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
North Port-Bradenton-Sarasota, FL	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Northern NJ Metro CBA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Northern NJ Metro CBA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.00
Northern NJ Metro CBA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.00
Northern NJ Metro CBA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.00
Northern NJ Metro CBA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.00
Northern NJ Metro CBA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern NJ Metro CBA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.42
Northern NJ Metro CBA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.42
Northern NJ Metro CBA		Payment Class C - Oxygen Generating Portable Equipment Only				
Northern NJ Metro CBA	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			\$42.00
Northern NJ Metro CBA	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			\$42.00
Northern NJ Metro CBA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$42.00
Northern NJ Metro CBA		Payment Class D - Stationary Oxygen Contents Only				
Northern NJ Metro CBA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$57.90
Northern NJ Metro CBA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$57.90
Northern NJ Metro CBA		Payment Class E - Portable Oxygen Contents Only				
Northern NJ Metro CBA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Northern NJ Metro CBA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern-Chicago Metro CBA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Northern-Chicago Metro CBA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.00
Northern-Chicago Metro CBA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.00
Northern-Chicago Metro CBA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.00
Northern-Chicago Metro CBA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.00
Northern-Chicago Metro CBA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Northern-Chicago Metro CBA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$20.00
Northern-Chicago Metro CBA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$20.00
Northern-Chicago Metro CBA		Payment Class C - Oxygen Generating Portable Equipment Only				
Northern-Chicago Metro CBA	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			\$44.00
Northern-Chicago Metro CBA	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			\$44.00
Northern-Chicago Metro CBA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.00

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern-Chicago Metro CBA		Payment Class D - Stationary Oxygen Contents Only				
Northern-Chicago Metro CBA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$59.15
Northern-Chicago Metro CBA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$59.15
Northern-Chicago Metro CBA		Payment Class E - Portable Oxygen Contents Only				
Northern-Chicago Metro CBA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Northern-Chicago Metro CBA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Ocala, FL		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Ocala, FL	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$89.50
Ocala, FL	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$89.50
Ocala, FL	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$89.50
Ocala, FL	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$89.50
Ocala, FL		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Ocala, FL	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$17.31
Ocala, FL	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$17.31
Ocala, FL		Payment Class C - Oxygen Generating Portable Equipment Only				
Ocala, 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			\$37.40
Ocala, 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			\$37.40
Ocala, FL	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$37.40
Ocala, FL		Payment Class D - Stationary Oxygen Contents Only				
Ocala, FL	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$54.61
Ocala, FL	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$54.61
Ocala, FL		Payment Class E - Portable Oxygen Contents Only				
Ocala, FL	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.12
Ocala, FL	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.12

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oklahoma City, OK		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Oklahoma City, OK	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$96.48
Oklahoma City, OK	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$96.48
Oklahoma City, OK	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$96.48
Oklahoma City, OK	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$96.48
Oklahoma City, OK		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Oklahoma City, OK	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.69
Oklahoma City, OK	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.69
Oklahoma City, OK		Payment Class C - Oxygen Generating Portable Equipment Only				
Oklahoma City, OK	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			\$42.98
Oklahoma City, OK	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			\$42.98
Oklahoma City, OK	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$42.98

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oklahoma City, OK		Payment Class D - Stationary Oxygen Contents Only				
Oklahoma City, OK	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$56.00
Oklahoma City, OK	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$56.00
Oklahoma City, OK		Payment Class E - Portable Oxygen Contents Only				
Oklahoma City, OK	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.38
Oklahoma City, OK	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.38
Omaha-Council Bluffs, NE-IA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Omaha-Council Bluffs, NE-IA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.00
Omaha-Council Bluffs, NE-IA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.00
Omaha-Council Bluffs, NE-IA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.00
Omaha-Council Bluffs, NE-IA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.00
Omaha-Council Bluffs, NE-IA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Omaha-Council Bluffs, NE-IA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.43
Omaha-Council Bluffs, NE-IA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.43
Omaha-Council Bluffs, NE-IA		Payment Class C - Oxygen Generating Portable Equipment Only				
Omaha-Council Bluffs, NE-IA	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			\$44.06
Omaha-Council Bluffs, NE-IA	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			\$44.06
Omaha-Council Bluffs, NE-IA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.06
Omaha-Council Bluffs, NE-IA		Payment Class D - Stationary Oxygen Contents Only				
Omaha-Council Bluffs, NE-IA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Omaha-Council Bluffs, NE-IA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Omaha-Council Bluffs, NE-IA		Payment Class E - Portable Oxygen Contents Only				
Omaha-Council Bluffs, NE-IA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.38
Omaha-Council Bluffs, NE-IA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.38

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orange County CBA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Orange County CBA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.01
Orange County CBA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.01
Orange County CBA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.01
Orange County CBA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.01
Orange County CBA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Orange County CBA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$18.25
Orange County CBA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$18.25
Orange County CBA		Payment Class C - Oxygen Generating Portable Equipment Only				
Orange County CBA	K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$43.00
Orange County CBA	E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE	RR			\$43.00
Orange County CBA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$43.00

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orange County CBA		Payment Class D - Stationary Oxygen Contents Only				
Orange County CBA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$57.80
Orange County CBA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$57.80
Orange County CBA		Payment Class E - Portable Oxygen Contents Only				
Orange County CBA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$54.98
Orange County CBA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$54.98
Oxnard-Thousand Oaks-Ventura, CA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Oxnard-Thousand Oaks-Ventura, CA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.01
Oxnard-Thousand Oaks-Ventura, CA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.01
Oxnard-Thousand Oaks-Ventura, CA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.01
Oxnard-Thousand Oaks-Ventura, CA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.01
Oxnard-Thousand Oaks-Ventura, CA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oxnard-Thousand Oaks-Ventura, CA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.00
Oxnard-Thousand Oaks-Ventura, CA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.00
Oxnard-Thousand Oaks-Ventura, CA		Payment Class C - Oxygen Generating Portable Equipment Only				
Oxnard-Thousand Oaks-Ventura, 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			\$44.00
Oxnard-Thousand Oaks-Ventura, 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			\$44.00
Oxnard-Thousand Oaks-Ventura, CA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.00
Oxnard-Thousand Oaks-Ventura, CA		Payment Class D - Stationary Oxygen Contents Only				
Oxnard-Thousand Oaks-Ventura, CA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$59.25
Oxnard-Thousand Oaks-Ventura, CA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$59.25
Oxnard-Thousand Oaks-Ventura, CA		Payment Class E - Portable Oxygen Contents Only				
Oxnard-Thousand Oaks-Ventura, CA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.38
Oxnard-Thousand Oaks-Ventura, CA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.38

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Palm Bay-Melbourne-Titusville, FL		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Palm Bay-Melbourne-Titusville, FL	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.00
Palm Bay-Melbourne-Titusville, FL	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.00
Palm Bay-Melbourne-Titusville, FL	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.00
Palm Bay-Melbourne-Titusville, FL	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.00
Palm Bay-Melbourne-Titusville, FL		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Palm Bay-Melbourne-Titusville, FL	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$17.12
Palm Bay-Melbourne-Titusville, FL	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$17.12
Palm Bay-Melbourne-Titusville, FL		Payment Class C - Oxygen Generating Portable Equipment Only				
Palm Bay-Melbourne-Titusville, 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			\$37.17
Palm Bay-Melbourne-Titusville, 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			\$37.17
Palm Bay-Melbourne-Titusville, FL	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$37.17

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Palm Bay-Melbourne-Titusville, FL		Payment Class D - Stationary Oxygen Contents Only				
Palm Bay-Melbourne-Titusville, FL	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$54.22
Palm Bay-Melbourne-Titusville, FL	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$54.22
Palm Bay-Melbourne-Titusville, FL		Payment Class E - Portable Oxygen Contents Only				
Palm Bay-Melbourne-Titusville, FL	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Palm Bay-Melbourne-Titusville, FL	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$93.28
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$93.28
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$93.28
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$93.28
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.42
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.42
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD		Payment Class C - Oxygen Generating Portable Equipment Only				
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	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			\$41.83
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	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			\$41.83
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$41.83
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD		Payment Class D - Stationary Oxygen Contents Only				
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.58
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.58
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD		Payment Class E - Portable Oxygen Contents Only				
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.57
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.57

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Phoenix-Mesa-Glendale, AZ		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Phoenix-Mesa-Glendale, AZ	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$97.09
Phoenix-Mesa-Glendale, AZ	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$97.09
Phoenix-Mesa-Glendale, AZ	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$97.09
Phoenix-Mesa-Glendale, AZ	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$97.09
Phoenix-Mesa-Glendale, AZ		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Phoenix-Mesa-Glendale, AZ	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.45
Phoenix-Mesa-Glendale, AZ	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.45
Phoenix-Mesa-Glendale, AZ		Payment Class C - Oxygen Generating Portable Equipment Only				
Phoenix-Mesa-Glendale, AZ	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			\$42.99
Phoenix-Mesa-Glendale, AZ	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			\$42.99
Phoenix-Mesa-Glendale, AZ	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$42.99

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Phoenix-Mesa-Glendale, AZ		Payment Class D - Stationary Oxygen Contents Only				
Phoenix-Mesa-Glendale, AZ	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$57.46
Phoenix-Mesa-Glendale, AZ	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$57.46
Phoenix-Mesa-Glendale, AZ		Payment Class E - Portable Oxygen Contents Only				
Phoenix-Mesa-Glendale, AZ	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.57
Phoenix-Mesa-Glendale, AZ	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.57
Portland-Vancouver-Hillsboro, OR-WA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Portland-Vancouver-Hillsboro, OR-WA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.00
Portland-Vancouver-Hillsboro, OR-WA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.00
Portland-Vancouver-Hillsboro, OR-WA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.00
Portland-Vancouver-Hillsboro, OR-WA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.00
Portland-Vancouver-Hillsboro, OR-WA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Portland-Vancouver-Hillsboro, OR-WA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$20.00
Portland-Vancouver-Hillsboro, OR-WA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$20.00
Portland-Vancouver-Hillsboro, OR-WA		Payment Class C - Oxygen Generating Portable Equipment Only				
Portland-Vancouver-Hillsboro, OR-WA	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			\$44.06
Portland-Vancouver-Hillsboro, OR-WA	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			\$44.06
Portland-Vancouver-Hillsboro, OR-WA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.06
Portland-Vancouver-Hillsboro, OR-WA		Payment Class D - Stationary Oxygen Contents Only				
Portland-Vancouver-Hillsboro, OR-WA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$60.02
Portland-Vancouver-Hillsboro, OR-WA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$60.02
Portland-Vancouver-Hillsboro, OR-WA		Payment Class E - Portable Oxygen Contents Only				
Portland-Vancouver-Hillsboro, OR-WA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$56.54
Portland-Vancouver-Hillsboro, OR-WA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$56.54

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Poughkeepsie-Newburgh-Middletown, NY		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Poughkeepsie-Newburgh-Middletown, NY	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$89.67
Poughkeepsie-Newburgh-Middletown, NY	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$89.67
Poughkeepsie-Newburgh-Middletown, NY	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$89.67
Poughkeepsie-Newburgh-Middletown, NY	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$89.67
Poughkeepsie-Newburgh-Middletown, NY		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Poughkeepsie-Newburgh-Middletown, NY	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$18.64
Poughkeepsie-Newburgh-Middletown, NY	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$18.64
Poughkeepsie-Newburgh-Middletown, NY		Payment Class C - Oxygen Generating Portable Equipment Only				
Poughkeepsie-Newburgh-Middletown, NY	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			\$41.65
Poughkeepsie-Newburgh-Middletown, NY	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			\$41.65
Poughkeepsie-Newburgh-Middletown, NY	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$41.65

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Poughkeepsie-Newburgh-Middletown, NY		Payment Class D - Stationary Oxygen Contents Only				
Poughkeepsie-Newburgh-Middletown, NY	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.20
Poughkeepsie-Newburgh-Middletown, NY	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.20
Poughkeepsie-Newburgh-Middletown, NY		Payment Class E - Portable Oxygen Contents Only				
Poughkeepsie-Newburgh-Middletown, NY	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$51.50
Poughkeepsie-Newburgh-Middletown, NY	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$51.50
Providence-New Bedford-Fall River, RI-MA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Providence-New Bedford-Fall River, RI-MA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$105.32
Providence-New Bedford-Fall River, RI-MA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$105.32
Providence-New Bedford-Fall River, RI-MA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$105.32
Providence-New Bedford-Fall River, RI-MA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$105.32
Providence-New Bedford-Fall River, RI-MA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Providence-New Bedford-Fall River, RI-MA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$20.00
Providence-New Bedford-Fall River, RI-MA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$20.00
Providence-New Bedford-Fall River, RI-MA		Payment Class C - Oxygen Generating Portable Equipment Only				
Providence-New Bedford-Fall River, RI-MA	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
Providence-New Bedford-Fall River, RI-MA	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
Providence-New Bedford-Fall River, RI-MA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$40.00
Providence-New Bedford-Fall River, RI-MA		Payment Class D - Stationary Oxygen Contents Only				
Providence-New Bedford-Fall River, RI-MA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$58.04
Providence-New Bedford-Fall River, RI-MA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$58.04
Providence-New Bedford-Fall River, RI-MA		Payment Class E - Portable Oxygen Contents Only				
Providence-New Bedford-Fall River, RI-MA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$58.04
Providence-New Bedford-Fall River, RI-MA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$58.04

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Raleigh-Cary, NC		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Raleigh-Cary, NC	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$99.81
Raleigh-Cary, NC	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$99.81
Raleigh-Cary, NC	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$99.81
Raleigh-Cary, NC	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$99.81
Raleigh-Cary, NC		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Raleigh-Cary, NC	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.28
Raleigh-Cary, NC	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.28
Raleigh-Cary, NC		Payment Class C - Oxygen Generating Portable Equipment Only				
Raleigh-Cary, NC	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			\$44.06
Raleigh-Cary, NC	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			\$44.06
Raleigh-Cary, NC	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.06

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Raleigh-Cary, NC		Payment Class D - Stationary Oxygen Contents Only				
Raleigh-Cary, NC	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$65.00
Raleigh-Cary, NC	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$65.00
Raleigh-Cary, NC		Payment Class E - Portable Oxygen Contents Only				
Raleigh-Cary, NC	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$56.64
Raleigh-Cary, NC	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$56.64
Richmond, VA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Richmond, VA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$95.74
Richmond, VA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$95.74
Richmond, VA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$95.74
Richmond, VA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$95.74
Richmond, VA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Richmond, VA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.45
Richmond, VA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.45
Richmond, VA		Payment Class C - Oxygen Generating Portable Equipment Only				
Richmond, VA	K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$43.49
Richmond, VA	E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE	RR			\$43.49
Richmond, VA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$43.49
Richmond, VA		Payment Class D - Stationary Oxygen Contents Only				
Richmond, VA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$58.19
Richmond, VA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$58.19
Richmond, VA		Payment Class E - Portable Oxygen Contents Only				
Richmond, VA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$56.15
Richmond, VA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$56.15

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Rochester, NY		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Rochester, NY	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.00
Rochester, NY	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.00
Rochester, NY	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.00
Rochester, NY	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.00
Rochester, NY		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Rochester, NY	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.74
Rochester, NY	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.74
Rochester, NY		Payment Class C - Oxygen Generating Portable Equipment Only				
Rochester, NY	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			\$44.03
Rochester, NY	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			\$44.03
Rochester, NY	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.03

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Rochester, NY		Payment Class D - Stationary Oxygen Contents Only				
Rochester, NY	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Rochester, NY	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Rochester, NY		Payment Class E - Portable Oxygen Contents Only				
Rochester, NY	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$54.16
Rochester, NY	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$54.16
Sacramento--Arden-Arcade--Roseville, CA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Sacramento--Arden-Arcade--Roseville, CA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$93.78
Sacramento--Arden-Arcade--Roseville, CA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$93.78
Sacramento--Arden-Arcade--Roseville, CA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$93.78
Sacramento--Arden-Arcade--Roseville, CA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$93.78
Sacramento--Arden-Arcade--Roseville, CA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Sacramento--Arden-Arcade--Roseville, CA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.42
Sacramento--Arden-Arcade--Roseville, CA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.42
Sacramento--Arden-Arcade--Roseville, CA		Payment Class C - Oxygen Generating Portable Equipment Only				
Sacramento--Arden-Arcade--Roseville, 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			\$44.00
Sacramento--Arden-Arcade--Roseville, 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			\$44.00
Sacramento--Arden-Arcade--Roseville, CA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.00
Sacramento--Arden-Arcade--Roseville, CA		Payment Class D - Stationary Oxygen Contents Only				
Sacramento--Arden-Arcade--Roseville, CA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$59.62
Sacramento--Arden-Arcade--Roseville, CA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$59.62
Sacramento--Arden-Arcade--Roseville, CA		Payment Class E - Portable Oxygen Contents Only				
Sacramento--Arden-Arcade--Roseville, CA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.57
Sacramento--Arden-Arcade--Roseville, CA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.57

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Salt Lake City, UT		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Salt Lake City, UT	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.00
Salt Lake City, UT	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.00
Salt Lake City, UT	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.00
Salt Lake City, UT	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.00
Salt Lake City, UT		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Salt Lake City, UT	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$20.00
Salt Lake City, UT	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$20.00
Salt Lake City, UT		Payment Class C - Oxygen Generating Portable Equipment Only				
Salt Lake City, UT	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			\$44.06
Salt Lake City, UT	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			\$44.06
Salt Lake City, UT	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.06

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Salt Lake City, UT		Payment Class D - Stationary Oxygen Contents Only				
Salt Lake City, UT	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Salt Lake City, UT	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Salt Lake City, UT		Payment Class E - Portable Oxygen Contents Only				
Salt Lake City, UT	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.76
Salt Lake City, UT	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.76
San Antonio-New Braunfels, TX		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
San Antonio-New Braunfels, TX	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$93.92
San Antonio-New Braunfels, TX	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$93.92
San Antonio-New Braunfels, TX	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$93.92
San Antonio-New Braunfels, TX	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$93.92
San Antonio-New Braunfels, TX		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Antonio-New Braunfels, TX	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.71
San Antonio-New Braunfels, TX	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.71
San Antonio-New Braunfels, TX		Payment Class C - Oxygen Generating Portable Equipment Only				
San Antonio-New Braunfels, 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			\$40.88
San Antonio-New Braunfels, 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			\$40.88
San Antonio-New Braunfels, TX	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$40.88
San Antonio-New Braunfels, TX		Payment Class D - Stationary Oxygen Contents Only				
San Antonio-New Braunfels, TX	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$57.08
San Antonio-New Braunfels, TX	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$57.08
San Antonio-New Braunfels, TX		Payment Class E - Portable Oxygen Contents Only				
San Antonio-New Braunfels, TX	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.19
San Antonio-New Braunfels, TX	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.19

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Diego-Carlsbad-San Marcos, CA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
San Diego-Carlsbad-San Marcos, CA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.00
San Diego-Carlsbad-San Marcos, CA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.00
San Diego-Carlsbad-San Marcos, CA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.00
San Diego-Carlsbad-San Marcos, CA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.00
San Diego-Carlsbad-San Marcos, CA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
San Diego-Carlsbad-San Marcos, CA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$18.92
San Diego-Carlsbad-San Marcos, CA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$18.92
San Diego-Carlsbad-San Marcos, CA		Payment Class C - Oxygen Generating Portable Equipment Only				
San Diego-Carlsbad-San Marcos, 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			\$43.50
San Diego-Carlsbad-San Marcos, 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			\$43.50
San Diego-Carlsbad-San Marcos, CA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$43.50

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Diego-Carlsbad-San Marcos, CA		Payment Class D - Stationary Oxygen Contents Only				
San Diego-Carlsbad-San Marcos, CA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$59.62
San Diego-Carlsbad-San Marcos, CA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$59.62
San Diego-Carlsbad-San Marcos, CA		Payment Class E - Portable Oxygen Contents Only				
San Diego-Carlsbad-San Marcos, CA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$54.99
San Diego-Carlsbad-San Marcos, CA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$54.99
San Francisco-Oakland-Fremont, CA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
San Francisco-Oakland-Fremont, CA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$95.00
San Francisco-Oakland-Fremont, CA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$95.00
San Francisco-Oakland-Fremont, CA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$95.00
San Francisco-Oakland-Fremont, CA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$95.00
San Francisco-Oakland-Fremont, CA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Francisco-Oakland-Fremont, CA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$20.00
San Francisco-Oakland-Fremont, CA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$20.00
San Francisco-Oakland-Fremont, CA		Payment Class C - Oxygen Generating Portable Equipment Only				
San Francisco-Oakland-Fremont, 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			\$44.06
San Francisco-Oakland-Fremont, 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			\$44.06
San Francisco-Oakland-Fremont, CA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.06
San Francisco-Oakland-Fremont, CA		Payment Class D - Stationary Oxygen Contents Only				
San Francisco-Oakland-Fremont, CA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
San Francisco-Oakland-Fremont, CA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
San Francisco-Oakland-Fremont, CA		Payment Class E - Portable Oxygen Contents Only				
San Francisco-Oakland-Fremont, CA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.76
San Francisco-Oakland-Fremont, CA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.76

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Jose-Sunnyvale-Santa Clara, CA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
San Jose-Sunnyvale-Santa Clara, CA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.00
San Jose-Sunnyvale-Santa Clara, CA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.00
San Jose-Sunnyvale-Santa Clara, CA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.00
San Jose-Sunnyvale-Santa Clara, CA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.00
San Jose-Sunnyvale-Santa Clara, CA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
San Jose-Sunnyvale-Santa Clara, CA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.43
San Jose-Sunnyvale-Santa Clara, CA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.43
San Jose-Sunnyvale-Santa Clara, CA		Payment Class C - Oxygen Generating Portable Equipment Only				
San Jose-Sunnyvale-Santa Clara, 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			\$44.00
San Jose-Sunnyvale-Santa Clara, 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			\$44.00
San Jose-Sunnyvale-Santa Clara, CA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.00

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Jose-Sunnyvale-Santa Clara, CA		Payment Class D - Stationary Oxygen Contents Only				
San Jose-Sunnyvale-Santa Clara, CA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$59.25
San Jose-Sunnyvale-Santa Clara, CA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$59.25
San Jose-Sunnyvale-Santa Clara, CA		Payment Class E - Portable Oxygen Contents Only				
San Jose-Sunnyvale-Santa Clara, CA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
San Jose-Sunnyvale-Santa Clara, CA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Scranton--Wilkes-Barre, PA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Scranton--Wilkes-Barre, PA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$91.55
Scranton--Wilkes-Barre, PA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$91.55
Scranton--Wilkes-Barre, PA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$91.55
Scranton--Wilkes-Barre, PA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$91.55
Scranton--Wilkes-Barre, PA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Scranton--Wilkes-Barre, PA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.43
Scranton--Wilkes-Barre, PA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.43
Scranton--Wilkes-Barre, PA		Payment Class C - Oxygen Generating Portable Equipment Only				
Scranton--Wilkes-Barre, 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			\$43.55
Scranton--Wilkes-Barre, 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			\$43.55
Scranton--Wilkes-Barre, PA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$43.55
Scranton--Wilkes-Barre, PA		Payment Class D - Stationary Oxygen Contents Only				
Scranton--Wilkes-Barre, PA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$58.00
Scranton--Wilkes-Barre, PA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$58.00
Scranton--Wilkes-Barre, PA		Payment Class E - Portable Oxygen Contents Only				
Scranton--Wilkes-Barre, PA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.76
Scranton--Wilkes-Barre, PA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.76

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Seattle-Tacoma-Bellevue, WA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Seattle-Tacoma-Bellevue, WA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$95.00
Seattle-Tacoma-Bellevue, WA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$95.00
Seattle-Tacoma-Bellevue, WA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$95.00
Seattle-Tacoma-Bellevue, WA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$95.00
Seattle-Tacoma-Bellevue, WA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Seattle-Tacoma-Bellevue, WA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.47
Seattle-Tacoma-Bellevue, WA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.47
Seattle-Tacoma-Bellevue, WA		Payment Class C - Oxygen Generating Portable Equipment Only				
Seattle-Tacoma-Bellevue, WA	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			\$44.00
Seattle-Tacoma-Bellevue, WA	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			\$44.00
Seattle-Tacoma-Bellevue, WA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.00

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Seattle-Tacoma-Bellevue, WA		Payment Class D - Stationary Oxygen Contents Only				
Seattle-Tacoma-Bellevue, WA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Seattle-Tacoma-Bellevue, WA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Seattle-Tacoma-Bellevue, WA		Payment Class E - Portable Oxygen Contents Only				
Seattle-Tacoma-Bellevue, WA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.76
Seattle-Tacoma-Bellevue, WA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.76
South-West-Chicago-Metro CBA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
South-West-Chicago-Metro CBA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.00
South-West-Chicago-Metro CBA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.00
South-West-Chicago-Metro CBA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.00
South-West-Chicago-Metro CBA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.00
South-West-Chicago-Metro CBA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
South-West-Chicago-Metro CBA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.74
South-West-Chicago-Metro CBA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.74
South-West-Chicago-Metro CBA		Payment Class C - Oxygen Generating Portable Equipment Only				
South-West-Chicago-Metro CBA	K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$43.49
South-West-Chicago-Metro CBA	E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE	RR			\$43.49
South-West-Chicago-Metro CBA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$43.49
South-West-Chicago-Metro CBA		Payment Class D - Stationary Oxygen Contents Only				
South-West-Chicago-Metro CBA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$57.46
South-West-Chicago-Metro CBA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$57.46
South-West-Chicago-Metro CBA		Payment Class E - Portable Oxygen Contents Only				
South-West-Chicago-Metro CBA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
South-West-Chicago-Metro CBA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Southern NY Metro CBA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Southern NY Metro CBA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.00
Southern NY Metro CBA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.00
Southern NY Metro CBA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.00
Southern NY Metro CBA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.00
Southern NY Metro CBA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Southern NY Metro CBA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.14
Southern NY Metro CBA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.14
Southern NY Metro CBA		Payment Class C - Oxygen Generating Portable Equipment Only				
Southern NY Metro CBA	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			\$41.83
Southern NY Metro CBA	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			\$41.83
Southern NY Metro CBA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$41.83

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Southern NY Metro CBA		Payment Class D - Stationary Oxygen Contents Only				
Southern NY Metro CBA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$57.95
Southern NY Metro CBA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$57.95
Southern NY Metro CBA		Payment Class E - Portable Oxygen Contents Only				
Southern NY Metro CBA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$54.16
Southern NY Metro CBA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$54.16
Springfield, MA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Springfield, MA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$105.00
Springfield, MA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$105.00
Springfield, MA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$105.00
Springfield, MA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$105.00
Springfield, MA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Springfield, MA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$20.00
Springfield, MA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$20.00
Springfield, MA		Payment Class C - Oxygen Generating Portable Equipment Only				
Springfield, MA	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			\$46.00
Springfield, MA	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			\$46.00
Springfield, MA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$46.00
Springfield, MA		Payment Class D - Stationary Oxygen Contents Only				
Springfield, MA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Springfield, MA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Springfield, MA		Payment Class E - Portable Oxygen Contents Only				
Springfield, MA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$58.09
Springfield, MA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$58.09

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
St. Louis, MO-IL		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
St. Louis, MO-IL	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$92.50
St. Louis, MO-IL	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$92.50
St. Louis, MO-IL	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$92.50
St. Louis, MO-IL	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$92.50
St. Louis, MO-IL		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
St. Louis, MO-IL	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$20.00
St. Louis, MO-IL	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$20.00
St. Louis, MO-IL		Payment Class C - Oxygen Generating Portable Equipment Only				
St. Louis, MO-IL	K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$43.49
St. Louis, MO-IL	E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE	RR			\$43.49
St. Louis, MO-IL	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$43.49

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
St. Louis, MO-IL		Payment Class D - Stationary Oxygen Contents Only				
St. Louis, MO-IL	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$58.75
St. Louis, MO-IL	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$58.75
St. Louis, MO-IL		Payment Class E - Portable Oxygen Contents Only				
St. Louis, MO-IL	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.19
St. Louis, MO-IL	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.19
Stockton, CA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Stockton, CA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$91.28
Stockton, CA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$91.28
Stockton, CA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$91.28
Stockton, CA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$91.28
Stockton, CA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Stockton, CA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.42
Stockton, CA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.42
Stockton, CA		Payment Class C - Oxygen Generating Portable Equipment Only				
Stockton, 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			\$44.00
Stockton, 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			\$44.00
Stockton, CA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.00
Stockton, CA		Payment Class D - Stationary Oxygen Contents Only				
Stockton, CA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$59.20
Stockton, CA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$59.20
Stockton, CA		Payment Class E - Portable Oxygen Contents Only				
Stockton, CA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$54.16
Stockton, CA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$54.16

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Suffolk County CBA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Suffolk County CBA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$86.61
Suffolk County CBA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$86.61
Suffolk County CBA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$86.61
Suffolk County CBA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$86.61
Suffolk County CBA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Suffolk County CBA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$18.42
Suffolk County CBA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$18.42
Suffolk County CBA		Payment Class C - Oxygen Generating Portable Equipment Only				
Suffolk County CBA	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			\$41.65
Suffolk County CBA	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			\$41.65
Suffolk County CBA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$41.65

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Suffolk County CBA		Payment Class D - Stationary Oxygen Contents Only				
Suffolk County CBA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.20
Suffolk County CBA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.20
Suffolk County CBA		Payment Class E - Portable Oxygen Contents Only				
Suffolk County CBA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$50.56
Suffolk County CBA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$50.56
Syracuse, NY		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Syracuse, NY	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.00
Syracuse, NY	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.00
Syracuse, NY	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.00
Syracuse, NY	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.00
Syracuse, NY		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Syracuse, NY	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.50
Syracuse, NY	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.50
Syracuse, NY		Payment Class C - Oxygen Generating Portable Equipment Only				
Syracuse, NY	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			\$44.00
Syracuse, NY	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			\$44.00
Syracuse, NY	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.00
Syracuse, NY		Payment Class D - Stationary Oxygen Contents Only				
Syracuse, NY	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Syracuse, NY	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Syracuse, NY		Payment Class E - Portable Oxygen Contents Only				
Syracuse, NY	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$53.33
Syracuse, NY	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$53.33

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tampa-St. Petersburg-Clearwater, FL		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Tampa-St. Petersburg-Clearwater, FL	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$94.04
Tampa-St. Petersburg-Clearwater, FL	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$94.04
Tampa-St. Petersburg-Clearwater, FL	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$94.04
Tampa-St. Petersburg-Clearwater, FL	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$94.04
Tampa-St. Petersburg-Clearwater, FL		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Tampa-St. Petersburg-Clearwater, FL	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$18.70
Tampa-St. Petersburg-Clearwater, FL	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$18.70
Tampa-St. Petersburg-Clearwater, FL		Payment Class C - Oxygen Generating Portable Equipment Only				
Tampa-St. Petersburg-Clearwater, 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			\$38.72
Tampa-St. Petersburg-Clearwater, 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			\$38.72
Tampa-St. Petersburg-Clearwater, FL	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$38.72

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tampa-St. Petersburg-Clearwater, FL		Payment Class D - Stationary Oxygen Contents Only				
Tampa-St. Petersburg-Clearwater, FL	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.20
Tampa-St. Petersburg-Clearwater, FL	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.20
Tampa-St. Petersburg-Clearwater, FL		Payment Class E - Portable Oxygen Contents Only				
Tampa-St. Petersburg-Clearwater, FL	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.32
Tampa-St. Petersburg-Clearwater, FL	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.32
Toledo, OH		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Toledo, OH	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$86.59
Toledo, OH	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$86.59
Toledo, OH	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$86.59
Toledo, OH	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$86.59
Toledo, OH		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Toledo, OH	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$18.54
Toledo, OH	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$18.54
Toledo, OH		Payment Class C - Oxygen Generating Portable Equipment Only				
Toledo, 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			\$40.00
Toledo, 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			\$40.00
Toledo, OH	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$40.00
Toledo, OH		Payment Class D - Stationary Oxygen Contents Only				
Toledo, OH	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Toledo, OH	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Toledo, OH		Payment Class E - Portable Oxygen Contents Only				
Toledo, OH	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$54.95
Toledo, OH	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$54.95

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tucson, AZ		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Tucson, AZ	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$95.00
Tucson, AZ	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$95.00
Tucson, AZ	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$95.00
Tucson, AZ	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$95.00
Tucson, AZ		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Tucson, AZ	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.57
Tucson, AZ	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.57
Tucson, AZ		Payment Class C - Oxygen Generating Portable Equipment Only				
Tucson, AZ	K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$43.00
Tucson, AZ	E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE	RR			\$43.00
Tucson, AZ	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$43.00

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tucson, AZ		Payment Class D - Stationary Oxygen Contents Only				
Tucson, AZ	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$59.15
Tucson, AZ	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$59.15
Tucson, AZ		Payment Class E - Portable Oxygen Contents Only				
Tucson, AZ	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Tucson, AZ	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Tulsa, OK		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Tulsa, OK	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$95.84
Tulsa, OK	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$95.84
Tulsa, OK	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$95.84
Tulsa, OK	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$95.84
Tulsa, OK		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tulsa, OK	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.84
Tulsa, OK	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.84
Tulsa, OK		Payment Class C - Oxygen Generating Portable Equipment Only				
Tulsa, OK	K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$43.49
Tulsa, OK	E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE	RR			\$43.49
Tulsa, OK	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$43.49
Tulsa, OK		Payment Class D - Stationary Oxygen Contents Only				
Tulsa, OK	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$57.84
Tulsa, OK	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$57.84
Tulsa, OK		Payment Class E - Portable Oxygen Contents Only				
Tulsa, OK	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.19
Tulsa, OK	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.19

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Virginia Beach-Norfolk-Newport News, VA-NC		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Virginia Beach-Norfolk-Newport News, VA-NC	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$104.30
Virginia Beach-Norfolk-Newport News, VA-NC	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$104.30
Virginia Beach-Norfolk-Newport News, VA-NC	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$104.30
Virginia Beach-Norfolk-Newport News, VA-NC	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$104.30
Virginia Beach-Norfolk-Newport News, VA-NC		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Virginia Beach-Norfolk-Newport News, VA-NC	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$20.00
Virginia Beach-Norfolk-Newport News, VA-NC	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$20.00
Virginia Beach-Norfolk-Newport News, VA-NC		Payment Class C - Oxygen Generating Portable Equipment Only				
Virginia Beach-Norfolk-Newport News, VA-NC	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			\$45.00
Virginia Beach-Norfolk-Newport News, VA-NC	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			\$45.00
Virginia Beach-Norfolk-Newport News, VA-NC	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$45.00

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Virginia Beach-Norfolk-Newport News, VA-NC		Payment Class D - Stationary Oxygen Contents Only				
Virginia Beach-Norfolk-Newport News, VA-NC	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$65.00
Virginia Beach-Norfolk-Newport News, VA-NC	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$65.00
Virginia Beach-Norfolk-Newport News, VA-NC		Payment Class E - Portable Oxygen Contents Only				
Virginia Beach-Norfolk-Newport News, VA-NC	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$61.28
Virginia Beach-Norfolk-Newport News, VA-NC	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$61.28
Visalia-Porterville, CA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Visalia-Porterville, CA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.00
Visalia-Porterville, CA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.00
Visalia-Porterville, CA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.00
Visalia-Porterville, CA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.00
Visalia-Porterville, CA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Visalia-Porterville, CA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.42
Visalia-Porterville, CA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.42
Visalia-Porterville, CA		Payment Class C - Oxygen Generating Portable Equipment Only				
Visalia-Porterville, 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			\$44.00
Visalia-Porterville, 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			\$44.00
Visalia-Porterville, CA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.00
Visalia-Porterville, CA		Payment Class D - Stationary Oxygen Contents Only				
Visalia-Porterville, CA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Visalia-Porterville, CA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Visalia-Porterville, CA		Payment Class E - Portable Oxygen Contents Only				
Visalia-Porterville, CA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Visalia-Porterville, CA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Washington-Arlington-Alexandria, DC-VA-MD-WV		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Washington-Arlington-Alexandria, DC-VA-MD-WV	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$97.70
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$97.70
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$97.70
Washington-Arlington-Alexandria, DC-VA-MD-WV	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$97.70
Washington-Arlington-Alexandria, DC-VA-MD-WV		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$20.00
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$20.00
Washington-Arlington-Alexandria, DC-VA-MD-WV		Payment Class C - Oxygen Generating Portable Equipment Only				
Washington-Arlington-Alexandria, DC-VA-MD-WV	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			\$44.00
Washington-Arlington-Alexandria, DC-VA-MD-WV	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			\$44.00
Washington-Arlington-Alexandria, DC-VA-MD-WV	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.00

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Washington-Arlington-Alexandria, DC-VA-MD-WV		Payment Class D - Stationary Oxygen Contents Only				
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Washington-Arlington-Alexandria, DC-VA-MD-WV		Payment Class E - Portable Oxygen Contents Only				
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$58.00
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$58.00
Wichita, KS		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Wichita, KS	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$95.00
Wichita, KS	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$95.00
Wichita, KS	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$95.00
Wichita, KS	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$95.00
Wichita, KS		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Wichita, KS	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$20.00
Wichita, KS	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$20.00
Wichita, KS		Payment Class C - Oxygen Generating Portable Equipment Only				
Wichita, 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			\$44.03
Wichita, 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			\$44.03
Wichita, KS	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$44.03
Wichita, KS		Payment Class D - Stationary Oxygen Contents Only				
Wichita, KS	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$60.99
Wichita, KS	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$60.99
Wichita, KS		Payment Class E - Portable Oxygen Contents Only				
Wichita, KS	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.57
Wichita, KS	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.57

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Worcester, MA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Worcester, MA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$90.00
Worcester, MA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$90.00
Worcester, MA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$90.00
Worcester, MA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$90.00
Worcester, MA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Worcester, MA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.42
Worcester, MA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.42
Worcester, MA		Payment Class C - Oxygen Generating Portable Equipment Only				
Worcester, MA	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			\$45.50
Worcester, MA	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			\$45.50
Worcester, MA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$45.50

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Worcester, MA		Payment Class D - Stationary Oxygen Contents Only				
Worcester, MA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$67.50
Worcester, MA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$67.50
Worcester, MA		Payment Class E - Portable Oxygen Contents Only				
Worcester, MA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$59.38
Worcester, MA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$59.38
Youngstown-Warren-Boardman, OH-PA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Youngstown-Warren-Boardman, OH-PA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$86.80
Youngstown-Warren-Boardman, OH-PA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$86.80
Youngstown-Warren-Boardman, OH-PA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$86.80
Youngstown-Warren-Boardman, OH-PA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$86.80
Youngstown-Warren-Boardman, OH-PA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

Oxygen Supplies and Equipment

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Youngstown-Warren-Boardman, OH-PA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.75
Youngstown-Warren-Boardman, OH-PA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.75
Youngstown-Warren-Boardman, OH-PA		Payment Class C - Oxygen Generating Portable Equipment Only				
Youngstown-Warren-Boardman, OH-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			\$45.00
Youngstown-Warren-Boardman, OH-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			\$45.00
Youngstown-Warren-Boardman, OH-PA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$45.00
Youngstown-Warren-Boardman, OH-PA		Payment Class D - Stationary Oxygen Contents Only				
Youngstown-Warren-Boardman, OH-PA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Youngstown-Warren-Boardman, OH-PA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$60.00
Youngstown-Warren-Boardman, OH-PA		Payment Class E - Portable Oxygen Contents Only				
Youngstown-Warren-Boardman, OH-PA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.77
Youngstown-Warren-Boardman, OH-PA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.77

Single Payment Amounts

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

Akron, OH	4
Albany-Schenectady-Troy, NY	21
Albuquerque, NM	38
Allentown-Bethlehem-Easton, PA-NJ	55
Asheville, NC	72
Atlanta-Sandy Springs-Marietta, GA	89
Augusta-Richmond County, GA-SC	106
Austin-Round Rock-San Marcos, TX	123
Bakersfield-Delano, CA	140
Baltimore-Towson, MD	157
Baton Rouge, LA	174
Beaumont-Port Arthur, TX	191
Birmingham-Hoover, AL	208
Boise City-Nampa, ID	225
Boston-Cambridge-Quincy, MA-NH	242
Bridgeport-Stamford-Norwalk, CT	259
Bronx-Manhattan NY CBA	276
Buffalo-Niagara Falls, NY	293
Cape Coral-Fort Myers, FL	310
Central-Chicago Metro CBA	327
Charleston-North Charleston-Summerville, SC	344
Chattanooga, TN-GA	361
Colorado Springs, CO	378
Columbia, SC	395
Columbus, OH	412
Dayton, OH	429
Deltona-Daytona Beach-Ormond Beach, FL	446
Denver-Aurora-Broomfield, CO	463



Detroit-Warren-Livonia, MI	480
El Paso, TX	497
Flint, MI	514
Fresno, CA	531
Grand Rapids-Wyoming, MI	548
Greensboro-High Point, NC	565
Greenville-Mauldin-Easley, SC	582
Hartford-West Hartford-East Hartford, CT	599
Honolulu, HI	616
Houston-Sugar Land-Baytown, TX	633
Huntington-Ashland, WV-KY-OH	650
Indiana-Chicago Metro	667
Indianapolis-Carmel, IN	684
Jackson, MS	701
Jacksonville, FL	718
Knoxville, TN	735
Lakeland-Winter Haven, FL	752
Las Vegas-Paradise, NV	769
Little Rock-North Little Rock-Conway, AR	786
Los Angeles County CBA	803
Louisville/Jefferson County, KY-IN	820
McAllen-Edinburg-Mission, TX	837
Memphis, TN-MS-AR	854
Milwaukee-Waukesha-West Allis, WI	871
Minneapolis-St. Paul-Bloomington, MN-WI	888
Nashville-Davidson--Murfreesboro--Franklin, TN	905
Nassau-Brooklyn-Queens-Richmond County Metro CBA	922
New Haven-Milford, CT	939
New Orleans-Metairie-Kenner, LA	956
North East NY CBA Metro	973
North Port-Bradenton-Sarasota, FL	990
Northern NJ Metro CBA	1007
Northern-Chicago Metro CBA	1024
Ocala, FL	1041
Oklahoma City, OK	1058
Omaha-Council Bluffs, NE-IA	1075
Orange County CBA	1092
Oxnard-Thousand Oaks-Ventura, CA	1109
Palm Bay-Melbourne-Titusville, FL	1126

Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	1143
Phoenix-Mesa-Glendale, AZ	1160
Portland-Vancouver-Hillsboro, OR-WA	1177
Poughkeepsie-Newburgh-Middletown, NY	1194
Providence-New Bedford-Fall River, RI-MA	1211
Raleigh-Cary, NC	1228
Richmond, VA	1245
Rochester, NY	1262
Sacramento--Arden-Arcade--Roseville, CA	1279
Salt Lake City, UT	1296
San Antonio-New Braunfels, TX	1313
San Diego-Carlsbad-San Marcos, CA	1330
San Francisco-Oakland-Fremont, CA	1347
San Jose-Sunnyvale-Santa Clara, CA	1364
Scranton--Wilkes-Barre, PA	1381
Seattle-Tacoma-Bellevue, WA	1398
South-West-Chicago-Metro CBA	1415
Southern NY Metro CBA	1432
Springfield, MA	1449
St. Louis, MO-IL	1466
Stockton, CA	1483
Suffolk County CBA	1500
Syracuse, NY	1517
Tampa-St. Petersburg-Clearwater, FL	1534
Toledo, OH	1551
Tucson, AZ	1568
Tulsa, OK	1585
Virginia Beach-Norfolk-Newport News, VA-NC	1602
Visalia-Porterville, CA	1619
Washington-Arlington-Alexandria, DC-VA-MD-WV	1636
Wichita, KS	1653
Worcester, MA	1670
Youngstown-Warren-Boardman, OH-PA	1687

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Akron, OH	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$73.08
Akron, OH	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.31
Akron, OH	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$54.81
Akron, OH	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.11
Akron, OH	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.21
Akron, OH	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.08
Akron, OH	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$135.42
Akron, OH	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.54
Akron, OH	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$101.57
Akron, OH	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$79.70
Akron, OH	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.97
Akron, OH	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$59.78
Akron, OH	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$116.21
Akron, OH	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.62
Akron, OH	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$87.16

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Akron, OH	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$78.42
Akron, OH	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.84
Akron, OH	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$58.82
Akron, OH	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$18.16
Akron, OH	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.82
Akron, OH	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$13.62
Akron, OH	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$33.19
Akron, OH	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.32
Akron, OH	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$24.89
Akron, OH	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$49.98
Akron, OH	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.00
Akron, OH	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$37.49
Akron, OH	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$25.14
Akron, OH	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.51
Akron, OH	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$18.86

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Akron, OH	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$63.44
Akron, OH	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.34
Akron, OH	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$47.58
Akron, OH	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$68.08
Akron, OH	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$6.81
Akron, OH	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$51.06
Akron, OH	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$109.20
Akron, OH	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.92
Akron, OH	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$81.90
Akron, OH	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$190.84
Akron, OH	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$19.08
Akron, OH	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$143.13
Akron, OH	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$124.38
Akron, OH	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.44
Akron, OH	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$93.29

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Akron, OH	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.45
Akron, OH	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$12.92
Akron, OH	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$36.25
Akron, OH	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$332.05
Akron, OH	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$33.21
Akron, OH	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$249.04
Akron, OH	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$314.33
Akron, OH	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$31.43
Akron, OH	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$235.75
Akron, OH	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$378.00
Akron, OH	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$37.80
Akron, OH	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$283.50
Akron, OH	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$423.84
Akron, OH	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$42.38
Akron, OH	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$317.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Akron, OH	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$655.00
Akron, OH	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$65.50
Akron, OH	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$491.25
Akron, OH	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$33.23
Akron, OH	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.32
Akron, OH	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$24.92
Akron, OH	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$83.96
Akron, OH	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.40
Akron, OH	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$62.97
Akron, OH	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$87.80
Akron, OH	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.78
Akron, OH	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$65.85
Akron, OH	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.02
Akron, OH	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Akron, OH	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.77

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Akron, OH	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$31.95
Akron, OH	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.20
Akron, OH	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$23.96
Akron, OH	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$27.21
Akron, OH	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.72
Akron, OH	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$20.41
Akron, OH	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$136.00
Akron, OH	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.60
Akron, OH	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$102.00
Akron, OH	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.00
Akron, OH	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
Akron, OH	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.25
Akron, OH	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$104.65
Akron, OH	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.47
Akron, OH	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$78.49

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Akron, OH	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$82.00
Akron, OH	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.20
Akron, OH	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$61.50
Akron, OH	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$130.20
Akron, OH	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$13.02
Akron, OH	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$97.65
Akron, OH	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$92.25
Akron, OH	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.23
Akron, OH	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$69.19
Akron, OH	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$70.48
Akron, OH	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.05
Akron, OH	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$52.86
Akron, OH	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$145.82
Akron, OH	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.58
Akron, OH	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$109.37

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Akron, OH	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$289.02
Akron, OH	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$28.90
Akron, OH	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$216.77
Akron, OH	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$399.54
Akron, OH	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$39.95
Akron, OH	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$299.66
Akron, OH	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$368.65
Akron, OH	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$36.87
Akron, OH	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$276.49
Akron, OH	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$534.64
Akron, OH	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$53.46
Akron, OH	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$400.98
Akron, OH	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$123.20
Akron, OH	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.32
Akron, OH	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$92.40

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Akron, OH	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$59.68
Akron, OH	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.97
Akron, OH	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$44.76
Akron, OH	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$111.10
Akron, OH	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.11
Akron, OH	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$83.33
Akron, OH	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$61.00
Akron, OH	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.10
Akron, OH	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.75
Akron, OH	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$105.44
Akron, OH	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.54
Akron, OH	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$79.08
Akron, OH	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$51.15
Akron, OH	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.12
Akron, OH	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$38.36

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Akron, OH	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.90
Akron, OH	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.59
Akron, OH	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.93
Akron, OH	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$44.20
Akron, OH	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.42
Akron, OH	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.15
Akron, OH	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.91
Akron, OH	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.09
Akron, OH	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.68
Akron, OH	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$41.01
Akron, OH	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.10
Akron, OH	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.76
Akron, OH	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$44.22
Akron, OH	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.42
Akron, OH	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.17

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Akron, OH	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$38.45
Akron, OH	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.85
Akron, OH	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$28.84
Akron, OH	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$87.77
Akron, OH	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.78
Akron, OH	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$65.83
Akron, OH	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$114.04
Akron, OH	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$11.40
Akron, OH	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$85.53
Akron, OH	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$145.36
Akron, OH	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$14.54
Akron, OH	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$109.02
Akron, OH	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$199.98
Akron, OH	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.00
Akron, OH	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$149.99

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Akron, OH	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$331.62
Akron, OH	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$33.16
Akron, OH	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$248.72
Akron, OH	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$212.44
Akron, OH	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.24
Akron, OH	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$159.33
Akron, OH	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$270.04
Akron, OH	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$27.00
Akron, OH	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$202.53
Akron, OH	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$158.63
Akron, OH	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.86
Akron, OH	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$118.97
Akron, OH	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$321.50
Akron, OH	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$32.15
Akron, OH	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$241.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Akron, OH	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$303.78
Akron, OH	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.38
Akron, OH	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$227.84
Akron, OH	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$446.55
Akron, OH	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$44.66
Akron, OH	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$334.91
Akron, OH	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$369.66
Akron, OH	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.97
Akron, OH	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$277.25
Akron, OH	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$495.09
Akron, OH	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$49.51
Akron, OH	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$371.32
Akron, OH	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$417.56
Akron, OH	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$41.76
Akron, OH	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$313.17

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Akron, OH	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$456.45
Akron, OH	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.65
Akron, OH	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$342.34
Akron, OH	K0001	STANDARD WHEELCHAIR	RR			\$23.57
Akron, OH	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$35.82
Akron, OH	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$37.75
Akron, OH	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$47.82
Akron, OH	K0006	HEAVY DUTY WHEELCHAIR	RR			\$67.83
Akron, OH	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$102.72
Akron, OH	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$137.10
Akron, OH	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$13.71
Akron, OH	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$102.83
Akron, OH	K0019	ARM PAD, EACH	NU			\$10.00
Akron, OH	K0019	ARM PAD, EACH	RR			\$1.00
Akron, OH	K0019	ARM PAD, EACH	UE			\$7.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Akron, OH	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$56.50
Akron, OH	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.65
Akron, OH	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$42.38
Akron, OH	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$75.00
Akron, OH	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.50
Akron, OH	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$56.25
Akron, OH	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
Akron, OH	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
Akron, OH	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
Akron, OH	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$85.44
Akron, OH	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.54
Akron, OH	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$64.08
Akron, OH	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$88.50
Akron, OH	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.85
Akron, OH	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$66.38

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Akron, OH	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$160.00
Akron, OH	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$16.00
Akron, OH	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$120.00
Akron, OH	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$51.50
Akron, OH	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.15
Akron, OH	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$38.63
Akron, OH	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$10.52
Akron, OH	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$826.78
Akron, OH	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$82.68
Akron, OH	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$620.09
Akron, OH	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,532.00
Akron, OH	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$153.20
Akron, OH	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,149.00
Akron, OH	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,943.14
Akron, OH	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$194.31

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Akron, OH	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,457.36
Akron, OH	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$288.23
Akron, OH	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$336.53
Akron, OH	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$382.80
Akron, OH	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$374.55
Akron, OH	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$298.76
Akron, OH	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$387.31
Akron, OH	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$292.13
Akron, OH	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
Akron, OH	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$435.47
Akron, OH	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$349.59
Akron, OH	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$780.00
Akron, OH	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$625.73
Akron, OH	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$795.00
Akron, OH	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$758.22

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albany-Schenectady-Troy, NY	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$75.00
Albany-Schenectady-Troy, NY	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.50
Albany-Schenectady-Troy, NY	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$56.25
Albany-Schenectady-Troy, NY	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$13.00
Albany-Schenectady-Troy, NY	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.30
Albany-Schenectady-Troy, NY	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.75
Albany-Schenectady-Troy, NY	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$138.84
Albany-Schenectady-Troy, NY	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.88
Albany-Schenectady-Troy, NY	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$104.13
Albany-Schenectady-Troy, NY	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$77.76
Albany-Schenectady-Troy, NY	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.78
Albany-Schenectady-Troy, NY	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$58.32
Albany-Schenectady-Troy, NY	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$112.61
Albany-Schenectady-Troy, NY	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.26
Albany-Schenectady-Troy, NY	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$84.46

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albany-Schenectady-Troy, NY	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$70.81
Albany-Schenectady-Troy, NY	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.08
Albany-Schenectady-Troy, NY	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$53.11
Albany-Schenectady-Troy, NY	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$17.38
Albany-Schenectady-Troy, NY	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.74
Albany-Schenectady-Troy, NY	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$13.04
Albany-Schenectady-Troy, NY	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$26.92
Albany-Schenectady-Troy, NY	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.69
Albany-Schenectady-Troy, NY	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$20.19
Albany-Schenectady-Troy, NY	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$43.66
Albany-Schenectady-Troy, NY	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.37
Albany-Schenectady-Troy, NY	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$32.75
Albany-Schenectady-Troy, NY	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$24.30
Albany-Schenectady-Troy, NY	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.43
Albany-Schenectady-Troy, NY	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$18.23

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albany-Schenectady-Troy, NY	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$64.02
Albany-Schenectady-Troy, NY	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.40
Albany-Schenectady-Troy, NY	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$48.02
Albany-Schenectady-Troy, NY	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$77.63
Albany-Schenectady-Troy, NY	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.76
Albany-Schenectady-Troy, NY	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$58.22
Albany-Schenectady-Troy, NY	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$95.22
Albany-Schenectady-Troy, NY	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.52
Albany-Schenectady-Troy, NY	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$71.42
Albany-Schenectady-Troy, NY	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$193.00
Albany-Schenectady-Troy, NY	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$19.30
Albany-Schenectady-Troy, NY	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$144.75
Albany-Schenectady-Troy, NY	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$124.38
Albany-Schenectady-Troy, NY	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.44
Albany-Schenectady-Troy, NY	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$93.29

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albany-Schenectady-Troy, NY	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$43.06
Albany-Schenectady-Troy, NY	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.08
Albany-Schenectady-Troy, NY	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$35.00
Albany-Schenectady-Troy, NY	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$343.22
Albany-Schenectady-Troy, NY	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$34.32
Albany-Schenectady-Troy, NY	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$257.42
Albany-Schenectady-Troy, NY	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$295.09
Albany-Schenectady-Troy, NY	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$29.51
Albany-Schenectady-Troy, NY	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$221.32
Albany-Schenectady-Troy, NY	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$412.50
Albany-Schenectady-Troy, NY	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$41.25
Albany-Schenectady-Troy, NY	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$309.38
Albany-Schenectady-Troy, NY	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$415.00
Albany-Schenectady-Troy, NY	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$41.50
Albany-Schenectady-Troy, NY	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$311.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albany-Schenectady-Troy, NY	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$699.50
Albany-Schenectady-Troy, NY	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$69.95
Albany-Schenectady-Troy, NY	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$524.63
Albany-Schenectady-Troy, NY	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$35.50
Albany-Schenectady-Troy, NY	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.55
Albany-Schenectady-Troy, NY	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.63
Albany-Schenectady-Troy, NY	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$76.36
Albany-Schenectady-Troy, NY	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.64
Albany-Schenectady-Troy, NY	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$57.27
Albany-Schenectady-Troy, NY	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$81.70
Albany-Schenectady-Troy, NY	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.17
Albany-Schenectady-Troy, NY	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$61.28
Albany-Schenectady-Troy, NY	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Albany-Schenectady-Troy, NY	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Albany-Schenectady-Troy, NY	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albany-Schenectady-Troy, NY	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$30.50
Albany-Schenectady-Troy, NY	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.05
Albany-Schenectady-Troy, NY	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$22.88
Albany-Schenectady-Troy, NY	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$28.00
Albany-Schenectady-Troy, NY	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.80
Albany-Schenectady-Troy, NY	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$21.00
Albany-Schenectady-Troy, NY	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$138.50
Albany-Schenectady-Troy, NY	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.85
Albany-Schenectady-Troy, NY	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$103.88
Albany-Schenectady-Troy, NY	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$97.50
Albany-Schenectady-Troy, NY	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.75
Albany-Schenectady-Troy, NY	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$73.13
Albany-Schenectady-Troy, NY	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$104.65
Albany-Schenectady-Troy, NY	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.47
Albany-Schenectady-Troy, NY	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$78.49

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albany-Schenectady-Troy, NY	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$87.50
Albany-Schenectady-Troy, NY	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.75
Albany-Schenectady-Troy, NY	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$65.63
Albany-Schenectady-Troy, NY	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
Albany-Schenectady-Troy, NY	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
Albany-Schenectady-Troy, NY	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
Albany-Schenectady-Troy, NY	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
Albany-Schenectady-Troy, NY	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
Albany-Schenectady-Troy, NY	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
Albany-Schenectady-Troy, NY	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$67.30
Albany-Schenectady-Troy, NY	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$6.73
Albany-Schenectady-Troy, NY	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$50.48
Albany-Schenectady-Troy, NY	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$142.66
Albany-Schenectady-Troy, NY	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.27
Albany-Schenectady-Troy, NY	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$107.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albany-Schenectady-Troy, NY	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$312.50
Albany-Schenectady-Troy, NY	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$31.25
Albany-Schenectady-Troy, NY	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$234.38
Albany-Schenectady-Troy, NY	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$379.00
Albany-Schenectady-Troy, NY	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$37.90
Albany-Schenectady-Troy, NY	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$284.25
Albany-Schenectady-Troy, NY	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$334.00
Albany-Schenectady-Troy, NY	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$33.40
Albany-Schenectady-Troy, NY	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$250.50
Albany-Schenectady-Troy, NY	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$515.21
Albany-Schenectady-Troy, NY	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$51.52
Albany-Schenectady-Troy, NY	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$386.41
Albany-Schenectady-Troy, NY	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$124.50
Albany-Schenectady-Troy, NY	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.45
Albany-Schenectady-Troy, NY	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$93.38

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albany-Schenectady-Troy, NY	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.99
Albany-Schenectady-Troy, NY	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.60
Albany-Schenectady-Troy, NY	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.99
Albany-Schenectady-Troy, NY	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$117.28
Albany-Schenectady-Troy, NY	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.73
Albany-Schenectady-Troy, NY	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$87.96
Albany-Schenectady-Troy, NY	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.95
Albany-Schenectady-Troy, NY	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.80
Albany-Schenectady-Troy, NY	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.46
Albany-Schenectady-Troy, NY	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$103.50
Albany-Schenectady-Troy, NY	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.35
Albany-Schenectady-Troy, NY	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$77.63
Albany-Schenectady-Troy, NY	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$46.76
Albany-Schenectady-Troy, NY	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.68
Albany-Schenectady-Troy, NY	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$35.07

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albany-Schenectady-Troy, NY	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.00
Albany-Schenectady-Troy, NY	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.50
Albany-Schenectady-Troy, NY	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.25
Albany-Schenectady-Troy, NY	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$37.58
Albany-Schenectady-Troy, NY	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.76
Albany-Schenectady-Troy, NY	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.19
Albany-Schenectady-Troy, NY	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.24
Albany-Schenectady-Troy, NY	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.52
Albany-Schenectady-Troy, NY	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.43
Albany-Schenectady-Troy, NY	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$43.32
Albany-Schenectady-Troy, NY	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.33
Albany-Schenectady-Troy, NY	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.49
Albany-Schenectady-Troy, NY	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$46.50
Albany-Schenectady-Troy, NY	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.65
Albany-Schenectady-Troy, NY	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albany-Schenectady-Troy, NY	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$33.72
Albany-Schenectady-Troy, NY	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.37
Albany-Schenectady-Troy, NY	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$25.29
Albany-Schenectady-Troy, NY	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$81.24
Albany-Schenectady-Troy, NY	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.12
Albany-Schenectady-Troy, NY	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$60.93
Albany-Schenectady-Troy, NY	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$105.32
Albany-Schenectady-Troy, NY	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.53
Albany-Schenectady-Troy, NY	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$78.99
Albany-Schenectady-Troy, NY	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$156.90
Albany-Schenectady-Troy, NY	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$15.69
Albany-Schenectady-Troy, NY	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$117.68
Albany-Schenectady-Troy, NY	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$205.00
Albany-Schenectady-Troy, NY	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.50
Albany-Schenectady-Troy, NY	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$153.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albany-Schenectady-Troy, NY	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$317.50
Albany-Schenectady-Troy, NY	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$31.75
Albany-Schenectady-Troy, NY	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$238.13
Albany-Schenectady-Troy, NY	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$214.77
Albany-Schenectady-Troy, NY	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.48
Albany-Schenectady-Troy, NY	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$161.08
Albany-Schenectady-Troy, NY	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$245.43
Albany-Schenectady-Troy, NY	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$24.54
Albany-Schenectady-Troy, NY	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$184.07
Albany-Schenectady-Troy, NY	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
Albany-Schenectady-Troy, NY	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
Albany-Schenectady-Troy, NY	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
Albany-Schenectady-Troy, NY	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$300.12
Albany-Schenectady-Troy, NY	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.01
Albany-Schenectady-Troy, NY	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$225.09

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albany-Schenectady-Troy, NY	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$290.43
Albany-Schenectady-Troy, NY	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.04
Albany-Schenectady-Troy, NY	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$217.82
Albany-Schenectady-Troy, NY	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$427.50
Albany-Schenectady-Troy, NY	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$42.75
Albany-Schenectady-Troy, NY	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$320.63
Albany-Schenectady-Troy, NY	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$353.08
Albany-Schenectady-Troy, NY	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.31
Albany-Schenectady-Troy, NY	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$264.81
Albany-Schenectady-Troy, NY	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$475.50
Albany-Schenectady-Troy, NY	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$47.55
Albany-Schenectady-Troy, NY	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$356.63
Albany-Schenectady-Troy, NY	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$382.66
Albany-Schenectady-Troy, NY	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.27
Albany-Schenectady-Troy, NY	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$287.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albany-Schenectady-Troy, NY	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$389.50
Albany-Schenectady-Troy, NY	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.95
Albany-Schenectady-Troy, NY	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$292.13
Albany-Schenectady-Troy, NY	K0001	STANDARD WHEELCHAIR	RR			\$23.02
Albany-Schenectady-Troy, NY	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$44.03
Albany-Schenectady-Troy, NY	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$35.25
Albany-Schenectady-Troy, NY	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$43.85
Albany-Schenectady-Troy, NY	K0006	HEAVY DUTY WHEELCHAIR	RR			\$68.49
Albany-Schenectady-Troy, NY	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$94.23
Albany-Schenectady-Troy, NY	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$120.10
Albany-Schenectady-Troy, NY	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$12.01
Albany-Schenectady-Troy, NY	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$90.08
Albany-Schenectady-Troy, NY	K0019	ARM PAD, EACH	NU			\$11.00
Albany-Schenectady-Troy, NY	K0019	ARM PAD, EACH	RR			\$1.10
Albany-Schenectady-Troy, NY	K0019	ARM PAD, EACH	UE			\$8.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albany-Schenectady-Troy, NY	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$50.69
Albany-Schenectady-Troy, NY	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.07
Albany-Schenectady-Troy, NY	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$38.02
Albany-Schenectady-Troy, NY	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$65.00
Albany-Schenectady-Troy, NY	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.50
Albany-Schenectady-Troy, NY	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$48.75
Albany-Schenectady-Troy, NY	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$83.70
Albany-Schenectady-Troy, NY	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.37
Albany-Schenectady-Troy, NY	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$62.78
Albany-Schenectady-Troy, NY	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$83.50
Albany-Schenectady-Troy, NY	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.35
Albany-Schenectady-Troy, NY	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$62.63
Albany-Schenectady-Troy, NY	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$93.50
Albany-Schenectady-Troy, NY	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.35
Albany-Schenectady-Troy, NY	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$70.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albany-Schenectady-Troy, NY	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$159.94
Albany-Schenectady-Troy, NY	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.99
Albany-Schenectady-Troy, NY	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$119.96
Albany-Schenectady-Troy, NY	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$52.00
Albany-Schenectady-Troy, NY	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.20
Albany-Schenectady-Troy, NY	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$39.00
Albany-Schenectady-Troy, NY	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$9.78
Albany-Schenectady-Troy, NY	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$797.58
Albany-Schenectady-Troy, NY	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$79.76
Albany-Schenectady-Troy, NY	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$598.19
Albany-Schenectady-Troy, NY	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,625.00
Albany-Schenectady-Troy, NY	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$162.50
Albany-Schenectady-Troy, NY	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,218.75
Albany-Schenectady-Troy, NY	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,759.00
Albany-Schenectady-Troy, NY	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$175.90

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albany-Schenectady-Troy, NY	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,319.25
Albany-Schenectady-Troy, NY	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$277.43
Albany-Schenectady-Troy, NY	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$296.25
Albany-Schenectady-Troy, NY	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$348.01
Albany-Schenectady-Troy, NY	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$352.05
Albany-Schenectady-Troy, NY	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.60
Albany-Schenectady-Troy, NY	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$319.33
Albany-Schenectady-Troy, NY	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$323.63
Albany-Schenectady-Troy, NY	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$277.24
Albany-Schenectady-Troy, NY	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$419.76
Albany-Schenectady-Troy, NY	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$360.93
Albany-Schenectady-Troy, NY	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$687.86
Albany-Schenectady-Troy, NY	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$567.28
Albany-Schenectady-Troy, NY	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$748.71
Albany-Schenectady-Troy, NY	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$717.68

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albuquerque, NM	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$77.71
Albuquerque, NM	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.77
Albuquerque, NM	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$58.28
Albuquerque, NM	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$13.00
Albuquerque, NM	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.30
Albuquerque, NM	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.75
Albuquerque, NM	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$139.40
Albuquerque, NM	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.94
Albuquerque, NM	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$104.55
Albuquerque, NM	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$86.70
Albuquerque, NM	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.67
Albuquerque, NM	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$65.03
Albuquerque, NM	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$115.22
Albuquerque, NM	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.52
Albuquerque, NM	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$86.42

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albuquerque, NM	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$79.50
Albuquerque, NM	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.95
Albuquerque, NM	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$59.63
Albuquerque, NM	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$22.00
Albuquerque, NM	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.20
Albuquerque, NM	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$16.50
Albuquerque, NM	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$33.00
Albuquerque, NM	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.30
Albuquerque, NM	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$24.75
Albuquerque, NM	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$47.36
Albuquerque, NM	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.74
Albuquerque, NM	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$35.52
Albuquerque, NM	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$26.27
Albuquerque, NM	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.63
Albuquerque, NM	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$19.70

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albuquerque, NM	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$65.00
Albuquerque, NM	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.50
Albuquerque, NM	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$48.75
Albuquerque, NM	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$81.43
Albuquerque, NM	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.14
Albuquerque, NM	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$61.07
Albuquerque, NM	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$100.00
Albuquerque, NM	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.00
Albuquerque, NM	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$75.00
Albuquerque, NM	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$200.00
Albuquerque, NM	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$20.00
Albuquerque, NM	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$150.00
Albuquerque, NM	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$137.42
Albuquerque, NM	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.74
Albuquerque, NM	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$103.07

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albuquerque, NM	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$43.41
Albuquerque, NM	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.49
Albuquerque, NM	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$38.84
Albuquerque, NM	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$395.00
Albuquerque, NM	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$39.50
Albuquerque, NM	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$296.25
Albuquerque, NM	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$350.00
Albuquerque, NM	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$35.00
Albuquerque, NM	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$262.50
Albuquerque, NM	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$450.00
Albuquerque, NM	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.00
Albuquerque, NM	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$337.50
Albuquerque, NM	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$430.00
Albuquerque, NM	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$43.00
Albuquerque, NM	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$322.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albuquerque, NM	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$750.00
Albuquerque, NM	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$75.00
Albuquerque, NM	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$562.50
Albuquerque, NM	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.00
Albuquerque, NM	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.60
Albuquerque, NM	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.00
Albuquerque, NM	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$81.15
Albuquerque, NM	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.12
Albuquerque, NM	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$60.86
Albuquerque, NM	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$85.00
Albuquerque, NM	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.50
Albuquerque, NM	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$63.75
Albuquerque, NM	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Albuquerque, NM	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Albuquerque, NM	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albuquerque, NM	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$34.00
Albuquerque, NM	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.40
Albuquerque, NM	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$25.50
Albuquerque, NM	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$31.03
Albuquerque, NM	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$3.10
Albuquerque, NM	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$23.27
Albuquerque, NM	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$140.00
Albuquerque, NM	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.00
Albuquerque, NM	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$105.00
Albuquerque, NM	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$102.57
Albuquerque, NM	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.26
Albuquerque, NM	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$76.93
Albuquerque, NM	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$106.00
Albuquerque, NM	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.60
Albuquerque, NM	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$79.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albuquerque, NM	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.00
Albuquerque, NM	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.00
Albuquerque, NM	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.50
Albuquerque, NM	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
Albuquerque, NM	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
Albuquerque, NM	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
Albuquerque, NM	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
Albuquerque, NM	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
Albuquerque, NM	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
Albuquerque, NM	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.00
Albuquerque, NM	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.50
Albuquerque, NM	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$56.25
Albuquerque, NM	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$160.28
Albuquerque, NM	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$16.03
Albuquerque, NM	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$120.21

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albuquerque, NM	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$325.00
Albuquerque, NM	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$32.50
Albuquerque, NM	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$243.75
Albuquerque, NM	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$375.00
Albuquerque, NM	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$37.50
Albuquerque, NM	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$281.25
Albuquerque, NM	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$335.00
Albuquerque, NM	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$33.50
Albuquerque, NM	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$251.25
Albuquerque, NM	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$514.81
Albuquerque, NM	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$51.48
Albuquerque, NM	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$386.11
Albuquerque, NM	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$135.00
Albuquerque, NM	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$13.50
Albuquerque, NM	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$101.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albuquerque, NM	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.98
Albuquerque, NM	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.60
Albuquerque, NM	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.99
Albuquerque, NM	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$129.50
Albuquerque, NM	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$12.95
Albuquerque, NM	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$97.13
Albuquerque, NM	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$58.57
Albuquerque, NM	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.86
Albuquerque, NM	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.93
Albuquerque, NM	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$105.00
Albuquerque, NM	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.50
Albuquerque, NM	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$78.75
Albuquerque, NM	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$47.00
Albuquerque, NM	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.70
Albuquerque, NM	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$35.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albuquerque, NM	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.00
Albuquerque, NM	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.50
Albuquerque, NM	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.25
Albuquerque, NM	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$38.00
Albuquerque, NM	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.80
Albuquerque, NM	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.50
Albuquerque, NM	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$53.00
Albuquerque, NM	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.30
Albuquerque, NM	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$39.75
Albuquerque, NM	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$41.64
Albuquerque, NM	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.16
Albuquerque, NM	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.23
Albuquerque, NM	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$48.00
Albuquerque, NM	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.80
Albuquerque, NM	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albuquerque, NM	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$41.98
Albuquerque, NM	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.20
Albuquerque, NM	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$31.49
Albuquerque, NM	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$83.75
Albuquerque, NM	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.38
Albuquerque, NM	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$62.81
Albuquerque, NM	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$105.76
Albuquerque, NM	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.58
Albuquerque, NM	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$79.32
Albuquerque, NM	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$154.23
Albuquerque, NM	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$15.42
Albuquerque, NM	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$115.67
Albuquerque, NM	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$210.00
Albuquerque, NM	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.00
Albuquerque, NM	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$157.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albuquerque, NM	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$325.00
Albuquerque, NM	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.50
Albuquerque, NM	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$243.75
Albuquerque, NM	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$220.85
Albuquerque, NM	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$22.09
Albuquerque, NM	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$165.64
Albuquerque, NM	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$253.33
Albuquerque, NM	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$25.33
Albuquerque, NM	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$190.00
Albuquerque, NM	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
Albuquerque, NM	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
Albuquerque, NM	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
Albuquerque, NM	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$313.00
Albuquerque, NM	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$31.30
Albuquerque, NM	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$234.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albuquerque, NM	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$325.00
Albuquerque, NM	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$32.50
Albuquerque, NM	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$243.75
Albuquerque, NM	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$405.00
Albuquerque, NM	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.50
Albuquerque, NM	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$303.75
Albuquerque, NM	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$356.99
Albuquerque, NM	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.70
Albuquerque, NM	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$267.74
Albuquerque, NM	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$451.00
Albuquerque, NM	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.10
Albuquerque, NM	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$338.25
Albuquerque, NM	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$394.00
Albuquerque, NM	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.40
Albuquerque, NM	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$295.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albuquerque, NM	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$412.55
Albuquerque, NM	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$41.26
Albuquerque, NM	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$309.41
Albuquerque, NM	K0001	STANDARD WHEELCHAIR	RR			\$25.00
Albuquerque, NM	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$37.36
Albuquerque, NM	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$35.00
Albuquerque, NM	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.50
Albuquerque, NM	K0006	HEAVY DUTY WHEELCHAIR	RR			\$60.00
Albuquerque, NM	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$95.87
Albuquerque, NM	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$130.00
Albuquerque, NM	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$13.00
Albuquerque, NM	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$97.50
Albuquerque, NM	K0019	ARM PAD, EACH	NU			\$11.58
Albuquerque, NM	K0019	ARM PAD, EACH	RR			\$1.16
Albuquerque, NM	K0019	ARM PAD, EACH	UE			\$8.69

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albuquerque, NM	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$53.00
Albuquerque, NM	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.30
Albuquerque, NM	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$39.75
Albuquerque, NM	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$66.88
Albuquerque, NM	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.69
Albuquerque, NM	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$50.16
Albuquerque, NM	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
Albuquerque, NM	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
Albuquerque, NM	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
Albuquerque, NM	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$90.00
Albuquerque, NM	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$9.00
Albuquerque, NM	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$67.50
Albuquerque, NM	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$85.87
Albuquerque, NM	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.59
Albuquerque, NM	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$64.40

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albuquerque, NM	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$159.88
Albuquerque, NM	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.99
Albuquerque, NM	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$119.91
Albuquerque, NM	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$53.00
Albuquerque, NM	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.30
Albuquerque, NM	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$39.75
Albuquerque, NM	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$13.34
Albuquerque, NM	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$819.97
Albuquerque, NM	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$82.00
Albuquerque, NM	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$614.98
Albuquerque, NM	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,700.00
Albuquerque, NM	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$170.00
Albuquerque, NM	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,275.00
Albuquerque, NM	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,895.00
Albuquerque, NM	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$189.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albuquerque, NM	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,421.25
Albuquerque, NM	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
Albuquerque, NM	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$297.86
Albuquerque, NM	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$359.85
Albuquerque, NM	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$374.25
Albuquerque, NM	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.00
Albuquerque, NM	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$353.70
Albuquerque, NM	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$324.75
Albuquerque, NM	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
Albuquerque, NM	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$445.93
Albuquerque, NM	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$390.00
Albuquerque, NM	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$727.50
Albuquerque, NM	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$629.85
Albuquerque, NM	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$809.25
Albuquerque, NM	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$847.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Allentown-Bethlehem-Easton, PA-NJ	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$72.50
Allentown-Bethlehem-Easton, PA-NJ	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.25
Allentown-Bethlehem-Easton, PA-NJ	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$54.38
Allentown-Bethlehem-Easton, PA-NJ	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$11.53
Allentown-Bethlehem-Easton, PA-NJ	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.15
Allentown-Bethlehem-Easton, PA-NJ	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.65
Allentown-Bethlehem-Easton, PA-NJ	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$130.00
Allentown-Bethlehem-Easton, PA-NJ	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.00
Allentown-Bethlehem-Easton, PA-NJ	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$97.50
Allentown-Bethlehem-Easton, PA-NJ	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$74.69
Allentown-Bethlehem-Easton, PA-NJ	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.47
Allentown-Bethlehem-Easton, PA-NJ	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$56.02
Allentown-Bethlehem-Easton, PA-NJ	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$108.50
Allentown-Bethlehem-Easton, PA-NJ	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.85
Allentown-Bethlehem-Easton, PA-NJ	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$81.38

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Allentown-Bethlehem-Easton, PA-NJ	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$70.00
Allentown-Bethlehem-Easton, PA-NJ	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.00
Allentown-Bethlehem-Easton, PA-NJ	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$52.50
Allentown-Bethlehem-Easton, PA-NJ	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$16.14
Allentown-Bethlehem-Easton, PA-NJ	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.61
Allentown-Bethlehem-Easton, PA-NJ	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$12.11
Allentown-Bethlehem-Easton, PA-NJ	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$26.02
Allentown-Bethlehem-Easton, PA-NJ	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.60
Allentown-Bethlehem-Easton, PA-NJ	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$19.52
Allentown-Bethlehem-Easton, PA-NJ	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$46.62
Allentown-Bethlehem-Easton, PA-NJ	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.66
Allentown-Bethlehem-Easton, PA-NJ	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$34.97
Allentown-Bethlehem-Easton, PA-NJ	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$23.32
Allentown-Bethlehem-Easton, PA-NJ	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.33
Allentown-Bethlehem-Easton, PA-NJ	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$17.49

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Allentown-Bethlehem-Easton, PA-NJ	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$64.02
Allentown-Bethlehem-Easton, PA-NJ	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.40
Allentown-Bethlehem-Easton, PA-NJ	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$48.02
Allentown-Bethlehem-Easton, PA-NJ	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$70.48
Allentown-Bethlehem-Easton, PA-NJ	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.05
Allentown-Bethlehem-Easton, PA-NJ	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$52.86
Allentown-Bethlehem-Easton, PA-NJ	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$87.78
Allentown-Bethlehem-Easton, PA-NJ	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$8.78
Allentown-Bethlehem-Easton, PA-NJ	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$65.84
Allentown-Bethlehem-Easton, PA-NJ	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$170.12
Allentown-Bethlehem-Easton, PA-NJ	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$17.01
Allentown-Bethlehem-Easton, PA-NJ	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$127.59
Allentown-Bethlehem-Easton, PA-NJ	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$125.50
Allentown-Bethlehem-Easton, PA-NJ	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.55
Allentown-Bethlehem-Easton, PA-NJ	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$94.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Allentown-Bethlehem-Easton, PA-NJ	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.45
Allentown-Bethlehem-Easton, PA-NJ	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$13.88
Allentown-Bethlehem-Easton, PA-NJ	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$35.00
Allentown-Bethlehem-Easton, PA-NJ	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$315.82
Allentown-Bethlehem-Easton, PA-NJ	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$31.58
Allentown-Bethlehem-Easton, PA-NJ	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$236.87
Allentown-Bethlehem-Easton, PA-NJ	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$294.50
Allentown-Bethlehem-Easton, PA-NJ	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$29.45
Allentown-Bethlehem-Easton, PA-NJ	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$220.88
Allentown-Bethlehem-Easton, PA-NJ	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$412.50
Allentown-Bethlehem-Easton, PA-NJ	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$41.25
Allentown-Bethlehem-Easton, PA-NJ	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$309.38
Allentown-Bethlehem-Easton, PA-NJ	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$415.00
Allentown-Bethlehem-Easton, PA-NJ	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$41.50
Allentown-Bethlehem-Easton, PA-NJ	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$311.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Allentown-Bethlehem-Easton, PA-NJ	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$699.50
Allentown-Bethlehem-Easton, PA-NJ	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$69.95
Allentown-Bethlehem-Easton, PA-NJ	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$524.63
Allentown-Bethlehem-Easton, PA-NJ	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$35.50
Allentown-Bethlehem-Easton, PA-NJ	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.55
Allentown-Bethlehem-Easton, PA-NJ	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.63
Allentown-Bethlehem-Easton, PA-NJ	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$64.88
Allentown-Bethlehem-Easton, PA-NJ	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$6.49
Allentown-Bethlehem-Easton, PA-NJ	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$48.66
Allentown-Bethlehem-Easton, PA-NJ	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$78.38
Allentown-Bethlehem-Easton, PA-NJ	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$7.84
Allentown-Bethlehem-Easton, PA-NJ	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$58.79
Allentown-Bethlehem-Easton, PA-NJ	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Allentown-Bethlehem-Easton, PA-NJ	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Allentown-Bethlehem-Easton, PA-NJ	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Allentown-Bethlehem-Easton, PA-NJ	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$30.50
Allentown-Bethlehem-Easton, PA-NJ	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.05
Allentown-Bethlehem-Easton, PA-NJ	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$22.88
Allentown-Bethlehem-Easton, PA-NJ	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$28.00
Allentown-Bethlehem-Easton, PA-NJ	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.80
Allentown-Bethlehem-Easton, PA-NJ	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$21.00
Allentown-Bethlehem-Easton, PA-NJ	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$138.50
Allentown-Bethlehem-Easton, PA-NJ	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.85
Allentown-Bethlehem-Easton, PA-NJ	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$103.88
Allentown-Bethlehem-Easton, PA-NJ	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$91.50
Allentown-Bethlehem-Easton, PA-NJ	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.15
Allentown-Bethlehem-Easton, PA-NJ	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$68.63
Allentown-Bethlehem-Easton, PA-NJ	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$104.65
Allentown-Bethlehem-Easton, PA-NJ	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.47
Allentown-Bethlehem-Easton, PA-NJ	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$78.49

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Allentown-Bethlehem-Easton, PA-NJ	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$85.00
Allentown-Bethlehem-Easton, PA-NJ	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.50
Allentown-Bethlehem-Easton, PA-NJ	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$63.75
Allentown-Bethlehem-Easton, PA-NJ	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$125.25
Allentown-Bethlehem-Easton, PA-NJ	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.53
Allentown-Bethlehem-Easton, PA-NJ	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$93.94
Allentown-Bethlehem-Easton, PA-NJ	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.54
Allentown-Bethlehem-Easton, PA-NJ	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.05
Allentown-Bethlehem-Easton, PA-NJ	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.91
Allentown-Bethlehem-Easton, PA-NJ	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$67.30
Allentown-Bethlehem-Easton, PA-NJ	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$6.73
Allentown-Bethlehem-Easton, PA-NJ	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$50.48
Allentown-Bethlehem-Easton, PA-NJ	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$132.74
Allentown-Bethlehem-Easton, PA-NJ	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$13.27
Allentown-Bethlehem-Easton, PA-NJ	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$99.56

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Allentown-Bethlehem-Easton, PA-NJ	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$277.28
Allentown-Bethlehem-Easton, PA-NJ	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$27.73
Allentown-Bethlehem-Easton, PA-NJ	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$207.96
Allentown-Bethlehem-Easton, PA-NJ	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$354.88
Allentown-Bethlehem-Easton, PA-NJ	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$35.49
Allentown-Bethlehem-Easton, PA-NJ	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$266.16
Allentown-Bethlehem-Easton, PA-NJ	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$314.86
Allentown-Bethlehem-Easton, PA-NJ	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$31.49
Allentown-Bethlehem-Easton, PA-NJ	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$236.15
Allentown-Bethlehem-Easton, PA-NJ	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$477.71
Allentown-Bethlehem-Easton, PA-NJ	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$47.77
Allentown-Bethlehem-Easton, PA-NJ	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$358.28
Allentown-Bethlehem-Easton, PA-NJ	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$115.31
Allentown-Bethlehem-Easton, PA-NJ	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$11.53
Allentown-Bethlehem-Easton, PA-NJ	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$86.48

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Allentown-Bethlehem-Easton, PA-NJ	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$52.99
Allentown-Bethlehem-Easton, PA-NJ	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.30
Allentown-Bethlehem-Easton, PA-NJ	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$39.74
Allentown-Bethlehem-Easton, PA-NJ	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$108.78
Allentown-Bethlehem-Easton, PA-NJ	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.88
Allentown-Bethlehem-Easton, PA-NJ	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$81.59
Allentown-Bethlehem-Easton, PA-NJ	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.45
Allentown-Bethlehem-Easton, PA-NJ	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.55
Allentown-Bethlehem-Easton, PA-NJ	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.59
Allentown-Bethlehem-Easton, PA-NJ	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$98.50
Allentown-Bethlehem-Easton, PA-NJ	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.85
Allentown-Bethlehem-Easton, PA-NJ	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$73.88
Allentown-Bethlehem-Easton, PA-NJ	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$43.12
Allentown-Bethlehem-Easton, PA-NJ	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.31
Allentown-Bethlehem-Easton, PA-NJ	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.34

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Allentown-Bethlehem-Easton, PA-NJ	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$14.50
Allentown-Bethlehem-Easton, PA-NJ	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.45
Allentown-Bethlehem-Easton, PA-NJ	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$10.88
Allentown-Bethlehem-Easton, PA-NJ	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$34.96
Allentown-Bethlehem-Easton, PA-NJ	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.50
Allentown-Bethlehem-Easton, PA-NJ	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$26.22
Allentown-Bethlehem-Easton, PA-NJ	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$52.32
Allentown-Bethlehem-Easton, PA-NJ	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.23
Allentown-Bethlehem-Easton, PA-NJ	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$39.24
Allentown-Bethlehem-Easton, PA-NJ	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$36.50
Allentown-Bethlehem-Easton, PA-NJ	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.65
Allentown-Bethlehem-Easton, PA-NJ	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$27.38
Allentown-Bethlehem-Easton, PA-NJ	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$43.96
Allentown-Bethlehem-Easton, PA-NJ	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.40
Allentown-Bethlehem-Easton, PA-NJ	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.97

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Allentown-Bethlehem-Easton, PA-NJ	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$34.56
Allentown-Bethlehem-Easton, PA-NJ	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.46
Allentown-Bethlehem-Easton, PA-NJ	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$25.92
Allentown-Bethlehem-Easton, PA-NJ	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$76.20
Allentown-Bethlehem-Easton, PA-NJ	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$7.62
Allentown-Bethlehem-Easton, PA-NJ	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$57.15
Allentown-Bethlehem-Easton, PA-NJ	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$97.02
Allentown-Bethlehem-Easton, PA-NJ	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.70
Allentown-Bethlehem-Easton, PA-NJ	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$72.77
Allentown-Bethlehem-Easton, PA-NJ	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$132.64
Allentown-Bethlehem-Easton, PA-NJ	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$13.26
Allentown-Bethlehem-Easton, PA-NJ	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$99.48
Allentown-Bethlehem-Easton, PA-NJ	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$197.99
Allentown-Bethlehem-Easton, PA-NJ	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.80
Allentown-Bethlehem-Easton, PA-NJ	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$148.49

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Allentown-Bethlehem-Easton, PA-NJ	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$291.07
Allentown-Bethlehem-Easton, PA-NJ	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$29.11
Allentown-Bethlehem-Easton, PA-NJ	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$218.30
Allentown-Bethlehem-Easton, PA-NJ	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$203.84
Allentown-Bethlehem-Easton, PA-NJ	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.38
Allentown-Bethlehem-Easton, PA-NJ	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$152.88
Allentown-Bethlehem-Easton, PA-NJ	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$232.38
Allentown-Bethlehem-Easton, PA-NJ	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$23.24
Allentown-Bethlehem-Easton, PA-NJ	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$174.29
Allentown-Bethlehem-Easton, PA-NJ	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
Allentown-Bethlehem-Easton, PA-NJ	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
Allentown-Bethlehem-Easton, PA-NJ	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
Allentown-Bethlehem-Easton, PA-NJ	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$270.62
Allentown-Bethlehem-Easton, PA-NJ	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$27.06
Allentown-Bethlehem-Easton, PA-NJ	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$202.97

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Allentown-Bethlehem-Easton, PA-NJ	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$270.22
Allentown-Bethlehem-Easton, PA-NJ	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$27.02
Allentown-Bethlehem-Easton, PA-NJ	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$202.67
Allentown-Bethlehem-Easton, PA-NJ	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$379.70
Allentown-Bethlehem-Easton, PA-NJ	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$37.97
Allentown-Bethlehem-Easton, PA-NJ	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$284.78
Allentown-Bethlehem-Easton, PA-NJ	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$342.50
Allentown-Bethlehem-Easton, PA-NJ	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$34.25
Allentown-Bethlehem-Easton, PA-NJ	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$256.88
Allentown-Bethlehem-Easton, PA-NJ	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$414.28
Allentown-Bethlehem-Easton, PA-NJ	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$41.43
Allentown-Bethlehem-Easton, PA-NJ	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$310.71
Allentown-Bethlehem-Easton, PA-NJ	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$374.16
Allentown-Bethlehem-Easton, PA-NJ	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$37.42
Allentown-Bethlehem-Easton, PA-NJ	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$280.62

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Allentown-Bethlehem-Easton, PA-NJ	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$375.74
Allentown-Bethlehem-Easton, PA-NJ	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$37.57
Allentown-Bethlehem-Easton, PA-NJ	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$281.81
Allentown-Bethlehem-Easton, PA-NJ	K0001	STANDARD WHEELCHAIR	RR			\$23.58
Allentown-Bethlehem-Easton, PA-NJ	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$50.49
Allentown-Bethlehem-Easton, PA-NJ	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$35.25
Allentown-Bethlehem-Easton, PA-NJ	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$46.55
Allentown-Bethlehem-Easton, PA-NJ	K0006	HEAVY DUTY WHEELCHAIR	RR			\$70.99
Allentown-Bethlehem-Easton, PA-NJ	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$98.50
Allentown-Bethlehem-Easton, PA-NJ	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$110.65
Allentown-Bethlehem-Easton, PA-NJ	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.07
Allentown-Bethlehem-Easton, PA-NJ	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$82.99
Allentown-Bethlehem-Easton, PA-NJ	K0019	ARM PAD, EACH	NU			\$10.75
Allentown-Bethlehem-Easton, PA-NJ	K0019	ARM PAD, EACH	RR			\$1.08
Allentown-Bethlehem-Easton, PA-NJ	K0019	ARM PAD, EACH	UE			\$8.06

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Allentown-Bethlehem-Easton, PA-NJ	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$46.98
Allentown-Bethlehem-Easton, PA-NJ	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$4.70
Allentown-Bethlehem-Easton, PA-NJ	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$35.24
Allentown-Bethlehem-Easton, PA-NJ	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$59.60
Allentown-Bethlehem-Easton, PA-NJ	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$5.96
Allentown-Bethlehem-Easton, PA-NJ	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$44.70
Allentown-Bethlehem-Easton, PA-NJ	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$82.28
Allentown-Bethlehem-Easton, PA-NJ	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.23
Allentown-Bethlehem-Easton, PA-NJ	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$61.71
Allentown-Bethlehem-Easton, PA-NJ	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$83.50
Allentown-Bethlehem-Easton, PA-NJ	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.35
Allentown-Bethlehem-Easton, PA-NJ	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$62.63
Allentown-Bethlehem-Easton, PA-NJ	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$86.00
Allentown-Bethlehem-Easton, PA-NJ	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.60
Allentown-Bethlehem-Easton, PA-NJ	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$64.50

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Allentown-Bethlehem-Easton, PA-NJ	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$158.44
Allentown-Bethlehem-Easton, PA-NJ	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.84
Allentown-Bethlehem-Easton, PA-NJ	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$118.83
Allentown-Bethlehem-Easton, PA-NJ	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$50.50
Allentown-Bethlehem-Easton, PA-NJ	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.05
Allentown-Bethlehem-Easton, PA-NJ	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$37.88
Allentown-Bethlehem-Easton, PA-NJ	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$9.54
Allentown-Bethlehem-Easton, PA-NJ	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$794.00
Allentown-Bethlehem-Easton, PA-NJ	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$79.40
Allentown-Bethlehem-Easton, PA-NJ	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$595.50
Allentown-Bethlehem-Easton, PA-NJ	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,522.00
Allentown-Bethlehem-Easton, PA-NJ	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$152.20
Allentown-Bethlehem-Easton, PA-NJ	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,141.50
Allentown-Bethlehem-Easton, PA-NJ	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,748.10
Allentown-Bethlehem-Easton, PA-NJ	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$174.81

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Allentown-Bethlehem-Easton, PA-NJ	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,311.08
Allentown-Bethlehem-Easton, PA-NJ	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$266.25
Allentown-Bethlehem-Easton, PA-NJ	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$290.82
Allentown-Bethlehem-Easton, PA-NJ	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$339.01
Allentown-Bethlehem-Easton, PA-NJ	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$329.93
Allentown-Bethlehem-Easton, PA-NJ	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$281.25
Allentown-Bethlehem-Easton, PA-NJ	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$307.89
Allentown-Bethlehem-Easton, PA-NJ	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$323.63
Allentown-Bethlehem-Easton, PA-NJ	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$277.24
Allentown-Bethlehem-Easton, PA-NJ	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$396.77
Allentown-Bethlehem-Easton, PA-NJ	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$363.24
Allentown-Bethlehem-Easton, PA-NJ	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$636.93
Allentown-Bethlehem-Easton, PA-NJ	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$557.08
Allentown-Bethlehem-Easton, PA-NJ	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$685.79
Allentown-Bethlehem-Easton, PA-NJ	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$691.54

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Asheville, NC	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$78.16
Asheville, NC	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.82
Asheville, NC	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$58.62
Asheville, NC	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.75
Asheville, NC	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.28
Asheville, NC	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.56
Asheville, NC	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$139.77
Asheville, NC	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.98
Asheville, NC	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$104.83
Asheville, NC	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$74.36
Asheville, NC	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.44
Asheville, NC	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$55.77
Asheville, NC	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$103.71
Asheville, NC	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.37
Asheville, NC	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$77.78

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Asheville, NC	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$70.00
Asheville, NC	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.00
Asheville, NC	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$52.50
Asheville, NC	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$21.54
Asheville, NC	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.15
Asheville, NC	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$16.16
Asheville, NC	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$28.87
Asheville, NC	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.89
Asheville, NC	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$21.65
Asheville, NC	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$55.00
Asheville, NC	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.50
Asheville, NC	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$41.25
Asheville, NC	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$25.53
Asheville, NC	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.55
Asheville, NC	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$19.15

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Asheville, NC	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$75.10
Asheville, NC	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.51
Asheville, NC	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$56.33
Asheville, NC	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$75.95
Asheville, NC	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.60
Asheville, NC	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$56.96
Asheville, NC	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$90.00
Asheville, NC	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.00
Asheville, NC	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$67.50
Asheville, NC	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$183.02
Asheville, NC	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$18.30
Asheville, NC	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$137.27
Asheville, NC	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$137.42
Asheville, NC	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.74
Asheville, NC	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$103.07

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Asheville, NC	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.50
Asheville, NC	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.00
Asheville, NC	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$38.80
Asheville, NC	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$378.10
Asheville, NC	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$37.81
Asheville, NC	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$283.58
Asheville, NC	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$326.77
Asheville, NC	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$32.68
Asheville, NC	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$245.08
Asheville, NC	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$452.89
Asheville, NC	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.29
Asheville, NC	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$339.67
Asheville, NC	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$411.65
Asheville, NC	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$41.17
Asheville, NC	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$308.74

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Asheville, NC	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$700.00
Asheville, NC	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$70.00
Asheville, NC	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$525.00
Asheville, NC	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.22
Asheville, NC	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.62
Asheville, NC	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.17
Asheville, NC	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$76.48
Asheville, NC	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.65
Asheville, NC	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$57.36
Asheville, NC	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$80.58
Asheville, NC	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.06
Asheville, NC	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$60.44
Asheville, NC	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Asheville, NC	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Asheville, NC	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Asheville, NC	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$31.67
Asheville, NC	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.17
Asheville, NC	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$23.75
Asheville, NC	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$28.75
Asheville, NC	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.88
Asheville, NC	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$21.56
Asheville, NC	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$140.31
Asheville, NC	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.03
Asheville, NC	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$105.23
Asheville, NC	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.00
Asheville, NC	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
Asheville, NC	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.25
Asheville, NC	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$104.86
Asheville, NC	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.49
Asheville, NC	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$78.65

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Asheville, NC	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.09
Asheville, NC	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.01
Asheville, NC	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.57
Asheville, NC	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$131.11
Asheville, NC	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$13.11
Asheville, NC	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$98.33
Asheville, NC	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.09
Asheville, NC	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.01
Asheville, NC	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.57
Asheville, NC	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.00
Asheville, NC	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.50
Asheville, NC	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$56.25
Asheville, NC	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$155.00
Asheville, NC	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$15.50
Asheville, NC	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$116.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Asheville, NC	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$315.10
Asheville, NC	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$31.51
Asheville, NC	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$236.33
Asheville, NC	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$388.40
Asheville, NC	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$38.84
Asheville, NC	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$291.30
Asheville, NC	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$333.00
Asheville, NC	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$33.30
Asheville, NC	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$249.75
Asheville, NC	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$553.00
Asheville, NC	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$55.30
Asheville, NC	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$414.75
Asheville, NC	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$118.62
Asheville, NC	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$11.86
Asheville, NC	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$88.97

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Asheville, NC	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$56.00
Asheville, NC	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.60
Asheville, NC	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.00
Asheville, NC	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$114.19
Asheville, NC	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.42
Asheville, NC	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$85.64
Asheville, NC	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.00
Asheville, NC	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.00
Asheville, NC	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.00
Asheville, NC	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$105.17
Asheville, NC	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.52
Asheville, NC	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$78.88
Asheville, NC	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$48.46
Asheville, NC	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.85
Asheville, NC	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.35

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Asheville, NC	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$17.00
Asheville, NC	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.70
Asheville, NC	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.75
Asheville, NC	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$37.73
Asheville, NC	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.77
Asheville, NC	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.30
Asheville, NC	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.00
Asheville, NC	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.70
Asheville, NC	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.75
Asheville, NC	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$41.01
Asheville, NC	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.10
Asheville, NC	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.76
Asheville, NC	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.95
Asheville, NC	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.00
Asheville, NC	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.46

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Asheville, NC	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$39.33
Asheville, NC	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.93
Asheville, NC	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$29.50
Asheville, NC	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$83.75
Asheville, NC	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.38
Asheville, NC	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$62.81
Asheville, NC	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$105.76
Asheville, NC	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.58
Asheville, NC	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$79.32
Asheville, NC	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$141.66
Asheville, NC	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$14.17
Asheville, NC	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$106.25
Asheville, NC	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$202.39
Asheville, NC	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.24
Asheville, NC	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$151.79

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Asheville, NC	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$325.09
Asheville, NC	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.51
Asheville, NC	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$243.82
Asheville, NC	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$207.65
Asheville, NC	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.77
Asheville, NC	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$155.74
Asheville, NC	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$261.72
Asheville, NC	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$26.17
Asheville, NC	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$196.29
Asheville, NC	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$188.20
Asheville, NC	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$18.82
Asheville, NC	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$141.15
Asheville, NC	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$312.85
Asheville, NC	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$31.29
Asheville, NC	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$234.64

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Asheville, NC	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$295.52
Asheville, NC	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.55
Asheville, NC	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$221.64
Asheville, NC	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$408.98
Asheville, NC	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.90
Asheville, NC	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$306.74
Asheville, NC	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$356.99
Asheville, NC	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.70
Asheville, NC	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$267.74
Asheville, NC	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$457.58
Asheville, NC	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.76
Asheville, NC	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$343.19
Asheville, NC	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$380.00
Asheville, NC	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.00
Asheville, NC	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$285.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Asheville, NC	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$432.16
Asheville, NC	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$43.22
Asheville, NC	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$324.12
Asheville, NC	K0001	STANDARD WHEELCHAIR	RR			\$25.00
Asheville, NC	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$31.90
Asheville, NC	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$35.50
Asheville, NC	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$45.70
Asheville, NC	K0006	HEAVY DUTY WHEELCHAIR	RR			\$60.00
Asheville, NC	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$94.60
Asheville, NC	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$132.81
Asheville, NC	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$13.28
Asheville, NC	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$99.61
Asheville, NC	K0019	ARM PAD, EACH	NU			\$12.33
Asheville, NC	K0019	ARM PAD, EACH	RR			\$1.23
Asheville, NC	K0019	ARM PAD, EACH	UE			\$9.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Asheville, NC	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$51.39
Asheville, NC	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.14
Asheville, NC	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$38.54
Asheville, NC	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$69.50
Asheville, NC	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.95
Asheville, NC	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$52.13
Asheville, NC	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$82.00
Asheville, NC	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.20
Asheville, NC	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$61.50
Asheville, NC	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$82.00
Asheville, NC	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.20
Asheville, NC	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$61.50
Asheville, NC	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$85.87
Asheville, NC	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.59
Asheville, NC	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$64.40

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Asheville, NC	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$157.39
Asheville, NC	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.74
Asheville, NC	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$118.04
Asheville, NC	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$50.57
Asheville, NC	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.06
Asheville, NC	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$37.93
Asheville, NC	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$12.25
Asheville, NC	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$819.97
Asheville, NC	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$82.00
Asheville, NC	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$614.98
Asheville, NC	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,800.00
Asheville, NC	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$180.00
Asheville, NC	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,350.00
Asheville, NC	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,814.51
Asheville, NC	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$181.45

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Asheville, NC	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,360.88
Asheville, NC	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
Asheville, NC	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$310.47
Asheville, NC	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$368.10
Asheville, NC	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$349.08
Asheville, NC	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.00
Asheville, NC	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$332.83
Asheville, NC	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$322.50
Asheville, NC	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$284.48
Asheville, NC	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$435.00
Asheville, NC	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$390.00
Asheville, NC	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$650.72
Asheville, NC	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$568.15
Asheville, NC	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$708.99
Asheville, NC	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$704.70

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Atlanta-Sandy Springs-Marietta, GA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$75.00
Atlanta-Sandy Springs-Marietta, GA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.50
Atlanta-Sandy Springs-Marietta, GA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$56.25
Atlanta-Sandy Springs-Marietta, GA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.38
Atlanta-Sandy Springs-Marietta, GA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.24
Atlanta-Sandy Springs-Marietta, GA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.29
Atlanta-Sandy Springs-Marietta, GA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$138.18
Atlanta-Sandy Springs-Marietta, GA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.82
Atlanta-Sandy Springs-Marietta, GA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$103.64
Atlanta-Sandy Springs-Marietta, GA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$73.68
Atlanta-Sandy Springs-Marietta, GA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.37
Atlanta-Sandy Springs-Marietta, GA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$55.26
Atlanta-Sandy Springs-Marietta, GA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$107.50
Atlanta-Sandy Springs-Marietta, GA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.75
Atlanta-Sandy Springs-Marietta, GA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$80.63

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Atlanta-Sandy Springs-Marietta, GA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$69.49
Atlanta-Sandy Springs-Marietta, GA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$6.95
Atlanta-Sandy Springs-Marietta, GA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$52.12
Atlanta-Sandy Springs-Marietta, GA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.00
Atlanta-Sandy Springs-Marietta, GA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.90
Atlanta-Sandy Springs-Marietta, GA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.25
Atlanta-Sandy Springs-Marietta, GA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$29.48
Atlanta-Sandy Springs-Marietta, GA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.95
Atlanta-Sandy Springs-Marietta, GA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$22.11
Atlanta-Sandy Springs-Marietta, GA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$54.50
Atlanta-Sandy Springs-Marietta, GA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.45
Atlanta-Sandy Springs-Marietta, GA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$40.88
Atlanta-Sandy Springs-Marietta, GA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$25.93
Atlanta-Sandy Springs-Marietta, GA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.59
Atlanta-Sandy Springs-Marietta, GA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$19.45

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Atlanta-Sandy Springs-Marietta, GA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$75.05
Atlanta-Sandy Springs-Marietta, GA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.51
Atlanta-Sandy Springs-Marietta, GA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$56.29
Atlanta-Sandy Springs-Marietta, GA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$77.07
Atlanta-Sandy Springs-Marietta, GA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.71
Atlanta-Sandy Springs-Marietta, GA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$57.80
Atlanta-Sandy Springs-Marietta, GA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$98.63
Atlanta-Sandy Springs-Marietta, GA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.86
Atlanta-Sandy Springs-Marietta, GA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$73.97
Atlanta-Sandy Springs-Marietta, GA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$174.86
Atlanta-Sandy Springs-Marietta, GA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$17.49
Atlanta-Sandy Springs-Marietta, GA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$131.15
Atlanta-Sandy Springs-Marietta, GA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$132.95
Atlanta-Sandy Springs-Marietta, GA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.30
Atlanta-Sandy Springs-Marietta, GA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$99.71

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Atlanta-Sandy Springs-Marietta, GA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$39.90
Atlanta-Sandy Springs-Marietta, GA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$14.90
Atlanta-Sandy Springs-Marietta, GA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$36.04
Atlanta-Sandy Springs-Marietta, GA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$399.50
Atlanta-Sandy Springs-Marietta, GA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$39.95
Atlanta-Sandy Springs-Marietta, GA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$299.63
Atlanta-Sandy Springs-Marietta, GA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$312.80
Atlanta-Sandy Springs-Marietta, GA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$31.28
Atlanta-Sandy Springs-Marietta, GA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$234.60
Atlanta-Sandy Springs-Marietta, GA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$441.37
Atlanta-Sandy Springs-Marietta, GA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$44.14
Atlanta-Sandy Springs-Marietta, GA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$331.03
Atlanta-Sandy Springs-Marietta, GA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$413.32
Atlanta-Sandy Springs-Marietta, GA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$41.33
Atlanta-Sandy Springs-Marietta, GA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$309.99

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Atlanta-Sandy Springs-Marietta, GA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$698.98
Atlanta-Sandy Springs-Marietta, GA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$69.90
Atlanta-Sandy Springs-Marietta, GA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$524.24
Atlanta-Sandy Springs-Marietta, GA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$34.98
Atlanta-Sandy Springs-Marietta, GA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.50
Atlanta-Sandy Springs-Marietta, GA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.24
Atlanta-Sandy Springs-Marietta, GA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$77.78
Atlanta-Sandy Springs-Marietta, GA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.78
Atlanta-Sandy Springs-Marietta, GA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$58.34
Atlanta-Sandy Springs-Marietta, GA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$78.88
Atlanta-Sandy Springs-Marietta, GA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$7.89
Atlanta-Sandy Springs-Marietta, GA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$59.16
Atlanta-Sandy Springs-Marietta, GA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.92
Atlanta-Sandy Springs-Marietta, GA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.49
Atlanta-Sandy Springs-Marietta, GA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.69

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Atlanta-Sandy Springs-Marietta, GA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$31.56
Atlanta-Sandy Springs-Marietta, GA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.16
Atlanta-Sandy Springs-Marietta, GA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$23.67
Atlanta-Sandy Springs-Marietta, GA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$26.96
Atlanta-Sandy Springs-Marietta, GA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.70
Atlanta-Sandy Springs-Marietta, GA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$20.22
Atlanta-Sandy Springs-Marietta, GA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$132.02
Atlanta-Sandy Springs-Marietta, GA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.20
Atlanta-Sandy Springs-Marietta, GA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$99.02
Atlanta-Sandy Springs-Marietta, GA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$92.31
Atlanta-Sandy Springs-Marietta, GA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.23
Atlanta-Sandy Springs-Marietta, GA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$69.23
Atlanta-Sandy Springs-Marietta, GA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$103.30
Atlanta-Sandy Springs-Marietta, GA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.33
Atlanta-Sandy Springs-Marietta, GA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$77.48

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Atlanta-Sandy Springs-Marietta, GA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$88.92
Atlanta-Sandy Springs-Marietta, GA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.89
Atlanta-Sandy Springs-Marietta, GA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$66.69
Atlanta-Sandy Springs-Marietta, GA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
Atlanta-Sandy Springs-Marietta, GA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
Atlanta-Sandy Springs-Marietta, GA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
Atlanta-Sandy Springs-Marietta, GA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$92.31
Atlanta-Sandy Springs-Marietta, GA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.23
Atlanta-Sandy Springs-Marietta, GA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$69.23
Atlanta-Sandy Springs-Marietta, GA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$71.00
Atlanta-Sandy Springs-Marietta, GA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.10
Atlanta-Sandy Springs-Marietta, GA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$53.25
Atlanta-Sandy Springs-Marietta, GA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$145.82
Atlanta-Sandy Springs-Marietta, GA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.58
Atlanta-Sandy Springs-Marietta, GA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$109.37

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Atlanta-Sandy Springs-Marietta, GA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$300.52
Atlanta-Sandy Springs-Marietta, GA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$30.05
Atlanta-Sandy Springs-Marietta, GA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$225.39
Atlanta-Sandy Springs-Marietta, GA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$373.66
Atlanta-Sandy Springs-Marietta, GA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$37.37
Atlanta-Sandy Springs-Marietta, GA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$280.25
Atlanta-Sandy Springs-Marietta, GA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$333.12
Atlanta-Sandy Springs-Marietta, GA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$33.31
Atlanta-Sandy Springs-Marietta, GA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$249.84
Atlanta-Sandy Springs-Marietta, GA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$525.00
Atlanta-Sandy Springs-Marietta, GA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$52.50
Atlanta-Sandy Springs-Marietta, GA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$393.75
Atlanta-Sandy Springs-Marietta, GA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$119.81
Atlanta-Sandy Springs-Marietta, GA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$11.98
Atlanta-Sandy Springs-Marietta, GA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$89.86

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Atlanta-Sandy Springs-Marietta, GA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.99
Atlanta-Sandy Springs-Marietta, GA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.60
Atlanta-Sandy Springs-Marietta, GA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.99
Atlanta-Sandy Springs-Marietta, GA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$110.88
Atlanta-Sandy Springs-Marietta, GA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.09
Atlanta-Sandy Springs-Marietta, GA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$83.16
Atlanta-Sandy Springs-Marietta, GA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.60
Atlanta-Sandy Springs-Marietta, GA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.76
Atlanta-Sandy Springs-Marietta, GA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.20
Atlanta-Sandy Springs-Marietta, GA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$103.50
Atlanta-Sandy Springs-Marietta, GA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.35
Atlanta-Sandy Springs-Marietta, GA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$77.63
Atlanta-Sandy Springs-Marietta, GA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$48.49
Atlanta-Sandy Springs-Marietta, GA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.85
Atlanta-Sandy Springs-Marietta, GA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.37

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Atlanta-Sandy Springs-Marietta, GA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.09
Atlanta-Sandy Springs-Marietta, GA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.51
Atlanta-Sandy Springs-Marietta, GA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.32
Atlanta-Sandy Springs-Marietta, GA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$36.82
Atlanta-Sandy Springs-Marietta, GA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.68
Atlanta-Sandy Springs-Marietta, GA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$27.62
Atlanta-Sandy Springs-Marietta, GA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$56.92
Atlanta-Sandy Springs-Marietta, GA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.69
Atlanta-Sandy Springs-Marietta, GA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.69
Atlanta-Sandy Springs-Marietta, GA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$41.26
Atlanta-Sandy Springs-Marietta, GA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.13
Atlanta-Sandy Springs-Marietta, GA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.95
Atlanta-Sandy Springs-Marietta, GA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$48.50
Atlanta-Sandy Springs-Marietta, GA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.85
Atlanta-Sandy Springs-Marietta, GA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.38

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Atlanta-Sandy Springs-Marietta, GA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$39.32
Atlanta-Sandy Springs-Marietta, GA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.93
Atlanta-Sandy Springs-Marietta, GA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$29.49
Atlanta-Sandy Springs-Marietta, GA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$82.56
Atlanta-Sandy Springs-Marietta, GA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.26
Atlanta-Sandy Springs-Marietta, GA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$61.92
Atlanta-Sandy Springs-Marietta, GA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$101.50
Atlanta-Sandy Springs-Marietta, GA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.15
Atlanta-Sandy Springs-Marietta, GA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$76.13
Atlanta-Sandy Springs-Marietta, GA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$147.12
Atlanta-Sandy Springs-Marietta, GA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$14.71
Atlanta-Sandy Springs-Marietta, GA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$110.34
Atlanta-Sandy Springs-Marietta, GA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$197.42
Atlanta-Sandy Springs-Marietta, GA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.74
Atlanta-Sandy Springs-Marietta, GA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$148.07

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Atlanta-Sandy Springs-Marietta, GA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$311.02
Atlanta-Sandy Springs-Marietta, GA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$31.10
Atlanta-Sandy Springs-Marietta, GA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$233.27
Atlanta-Sandy Springs-Marietta, GA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$199.22
Atlanta-Sandy Springs-Marietta, GA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.92
Atlanta-Sandy Springs-Marietta, GA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$149.42
Atlanta-Sandy Springs-Marietta, GA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$253.90
Atlanta-Sandy Springs-Marietta, GA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$25.39
Atlanta-Sandy Springs-Marietta, GA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$190.43
Atlanta-Sandy Springs-Marietta, GA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$176.46
Atlanta-Sandy Springs-Marietta, GA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$17.65
Atlanta-Sandy Springs-Marietta, GA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$132.35
Atlanta-Sandy Springs-Marietta, GA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$305.24
Atlanta-Sandy Springs-Marietta, GA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.52
Atlanta-Sandy Springs-Marietta, GA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$228.93

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Atlanta-Sandy Springs-Marietta, GA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$300.00
Atlanta-Sandy Springs-Marietta, GA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.00
Atlanta-Sandy Springs-Marietta, GA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$225.00
Atlanta-Sandy Springs-Marietta, GA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$391.00
Atlanta-Sandy Springs-Marietta, GA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.10
Atlanta-Sandy Springs-Marietta, GA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$293.25
Atlanta-Sandy Springs-Marietta, GA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$350.44
Atlanta-Sandy Springs-Marietta, GA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.04
Atlanta-Sandy Springs-Marietta, GA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$262.83
Atlanta-Sandy Springs-Marietta, GA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$433.00
Atlanta-Sandy Springs-Marietta, GA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$43.30
Atlanta-Sandy Springs-Marietta, GA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$324.75
Atlanta-Sandy Springs-Marietta, GA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$383.75
Atlanta-Sandy Springs-Marietta, GA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.38
Atlanta-Sandy Springs-Marietta, GA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$287.81

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Atlanta-Sandy Springs-Marietta, GA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$419.12
Atlanta-Sandy Springs-Marietta, GA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$41.91
Atlanta-Sandy Springs-Marietta, GA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$314.34
Atlanta-Sandy Springs-Marietta, GA	K0001	STANDARD WHEELCHAIR	RR			\$26.44
Atlanta-Sandy Springs-Marietta, GA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$50.90
Atlanta-Sandy Springs-Marietta, GA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$46.08
Atlanta-Sandy Springs-Marietta, GA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.95
Atlanta-Sandy Springs-Marietta, GA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$75.71
Atlanta-Sandy Springs-Marietta, GA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$114.67
Atlanta-Sandy Springs-Marietta, GA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$132.29
Atlanta-Sandy Springs-Marietta, GA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$13.23
Atlanta-Sandy Springs-Marietta, GA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$99.22
Atlanta-Sandy Springs-Marietta, GA	K0019	ARM PAD, EACH	NU			\$11.00
Atlanta-Sandy Springs-Marietta, GA	K0019	ARM PAD, EACH	RR			\$1.10
Atlanta-Sandy Springs-Marietta, GA	K0019	ARM PAD, EACH	UE			\$8.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Atlanta-Sandy Springs-Marietta, GA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$51.62
Atlanta-Sandy Springs-Marietta, GA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.16
Atlanta-Sandy Springs-Marietta, GA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$38.72
Atlanta-Sandy Springs-Marietta, GA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$71.09
Atlanta-Sandy Springs-Marietta, GA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.11
Atlanta-Sandy Springs-Marietta, GA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$53.32
Atlanta-Sandy Springs-Marietta, GA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$83.60
Atlanta-Sandy Springs-Marietta, GA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.36
Atlanta-Sandy Springs-Marietta, GA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$62.70
Atlanta-Sandy Springs-Marietta, GA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$88.42
Atlanta-Sandy Springs-Marietta, GA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.84
Atlanta-Sandy Springs-Marietta, GA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$66.32
Atlanta-Sandy Springs-Marietta, GA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$85.87
Atlanta-Sandy Springs-Marietta, GA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.59
Atlanta-Sandy Springs-Marietta, GA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$64.40

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Atlanta-Sandy Springs-Marietta, GA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$158.64
Atlanta-Sandy Springs-Marietta, GA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.86
Atlanta-Sandy Springs-Marietta, GA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$118.98
Atlanta-Sandy Springs-Marietta, GA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$50.57
Atlanta-Sandy Springs-Marietta, GA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.06
Atlanta-Sandy Springs-Marietta, GA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$37.93
Atlanta-Sandy Springs-Marietta, GA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$13.20
Atlanta-Sandy Springs-Marietta, GA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$819.46
Atlanta-Sandy Springs-Marietta, GA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$81.95
Atlanta-Sandy Springs-Marietta, GA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$614.60
Atlanta-Sandy Springs-Marietta, GA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,521.82
Atlanta-Sandy Springs-Marietta, GA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$152.18
Atlanta-Sandy Springs-Marietta, GA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,141.37
Atlanta-Sandy Springs-Marietta, GA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,781.20
Atlanta-Sandy Springs-Marietta, GA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$178.12

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Atlanta-Sandy Springs-Marietta, GA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,335.90
Atlanta-Sandy Springs-Marietta, GA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$269.00
Atlanta-Sandy Springs-Marietta, GA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$315.00
Atlanta-Sandy Springs-Marietta, GA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$363.98
Atlanta-Sandy Springs-Marietta, GA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$361.59
Atlanta-Sandy Springs-Marietta, GA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.00
Atlanta-Sandy Springs-Marietta, GA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$340.50
Atlanta-Sandy Springs-Marietta, GA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$323.63
Atlanta-Sandy Springs-Marietta, GA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$281.89
Atlanta-Sandy Springs-Marietta, GA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$447.20
Atlanta-Sandy Springs-Marietta, GA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$395.63
Atlanta-Sandy Springs-Marietta, GA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$673.61
Atlanta-Sandy Springs-Marietta, GA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$588.62
Atlanta-Sandy Springs-Marietta, GA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$757.73
Atlanta-Sandy Springs-Marietta, GA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$720.45

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Augusta-Richmond County, GA-SC	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$77.71
Augusta-Richmond County, GA-SC	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.77
Augusta-Richmond County, GA-SC	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$58.28
Augusta-Richmond County, GA-SC	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.75
Augusta-Richmond County, GA-SC	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.28
Augusta-Richmond County, GA-SC	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.56
Augusta-Richmond County, GA-SC	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$138.35
Augusta-Richmond County, GA-SC	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.84
Augusta-Richmond County, GA-SC	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$103.76
Augusta-Richmond County, GA-SC	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$75.19
Augusta-Richmond County, GA-SC	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.52
Augusta-Richmond County, GA-SC	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$56.39
Augusta-Richmond County, GA-SC	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$115.22
Augusta-Richmond County, GA-SC	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.52
Augusta-Richmond County, GA-SC	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$86.42

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Augusta-Richmond County, GA-SC	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$79.50
Augusta-Richmond County, GA-SC	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.95
Augusta-Richmond County, GA-SC	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$59.63
Augusta-Richmond County, GA-SC	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.00
Augusta-Richmond County, GA-SC	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.90
Augusta-Richmond County, GA-SC	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.25
Augusta-Richmond County, GA-SC	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$28.00
Augusta-Richmond County, GA-SC	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.80
Augusta-Richmond County, GA-SC	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$21.00
Augusta-Richmond County, GA-SC	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$45.24
Augusta-Richmond County, GA-SC	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.52
Augusta-Richmond County, GA-SC	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$33.93
Augusta-Richmond County, GA-SC	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$25.59
Augusta-Richmond County, GA-SC	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.56
Augusta-Richmond County, GA-SC	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$19.19

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Augusta-Richmond County, GA-SC	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$75.00
Augusta-Richmond County, GA-SC	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.50
Augusta-Richmond County, GA-SC	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$56.25
Augusta-Richmond County, GA-SC	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$80.00
Augusta-Richmond County, GA-SC	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.00
Augusta-Richmond County, GA-SC	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$60.00
Augusta-Richmond County, GA-SC	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$109.00
Augusta-Richmond County, GA-SC	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.90
Augusta-Richmond County, GA-SC	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$81.75
Augusta-Richmond County, GA-SC	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$200.00
Augusta-Richmond County, GA-SC	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$20.00
Augusta-Richmond County, GA-SC	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$150.00
Augusta-Richmond County, GA-SC	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$128.00
Augusta-Richmond County, GA-SC	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.80
Augusta-Richmond County, GA-SC	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$96.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Augusta-Richmond County, GA-SC	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.40
Augusta-Richmond County, GA-SC	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.00
Augusta-Richmond County, GA-SC	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$38.80
Augusta-Richmond County, GA-SC	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$400.00
Augusta-Richmond County, GA-SC	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$40.00
Augusta-Richmond County, GA-SC	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$300.00
Augusta-Richmond County, GA-SC	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$332.00
Augusta-Richmond County, GA-SC	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$33.20
Augusta-Richmond County, GA-SC	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$249.00
Augusta-Richmond County, GA-SC	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$455.00
Augusta-Richmond County, GA-SC	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.50
Augusta-Richmond County, GA-SC	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$341.25
Augusta-Richmond County, GA-SC	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$430.00
Augusta-Richmond County, GA-SC	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$43.00
Augusta-Richmond County, GA-SC	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$322.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Augusta-Richmond County, GA-SC	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$700.00
Augusta-Richmond County, GA-SC	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$70.00
Augusta-Richmond County, GA-SC	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$525.00
Augusta-Richmond County, GA-SC	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.22
Augusta-Richmond County, GA-SC	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.62
Augusta-Richmond County, GA-SC	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.17
Augusta-Richmond County, GA-SC	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$79.00
Augusta-Richmond County, GA-SC	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.90
Augusta-Richmond County, GA-SC	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$59.25
Augusta-Richmond County, GA-SC	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$85.00
Augusta-Richmond County, GA-SC	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.50
Augusta-Richmond County, GA-SC	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$63.75
Augusta-Richmond County, GA-SC	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Augusta-Richmond County, GA-SC	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Augusta-Richmond County, GA-SC	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Augusta-Richmond County, GA-SC	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$34.00
Augusta-Richmond County, GA-SC	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.40
Augusta-Richmond County, GA-SC	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$25.50
Augusta-Richmond County, GA-SC	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$30.00
Augusta-Richmond County, GA-SC	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$3.00
Augusta-Richmond County, GA-SC	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$22.50
Augusta-Richmond County, GA-SC	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$140.00
Augusta-Richmond County, GA-SC	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.00
Augusta-Richmond County, GA-SC	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$105.00
Augusta-Richmond County, GA-SC	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.00
Augusta-Richmond County, GA-SC	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
Augusta-Richmond County, GA-SC	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.25
Augusta-Richmond County, GA-SC	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$103.30
Augusta-Richmond County, GA-SC	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.33
Augusta-Richmond County, GA-SC	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$77.48

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Augusta-Richmond County, GA-SC	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.00
Augusta-Richmond County, GA-SC	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.00
Augusta-Richmond County, GA-SC	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.50
Augusta-Richmond County, GA-SC	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
Augusta-Richmond County, GA-SC	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
Augusta-Richmond County, GA-SC	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
Augusta-Richmond County, GA-SC	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$98.00
Augusta-Richmond County, GA-SC	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.80
Augusta-Richmond County, GA-SC	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$73.50
Augusta-Richmond County, GA-SC	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$72.00
Augusta-Richmond County, GA-SC	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.20
Augusta-Richmond County, GA-SC	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$54.00
Augusta-Richmond County, GA-SC	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$145.00
Augusta-Richmond County, GA-SC	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.50
Augusta-Richmond County, GA-SC	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$108.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Augusta-Richmond County, GA-SC	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$300.00
Augusta-Richmond County, GA-SC	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$30.00
Augusta-Richmond County, GA-SC	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$225.00
Augusta-Richmond County, GA-SC	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$378.00
Augusta-Richmond County, GA-SC	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$37.80
Augusta-Richmond County, GA-SC	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$283.50
Augusta-Richmond County, GA-SC	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$335.00
Augusta-Richmond County, GA-SC	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$33.50
Augusta-Richmond County, GA-SC	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$251.25
Augusta-Richmond County, GA-SC	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$525.00
Augusta-Richmond County, GA-SC	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$52.50
Augusta-Richmond County, GA-SC	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$393.75
Augusta-Richmond County, GA-SC	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$125.00
Augusta-Richmond County, GA-SC	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.50
Augusta-Richmond County, GA-SC	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$93.75

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Augusta-Richmond County, GA-SC	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$56.00
Augusta-Richmond County, GA-SC	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.60
Augusta-Richmond County, GA-SC	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.00
Augusta-Richmond County, GA-SC	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$125.00
Augusta-Richmond County, GA-SC	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$12.50
Augusta-Richmond County, GA-SC	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$93.75
Augusta-Richmond County, GA-SC	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.00
Augusta-Richmond County, GA-SC	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.00
Augusta-Richmond County, GA-SC	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.00
Augusta-Richmond County, GA-SC	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$105.17
Augusta-Richmond County, GA-SC	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.52
Augusta-Richmond County, GA-SC	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$78.88
Augusta-Richmond County, GA-SC	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$47.00
Augusta-Richmond County, GA-SC	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.70
Augusta-Richmond County, GA-SC	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$35.25

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Augusta-Richmond County, GA-SC	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.00
Augusta-Richmond County, GA-SC	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.50
Augusta-Richmond County, GA-SC	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.25
Augusta-Richmond County, GA-SC	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$38.00
Augusta-Richmond County, GA-SC	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.80
Augusta-Richmond County, GA-SC	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.50
Augusta-Richmond County, GA-SC	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.00
Augusta-Richmond County, GA-SC	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.70
Augusta-Richmond County, GA-SC	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.75
Augusta-Richmond County, GA-SC	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.11
Augusta-Richmond County, GA-SC	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.21
Augusta-Richmond County, GA-SC	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.58
Augusta-Richmond County, GA-SC	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.00
Augusta-Richmond County, GA-SC	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.50
Augusta-Richmond County, GA-SC	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Augusta-Richmond County, GA-SC	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$39.00
Augusta-Richmond County, GA-SC	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.90
Augusta-Richmond County, GA-SC	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$29.25
Augusta-Richmond County, GA-SC	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$83.00
Augusta-Richmond County, GA-SC	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.30
Augusta-Richmond County, GA-SC	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$62.25
Augusta-Richmond County, GA-SC	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$105.00
Augusta-Richmond County, GA-SC	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.50
Augusta-Richmond County, GA-SC	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$78.75
Augusta-Richmond County, GA-SC	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$154.23
Augusta-Richmond County, GA-SC	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$15.42
Augusta-Richmond County, GA-SC	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$115.67
Augusta-Richmond County, GA-SC	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$200.00
Augusta-Richmond County, GA-SC	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.00
Augusta-Richmond County, GA-SC	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$150.00

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Augusta-Richmond County, GA-SC	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$325.00
Augusta-Richmond County, GA-SC	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.50
Augusta-Richmond County, GA-SC	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$243.75
Augusta-Richmond County, GA-SC	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$199.44
Augusta-Richmond County, GA-SC	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.94
Augusta-Richmond County, GA-SC	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$149.58
Augusta-Richmond County, GA-SC	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$250.00
Augusta-Richmond County, GA-SC	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$25.00
Augusta-Richmond County, GA-SC	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$187.50
Augusta-Richmond County, GA-SC	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$164.56
Augusta-Richmond County, GA-SC	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$16.46
Augusta-Richmond County, GA-SC	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$123.42
Augusta-Richmond County, GA-SC	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$297.54
Augusta-Richmond County, GA-SC	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.75
Augusta-Richmond County, GA-SC	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$223.16

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Augusta-Richmond County, GA-SC	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$305.00
Augusta-Richmond County, GA-SC	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.50
Augusta-Richmond County, GA-SC	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$228.75
Augusta-Richmond County, GA-SC	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$405.00
Augusta-Richmond County, GA-SC	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.50
Augusta-Richmond County, GA-SC	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$303.75
Augusta-Richmond County, GA-SC	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$362.23
Augusta-Richmond County, GA-SC	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.22
Augusta-Richmond County, GA-SC	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$271.67
Augusta-Richmond County, GA-SC	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$451.00
Augusta-Richmond County, GA-SC	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.10
Augusta-Richmond County, GA-SC	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$338.25
Augusta-Richmond County, GA-SC	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$382.50
Augusta-Richmond County, GA-SC	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.25
Augusta-Richmond County, GA-SC	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$286.88

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Augusta-Richmond County, GA-SC	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$412.55
Augusta-Richmond County, GA-SC	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$41.26
Augusta-Richmond County, GA-SC	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$309.41
Augusta-Richmond County, GA-SC	K0001	STANDARD WHEELCHAIR	RR			\$25.00
Augusta-Richmond County, GA-SC	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$37.36
Augusta-Richmond County, GA-SC	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$40.00
Augusta-Richmond County, GA-SC	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$46.40
Augusta-Richmond County, GA-SC	K0006	HEAVY DUTY WHEELCHAIR	RR			\$60.00
Augusta-Richmond County, GA-SC	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$94.60
Augusta-Richmond County, GA-SC	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$130.00
Augusta-Richmond County, GA-SC	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$13.00
Augusta-Richmond County, GA-SC	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$97.50
Augusta-Richmond County, GA-SC	K0019	ARM PAD, EACH	NU			\$11.00
Augusta-Richmond County, GA-SC	K0019	ARM PAD, EACH	RR			\$1.10
Augusta-Richmond County, GA-SC	K0019	ARM PAD, EACH	UE			\$8.25

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Augusta-Richmond County, GA-SC	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$51.39
Augusta-Richmond County, GA-SC	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.14
Augusta-Richmond County, GA-SC	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$38.54
Augusta-Richmond County, GA-SC	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$72.18
Augusta-Richmond County, GA-SC	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.22
Augusta-Richmond County, GA-SC	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$54.14
Augusta-Richmond County, GA-SC	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
Augusta-Richmond County, GA-SC	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
Augusta-Richmond County, GA-SC	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
Augusta-Richmond County, GA-SC	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$91.00
Augusta-Richmond County, GA-SC	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$9.10
Augusta-Richmond County, GA-SC	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$68.25
Augusta-Richmond County, GA-SC	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$92.00
Augusta-Richmond County, GA-SC	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.20
Augusta-Richmond County, GA-SC	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$69.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Augusta-Richmond County, GA-SC	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$160.00
Augusta-Richmond County, GA-SC	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$16.00
Augusta-Richmond County, GA-SC	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$120.00
Augusta-Richmond County, GA-SC	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$56.89
Augusta-Richmond County, GA-SC	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.69
Augusta-Richmond County, GA-SC	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$42.67
Augusta-Richmond County, GA-SC	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$11.10
Augusta-Richmond County, GA-SC	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$819.97
Augusta-Richmond County, GA-SC	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$82.00
Augusta-Richmond County, GA-SC	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$614.98
Augusta-Richmond County, GA-SC	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,550.00
Augusta-Richmond County, GA-SC	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$155.00
Augusta-Richmond County, GA-SC	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,162.50
Augusta-Richmond County, GA-SC	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,814.51
Augusta-Richmond County, GA-SC	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$181.45

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Augusta-Richmond County, GA-SC	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,360.88
Augusta-Richmond County, GA-SC	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$284.10
Augusta-Richmond County, GA-SC	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$315.00
Augusta-Richmond County, GA-SC	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$368.10
Augusta-Richmond County, GA-SC	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$374.10
Augusta-Richmond County, GA-SC	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.00
Augusta-Richmond County, GA-SC	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$344.24
Augusta-Richmond County, GA-SC	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$315.00
Augusta-Richmond County, GA-SC	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
Augusta-Richmond County, GA-SC	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$445.93
Augusta-Richmond County, GA-SC	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$390.00
Augusta-Richmond County, GA-SC	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$727.50
Augusta-Richmond County, GA-SC	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$569.25
Augusta-Richmond County, GA-SC	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$765.45
Augusta-Richmond County, GA-SC	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$750.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Austin-Round Rock-San Marcos, TX	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$73.78
Austin-Round Rock-San Marcos, TX	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.38
Austin-Round Rock-San Marcos, TX	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$55.34
Austin-Round Rock-San Marcos, TX	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$10.59
Austin-Round Rock-San Marcos, TX	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.06
Austin-Round Rock-San Marcos, TX	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$7.94
Austin-Round Rock-San Marcos, TX	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$135.25
Austin-Round Rock-San Marcos, TX	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.53
Austin-Round Rock-San Marcos, TX	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$101.44
Austin-Round Rock-San Marcos, TX	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$74.03
Austin-Round Rock-San Marcos, TX	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.40
Austin-Round Rock-San Marcos, TX	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$55.52
Austin-Round Rock-San Marcos, TX	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$114.00
Austin-Round Rock-San Marcos, TX	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.40
Austin-Round Rock-San Marcos, TX	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$85.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Austin-Round Rock-San Marcos, TX	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$75.26
Austin-Round Rock-San Marcos, TX	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.53
Austin-Round Rock-San Marcos, TX	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$56.45
Austin-Round Rock-San Marcos, TX	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$22.08
Austin-Round Rock-San Marcos, TX	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.21
Austin-Round Rock-San Marcos, TX	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$16.56
Austin-Round Rock-San Marcos, TX	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$25.11
Austin-Round Rock-San Marcos, TX	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.51
Austin-Round Rock-San Marcos, TX	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$18.83
Austin-Round Rock-San Marcos, TX	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$53.25
Austin-Round Rock-San Marcos, TX	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.33
Austin-Round Rock-San Marcos, TX	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$39.94
Austin-Round Rock-San Marcos, TX	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$24.53
Austin-Round Rock-San Marcos, TX	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.45
Austin-Round Rock-San Marcos, TX	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$18.40

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Austin-Round Rock-San Marcos, TX	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$66.68
Austin-Round Rock-San Marcos, TX	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.67
Austin-Round Rock-San Marcos, TX	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$50.01
Austin-Round Rock-San Marcos, TX	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$67.25
Austin-Round Rock-San Marcos, TX	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$6.73
Austin-Round Rock-San Marcos, TX	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$50.44
Austin-Round Rock-San Marcos, TX	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$104.25
Austin-Round Rock-San Marcos, TX	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.43
Austin-Round Rock-San Marcos, TX	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$78.19
Austin-Round Rock-San Marcos, TX	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$190.75
Austin-Round Rock-San Marcos, TX	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$19.08
Austin-Round Rock-San Marcos, TX	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$143.06
Austin-Round Rock-San Marcos, TX	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$130.98
Austin-Round Rock-San Marcos, TX	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.10
Austin-Round Rock-San Marcos, TX	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$98.24

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Austin-Round Rock-San Marcos, TX	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$37.94
Austin-Round Rock-San Marcos, TX	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$14.14
Austin-Round Rock-San Marcos, TX	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$33.96
Austin-Round Rock-San Marcos, TX	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$322.48
Austin-Round Rock-San Marcos, TX	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$32.25
Austin-Round Rock-San Marcos, TX	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$241.86
Austin-Round Rock-San Marcos, TX	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$337.00
Austin-Round Rock-San Marcos, TX	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$33.70
Austin-Round Rock-San Marcos, TX	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$252.75
Austin-Round Rock-San Marcos, TX	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$403.64
Austin-Round Rock-San Marcos, TX	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$40.36
Austin-Round Rock-San Marcos, TX	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$302.73
Austin-Round Rock-San Marcos, TX	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$409.45
Austin-Round Rock-San Marcos, TX	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$40.95
Austin-Round Rock-San Marcos, TX	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$307.09

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Austin-Round Rock-San Marcos, TX	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$699.48
Austin-Round Rock-San Marcos, TX	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$69.95
Austin-Round Rock-San Marcos, TX	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$524.61
Austin-Round Rock-San Marcos, TX	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$34.98
Austin-Round Rock-San Marcos, TX	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.50
Austin-Round Rock-San Marcos, TX	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.24
Austin-Round Rock-San Marcos, TX	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$76.56
Austin-Round Rock-San Marcos, TX	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.66
Austin-Round Rock-San Marcos, TX	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$57.42
Austin-Round Rock-San Marcos, TX	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$83.80
Austin-Round Rock-San Marcos, TX	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.38
Austin-Round Rock-San Marcos, TX	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$62.85
Austin-Round Rock-San Marcos, TX	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.79
Austin-Round Rock-San Marcos, TX	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.48
Austin-Round Rock-San Marcos, TX	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.59

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Austin-Round Rock-San Marcos, TX	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$34.00
Austin-Round Rock-San Marcos, TX	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.40
Austin-Round Rock-San Marcos, TX	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$25.50
Austin-Round Rock-San Marcos, TX	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$29.00
Austin-Round Rock-San Marcos, TX	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.90
Austin-Round Rock-San Marcos, TX	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$21.75
Austin-Round Rock-San Marcos, TX	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$138.53
Austin-Round Rock-San Marcos, TX	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.85
Austin-Round Rock-San Marcos, TX	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$103.90
Austin-Round Rock-San Marcos, TX	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$104.75
Austin-Round Rock-San Marcos, TX	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.48
Austin-Round Rock-San Marcos, TX	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$78.56
Austin-Round Rock-San Marcos, TX	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$106.50
Austin-Round Rock-San Marcos, TX	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.65
Austin-Round Rock-San Marcos, TX	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$79.88

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Austin-Round Rock-San Marcos, TX	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.46
Austin-Round Rock-San Marcos, TX	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.05
Austin-Round Rock-San Marcos, TX	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.85
Austin-Round Rock-San Marcos, TX	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
Austin-Round Rock-San Marcos, TX	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
Austin-Round Rock-San Marcos, TX	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
Austin-Round Rock-San Marcos, TX	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$101.72
Austin-Round Rock-San Marcos, TX	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.17
Austin-Round Rock-San Marcos, TX	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$76.29
Austin-Round Rock-San Marcos, TX	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$65.20
Austin-Round Rock-San Marcos, TX	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$6.52
Austin-Round Rock-San Marcos, TX	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$48.90
Austin-Round Rock-San Marcos, TX	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$145.35
Austin-Round Rock-San Marcos, TX	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.54
Austin-Round Rock-San Marcos, TX	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$109.01

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Austin-Round Rock-San Marcos, TX	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$269.81
Austin-Round Rock-San Marcos, TX	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$26.98
Austin-Round Rock-San Marcos, TX	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$202.36
Austin-Round Rock-San Marcos, TX	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$365.00
Austin-Round Rock-San Marcos, TX	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$36.50
Austin-Round Rock-San Marcos, TX	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$273.75
Austin-Round Rock-San Marcos, TX	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$317.00
Austin-Round Rock-San Marcos, TX	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$31.70
Austin-Round Rock-San Marcos, TX	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$237.75
Austin-Round Rock-San Marcos, TX	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$492.24
Austin-Round Rock-San Marcos, TX	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$49.22
Austin-Round Rock-San Marcos, TX	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$369.18
Austin-Round Rock-San Marcos, TX	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$120.82
Austin-Round Rock-San Marcos, TX	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.08
Austin-Round Rock-San Marcos, TX	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$90.62

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Austin-Round Rock-San Marcos, TX	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$59.68
Austin-Round Rock-San Marcos, TX	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.97
Austin-Round Rock-San Marcos, TX	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$44.76
Austin-Round Rock-San Marcos, TX	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$119.91
Austin-Round Rock-San Marcos, TX	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.99
Austin-Round Rock-San Marcos, TX	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$89.93
Austin-Round Rock-San Marcos, TX	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$64.28
Austin-Round Rock-San Marcos, TX	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.43
Austin-Round Rock-San Marcos, TX	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$48.21
Austin-Round Rock-San Marcos, TX	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$96.42
Austin-Round Rock-San Marcos, TX	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.64
Austin-Round Rock-San Marcos, TX	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$72.32
Austin-Round Rock-San Marcos, TX	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.67
Austin-Round Rock-San Marcos, TX	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.97
Austin-Round Rock-San Marcos, TX	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Austin-Round Rock-San Marcos, TX	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.76
Austin-Round Rock-San Marcos, TX	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.58
Austin-Round Rock-San Marcos, TX	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.82
Austin-Round Rock-San Marcos, TX	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$37.16
Austin-Round Rock-San Marcos, TX	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.72
Austin-Round Rock-San Marcos, TX	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$27.87
Austin-Round Rock-San Marcos, TX	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$59.30
Austin-Round Rock-San Marcos, TX	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.93
Austin-Round Rock-San Marcos, TX	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$44.48
Austin-Round Rock-San Marcos, TX	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$44.16
Austin-Round Rock-San Marcos, TX	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.42
Austin-Round Rock-San Marcos, TX	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.12
Austin-Round Rock-San Marcos, TX	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$38.25
Austin-Round Rock-San Marcos, TX	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.83
Austin-Round Rock-San Marcos, TX	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.69

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Austin-Round Rock-San Marcos, TX	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$36.70
Austin-Round Rock-San Marcos, TX	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.67
Austin-Round Rock-San Marcos, TX	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$27.53
Austin-Round Rock-San Marcos, TX	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$77.56
Austin-Round Rock-San Marcos, TX	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$7.76
Austin-Round Rock-San Marcos, TX	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$58.17
Austin-Round Rock-San Marcos, TX	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$95.25
Austin-Round Rock-San Marcos, TX	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.53
Austin-Round Rock-San Marcos, TX	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$71.44
Austin-Round Rock-San Marcos, TX	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$142.80
Austin-Round Rock-San Marcos, TX	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$14.28
Austin-Round Rock-San Marcos, TX	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$107.10
Austin-Round Rock-San Marcos, TX	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$194.23
Austin-Round Rock-San Marcos, TX	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.42
Austin-Round Rock-San Marcos, TX	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$145.67

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Austin-Round Rock-San Marcos, TX	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$337.12
Austin-Round Rock-San Marcos, TX	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$33.71
Austin-Round Rock-San Marcos, TX	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$252.84
Austin-Round Rock-San Marcos, TX	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$189.50
Austin-Round Rock-San Marcos, TX	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$18.95
Austin-Round Rock-San Marcos, TX	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$142.13
Austin-Round Rock-San Marcos, TX	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$268.90
Austin-Round Rock-San Marcos, TX	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$26.89
Austin-Round Rock-San Marcos, TX	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$201.68
Austin-Round Rock-San Marcos, TX	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$165.92
Austin-Round Rock-San Marcos, TX	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$16.59
Austin-Round Rock-San Marcos, TX	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$124.44
Austin-Round Rock-San Marcos, TX	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$278.17
Austin-Round Rock-San Marcos, TX	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$27.82
Austin-Round Rock-San Marcos, TX	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$208.63

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Austin-Round Rock-San Marcos, TX	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$293.75
Austin-Round Rock-San Marcos, TX	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.38
Austin-Round Rock-San Marcos, TX	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$220.31
Austin-Round Rock-San Marcos, TX	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$431.02
Austin-Round Rock-San Marcos, TX	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$43.10
Austin-Round Rock-San Marcos, TX	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$323.27
Austin-Round Rock-San Marcos, TX	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$373.82
Austin-Round Rock-San Marcos, TX	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$37.38
Austin-Round Rock-San Marcos, TX	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$280.37
Austin-Round Rock-San Marcos, TX	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$485.10
Austin-Round Rock-San Marcos, TX	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$48.51
Austin-Round Rock-San Marcos, TX	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$363.83
Austin-Round Rock-San Marcos, TX	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$382.64
Austin-Round Rock-San Marcos, TX	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.26
Austin-Round Rock-San Marcos, TX	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$286.98

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Austin-Round Rock-San Marcos, TX	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$447.50
Austin-Round Rock-San Marcos, TX	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$44.75
Austin-Round Rock-San Marcos, TX	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$335.63
Austin-Round Rock-San Marcos, TX	K0001	STANDARD WHEELCHAIR	RR			\$25.33
Austin-Round Rock-San Marcos, TX	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$27.08
Austin-Round Rock-San Marcos, TX	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$34.53
Austin-Round Rock-San Marcos, TX	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$42.49
Austin-Round Rock-San Marcos, TX	K0006	HEAVY DUTY WHEELCHAIR	RR			\$51.50
Austin-Round Rock-San Marcos, TX	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$82.55
Austin-Round Rock-San Marcos, TX	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$139.80
Austin-Round Rock-San Marcos, TX	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$13.98
Austin-Round Rock-San Marcos, TX	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$104.85
Austin-Round Rock-San Marcos, TX	K0019	ARM PAD, EACH	NU			\$10.50
Austin-Round Rock-San Marcos, TX	K0019	ARM PAD, EACH	RR			\$1.05
Austin-Round Rock-San Marcos, TX	K0019	ARM PAD, EACH	UE			\$7.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Austin-Round Rock-San Marcos, TX	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$49.73
Austin-Round Rock-San Marcos, TX	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$4.97
Austin-Round Rock-San Marcos, TX	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$37.30
Austin-Round Rock-San Marcos, TX	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$68.90
Austin-Round Rock-San Marcos, TX	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.89
Austin-Round Rock-San Marcos, TX	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$51.68
Austin-Round Rock-San Marcos, TX	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$83.81
Austin-Round Rock-San Marcos, TX	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.38
Austin-Round Rock-San Marcos, TX	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$62.86
Austin-Round Rock-San Marcos, TX	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$80.86
Austin-Round Rock-San Marcos, TX	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.09
Austin-Round Rock-San Marcos, TX	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$60.65
Austin-Round Rock-San Marcos, TX	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$82.94
Austin-Round Rock-San Marcos, TX	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.29
Austin-Round Rock-San Marcos, TX	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$62.21

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Austin-Round Rock-San Marcos, TX	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$153.70
Austin-Round Rock-San Marcos, TX	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.37
Austin-Round Rock-San Marcos, TX	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$115.28
Austin-Round Rock-San Marcos, TX	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$54.54
Austin-Round Rock-San Marcos, TX	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.45
Austin-Round Rock-San Marcos, TX	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$40.91
Austin-Round Rock-San Marcos, TX	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$10.05
Austin-Round Rock-San Marcos, TX	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$786.98
Austin-Round Rock-San Marcos, TX	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$78.70
Austin-Round Rock-San Marcos, TX	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$590.24
Austin-Round Rock-San Marcos, TX	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,392.66
Austin-Round Rock-San Marcos, TX	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$139.27
Austin-Round Rock-San Marcos, TX	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,044.50
Austin-Round Rock-San Marcos, TX	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,785.60
Austin-Round Rock-San Marcos, TX	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$178.56

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Austin-Round Rock-San Marcos, TX	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,339.20
Austin-Round Rock-San Marcos, TX	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$251.25
Austin-Round Rock-San Marcos, TX	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$255.00
Austin-Round Rock-San Marcos, TX	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$331.12
Austin-Round Rock-San Marcos, TX	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$326.70
Austin-Round Rock-San Marcos, TX	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$269.08
Austin-Round Rock-San Marcos, TX	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$319.71
Austin-Round Rock-San Marcos, TX	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.49
Austin-Round Rock-San Marcos, TX	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$262.50
Austin-Round Rock-San Marcos, TX	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$395.19
Austin-Round Rock-San Marcos, TX	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$372.11
Austin-Round Rock-San Marcos, TX	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$600.00
Austin-Round Rock-San Marcos, TX	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$518.82
Austin-Round Rock-San Marcos, TX	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$719.94
Austin-Round Rock-San Marcos, TX	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$700.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bakersfield-Delano, CA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$78.37
Bakersfield-Delano, CA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.84
Bakersfield-Delano, CA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$58.78
Bakersfield-Delano, CA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$14.78
Bakersfield-Delano, CA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.48
Bakersfield-Delano, CA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$11.09
Bakersfield-Delano, CA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$141.70
Bakersfield-Delano, CA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$14.17
Bakersfield-Delano, CA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$106.28
Bakersfield-Delano, CA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$79.35
Bakersfield-Delano, CA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.94
Bakersfield-Delano, CA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$59.51
Bakersfield-Delano, CA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$115.50
Bakersfield-Delano, CA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.55
Bakersfield-Delano, CA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$86.63

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bakersfield-Delano, CA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$75.00
Bakersfield-Delano, CA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.50
Bakersfield-Delano, CA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$56.25
Bakersfield-Delano, CA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$25.00
Bakersfield-Delano, CA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.50
Bakersfield-Delano, CA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$18.75
Bakersfield-Delano, CA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$38.00
Bakersfield-Delano, CA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.80
Bakersfield-Delano, CA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$28.50
Bakersfield-Delano, CA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$56.00
Bakersfield-Delano, CA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.60
Bakersfield-Delano, CA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$42.00
Bakersfield-Delano, CA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$25.83
Bakersfield-Delano, CA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.58
Bakersfield-Delano, CA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$19.37

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bakersfield-Delano, CA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$76.69
Bakersfield-Delano, CA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.67
Bakersfield-Delano, CA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$57.52
Bakersfield-Delano, CA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$80.00
Bakersfield-Delano, CA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.00
Bakersfield-Delano, CA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$60.00
Bakersfield-Delano, CA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$110.00
Bakersfield-Delano, CA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$11.00
Bakersfield-Delano, CA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$82.50
Bakersfield-Delano, CA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$205.07
Bakersfield-Delano, CA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$20.51
Bakersfield-Delano, CA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$153.80
Bakersfield-Delano, CA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$143.58
Bakersfield-Delano, CA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$14.36
Bakersfield-Delano, CA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$107.69

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bakersfield-Delano, CA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.50
Bakersfield-Delano, CA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$14.66
Bakersfield-Delano, CA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$37.56
Bakersfield-Delano, CA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$384.74
Bakersfield-Delano, CA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$38.47
Bakersfield-Delano, CA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$288.56
Bakersfield-Delano, CA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$350.00
Bakersfield-Delano, CA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$35.00
Bakersfield-Delano, CA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$262.50
Bakersfield-Delano, CA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$463.29
Bakersfield-Delano, CA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$46.33
Bakersfield-Delano, CA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$347.47
Bakersfield-Delano, CA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$450.00
Bakersfield-Delano, CA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$45.00
Bakersfield-Delano, CA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$337.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bakersfield-Delano, CA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$772.19
Bakersfield-Delano, CA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$77.22
Bakersfield-Delano, CA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$579.14
Bakersfield-Delano, CA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.22
Bakersfield-Delano, CA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.62
Bakersfield-Delano, CA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.17
Bakersfield-Delano, CA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$92.85
Bakersfield-Delano, CA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$9.29
Bakersfield-Delano, CA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$69.64
Bakersfield-Delano, CA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$90.00
Bakersfield-Delano, CA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$9.00
Bakersfield-Delano, CA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$67.50
Bakersfield-Delano, CA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.05
Bakersfield-Delano, CA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.51
Bakersfield-Delano, CA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.79

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bakersfield-Delano, CA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$36.85
Bakersfield-Delano, CA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.69
Bakersfield-Delano, CA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$27.64
Bakersfield-Delano, CA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$29.24
Bakersfield-Delano, CA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.92
Bakersfield-Delano, CA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$21.93
Bakersfield-Delano, CA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$148.20
Bakersfield-Delano, CA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.82
Bakersfield-Delano, CA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$111.15
Bakersfield-Delano, CA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$102.57
Bakersfield-Delano, CA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.26
Bakersfield-Delano, CA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$76.93
Bakersfield-Delano, CA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$107.93
Bakersfield-Delano, CA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.79
Bakersfield-Delano, CA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$80.95

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bakersfield-Delano, CA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.78
Bakersfield-Delano, CA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.08
Bakersfield-Delano, CA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$68.09
Bakersfield-Delano, CA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$150.00
Bakersfield-Delano, CA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$15.00
Bakersfield-Delano, CA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$112.50
Bakersfield-Delano, CA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
Bakersfield-Delano, CA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
Bakersfield-Delano, CA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
Bakersfield-Delano, CA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$78.68
Bakersfield-Delano, CA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.87
Bakersfield-Delano, CA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$59.01
Bakersfield-Delano, CA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$169.87
Bakersfield-Delano, CA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$16.99
Bakersfield-Delano, CA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$127.40

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bakersfield-Delano, CA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$336.00
Bakersfield-Delano, CA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$33.60
Bakersfield-Delano, CA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$252.00
Bakersfield-Delano, CA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$425.00
Bakersfield-Delano, CA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$42.50
Bakersfield-Delano, CA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$318.75
Bakersfield-Delano, CA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$379.06
Bakersfield-Delano, CA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$37.91
Bakersfield-Delano, CA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$284.30
Bakersfield-Delano, CA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$553.00
Bakersfield-Delano, CA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$55.30
Bakersfield-Delano, CA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$414.75
Bakersfield-Delano, CA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$126.99
Bakersfield-Delano, CA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.70
Bakersfield-Delano, CA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$95.24

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bakersfield-Delano, CA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$59.86
Bakersfield-Delano, CA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.99
Bakersfield-Delano, CA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$44.90
Bakersfield-Delano, CA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$125.81
Bakersfield-Delano, CA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$12.58
Bakersfield-Delano, CA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$94.36
Bakersfield-Delano, CA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$62.51
Bakersfield-Delano, CA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.25
Bakersfield-Delano, CA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$46.88
Bakersfield-Delano, CA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$110.00
Bakersfield-Delano, CA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.00
Bakersfield-Delano, CA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$82.50
Bakersfield-Delano, CA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$51.16
Bakersfield-Delano, CA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.12
Bakersfield-Delano, CA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$38.37

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bakersfield-Delano, CA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$16.47
Bakersfield-Delano, CA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.65
Bakersfield-Delano, CA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.35
Bakersfield-Delano, CA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.54
Bakersfield-Delano, CA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.25
Bakersfield-Delano, CA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.91
Bakersfield-Delano, CA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.15
Bakersfield-Delano, CA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.02
Bakersfield-Delano, CA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.11
Bakersfield-Delano, CA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.00
Bakersfield-Delano, CA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.50
Bakersfield-Delano, CA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.75
Bakersfield-Delano, CA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.95
Bakersfield-Delano, CA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.00
Bakersfield-Delano, CA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.46

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bakersfield-Delano, CA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$47.05
Bakersfield-Delano, CA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.71
Bakersfield-Delano, CA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$35.29
Bakersfield-Delano, CA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$92.67
Bakersfield-Delano, CA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$9.27
Bakersfield-Delano, CA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$69.50
Bakersfield-Delano, CA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$118.82
Bakersfield-Delano, CA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$11.88
Bakersfield-Delano, CA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$89.12
Bakersfield-Delano, CA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$160.00
Bakersfield-Delano, CA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$16.00
Bakersfield-Delano, CA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$120.00
Bakersfield-Delano, CA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$225.66
Bakersfield-Delano, CA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$22.57
Bakersfield-Delano, CA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$169.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bakersfield-Delano, CA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$348.65
Bakersfield-Delano, CA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$34.87
Bakersfield-Delano, CA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$261.49
Bakersfield-Delano, CA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$226.97
Bakersfield-Delano, CA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$22.70
Bakersfield-Delano, CA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$170.23
Bakersfield-Delano, CA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$300.00
Bakersfield-Delano, CA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$30.00
Bakersfield-Delano, CA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$225.00
Bakersfield-Delano, CA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$182.18
Bakersfield-Delano, CA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$18.22
Bakersfield-Delano, CA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$136.64
Bakersfield-Delano, CA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$332.09
Bakersfield-Delano, CA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$33.21
Bakersfield-Delano, CA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$249.07

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bakersfield-Delano, CA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$308.45
Bakersfield-Delano, CA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.85
Bakersfield-Delano, CA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$231.34
Bakersfield-Delano, CA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$450.00
Bakersfield-Delano, CA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.00
Bakersfield-Delano, CA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$337.50
Bakersfield-Delano, CA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$381.06
Bakersfield-Delano, CA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.11
Bakersfield-Delano, CA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$285.80
Bakersfield-Delano, CA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$474.18
Bakersfield-Delano, CA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$47.42
Bakersfield-Delano, CA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$355.64
Bakersfield-Delano, CA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$426.87
Bakersfield-Delano, CA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$42.69
Bakersfield-Delano, CA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$320.15

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bakersfield-Delano, CA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$449.14
Bakersfield-Delano, CA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$44.91
Bakersfield-Delano, CA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$336.86
Bakersfield-Delano, CA	K0001	STANDARD WHEELCHAIR	RR			\$27.50
Bakersfield-Delano, CA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$51.86
Bakersfield-Delano, CA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$45.00
Bakersfield-Delano, CA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$53.69
Bakersfield-Delano, CA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$67.80
Bakersfield-Delano, CA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$109.24
Bakersfield-Delano, CA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$126.33
Bakersfield-Delano, CA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$12.63
Bakersfield-Delano, CA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$94.75
Bakersfield-Delano, CA	K0019	ARM PAD, EACH	NU			\$13.20
Bakersfield-Delano, CA	K0019	ARM PAD, EACH	RR			\$1.32
Bakersfield-Delano, CA	K0019	ARM PAD, EACH	UE			\$9.90

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bakersfield-Delano, CA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$55.00
Bakersfield-Delano, CA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.50
Bakersfield-Delano, CA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$41.25
Bakersfield-Delano, CA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$70.81
Bakersfield-Delano, CA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.08
Bakersfield-Delano, CA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$53.11
Bakersfield-Delano, CA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$84.51
Bakersfield-Delano, CA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.45
Bakersfield-Delano, CA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.38
Bakersfield-Delano, CA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$95.00
Bakersfield-Delano, CA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$9.50
Bakersfield-Delano, CA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$71.25
Bakersfield-Delano, CA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$97.50
Bakersfield-Delano, CA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.75
Bakersfield-Delano, CA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$73.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bakersfield-Delano, CA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$160.00
Bakersfield-Delano, CA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$16.00
Bakersfield-Delano, CA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$120.00
Bakersfield-Delano, CA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$56.54
Bakersfield-Delano, CA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.65
Bakersfield-Delano, CA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$42.41
Bakersfield-Delano, CA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$12.18
Bakersfield-Delano, CA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$900.00
Bakersfield-Delano, CA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$90.00
Bakersfield-Delano, CA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$675.00
Bakersfield-Delano, CA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,700.00
Bakersfield-Delano, CA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$170.00
Bakersfield-Delano, CA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,275.00
Bakersfield-Delano, CA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,987.11
Bakersfield-Delano, CA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$198.71

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bakersfield-Delano, CA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,490.33
Bakersfield-Delano, CA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$300.15
Bakersfield-Delano, CA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$367.50
Bakersfield-Delano, CA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$420.00
Bakersfield-Delano, CA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$374.10
Bakersfield-Delano, CA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$325.62
Bakersfield-Delano, CA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$390.00
Bakersfield-Delano, CA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Bakersfield-Delano, CA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$300.00
Bakersfield-Delano, CA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$445.93
Bakersfield-Delano, CA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$387.87
Bakersfield-Delano, CA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$750.00
Bakersfield-Delano, CA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$599.10
Bakersfield-Delano, CA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$810.29
Bakersfield-Delano, CA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$780.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baltimore-Towson, MD	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$75.00
Baltimore-Towson, MD	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.50
Baltimore-Towson, MD	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$56.25
Baltimore-Towson, MD	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.75
Baltimore-Towson, MD	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.28
Baltimore-Towson, MD	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.56
Baltimore-Towson, MD	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$139.41
Baltimore-Towson, MD	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.94
Baltimore-Towson, MD	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$104.56
Baltimore-Towson, MD	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$75.38
Baltimore-Towson, MD	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.54
Baltimore-Towson, MD	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$56.54
Baltimore-Towson, MD	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$108.55
Baltimore-Towson, MD	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.86
Baltimore-Towson, MD	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$81.41

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baltimore-Towson, MD	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$70.00
Baltimore-Towson, MD	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.00
Baltimore-Towson, MD	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$52.50
Baltimore-Towson, MD	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$20.00
Baltimore-Towson, MD	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.00
Baltimore-Towson, MD	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$15.00
Baltimore-Towson, MD	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$30.76
Baltimore-Towson, MD	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.08
Baltimore-Towson, MD	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$23.07
Baltimore-Towson, MD	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$61.74
Baltimore-Towson, MD	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$6.17
Baltimore-Towson, MD	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$46.31
Baltimore-Towson, MD	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$26.00
Baltimore-Towson, MD	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.60
Baltimore-Towson, MD	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$19.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baltimore-Towson, MD	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$70.00
Baltimore-Towson, MD	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.00
Baltimore-Towson, MD	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$52.50
Baltimore-Towson, MD	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$67.46
Baltimore-Towson, MD	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$6.75
Baltimore-Towson, MD	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$50.60
Baltimore-Towson, MD	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$90.45
Baltimore-Towson, MD	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.05
Baltimore-Towson, MD	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$67.84
Baltimore-Towson, MD	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$175.00
Baltimore-Towson, MD	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$17.50
Baltimore-Towson, MD	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$131.25
Baltimore-Towson, MD	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$128.00
Baltimore-Towson, MD	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.80
Baltimore-Towson, MD	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$96.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baltimore-Towson, MD	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.40
Baltimore-Towson, MD	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$14.52
Baltimore-Towson, MD	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$35.00
Baltimore-Towson, MD	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$338.81
Baltimore-Towson, MD	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$33.88
Baltimore-Towson, MD	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$254.11
Baltimore-Towson, MD	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$269.00
Baltimore-Towson, MD	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$26.90
Baltimore-Towson, MD	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$201.75
Baltimore-Towson, MD	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$400.00
Baltimore-Towson, MD	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$40.00
Baltimore-Towson, MD	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$300.00
Baltimore-Towson, MD	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$356.25
Baltimore-Towson, MD	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$35.63
Baltimore-Towson, MD	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$267.19

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baltimore-Towson, MD	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$644.20
Baltimore-Towson, MD	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$64.42
Baltimore-Towson, MD	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$483.15
Baltimore-Towson, MD	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$34.00
Baltimore-Towson, MD	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.40
Baltimore-Towson, MD	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$25.50
Baltimore-Towson, MD	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$80.00
Baltimore-Towson, MD	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.00
Baltimore-Towson, MD	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$60.00
Baltimore-Towson, MD	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$80.00
Baltimore-Towson, MD	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.00
Baltimore-Towson, MD	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$60.00
Baltimore-Towson, MD	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Baltimore-Towson, MD	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Baltimore-Towson, MD	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baltimore-Towson, MD	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$30.00
Baltimore-Towson, MD	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.00
Baltimore-Towson, MD	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$22.50
Baltimore-Towson, MD	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$26.00
Baltimore-Towson, MD	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.60
Baltimore-Towson, MD	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$19.50
Baltimore-Towson, MD	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$140.00
Baltimore-Towson, MD	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.00
Baltimore-Towson, MD	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$105.00
Baltimore-Towson, MD	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.00
Baltimore-Towson, MD	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
Baltimore-Towson, MD	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.25
Baltimore-Towson, MD	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$106.00
Baltimore-Towson, MD	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.60
Baltimore-Towson, MD	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$79.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baltimore-Towson, MD	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$85.00
Baltimore-Towson, MD	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.50
Baltimore-Towson, MD	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$63.75
Baltimore-Towson, MD	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$138.00
Baltimore-Towson, MD	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$13.80
Baltimore-Towson, MD	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$103.50
Baltimore-Towson, MD	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.09
Baltimore-Towson, MD	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.01
Baltimore-Towson, MD	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.57
Baltimore-Towson, MD	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$70.00
Baltimore-Towson, MD	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.00
Baltimore-Towson, MD	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$52.50
Baltimore-Towson, MD	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$160.29
Baltimore-Towson, MD	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$16.03
Baltimore-Towson, MD	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$120.22

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baltimore-Towson, MD	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$290.00
Baltimore-Towson, MD	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$29.00
Baltimore-Towson, MD	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$217.50
Baltimore-Towson, MD	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$383.00
Baltimore-Towson, MD	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$38.30
Baltimore-Towson, MD	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$287.25
Baltimore-Towson, MD	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$325.00
Baltimore-Towson, MD	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$32.50
Baltimore-Towson, MD	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$243.75
Baltimore-Towson, MD	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$553.00
Baltimore-Towson, MD	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$55.30
Baltimore-Towson, MD	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$414.75
Baltimore-Towson, MD	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$125.00
Baltimore-Towson, MD	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.50
Baltimore-Towson, MD	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$93.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baltimore-Towson, MD	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.00
Baltimore-Towson, MD	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.50
Baltimore-Towson, MD	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.25
Baltimore-Towson, MD	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$109.55
Baltimore-Towson, MD	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.96
Baltimore-Towson, MD	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$82.16
Baltimore-Towson, MD	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.90
Baltimore-Towson, MD	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.59
Baltimore-Towson, MD	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.93
Baltimore-Towson, MD	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$102.00
Baltimore-Towson, MD	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.20
Baltimore-Towson, MD	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$76.50
Baltimore-Towson, MD	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.41
Baltimore-Towson, MD	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.54
Baltimore-Towson, MD	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.06

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baltimore-Towson, MD	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.70
Baltimore-Towson, MD	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.57
Baltimore-Towson, MD	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.78
Baltimore-Towson, MD	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$37.74
Baltimore-Towson, MD	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.77
Baltimore-Towson, MD	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.31
Baltimore-Towson, MD	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.00
Baltimore-Towson, MD	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.50
Baltimore-Towson, MD	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.25
Baltimore-Towson, MD	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.80
Baltimore-Towson, MD	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.08
Baltimore-Towson, MD	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.60
Baltimore-Towson, MD	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.91
Baltimore-Towson, MD	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.29
Baltimore-Towson, MD	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.18

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baltimore-Towson, MD	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$40.00
Baltimore-Towson, MD	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.00
Baltimore-Towson, MD	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$30.00
Baltimore-Towson, MD	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$83.75
Baltimore-Towson, MD	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.38
Baltimore-Towson, MD	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$62.81
Baltimore-Towson, MD	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$94.00
Baltimore-Towson, MD	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.40
Baltimore-Towson, MD	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$70.50
Baltimore-Towson, MD	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$141.00
Baltimore-Towson, MD	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$14.10
Baltimore-Towson, MD	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$105.75
Baltimore-Towson, MD	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$195.98
Baltimore-Towson, MD	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.60
Baltimore-Towson, MD	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$146.99

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baltimore-Towson, MD	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$310.00
Baltimore-Towson, MD	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$31.00
Baltimore-Towson, MD	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$232.50
Baltimore-Towson, MD	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$200.00
Baltimore-Towson, MD	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.00
Baltimore-Towson, MD	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$150.00
Baltimore-Towson, MD	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$239.19
Baltimore-Towson, MD	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$23.92
Baltimore-Towson, MD	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$179.39
Baltimore-Towson, MD	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$166.33
Baltimore-Towson, MD	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$16.63
Baltimore-Towson, MD	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$124.75
Baltimore-Towson, MD	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$261.00
Baltimore-Towson, MD	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$26.10
Baltimore-Towson, MD	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$195.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baltimore-Towson, MD	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$281.68
Baltimore-Towson, MD	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$28.17
Baltimore-Towson, MD	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$211.26
Baltimore-Towson, MD	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$400.00
Baltimore-Towson, MD	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.00
Baltimore-Towson, MD	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$300.00
Baltimore-Towson, MD	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$351.75
Baltimore-Towson, MD	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.18
Baltimore-Towson, MD	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$263.81
Baltimore-Towson, MD	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$420.00
Baltimore-Towson, MD	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$42.00
Baltimore-Towson, MD	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$315.00
Baltimore-Towson, MD	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$380.32
Baltimore-Towson, MD	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.03
Baltimore-Towson, MD	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$285.24

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baltimore-Towson, MD	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$380.00
Baltimore-Towson, MD	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.00
Baltimore-Towson, MD	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$285.00
Baltimore-Towson, MD	K0001	STANDARD WHEELCHAIR	RR			\$29.18
Baltimore-Towson, MD	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$44.82
Baltimore-Towson, MD	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$44.19
Baltimore-Towson, MD	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$50.00
Baltimore-Towson, MD	K0006	HEAVY DUTY WHEELCHAIR	RR			\$66.41
Baltimore-Towson, MD	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$106.33
Baltimore-Towson, MD	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$115.00
Baltimore-Towson, MD	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.50
Baltimore-Towson, MD	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$86.25
Baltimore-Towson, MD	K0019	ARM PAD, EACH	NU			\$10.00
Baltimore-Towson, MD	K0019	ARM PAD, EACH	RR			\$1.00
Baltimore-Towson, MD	K0019	ARM PAD, EACH	UE			\$7.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baltimore-Towson, MD	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$50.00
Baltimore-Towson, MD	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.00
Baltimore-Towson, MD	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$37.50
Baltimore-Towson, MD	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$66.88
Baltimore-Towson, MD	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.69
Baltimore-Towson, MD	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$50.16
Baltimore-Towson, MD	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$82.15
Baltimore-Towson, MD	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.22
Baltimore-Towson, MD	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$61.61
Baltimore-Towson, MD	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$82.00
Baltimore-Towson, MD	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.20
Baltimore-Towson, MD	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$61.50
Baltimore-Towson, MD	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$80.00
Baltimore-Towson, MD	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.00
Baltimore-Towson, MD	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$60.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baltimore-Towson, MD	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$150.00
Baltimore-Towson, MD	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.00
Baltimore-Towson, MD	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$112.50
Baltimore-Towson, MD	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$46.21
Baltimore-Towson, MD	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$4.62
Baltimore-Towson, MD	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$34.66
Baltimore-Towson, MD	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$10.92
Baltimore-Towson, MD	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$789.91
Baltimore-Towson, MD	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$78.99
Baltimore-Towson, MD	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$592.43
Baltimore-Towson, MD	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,550.00
Baltimore-Towson, MD	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$155.00
Baltimore-Towson, MD	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,162.50
Baltimore-Towson, MD	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,768.80
Baltimore-Towson, MD	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$176.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baltimore-Towson, MD	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,326.60
Baltimore-Towson, MD	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$260.35
Baltimore-Towson, MD	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$287.25
Baltimore-Towson, MD	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Baltimore-Towson, MD	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$329.85
Baltimore-Towson, MD	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$278.66
Baltimore-Towson, MD	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$308.66
Baltimore-Towson, MD	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$322.50
Baltimore-Towson, MD	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$291.90
Baltimore-Towson, MD	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$390.05
Baltimore-Towson, MD	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$357.08
Baltimore-Towson, MD	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$599.85
Baltimore-Towson, MD	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$539.65
Baltimore-Towson, MD	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$688.17
Baltimore-Towson, MD	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$704.70

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baton Rouge, LA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$75.80
Baton Rouge, LA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.58
Baton Rouge, LA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$56.85
Baton Rouge, LA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.75
Baton Rouge, LA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.28
Baton Rouge, LA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.56
Baton Rouge, LA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$139.00
Baton Rouge, LA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.90
Baton Rouge, LA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$104.25
Baton Rouge, LA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$76.13
Baton Rouge, LA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.61
Baton Rouge, LA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$57.10
Baton Rouge, LA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$115.22
Baton Rouge, LA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.52
Baton Rouge, LA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$86.42

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baton Rouge, LA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$71.05
Baton Rouge, LA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.11
Baton Rouge, LA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$53.29
Baton Rouge, LA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.00
Baton Rouge, LA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.90
Baton Rouge, LA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.25
Baton Rouge, LA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$28.00
Baton Rouge, LA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.80
Baton Rouge, LA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$21.00
Baton Rouge, LA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$45.24
Baton Rouge, LA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.52
Baton Rouge, LA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$33.93
Baton Rouge, LA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$25.91
Baton Rouge, LA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.59
Baton Rouge, LA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$19.43

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baton Rouge, LA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$69.00
Baton Rouge, LA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.90
Baton Rouge, LA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$51.75
Baton Rouge, LA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$80.00
Baton Rouge, LA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.00
Baton Rouge, LA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$60.00
Baton Rouge, LA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$100.00
Baton Rouge, LA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.00
Baton Rouge, LA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$75.00
Baton Rouge, LA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$200.00
Baton Rouge, LA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$20.00
Baton Rouge, LA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$150.00
Baton Rouge, LA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$128.00
Baton Rouge, LA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.80
Baton Rouge, LA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$96.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baton Rouge, LA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.50
Baton Rouge, LA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.49
Baton Rouge, LA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$35.00
Baton Rouge, LA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$401.00
Baton Rouge, LA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$40.10
Baton Rouge, LA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$300.75
Baton Rouge, LA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$349.00
Baton Rouge, LA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$34.90
Baton Rouge, LA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$261.75
Baton Rouge, LA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$450.00
Baton Rouge, LA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.00
Baton Rouge, LA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$337.50
Baton Rouge, LA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$415.00
Baton Rouge, LA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$41.50
Baton Rouge, LA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$311.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baton Rouge, LA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$700.00
Baton Rouge, LA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$70.00
Baton Rouge, LA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$525.00
Baton Rouge, LA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.00
Baton Rouge, LA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.60
Baton Rouge, LA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.00
Baton Rouge, LA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$81.15
Baton Rouge, LA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.12
Baton Rouge, LA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$60.86
Baton Rouge, LA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$85.00
Baton Rouge, LA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.50
Baton Rouge, LA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$63.75
Baton Rouge, LA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Baton Rouge, LA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Baton Rouge, LA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baton Rouge, LA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$31.67
Baton Rouge, LA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.17
Baton Rouge, LA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$23.75
Baton Rouge, LA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$28.00
Baton Rouge, LA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.80
Baton Rouge, LA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$21.00
Baton Rouge, LA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$140.00
Baton Rouge, LA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.00
Baton Rouge, LA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$105.00
Baton Rouge, LA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
Baton Rouge, LA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
Baton Rouge, LA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
Baton Rouge, LA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$106.00
Baton Rouge, LA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.60
Baton Rouge, LA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$79.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baton Rouge, LA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.00
Baton Rouge, LA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.00
Baton Rouge, LA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.50
Baton Rouge, LA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.15
Baton Rouge, LA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.92
Baton Rouge, LA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.86
Baton Rouge, LA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
Baton Rouge, LA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
Baton Rouge, LA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
Baton Rouge, LA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$72.69
Baton Rouge, LA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.27
Baton Rouge, LA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$54.52
Baton Rouge, LA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$139.00
Baton Rouge, LA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$13.90
Baton Rouge, LA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$104.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baton Rouge, LA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$300.00
Baton Rouge, LA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$30.00
Baton Rouge, LA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$225.00
Baton Rouge, LA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$378.00
Baton Rouge, LA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$37.80
Baton Rouge, LA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$283.50
Baton Rouge, LA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$335.00
Baton Rouge, LA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$33.50
Baton Rouge, LA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$251.25
Baton Rouge, LA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$525.00
Baton Rouge, LA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$52.50
Baton Rouge, LA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$393.75
Baton Rouge, LA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$125.00
Baton Rouge, LA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.50
Baton Rouge, LA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$93.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baton Rouge, LA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$56.00
Baton Rouge, LA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.60
Baton Rouge, LA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.00
Baton Rouge, LA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$125.00
Baton Rouge, LA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$12.50
Baton Rouge, LA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$93.75
Baton Rouge, LA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.00
Baton Rouge, LA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.00
Baton Rouge, LA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.00
Baton Rouge, LA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$105.17
Baton Rouge, LA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.52
Baton Rouge, LA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$78.88
Baton Rouge, LA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$47.00
Baton Rouge, LA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.70
Baton Rouge, LA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$35.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baton Rouge, LA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.00
Baton Rouge, LA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.50
Baton Rouge, LA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.25
Baton Rouge, LA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$38.00
Baton Rouge, LA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.80
Baton Rouge, LA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.50
Baton Rouge, LA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.00
Baton Rouge, LA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.70
Baton Rouge, LA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.75
Baton Rouge, LA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.63
Baton Rouge, LA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.26
Baton Rouge, LA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.97
Baton Rouge, LA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.00
Baton Rouge, LA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.50
Baton Rouge, LA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baton Rouge, LA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$41.98
Baton Rouge, LA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.20
Baton Rouge, LA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$31.49
Baton Rouge, LA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$83.00
Baton Rouge, LA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.30
Baton Rouge, LA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$62.25
Baton Rouge, LA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$105.76
Baton Rouge, LA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.58
Baton Rouge, LA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$79.32
Baton Rouge, LA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$154.23
Baton Rouge, LA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$15.42
Baton Rouge, LA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$115.67
Baton Rouge, LA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$200.00
Baton Rouge, LA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.00
Baton Rouge, LA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$150.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baton Rouge, LA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$325.00
Baton Rouge, LA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.50
Baton Rouge, LA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$243.75
Baton Rouge, LA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$210.76
Baton Rouge, LA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.08
Baton Rouge, LA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$158.07
Baton Rouge, LA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$250.00
Baton Rouge, LA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$25.00
Baton Rouge, LA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$187.50
Baton Rouge, LA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
Baton Rouge, LA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
Baton Rouge, LA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
Baton Rouge, LA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$297.54
Baton Rouge, LA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.75
Baton Rouge, LA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$223.16

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baton Rouge, LA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$305.00
Baton Rouge, LA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.50
Baton Rouge, LA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$228.75
Baton Rouge, LA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$405.00
Baton Rouge, LA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.50
Baton Rouge, LA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$303.75
Baton Rouge, LA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$356.99
Baton Rouge, LA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.70
Baton Rouge, LA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$267.74
Baton Rouge, LA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$451.00
Baton Rouge, LA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.10
Baton Rouge, LA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$338.25
Baton Rouge, LA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$385.00
Baton Rouge, LA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.50
Baton Rouge, LA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$288.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baton Rouge, LA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$412.55
Baton Rouge, LA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$41.26
Baton Rouge, LA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$309.41
Baton Rouge, LA	K0001	STANDARD WHEELCHAIR	RR			\$24.94
Baton Rouge, LA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$37.36
Baton Rouge, LA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$40.00
Baton Rouge, LA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$46.40
Baton Rouge, LA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$60.00
Baton Rouge, LA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$94.60
Baton Rouge, LA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$130.00
Baton Rouge, LA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$13.00
Baton Rouge, LA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$97.50
Baton Rouge, LA	K0019	ARM PAD, EACH	NU			\$11.00
Baton Rouge, LA	K0019	ARM PAD, EACH	RR			\$1.10
Baton Rouge, LA	K0019	ARM PAD, EACH	UE			\$8.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baton Rouge, LA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$51.39
Baton Rouge, LA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.14
Baton Rouge, LA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$38.54
Baton Rouge, LA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$70.00
Baton Rouge, LA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.00
Baton Rouge, LA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$52.50
Baton Rouge, LA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
Baton Rouge, LA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
Baton Rouge, LA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
Baton Rouge, LA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$85.00
Baton Rouge, LA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.50
Baton Rouge, LA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$63.75
Baton Rouge, LA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$92.00
Baton Rouge, LA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.20
Baton Rouge, LA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$69.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baton Rouge, LA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$159.88
Baton Rouge, LA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.99
Baton Rouge, LA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$119.91
Baton Rouge, LA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$51.00
Baton Rouge, LA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.10
Baton Rouge, LA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$38.25
Baton Rouge, LA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$11.10
Baton Rouge, LA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$837.79
Baton Rouge, LA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$83.78
Baton Rouge, LA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$628.34
Baton Rouge, LA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,550.00
Baton Rouge, LA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$155.00
Baton Rouge, LA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,162.50
Baton Rouge, LA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,798.00
Baton Rouge, LA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$179.80

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baton Rouge, LA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,348.50
Baton Rouge, LA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$284.10
Baton Rouge, LA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$297.86
Baton Rouge, LA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$359.85
Baton Rouge, LA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$349.08
Baton Rouge, LA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.00
Baton Rouge, LA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Baton Rouge, LA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$324.75
Baton Rouge, LA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$284.48
Baton Rouge, LA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$462.87
Baton Rouge, LA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$404.70
Baton Rouge, LA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$654.68
Baton Rouge, LA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$569.25
Baton Rouge, LA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$765.45
Baton Rouge, LA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$730.65

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Beaumont-Port Arthur, TX	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$78.00
Beaumont-Port Arthur, TX	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.80
Beaumont-Port Arthur, TX	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$58.50
Beaumont-Port Arthur, TX	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$11.00
Beaumont-Port Arthur, TX	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.10
Beaumont-Port Arthur, TX	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.25
Beaumont-Port Arthur, TX	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$138.00
Beaumont-Port Arthur, TX	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.80
Beaumont-Port Arthur, TX	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$103.50
Beaumont-Port Arthur, TX	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$80.00
Beaumont-Port Arthur, TX	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.00
Beaumont-Port Arthur, TX	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$60.00
Beaumont-Port Arthur, TX	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$120.00
Beaumont-Port Arthur, TX	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.00
Beaumont-Port Arthur, TX	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$90.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Beaumont-Port Arthur, TX	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$80.00
Beaumont-Port Arthur, TX	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$8.00
Beaumont-Port Arthur, TX	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$60.00
Beaumont-Port Arthur, TX	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.00
Beaumont-Port Arthur, TX	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.90
Beaumont-Port Arthur, TX	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.25
Beaumont-Port Arthur, TX	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$25.00
Beaumont-Port Arthur, TX	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.50
Beaumont-Port Arthur, TX	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$18.75
Beaumont-Port Arthur, TX	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$50.41
Beaumont-Port Arthur, TX	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.04
Beaumont-Port Arthur, TX	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$37.81
Beaumont-Port Arthur, TX	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$21.39
Beaumont-Port Arthur, TX	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.14
Beaumont-Port Arthur, TX	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$16.04

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Beaumont-Port Arthur, TX	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$60.48
Beaumont-Port Arthur, TX	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.05
Beaumont-Port Arthur, TX	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$45.36
Beaumont-Port Arthur, TX	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$80.00
Beaumont-Port Arthur, TX	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.00
Beaumont-Port Arthur, TX	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$60.00
Beaumont-Port Arthur, TX	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$110.00
Beaumont-Port Arthur, TX	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$11.00
Beaumont-Port Arthur, TX	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$82.50
Beaumont-Port Arthur, TX	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$205.00
Beaumont-Port Arthur, TX	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$20.50
Beaumont-Port Arthur, TX	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$153.75
Beaumont-Port Arthur, TX	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$125.00
Beaumont-Port Arthur, TX	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.50
Beaumont-Port Arthur, TX	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$93.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Beaumont-Port Arthur, TX	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$40.00
Beaumont-Port Arthur, TX	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$14.80
Beaumont-Port Arthur, TX	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$35.00
Beaumont-Port Arthur, TX	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$278.10
Beaumont-Port Arthur, TX	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$27.81
Beaumont-Port Arthur, TX	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$208.58
Beaumont-Port Arthur, TX	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$349.00
Beaumont-Port Arthur, TX	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$34.90
Beaumont-Port Arthur, TX	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$261.75
Beaumont-Port Arthur, TX	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$450.00
Beaumont-Port Arthur, TX	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.00
Beaumont-Port Arthur, TX	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$337.50
Beaumont-Port Arthur, TX	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$415.00
Beaumont-Port Arthur, TX	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$41.50
Beaumont-Port Arthur, TX	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$311.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Beaumont-Port Arthur, TX	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$750.00
Beaumont-Port Arthur, TX	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$75.00
Beaumont-Port Arthur, TX	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$562.50
Beaumont-Port Arthur, TX	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.00
Beaumont-Port Arthur, TX	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.60
Beaumont-Port Arthur, TX	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.00
Beaumont-Port Arthur, TX	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$89.00
Beaumont-Port Arthur, TX	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.90
Beaumont-Port Arthur, TX	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$66.75
Beaumont-Port Arthur, TX	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$89.00
Beaumont-Port Arthur, TX	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.90
Beaumont-Port Arthur, TX	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$66.75
Beaumont-Port Arthur, TX	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Beaumont-Port Arthur, TX	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Beaumont-Port Arthur, TX	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Beaumont-Port Arthur, TX	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$34.00
Beaumont-Port Arthur, TX	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.40
Beaumont-Port Arthur, TX	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$25.50
Beaumont-Port Arthur, TX	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$28.00
Beaumont-Port Arthur, TX	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.80
Beaumont-Port Arthur, TX	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$21.00
Beaumont-Port Arthur, TX	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$145.00
Beaumont-Port Arthur, TX	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.50
Beaumont-Port Arthur, TX	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$108.75
Beaumont-Port Arthur, TX	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.00
Beaumont-Port Arthur, TX	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
Beaumont-Port Arthur, TX	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.25
Beaumont-Port Arthur, TX	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$113.00
Beaumont-Port Arthur, TX	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$11.30
Beaumont-Port Arthur, TX	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$84.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Beaumont-Port Arthur, TX	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.00
Beaumont-Port Arthur, TX	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.00
Beaumont-Port Arthur, TX	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.50
Beaumont-Port Arthur, TX	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
Beaumont-Port Arthur, TX	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
Beaumont-Port Arthur, TX	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
Beaumont-Port Arthur, TX	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$105.00
Beaumont-Port Arthur, TX	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.50
Beaumont-Port Arthur, TX	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$78.75
Beaumont-Port Arthur, TX	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$61.00
Beaumont-Port Arthur, TX	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$6.10
Beaumont-Port Arthur, TX	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$45.75
Beaumont-Port Arthur, TX	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$139.18
Beaumont-Port Arthur, TX	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$13.92
Beaumont-Port Arthur, TX	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$104.39

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Beaumont-Port Arthur, TX	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$325.00
Beaumont-Port Arthur, TX	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$32.50
Beaumont-Port Arthur, TX	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$243.75
Beaumont-Port Arthur, TX	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$425.00
Beaumont-Port Arthur, TX	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$42.50
Beaumont-Port Arthur, TX	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$318.75
Beaumont-Port Arthur, TX	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$375.00
Beaumont-Port Arthur, TX	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$37.50
Beaumont-Port Arthur, TX	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$281.25
Beaumont-Port Arthur, TX	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$488.14
Beaumont-Port Arthur, TX	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$48.81
Beaumont-Port Arthur, TX	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$366.11
Beaumont-Port Arthur, TX	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$130.00
Beaumont-Port Arthur, TX	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$13.00
Beaumont-Port Arthur, TX	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$97.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Beaumont-Port Arthur, TX	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$67.00
Beaumont-Port Arthur, TX	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.70
Beaumont-Port Arthur, TX	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$50.25
Beaumont-Port Arthur, TX	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$130.00
Beaumont-Port Arthur, TX	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$13.00
Beaumont-Port Arthur, TX	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$97.50
Beaumont-Port Arthur, TX	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$70.00
Beaumont-Port Arthur, TX	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$7.00
Beaumont-Port Arthur, TX	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$52.50
Beaumont-Port Arthur, TX	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$110.00
Beaumont-Port Arthur, TX	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.00
Beaumont-Port Arthur, TX	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$82.50
Beaumont-Port Arthur, TX	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$54.00
Beaumont-Port Arthur, TX	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.40
Beaumont-Port Arthur, TX	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$40.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Beaumont-Port Arthur, TX	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$17.00
Beaumont-Port Arthur, TX	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.70
Beaumont-Port Arthur, TX	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.75
Beaumont-Port Arthur, TX	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.00
Beaumont-Port Arthur, TX	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.50
Beaumont-Port Arthur, TX	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.75
Beaumont-Port Arthur, TX	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$67.00
Beaumont-Port Arthur, TX	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.70
Beaumont-Port Arthur, TX	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$50.25
Beaumont-Port Arthur, TX	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$46.00
Beaumont-Port Arthur, TX	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.60
Beaumont-Port Arthur, TX	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.50
Beaumont-Port Arthur, TX	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$48.00
Beaumont-Port Arthur, TX	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.80
Beaumont-Port Arthur, TX	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Beaumont-Port Arthur, TX	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$35.21
Beaumont-Port Arthur, TX	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.52
Beaumont-Port Arthur, TX	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$26.41
Beaumont-Port Arthur, TX	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$95.00
Beaumont-Port Arthur, TX	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$9.50
Beaumont-Port Arthur, TX	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$71.25
Beaumont-Port Arthur, TX	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$120.00
Beaumont-Port Arthur, TX	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$12.00
Beaumont-Port Arthur, TX	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$90.00
Beaumont-Port Arthur, TX	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$160.00
Beaumont-Port Arthur, TX	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$16.00
Beaumont-Port Arthur, TX	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$120.00
Beaumont-Port Arthur, TX	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$210.00
Beaumont-Port Arthur, TX	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.00
Beaumont-Port Arthur, TX	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$157.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Beaumont-Port Arthur, TX	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$370.00
Beaumont-Port Arthur, TX	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$37.00
Beaumont-Port Arthur, TX	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$277.50
Beaumont-Port Arthur, TX	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$194.00
Beaumont-Port Arthur, TX	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.40
Beaumont-Port Arthur, TX	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$145.50
Beaumont-Port Arthur, TX	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$305.00
Beaumont-Port Arthur, TX	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$30.50
Beaumont-Port Arthur, TX	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$228.75
Beaumont-Port Arthur, TX	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.53
Beaumont-Port Arthur, TX	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.05
Beaumont-Port Arthur, TX	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.90
Beaumont-Port Arthur, TX	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$325.00
Beaumont-Port Arthur, TX	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$32.50
Beaumont-Port Arthur, TX	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$243.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Beaumont-Port Arthur, TX	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$325.00
Beaumont-Port Arthur, TX	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$32.50
Beaumont-Port Arthur, TX	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$243.75
Beaumont-Port Arthur, TX	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$480.00
Beaumont-Port Arthur, TX	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$48.00
Beaumont-Port Arthur, TX	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$360.00
Beaumont-Port Arthur, TX	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$395.00
Beaumont-Port Arthur, TX	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.50
Beaumont-Port Arthur, TX	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$296.25
Beaumont-Port Arthur, TX	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$530.00
Beaumont-Port Arthur, TX	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$53.00
Beaumont-Port Arthur, TX	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$397.50
Beaumont-Port Arthur, TX	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$394.00
Beaumont-Port Arthur, TX	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.40
Beaumont-Port Arthur, TX	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$295.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Beaumont-Port Arthur, TX	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$510.00
Beaumont-Port Arthur, TX	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$51.00
Beaumont-Port Arthur, TX	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$382.50
Beaumont-Port Arthur, TX	K0001	STANDARD WHEELCHAIR	RR			\$25.00
Beaumont-Port Arthur, TX	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$49.60
Beaumont-Port Arthur, TX	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$35.20
Beaumont-Port Arthur, TX	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.90
Beaumont-Port Arthur, TX	K0006	HEAVY DUTY WHEELCHAIR	RR			\$77.13
Beaumont-Port Arthur, TX	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$95.23
Beaumont-Port Arthur, TX	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$151.00
Beaumont-Port Arthur, TX	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$15.10
Beaumont-Port Arthur, TX	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$113.25
Beaumont-Port Arthur, TX	K0019	ARM PAD, EACH	NU			\$10.00
Beaumont-Port Arthur, TX	K0019	ARM PAD, EACH	RR			\$1.00
Beaumont-Port Arthur, TX	K0019	ARM PAD, EACH	UE			\$7.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Beaumont-Port Arthur, TX	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$55.00
Beaumont-Port Arthur, TX	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.50
Beaumont-Port Arthur, TX	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$41.25
Beaumont-Port Arthur, TX	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$75.00
Beaumont-Port Arthur, TX	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.50
Beaumont-Port Arthur, TX	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$56.25
Beaumont-Port Arthur, TX	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
Beaumont-Port Arthur, TX	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
Beaumont-Port Arthur, TX	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
Beaumont-Port Arthur, TX	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$90.00
Beaumont-Port Arthur, TX	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$9.00
Beaumont-Port Arthur, TX	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$67.50
Beaumont-Port Arthur, TX	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$92.00
Beaumont-Port Arthur, TX	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.20
Beaumont-Port Arthur, TX	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$69.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Beaumont-Port Arthur, TX	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$160.00
Beaumont-Port Arthur, TX	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$16.00
Beaumont-Port Arthur, TX	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$120.00
Beaumont-Port Arthur, TX	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$53.00
Beaumont-Port Arthur, TX	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.30
Beaumont-Port Arthur, TX	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$39.75
Beaumont-Port Arthur, TX	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$10.11
Beaumont-Port Arthur, TX	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$788.00
Beaumont-Port Arthur, TX	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$78.80
Beaumont-Port Arthur, TX	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$591.00
Beaumont-Port Arthur, TX	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,700.00
Beaumont-Port Arthur, TX	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$170.00
Beaumont-Port Arthur, TX	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,275.00
Beaumont-Port Arthur, TX	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,798.00
Beaumont-Port Arthur, TX	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$179.80

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Beaumont-Port Arthur, TX	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,348.50
Beaumont-Port Arthur, TX	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$284.10
Beaumont-Port Arthur, TX	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$315.00
Beaumont-Port Arthur, TX	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Beaumont-Port Arthur, TX	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Beaumont-Port Arthur, TX	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$315.75
Beaumont-Port Arthur, TX	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Beaumont-Port Arthur, TX	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$300.00
Beaumont-Port Arthur, TX	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
Beaumont-Port Arthur, TX	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$420.00
Beaumont-Port Arthur, TX	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$369.23
Beaumont-Port Arthur, TX	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$780.00
Beaumont-Port Arthur, TX	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$517.50
Beaumont-Port Arthur, TX	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$840.00
Beaumont-Port Arthur, TX	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$780.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Birmingham-Hoover, AL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$77.71
Birmingham-Hoover, AL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.77
Birmingham-Hoover, AL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$58.28
Birmingham-Hoover, AL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.75
Birmingham-Hoover, AL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.28
Birmingham-Hoover, AL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.56
Birmingham-Hoover, AL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$138.69
Birmingham-Hoover, AL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.87
Birmingham-Hoover, AL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$104.02
Birmingham-Hoover, AL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$75.38
Birmingham-Hoover, AL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.54
Birmingham-Hoover, AL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$56.54
Birmingham-Hoover, AL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$115.22
Birmingham-Hoover, AL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.52
Birmingham-Hoover, AL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$86.42

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Birmingham-Hoover, AL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$79.50
Birmingham-Hoover, AL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.95
Birmingham-Hoover, AL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$59.63
Birmingham-Hoover, AL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.00
Birmingham-Hoover, AL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.90
Birmingham-Hoover, AL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.25
Birmingham-Hoover, AL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$32.00
Birmingham-Hoover, AL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.20
Birmingham-Hoover, AL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$24.00
Birmingham-Hoover, AL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$55.00
Birmingham-Hoover, AL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.50
Birmingham-Hoover, AL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$41.25
Birmingham-Hoover, AL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$25.00
Birmingham-Hoover, AL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.50
Birmingham-Hoover, AL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$18.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Birmingham-Hoover, AL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$75.00
Birmingham-Hoover, AL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.50
Birmingham-Hoover, AL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$56.25
Birmingham-Hoover, AL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$68.00
Birmingham-Hoover, AL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$6.80
Birmingham-Hoover, AL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$51.00
Birmingham-Hoover, AL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$95.00
Birmingham-Hoover, AL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.50
Birmingham-Hoover, AL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$71.25
Birmingham-Hoover, AL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$176.00
Birmingham-Hoover, AL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$17.60
Birmingham-Hoover, AL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$132.00
Birmingham-Hoover, AL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$137.42
Birmingham-Hoover, AL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.74
Birmingham-Hoover, AL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$103.07

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Birmingham-Hoover, AL	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$41.51
Birmingham-Hoover, AL	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.00
Birmingham-Hoover, AL	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$35.00
Birmingham-Hoover, AL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$424.00
Birmingham-Hoover, AL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$42.40
Birmingham-Hoover, AL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$318.00
Birmingham-Hoover, AL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$320.61
Birmingham-Hoover, AL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$32.06
Birmingham-Hoover, AL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$240.46
Birmingham-Hoover, AL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$407.29
Birmingham-Hoover, AL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$40.73
Birmingham-Hoover, AL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$305.47
Birmingham-Hoover, AL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$411.00
Birmingham-Hoover, AL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$41.10
Birmingham-Hoover, AL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$308.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Birmingham-Hoover, AL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$698.96
Birmingham-Hoover, AL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$69.90
Birmingham-Hoover, AL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$524.22
Birmingham-Hoover, AL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$35.00
Birmingham-Hoover, AL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.50
Birmingham-Hoover, AL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.25
Birmingham-Hoover, AL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$76.00
Birmingham-Hoover, AL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.60
Birmingham-Hoover, AL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$57.00
Birmingham-Hoover, AL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$78.39
Birmingham-Hoover, AL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$7.84
Birmingham-Hoover, AL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$58.79
Birmingham-Hoover, AL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Birmingham-Hoover, AL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Birmingham-Hoover, AL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Birmingham-Hoover, AL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$30.00
Birmingham-Hoover, AL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.00
Birmingham-Hoover, AL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$22.50
Birmingham-Hoover, AL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$30.00
Birmingham-Hoover, AL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$3.00
Birmingham-Hoover, AL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$22.50
Birmingham-Hoover, AL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$132.05
Birmingham-Hoover, AL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.21
Birmingham-Hoover, AL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$99.04
Birmingham-Hoover, AL	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$88.00
Birmingham-Hoover, AL	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.80
Birmingham-Hoover, AL	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$66.00
Birmingham-Hoover, AL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$103.30
Birmingham-Hoover, AL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.33
Birmingham-Hoover, AL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$77.48

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Birmingham-Hoover, AL	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$85.00
Birmingham-Hoover, AL	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.50
Birmingham-Hoover, AL	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$63.75
Birmingham-Hoover, AL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
Birmingham-Hoover, AL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
Birmingham-Hoover, AL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
Birmingham-Hoover, AL	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$88.00
Birmingham-Hoover, AL	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.80
Birmingham-Hoover, AL	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$66.00
Birmingham-Hoover, AL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$72.00
Birmingham-Hoover, AL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.20
Birmingham-Hoover, AL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$54.00
Birmingham-Hoover, AL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$160.28
Birmingham-Hoover, AL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$16.03
Birmingham-Hoover, AL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$120.21

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Birmingham-Hoover, AL	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$303.00
Birmingham-Hoover, AL	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$30.30
Birmingham-Hoover, AL	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$227.25
Birmingham-Hoover, AL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$374.00
Birmingham-Hoover, AL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$37.40
Birmingham-Hoover, AL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$280.50
Birmingham-Hoover, AL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$325.00
Birmingham-Hoover, AL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$32.50
Birmingham-Hoover, AL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$243.75
Birmingham-Hoover, AL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$553.00
Birmingham-Hoover, AL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$55.30
Birmingham-Hoover, AL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$414.75
Birmingham-Hoover, AL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$118.62
Birmingham-Hoover, AL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$11.86
Birmingham-Hoover, AL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$88.97

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Birmingham-Hoover, AL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.98
Birmingham-Hoover, AL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.60
Birmingham-Hoover, AL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.99
Birmingham-Hoover, AL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$110.00
Birmingham-Hoover, AL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.00
Birmingham-Hoover, AL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$82.50
Birmingham-Hoover, AL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$59.00
Birmingham-Hoover, AL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.90
Birmingham-Hoover, AL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$44.25
Birmingham-Hoover, AL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$105.17
Birmingham-Hoover, AL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.52
Birmingham-Hoover, AL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$78.88
Birmingham-Hoover, AL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.40
Birmingham-Hoover, AL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.54
Birmingham-Hoover, AL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.05

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Birmingham-Hoover, AL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.00
Birmingham-Hoover, AL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.50
Birmingham-Hoover, AL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.25
Birmingham-Hoover, AL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$37.73
Birmingham-Hoover, AL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.77
Birmingham-Hoover, AL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.30
Birmingham-Hoover, AL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.00
Birmingham-Hoover, AL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.50
Birmingham-Hoover, AL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.25
Birmingham-Hoover, AL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.00
Birmingham-Hoover, AL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.00
Birmingham-Hoover, AL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.00
Birmingham-Hoover, AL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.00
Birmingham-Hoover, AL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.90
Birmingham-Hoover, AL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Birmingham-Hoover, AL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$39.00
Birmingham-Hoover, AL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.90
Birmingham-Hoover, AL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$29.25
Birmingham-Hoover, AL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$83.75
Birmingham-Hoover, AL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.38
Birmingham-Hoover, AL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$62.81
Birmingham-Hoover, AL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$98.00
Birmingham-Hoover, AL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.80
Birmingham-Hoover, AL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$73.50
Birmingham-Hoover, AL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$137.00
Birmingham-Hoover, AL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$13.70
Birmingham-Hoover, AL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$102.75
Birmingham-Hoover, AL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$195.98
Birmingham-Hoover, AL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.60
Birmingham-Hoover, AL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$146.99

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Birmingham-Hoover, AL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$305.00
Birmingham-Hoover, AL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$30.50
Birmingham-Hoover, AL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$228.75
Birmingham-Hoover, AL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$208.69
Birmingham-Hoover, AL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.87
Birmingham-Hoover, AL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$156.52
Birmingham-Hoover, AL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$245.80
Birmingham-Hoover, AL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$24.58
Birmingham-Hoover, AL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$184.35
Birmingham-Hoover, AL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$193.75
Birmingham-Hoover, AL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$19.38
Birmingham-Hoover, AL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$145.31
Birmingham-Hoover, AL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$297.54
Birmingham-Hoover, AL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.75
Birmingham-Hoover, AL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$223.16

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Birmingham-Hoover, AL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$291.00
Birmingham-Hoover, AL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.10
Birmingham-Hoover, AL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$218.25
Birmingham-Hoover, AL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$387.01
Birmingham-Hoover, AL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.70
Birmingham-Hoover, AL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$290.26
Birmingham-Hoover, AL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$356.99
Birmingham-Hoover, AL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.70
Birmingham-Hoover, AL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$267.74
Birmingham-Hoover, AL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$434.16
Birmingham-Hoover, AL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$43.42
Birmingham-Hoover, AL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$325.62
Birmingham-Hoover, AL	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$380.32
Birmingham-Hoover, AL	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.03
Birmingham-Hoover, AL	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$285.24

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Birmingham-Hoover, AL	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$412.55
Birmingham-Hoover, AL	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$41.26
Birmingham-Hoover, AL	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$309.41
Birmingham-Hoover, AL	K0001	STANDARD WHEELCHAIR	RR			\$25.00
Birmingham-Hoover, AL	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$37.36
Birmingham-Hoover, AL	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$36.50
Birmingham-Hoover, AL	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$46.40
Birmingham-Hoover, AL	K0006	HEAVY DUTY WHEELCHAIR	RR			\$60.00
Birmingham-Hoover, AL	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$94.60
Birmingham-Hoover, AL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$126.15
Birmingham-Hoover, AL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$12.62
Birmingham-Hoover, AL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$94.61
Birmingham-Hoover, AL	K0019	ARM PAD, EACH	NU			\$11.58
Birmingham-Hoover, AL	K0019	ARM PAD, EACH	RR			\$1.16
Birmingham-Hoover, AL	K0019	ARM PAD, EACH	UE			\$8.69

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Birmingham-Hoover, AL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$50.00
Birmingham-Hoover, AL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.00
Birmingham-Hoover, AL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$37.50
Birmingham-Hoover, AL	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$67.00
Birmingham-Hoover, AL	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.70
Birmingham-Hoover, AL	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$50.25
Birmingham-Hoover, AL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
Birmingham-Hoover, AL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
Birmingham-Hoover, AL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
Birmingham-Hoover, AL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$82.00
Birmingham-Hoover, AL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.20
Birmingham-Hoover, AL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$61.50
Birmingham-Hoover, AL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$85.00
Birmingham-Hoover, AL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.50
Birmingham-Hoover, AL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$63.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Birmingham-Hoover, AL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$157.39
Birmingham-Hoover, AL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.74
Birmingham-Hoover, AL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$118.04
Birmingham-Hoover, AL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$50.57
Birmingham-Hoover, AL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.06
Birmingham-Hoover, AL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$37.93
Birmingham-Hoover, AL	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$13.07
Birmingham-Hoover, AL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$819.97
Birmingham-Hoover, AL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$82.00
Birmingham-Hoover, AL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$614.98
Birmingham-Hoover, AL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,550.00
Birmingham-Hoover, AL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$155.00
Birmingham-Hoover, AL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,162.50
Birmingham-Hoover, AL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,910.00
Birmingham-Hoover, AL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$191.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Birmingham-Hoover, AL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,432.50
Birmingham-Hoover, AL	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
Birmingham-Hoover, AL	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Birmingham-Hoover, AL	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$375.00
Birmingham-Hoover, AL	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$366.00
Birmingham-Hoover, AL	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.00
Birmingham-Hoover, AL	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$344.24
Birmingham-Hoover, AL	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$322.50
Birmingham-Hoover, AL	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.00
Birmingham-Hoover, AL	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$445.93
Birmingham-Hoover, AL	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$401.25
Birmingham-Hoover, AL	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$684.90
Birmingham-Hoover, AL	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$569.25
Birmingham-Hoover, AL	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$749.55
Birmingham-Hoover, AL	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$750.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boise City-Nampa, ID	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$77.71
Boise City-Nampa, ID	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.77
Boise City-Nampa, ID	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$58.28
Boise City-Nampa, ID	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.75
Boise City-Nampa, ID	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.28
Boise City-Nampa, ID	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.56
Boise City-Nampa, ID	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$129.00
Boise City-Nampa, ID	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.90
Boise City-Nampa, ID	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$96.75
Boise City-Nampa, ID	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$76.13
Boise City-Nampa, ID	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.61
Boise City-Nampa, ID	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$57.10
Boise City-Nampa, ID	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$102.14
Boise City-Nampa, ID	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.21
Boise City-Nampa, ID	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$76.61

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boise City-Nampa, ID	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$68.98
Boise City-Nampa, ID	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$6.90
Boise City-Nampa, ID	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$51.74
Boise City-Nampa, ID	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.00
Boise City-Nampa, ID	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.90
Boise City-Nampa, ID	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.25
Boise City-Nampa, ID	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$30.29
Boise City-Nampa, ID	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.03
Boise City-Nampa, ID	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$22.72
Boise City-Nampa, ID	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$45.24
Boise City-Nampa, ID	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.52
Boise City-Nampa, ID	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$33.93
Boise City-Nampa, ID	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$25.11
Boise City-Nampa, ID	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.51
Boise City-Nampa, ID	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$18.83

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boise City-Nampa, ID	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$66.30
Boise City-Nampa, ID	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.63
Boise City-Nampa, ID	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$49.73
Boise City-Nampa, ID	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$66.44
Boise City-Nampa, ID	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$6.64
Boise City-Nampa, ID	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$49.83
Boise City-Nampa, ID	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$80.24
Boise City-Nampa, ID	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$8.02
Boise City-Nampa, ID	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$60.18
Boise City-Nampa, ID	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$148.73
Boise City-Nampa, ID	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$14.87
Boise City-Nampa, ID	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$111.55
Boise City-Nampa, ID	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$126.03
Boise City-Nampa, ID	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.60
Boise City-Nampa, ID	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$94.52

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boise City-Nampa, ID	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.40
Boise City-Nampa, ID	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$14.66
Boise City-Nampa, ID	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$35.00
Boise City-Nampa, ID	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$346.50
Boise City-Nampa, ID	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$34.65
Boise City-Nampa, ID	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$259.88
Boise City-Nampa, ID	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$264.50
Boise City-Nampa, ID	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$26.45
Boise City-Nampa, ID	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$198.38
Boise City-Nampa, ID	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$407.29
Boise City-Nampa, ID	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$40.73
Boise City-Nampa, ID	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$305.47
Boise City-Nampa, ID	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$356.25
Boise City-Nampa, ID	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$35.63
Boise City-Nampa, ID	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$267.19

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boise City-Nampa, ID	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$644.20
Boise City-Nampa, ID	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$64.42
Boise City-Nampa, ID	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$483.15
Boise City-Nampa, ID	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$34.95
Boise City-Nampa, ID	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.50
Boise City-Nampa, ID	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.21
Boise City-Nampa, ID	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$71.48
Boise City-Nampa, ID	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.15
Boise City-Nampa, ID	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$53.61
Boise City-Nampa, ID	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$90.00
Boise City-Nampa, ID	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$9.00
Boise City-Nampa, ID	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$67.50
Boise City-Nampa, ID	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.28
Boise City-Nampa, ID	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.43
Boise City-Nampa, ID	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.21

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boise City-Nampa, ID	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$28.57
Boise City-Nampa, ID	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$2.86
Boise City-Nampa, ID	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$21.43
Boise City-Nampa, ID	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$26.14
Boise City-Nampa, ID	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.61
Boise City-Nampa, ID	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$19.61
Boise City-Nampa, ID	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$132.00
Boise City-Nampa, ID	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.20
Boise City-Nampa, ID	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$99.00
Boise City-Nampa, ID	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$88.00
Boise City-Nampa, ID	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.80
Boise City-Nampa, ID	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$66.00
Boise City-Nampa, ID	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$103.30
Boise City-Nampa, ID	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.33
Boise City-Nampa, ID	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$77.48

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boise City-Nampa, ID	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$85.00
Boise City-Nampa, ID	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.50
Boise City-Nampa, ID	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$63.75
Boise City-Nampa, ID	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
Boise City-Nampa, ID	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
Boise City-Nampa, ID	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
Boise City-Nampa, ID	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$82.06
Boise City-Nampa, ID	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.21
Boise City-Nampa, ID	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$61.55
Boise City-Nampa, ID	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.00
Boise City-Nampa, ID	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.50
Boise City-Nampa, ID	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$56.25
Boise City-Nampa, ID	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$134.84
Boise City-Nampa, ID	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$13.48
Boise City-Nampa, ID	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$101.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boise City-Nampa, ID	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$290.67
Boise City-Nampa, ID	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$29.07
Boise City-Nampa, ID	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$218.00
Boise City-Nampa, ID	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$330.75
Boise City-Nampa, ID	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$33.08
Boise City-Nampa, ID	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$248.06
Boise City-Nampa, ID	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$296.72
Boise City-Nampa, ID	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$29.67
Boise City-Nampa, ID	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$222.54
Boise City-Nampa, ID	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$490.55
Boise City-Nampa, ID	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$49.06
Boise City-Nampa, ID	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$367.91
Boise City-Nampa, ID	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$118.62
Boise City-Nampa, ID	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$11.86
Boise City-Nampa, ID	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$88.97

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boise City-Nampa, ID	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.98
Boise City-Nampa, ID	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.60
Boise City-Nampa, ID	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.99
Boise City-Nampa, ID	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$103.75
Boise City-Nampa, ID	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.38
Boise City-Nampa, ID	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$77.81
Boise City-Nampa, ID	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.90
Boise City-Nampa, ID	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.59
Boise City-Nampa, ID	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.93
Boise City-Nampa, ID	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$90.57
Boise City-Nampa, ID	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.06
Boise City-Nampa, ID	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$67.93
Boise City-Nampa, ID	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.61
Boise City-Nampa, ID	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.06
Boise City-Nampa, ID	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.46

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boise City-Nampa, ID	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.00
Boise City-Nampa, ID	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.50
Boise City-Nampa, ID	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.25
Boise City-Nampa, ID	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$32.92
Boise City-Nampa, ID	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.29
Boise City-Nampa, ID	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$24.69
Boise City-Nampa, ID	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$54.00
Boise City-Nampa, ID	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.40
Boise City-Nampa, ID	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$40.50
Boise City-Nampa, ID	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$38.48
Boise City-Nampa, ID	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.85
Boise City-Nampa, ID	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.86
Boise City-Nampa, ID	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.91
Boise City-Nampa, ID	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.29
Boise City-Nampa, ID	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.18

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boise City-Nampa, ID	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$37.37
Boise City-Nampa, ID	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.74
Boise City-Nampa, ID	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$28.03
Boise City-Nampa, ID	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$81.11
Boise City-Nampa, ID	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.11
Boise City-Nampa, ID	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$60.83
Boise City-Nampa, ID	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$91.22
Boise City-Nampa, ID	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.12
Boise City-Nampa, ID	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$68.42
Boise City-Nampa, ID	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$126.54
Boise City-Nampa, ID	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$12.65
Boise City-Nampa, ID	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$94.91
Boise City-Nampa, ID	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$192.82
Boise City-Nampa, ID	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.28
Boise City-Nampa, ID	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$144.62

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boise City-Nampa, ID	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$256.59
Boise City-Nampa, ID	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$25.66
Boise City-Nampa, ID	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$192.44
Boise City-Nampa, ID	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$199.44
Boise City-Nampa, ID	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.94
Boise City-Nampa, ID	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$149.58
Boise City-Nampa, ID	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$220.15
Boise City-Nampa, ID	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$22.02
Boise City-Nampa, ID	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$165.11
Boise City-Nampa, ID	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$167.98
Boise City-Nampa, ID	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$16.80
Boise City-Nampa, ID	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$125.99
Boise City-Nampa, ID	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$258.19
Boise City-Nampa, ID	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$25.82
Boise City-Nampa, ID	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$193.64

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boise City-Nampa, ID	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$274.05
Boise City-Nampa, ID	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$27.41
Boise City-Nampa, ID	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$205.54
Boise City-Nampa, ID	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$359.16
Boise City-Nampa, ID	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.92
Boise City-Nampa, ID	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$269.37
Boise City-Nampa, ID	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$355.25
Boise City-Nampa, ID	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.53
Boise City-Nampa, ID	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$266.44
Boise City-Nampa, ID	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$408.36
Boise City-Nampa, ID	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.84
Boise City-Nampa, ID	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$306.27
Boise City-Nampa, ID	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$368.00
Boise City-Nampa, ID	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.80
Boise City-Nampa, ID	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$276.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boise City-Nampa, ID	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$369.61
Boise City-Nampa, ID	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.96
Boise City-Nampa, ID	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$277.21
Boise City-Nampa, ID	K0001	STANDARD WHEELCHAIR	RR			\$28.00
Boise City-Nampa, ID	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$46.52
Boise City-Nampa, ID	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$40.00
Boise City-Nampa, ID	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.50
Boise City-Nampa, ID	K0006	HEAVY DUTY WHEELCHAIR	RR			\$76.99
Boise City-Nampa, ID	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$99.50
Boise City-Nampa, ID	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$109.34
Boise City-Nampa, ID	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$10.93
Boise City-Nampa, ID	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$82.01
Boise City-Nampa, ID	K0019	ARM PAD, EACH	NU			\$11.00
Boise City-Nampa, ID	K0019	ARM PAD, EACH	RR			\$1.10
Boise City-Nampa, ID	K0019	ARM PAD, EACH	UE			\$8.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boise City-Nampa, ID	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$44.93
Boise City-Nampa, ID	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$4.49
Boise City-Nampa, ID	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$33.70
Boise City-Nampa, ID	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$60.00
Boise City-Nampa, ID	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.00
Boise City-Nampa, ID	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$45.00
Boise City-Nampa, ID	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$82.15
Boise City-Nampa, ID	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.22
Boise City-Nampa, ID	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$61.61
Boise City-Nampa, ID	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$82.00
Boise City-Nampa, ID	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.20
Boise City-Nampa, ID	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$61.50
Boise City-Nampa, ID	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$79.86
Boise City-Nampa, ID	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$7.99
Boise City-Nampa, ID	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$59.90

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boise City-Nampa, ID	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$150.00
Boise City-Nampa, ID	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.00
Boise City-Nampa, ID	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$112.50
Boise City-Nampa, ID	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$50.00
Boise City-Nampa, ID	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.00
Boise City-Nampa, ID	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$37.50
Boise City-Nampa, ID	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$10.96
Boise City-Nampa, ID	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$788.00
Boise City-Nampa, ID	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$78.80
Boise City-Nampa, ID	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$591.00
Boise City-Nampa, ID	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,544.00
Boise City-Nampa, ID	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$154.40
Boise City-Nampa, ID	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,158.00
Boise City-Nampa, ID	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,749.20
Boise City-Nampa, ID	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$174.92

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boise City-Nampa, ID	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,311.90
Boise City-Nampa, ID	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$260.35
Boise City-Nampa, ID	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$283.03
Boise City-Nampa, ID	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$332.88
Boise City-Nampa, ID	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$329.85
Boise City-Nampa, ID	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$258.83
Boise City-Nampa, ID	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$306.15
Boise City-Nampa, ID	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$322.50
Boise City-Nampa, ID	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$284.48
Boise City-Nampa, ID	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$437.12
Boise City-Nampa, ID	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$369.23
Boise City-Nampa, ID	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$599.85
Boise City-Nampa, ID	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$539.65
Boise City-Nampa, ID	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$672.90
Boise City-Nampa, ID	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$685.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boston-Cambridge-Quincy, MA-NH	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$76.36
Boston-Cambridge-Quincy, MA-NH	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.64
Boston-Cambridge-Quincy, MA-NH	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$57.27
Boston-Cambridge-Quincy, MA-NH	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$13.09
Boston-Cambridge-Quincy, MA-NH	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.31
Boston-Cambridge-Quincy, MA-NH	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.82
Boston-Cambridge-Quincy, MA-NH	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$141.54
Boston-Cambridge-Quincy, MA-NH	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$14.15
Boston-Cambridge-Quincy, MA-NH	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$106.16
Boston-Cambridge-Quincy, MA-NH	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$77.50
Boston-Cambridge-Quincy, MA-NH	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.75
Boston-Cambridge-Quincy, MA-NH	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$58.13
Boston-Cambridge-Quincy, MA-NH	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$108.76
Boston-Cambridge-Quincy, MA-NH	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.88
Boston-Cambridge-Quincy, MA-NH	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$81.57

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boston-Cambridge-Quincy, MA-NH	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$68.69
Boston-Cambridge-Quincy, MA-NH	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$6.87
Boston-Cambridge-Quincy, MA-NH	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$51.52
Boston-Cambridge-Quincy, MA-NH	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$22.00
Boston-Cambridge-Quincy, MA-NH	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.20
Boston-Cambridge-Quincy, MA-NH	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$16.50
Boston-Cambridge-Quincy, MA-NH	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$34.00
Boston-Cambridge-Quincy, MA-NH	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.40
Boston-Cambridge-Quincy, MA-NH	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$25.50
Boston-Cambridge-Quincy, MA-NH	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$61.35
Boston-Cambridge-Quincy, MA-NH	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$6.14
Boston-Cambridge-Quincy, MA-NH	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$46.01
Boston-Cambridge-Quincy, MA-NH	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$25.00
Boston-Cambridge-Quincy, MA-NH	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.50
Boston-Cambridge-Quincy, MA-NH	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$18.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boston-Cambridge-Quincy, MA-NH	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$70.22
Boston-Cambridge-Quincy, MA-NH	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.02
Boston-Cambridge-Quincy, MA-NH	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$52.67
Boston-Cambridge-Quincy, MA-NH	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$80.88
Boston-Cambridge-Quincy, MA-NH	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.09
Boston-Cambridge-Quincy, MA-NH	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$60.66
Boston-Cambridge-Quincy, MA-NH	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$104.70
Boston-Cambridge-Quincy, MA-NH	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.47
Boston-Cambridge-Quincy, MA-NH	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$78.53
Boston-Cambridge-Quincy, MA-NH	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$192.07
Boston-Cambridge-Quincy, MA-NH	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$19.21
Boston-Cambridge-Quincy, MA-NH	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$144.05
Boston-Cambridge-Quincy, MA-NH	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$139.72
Boston-Cambridge-Quincy, MA-NH	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.97
Boston-Cambridge-Quincy, MA-NH	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$104.79

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boston-Cambridge-Quincy, MA-NH	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.45
Boston-Cambridge-Quincy, MA-NH	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.49
Boston-Cambridge-Quincy, MA-NH	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$37.44
Boston-Cambridge-Quincy, MA-NH	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$398.55
Boston-Cambridge-Quincy, MA-NH	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$39.86
Boston-Cambridge-Quincy, MA-NH	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$298.91
Boston-Cambridge-Quincy, MA-NH	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$328.50
Boston-Cambridge-Quincy, MA-NH	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$32.85
Boston-Cambridge-Quincy, MA-NH	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$246.38
Boston-Cambridge-Quincy, MA-NH	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$432.50
Boston-Cambridge-Quincy, MA-NH	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$43.25
Boston-Cambridge-Quincy, MA-NH	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$324.38
Boston-Cambridge-Quincy, MA-NH	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$420.82
Boston-Cambridge-Quincy, MA-NH	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$42.08
Boston-Cambridge-Quincy, MA-NH	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$315.62

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boston-Cambridge-Quincy, MA-NH	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$699.50
Boston-Cambridge-Quincy, MA-NH	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$69.95
Boston-Cambridge-Quincy, MA-NH	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$524.63
Boston-Cambridge-Quincy, MA-NH	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$35.50
Boston-Cambridge-Quincy, MA-NH	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.55
Boston-Cambridge-Quincy, MA-NH	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.63
Boston-Cambridge-Quincy, MA-NH	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$81.00
Boston-Cambridge-Quincy, MA-NH	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.10
Boston-Cambridge-Quincy, MA-NH	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$60.75
Boston-Cambridge-Quincy, MA-NH	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$86.65
Boston-Cambridge-Quincy, MA-NH	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.67
Boston-Cambridge-Quincy, MA-NH	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$64.99
Boston-Cambridge-Quincy, MA-NH	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Boston-Cambridge-Quincy, MA-NH	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Boston-Cambridge-Quincy, MA-NH	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boston-Cambridge-Quincy, MA-NH	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$34.50
Boston-Cambridge-Quincy, MA-NH	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.45
Boston-Cambridge-Quincy, MA-NH	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$25.88
Boston-Cambridge-Quincy, MA-NH	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$28.92
Boston-Cambridge-Quincy, MA-NH	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.89
Boston-Cambridge-Quincy, MA-NH	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$21.69
Boston-Cambridge-Quincy, MA-NH	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$142.50
Boston-Cambridge-Quincy, MA-NH	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.25
Boston-Cambridge-Quincy, MA-NH	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$106.88
Boston-Cambridge-Quincy, MA-NH	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$101.28
Boston-Cambridge-Quincy, MA-NH	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.13
Boston-Cambridge-Quincy, MA-NH	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.96
Boston-Cambridge-Quincy, MA-NH	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$103.30
Boston-Cambridge-Quincy, MA-NH	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.33
Boston-Cambridge-Quincy, MA-NH	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$77.48

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boston-Cambridge-Quincy, MA-NH	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$92.54
Boston-Cambridge-Quincy, MA-NH	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.25
Boston-Cambridge-Quincy, MA-NH	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$69.41
Boston-Cambridge-Quincy, MA-NH	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$137.90
Boston-Cambridge-Quincy, MA-NH	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$13.79
Boston-Cambridge-Quincy, MA-NH	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$103.43
Boston-Cambridge-Quincy, MA-NH	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
Boston-Cambridge-Quincy, MA-NH	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
Boston-Cambridge-Quincy, MA-NH	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
Boston-Cambridge-Quincy, MA-NH	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.50
Boston-Cambridge-Quincy, MA-NH	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.55
Boston-Cambridge-Quincy, MA-NH	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$56.63
Boston-Cambridge-Quincy, MA-NH	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$162.50
Boston-Cambridge-Quincy, MA-NH	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$16.25
Boston-Cambridge-Quincy, MA-NH	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$121.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boston-Cambridge-Quincy, MA-NH	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$317.69
Boston-Cambridge-Quincy, MA-NH	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$31.77
Boston-Cambridge-Quincy, MA-NH	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$238.27
Boston-Cambridge-Quincy, MA-NH	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$380.42
Boston-Cambridge-Quincy, MA-NH	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$38.04
Boston-Cambridge-Quincy, MA-NH	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$285.32
Boston-Cambridge-Quincy, MA-NH	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$355.00
Boston-Cambridge-Quincy, MA-NH	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$35.50
Boston-Cambridge-Quincy, MA-NH	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$266.25
Boston-Cambridge-Quincy, MA-NH	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$564.83
Boston-Cambridge-Quincy, MA-NH	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$56.48
Boston-Cambridge-Quincy, MA-NH	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$423.62
Boston-Cambridge-Quincy, MA-NH	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$126.78
Boston-Cambridge-Quincy, MA-NH	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.68
Boston-Cambridge-Quincy, MA-NH	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$95.09

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boston-Cambridge-Quincy, MA-NH	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.21
Boston-Cambridge-Quincy, MA-NH	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.72
Boston-Cambridge-Quincy, MA-NH	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.91
Boston-Cambridge-Quincy, MA-NH	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$118.74
Boston-Cambridge-Quincy, MA-NH	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.87
Boston-Cambridge-Quincy, MA-NH	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$89.06
Boston-Cambridge-Quincy, MA-NH	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$59.96
Boston-Cambridge-Quincy, MA-NH	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.00
Boston-Cambridge-Quincy, MA-NH	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$44.97
Boston-Cambridge-Quincy, MA-NH	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$106.62
Boston-Cambridge-Quincy, MA-NH	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.66
Boston-Cambridge-Quincy, MA-NH	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$79.97
Boston-Cambridge-Quincy, MA-NH	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$47.10
Boston-Cambridge-Quincy, MA-NH	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.71
Boston-Cambridge-Quincy, MA-NH	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$35.33

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boston-Cambridge-Quincy, MA-NH	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.09
Boston-Cambridge-Quincy, MA-NH	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.51
Boston-Cambridge-Quincy, MA-NH	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.32
Boston-Cambridge-Quincy, MA-NH	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$38.00
Boston-Cambridge-Quincy, MA-NH	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.80
Boston-Cambridge-Quincy, MA-NH	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.50
Boston-Cambridge-Quincy, MA-NH	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$56.92
Boston-Cambridge-Quincy, MA-NH	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.69
Boston-Cambridge-Quincy, MA-NH	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.69
Boston-Cambridge-Quincy, MA-NH	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$39.28
Boston-Cambridge-Quincy, MA-NH	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.93
Boston-Cambridge-Quincy, MA-NH	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$29.46
Boston-Cambridge-Quincy, MA-NH	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$46.33
Boston-Cambridge-Quincy, MA-NH	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.63
Boston-Cambridge-Quincy, MA-NH	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boston-Cambridge-Quincy, MA-NH	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$42.49
Boston-Cambridge-Quincy, MA-NH	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.25
Boston-Cambridge-Quincy, MA-NH	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$31.87
Boston-Cambridge-Quincy, MA-NH	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$83.38
Boston-Cambridge-Quincy, MA-NH	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.34
Boston-Cambridge-Quincy, MA-NH	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$62.54
Boston-Cambridge-Quincy, MA-NH	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$105.55
Boston-Cambridge-Quincy, MA-NH	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.56
Boston-Cambridge-Quincy, MA-NH	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$79.16
Boston-Cambridge-Quincy, MA-NH	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$139.77
Boston-Cambridge-Quincy, MA-NH	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$13.98
Boston-Cambridge-Quincy, MA-NH	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$104.83
Boston-Cambridge-Quincy, MA-NH	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$200.00
Boston-Cambridge-Quincy, MA-NH	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.00
Boston-Cambridge-Quincy, MA-NH	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$150.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boston-Cambridge-Quincy, MA-NH	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$316.27
Boston-Cambridge-Quincy, MA-NH	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$31.63
Boston-Cambridge-Quincy, MA-NH	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$237.20
Boston-Cambridge-Quincy, MA-NH	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$217.76
Boston-Cambridge-Quincy, MA-NH	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.78
Boston-Cambridge-Quincy, MA-NH	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$163.32
Boston-Cambridge-Quincy, MA-NH	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$250.00
Boston-Cambridge-Quincy, MA-NH	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$25.00
Boston-Cambridge-Quincy, MA-NH	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$187.50
Boston-Cambridge-Quincy, MA-NH	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$199.04
Boston-Cambridge-Quincy, MA-NH	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$19.90
Boston-Cambridge-Quincy, MA-NH	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$149.28
Boston-Cambridge-Quincy, MA-NH	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$312.98
Boston-Cambridge-Quincy, MA-NH	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$31.30
Boston-Cambridge-Quincy, MA-NH	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$234.74

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boston-Cambridge-Quincy, MA-NH	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$293.05
Boston-Cambridge-Quincy, MA-NH	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.31
Boston-Cambridge-Quincy, MA-NH	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$219.79
Boston-Cambridge-Quincy, MA-NH	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$401.43
Boston-Cambridge-Quincy, MA-NH	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.14
Boston-Cambridge-Quincy, MA-NH	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$301.07
Boston-Cambridge-Quincy, MA-NH	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$342.50
Boston-Cambridge-Quincy, MA-NH	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$34.25
Boston-Cambridge-Quincy, MA-NH	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$256.88
Boston-Cambridge-Quincy, MA-NH	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$445.37
Boston-Cambridge-Quincy, MA-NH	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$44.54
Boston-Cambridge-Quincy, MA-NH	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$334.03
Boston-Cambridge-Quincy, MA-NH	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$392.00
Boston-Cambridge-Quincy, MA-NH	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.20
Boston-Cambridge-Quincy, MA-NH	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$294.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boston-Cambridge-Quincy, MA-NH	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$410.97
Boston-Cambridge-Quincy, MA-NH	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$41.10
Boston-Cambridge-Quincy, MA-NH	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$308.23
Boston-Cambridge-Quincy, MA-NH	K0001	STANDARD WHEELCHAIR	RR			\$30.30
Boston-Cambridge-Quincy, MA-NH	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$49.27
Boston-Cambridge-Quincy, MA-NH	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$47.52
Boston-Cambridge-Quincy, MA-NH	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$64.65
Boston-Cambridge-Quincy, MA-NH	K0006	HEAVY DUTY WHEELCHAIR	RR			\$81.37
Boston-Cambridge-Quincy, MA-NH	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$124.81
Boston-Cambridge-Quincy, MA-NH	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$130.00
Boston-Cambridge-Quincy, MA-NH	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$13.00
Boston-Cambridge-Quincy, MA-NH	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$97.50
Boston-Cambridge-Quincy, MA-NH	K0019	ARM PAD, EACH	NU			\$12.02
Boston-Cambridge-Quincy, MA-NH	K0019	ARM PAD, EACH	RR			\$1.20
Boston-Cambridge-Quincy, MA-NH	K0019	ARM PAD, EACH	UE			\$9.02

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boston-Cambridge-Quincy, MA-NH	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$52.11
Boston-Cambridge-Quincy, MA-NH	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.21
Boston-Cambridge-Quincy, MA-NH	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$39.08
Boston-Cambridge-Quincy, MA-NH	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$66.32
Boston-Cambridge-Quincy, MA-NH	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.63
Boston-Cambridge-Quincy, MA-NH	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$49.74
Boston-Cambridge-Quincy, MA-NH	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$82.08
Boston-Cambridge-Quincy, MA-NH	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.21
Boston-Cambridge-Quincy, MA-NH	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$61.56
Boston-Cambridge-Quincy, MA-NH	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$87.28
Boston-Cambridge-Quincy, MA-NH	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.73
Boston-Cambridge-Quincy, MA-NH	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$65.46
Boston-Cambridge-Quincy, MA-NH	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$93.50
Boston-Cambridge-Quincy, MA-NH	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.35
Boston-Cambridge-Quincy, MA-NH	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$70.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boston-Cambridge-Quincy, MA-NH	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$165.44
Boston-Cambridge-Quincy, MA-NH	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$16.54
Boston-Cambridge-Quincy, MA-NH	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$124.08
Boston-Cambridge-Quincy, MA-NH	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$52.09
Boston-Cambridge-Quincy, MA-NH	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.21
Boston-Cambridge-Quincy, MA-NH	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$39.07
Boston-Cambridge-Quincy, MA-NH	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$12.62
Boston-Cambridge-Quincy, MA-NH	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$873.26
Boston-Cambridge-Quincy, MA-NH	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$87.33
Boston-Cambridge-Quincy, MA-NH	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$654.95
Boston-Cambridge-Quincy, MA-NH	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,543.82
Boston-Cambridge-Quincy, MA-NH	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$154.38
Boston-Cambridge-Quincy, MA-NH	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,157.87
Boston-Cambridge-Quincy, MA-NH	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,781.10
Boston-Cambridge-Quincy, MA-NH	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$178.11

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boston-Cambridge-Quincy, MA-NH	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,335.83
Boston-Cambridge-Quincy, MA-NH	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$279.45
Boston-Cambridge-Quincy, MA-NH	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$318.32
Boston-Cambridge-Quincy, MA-NH	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$377.48
Boston-Cambridge-Quincy, MA-NH	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$370.70
Boston-Cambridge-Quincy, MA-NH	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$286.28
Boston-Cambridge-Quincy, MA-NH	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$356.18
Boston-Cambridge-Quincy, MA-NH	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$335.04
Boston-Cambridge-Quincy, MA-NH	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$301.13
Boston-Cambridge-Quincy, MA-NH	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$479.85
Boston-Cambridge-Quincy, MA-NH	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$419.99
Boston-Cambridge-Quincy, MA-NH	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$696.48
Boston-Cambridge-Quincy, MA-NH	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$593.57
Boston-Cambridge-Quincy, MA-NH	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$788.36
Boston-Cambridge-Quincy, MA-NH	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$755.33

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bridgeport-Stamford-Norwalk, CT	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$76.36
Bridgeport-Stamford-Norwalk, CT	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.64
Bridgeport-Stamford-Norwalk, CT	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$57.27
Bridgeport-Stamford-Norwalk, CT	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$10.94
Bridgeport-Stamford-Norwalk, CT	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.09
Bridgeport-Stamford-Norwalk, CT	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.21
Bridgeport-Stamford-Norwalk, CT	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$112.30
Bridgeport-Stamford-Norwalk, CT	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.23
Bridgeport-Stamford-Norwalk, CT	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$84.23
Bridgeport-Stamford-Norwalk, CT	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$76.00
Bridgeport-Stamford-Norwalk, CT	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.60
Bridgeport-Stamford-Norwalk, CT	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$57.00
Bridgeport-Stamford-Norwalk, CT	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$108.25
Bridgeport-Stamford-Norwalk, CT	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.83
Bridgeport-Stamford-Norwalk, CT	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$81.19

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bridgeport-Stamford-Norwalk, CT	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$57.36
Bridgeport-Stamford-Norwalk, CT	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$5.74
Bridgeport-Stamford-Norwalk, CT	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$43.02
Bridgeport-Stamford-Norwalk, CT	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$14.29
Bridgeport-Stamford-Norwalk, CT	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.43
Bridgeport-Stamford-Norwalk, CT	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$10.72
Bridgeport-Stamford-Norwalk, CT	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$28.52
Bridgeport-Stamford-Norwalk, CT	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.85
Bridgeport-Stamford-Norwalk, CT	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$21.39
Bridgeport-Stamford-Norwalk, CT	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$42.62
Bridgeport-Stamford-Norwalk, CT	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.26
Bridgeport-Stamford-Norwalk, CT	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$31.97
Bridgeport-Stamford-Norwalk, CT	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$19.86
Bridgeport-Stamford-Norwalk, CT	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$1.99
Bridgeport-Stamford-Norwalk, CT	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$14.90

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bridgeport-Stamford-Norwalk, CT	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$65.22
Bridgeport-Stamford-Norwalk, CT	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.52
Bridgeport-Stamford-Norwalk, CT	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$48.92
Bridgeport-Stamford-Norwalk, CT	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$56.58
Bridgeport-Stamford-Norwalk, CT	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$5.66
Bridgeport-Stamford-Norwalk, CT	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$42.44
Bridgeport-Stamford-Norwalk, CT	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$79.76
Bridgeport-Stamford-Norwalk, CT	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$7.98
Bridgeport-Stamford-Norwalk, CT	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$59.82
Bridgeport-Stamford-Norwalk, CT	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$153.35
Bridgeport-Stamford-Norwalk, CT	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$15.34
Bridgeport-Stamford-Norwalk, CT	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$115.01
Bridgeport-Stamford-Norwalk, CT	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$132.60
Bridgeport-Stamford-Norwalk, CT	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.26
Bridgeport-Stamford-Norwalk, CT	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$99.45

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bridgeport-Stamford-Norwalk, CT	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$37.63
Bridgeport-Stamford-Norwalk, CT	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$14.00
Bridgeport-Stamford-Norwalk, CT	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$29.13
Bridgeport-Stamford-Norwalk, CT	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$351.66
Bridgeport-Stamford-Norwalk, CT	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$35.17
Bridgeport-Stamford-Norwalk, CT	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$263.75
Bridgeport-Stamford-Norwalk, CT	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$299.24
Bridgeport-Stamford-Norwalk, CT	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$29.92
Bridgeport-Stamford-Norwalk, CT	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$224.43
Bridgeport-Stamford-Norwalk, CT	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$382.82
Bridgeport-Stamford-Norwalk, CT	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$38.28
Bridgeport-Stamford-Norwalk, CT	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$287.12
Bridgeport-Stamford-Norwalk, CT	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$337.64
Bridgeport-Stamford-Norwalk, CT	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$33.76
Bridgeport-Stamford-Norwalk, CT	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$253.23

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bridgeport-Stamford-Norwalk, CT	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$568.97
Bridgeport-Stamford-Norwalk, CT	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$56.90
Bridgeport-Stamford-Norwalk, CT	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$426.73
Bridgeport-Stamford-Norwalk, CT	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$33.73
Bridgeport-Stamford-Norwalk, CT	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.37
Bridgeport-Stamford-Norwalk, CT	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$25.30
Bridgeport-Stamford-Norwalk, CT	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$59.38
Bridgeport-Stamford-Norwalk, CT	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$5.94
Bridgeport-Stamford-Norwalk, CT	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$44.54
Bridgeport-Stamford-Norwalk, CT	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$76.63
Bridgeport-Stamford-Norwalk, CT	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$7.66
Bridgeport-Stamford-Norwalk, CT	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$57.47
Bridgeport-Stamford-Norwalk, CT	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.12
Bridgeport-Stamford-Norwalk, CT	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.41
Bridgeport-Stamford-Norwalk, CT	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.09

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bridgeport-Stamford-Norwalk, CT	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$25.16
Bridgeport-Stamford-Norwalk, CT	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$2.52
Bridgeport-Stamford-Norwalk, CT	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$18.87
Bridgeport-Stamford-Norwalk, CT	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$23.12
Bridgeport-Stamford-Norwalk, CT	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.31
Bridgeport-Stamford-Norwalk, CT	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$17.34
Bridgeport-Stamford-Norwalk, CT	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$117.17
Bridgeport-Stamford-Norwalk, CT	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$11.72
Bridgeport-Stamford-Norwalk, CT	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$87.88
Bridgeport-Stamford-Norwalk, CT	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$98.78
Bridgeport-Stamford-Norwalk, CT	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.88
Bridgeport-Stamford-Norwalk, CT	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$74.09
Bridgeport-Stamford-Norwalk, CT	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$113.15
Bridgeport-Stamford-Norwalk, CT	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$11.32
Bridgeport-Stamford-Norwalk, CT	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$84.86

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bridgeport-Stamford-Norwalk, CT	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$75.63
Bridgeport-Stamford-Norwalk, CT	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$7.56
Bridgeport-Stamford-Norwalk, CT	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$56.72
Bridgeport-Stamford-Norwalk, CT	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$145.05
Bridgeport-Stamford-Norwalk, CT	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$14.51
Bridgeport-Stamford-Norwalk, CT	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$108.79
Bridgeport-Stamford-Norwalk, CT	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$72.40
Bridgeport-Stamford-Norwalk, CT	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$7.24
Bridgeport-Stamford-Norwalk, CT	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$54.30
Bridgeport-Stamford-Norwalk, CT	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$61.26
Bridgeport-Stamford-Norwalk, CT	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$6.13
Bridgeport-Stamford-Norwalk, CT	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$45.95
Bridgeport-Stamford-Norwalk, CT	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$138.52
Bridgeport-Stamford-Norwalk, CT	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$13.85
Bridgeport-Stamford-Norwalk, CT	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$103.89

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bridgeport-Stamford-Norwalk, CT	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$260.02
Bridgeport-Stamford-Norwalk, CT	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$26.00
Bridgeport-Stamford-Norwalk, CT	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$195.02
Bridgeport-Stamford-Norwalk, CT	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$335.26
Bridgeport-Stamford-Norwalk, CT	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$33.53
Bridgeport-Stamford-Norwalk, CT	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$251.45
Bridgeport-Stamford-Norwalk, CT	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$279.80
Bridgeport-Stamford-Norwalk, CT	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$27.98
Bridgeport-Stamford-Norwalk, CT	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$209.85
Bridgeport-Stamford-Norwalk, CT	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$483.12
Bridgeport-Stamford-Norwalk, CT	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$48.31
Bridgeport-Stamford-Norwalk, CT	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$362.34
Bridgeport-Stamford-Norwalk, CT	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$117.00
Bridgeport-Stamford-Norwalk, CT	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$11.70
Bridgeport-Stamford-Norwalk, CT	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$87.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bridgeport-Stamford-Norwalk, CT	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$46.30
Bridgeport-Stamford-Norwalk, CT	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.63
Bridgeport-Stamford-Norwalk, CT	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.73
Bridgeport-Stamford-Norwalk, CT	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$92.28
Bridgeport-Stamford-Norwalk, CT	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.23
Bridgeport-Stamford-Norwalk, CT	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$69.21
Bridgeport-Stamford-Norwalk, CT	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$50.72
Bridgeport-Stamford-Norwalk, CT	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.07
Bridgeport-Stamford-Norwalk, CT	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$38.04
Bridgeport-Stamford-Norwalk, CT	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$75.24
Bridgeport-Stamford-Norwalk, CT	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$7.52
Bridgeport-Stamford-Norwalk, CT	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$56.43
Bridgeport-Stamford-Norwalk, CT	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$37.49
Bridgeport-Stamford-Norwalk, CT	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.75
Bridgeport-Stamford-Norwalk, CT	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.12

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bridgeport-Stamford-Norwalk, CT	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$13.58
Bridgeport-Stamford-Norwalk, CT	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.36
Bridgeport-Stamford-Norwalk, CT	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$10.19
Bridgeport-Stamford-Norwalk, CT	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$29.43
Bridgeport-Stamford-Norwalk, CT	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$2.94
Bridgeport-Stamford-Norwalk, CT	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$22.07
Bridgeport-Stamford-Norwalk, CT	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.10
Bridgeport-Stamford-Norwalk, CT	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.51
Bridgeport-Stamford-Norwalk, CT	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.33
Bridgeport-Stamford-Norwalk, CT	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$35.15
Bridgeport-Stamford-Norwalk, CT	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.52
Bridgeport-Stamford-Norwalk, CT	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$26.36
Bridgeport-Stamford-Norwalk, CT	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$41.46
Bridgeport-Stamford-Norwalk, CT	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.15
Bridgeport-Stamford-Norwalk, CT	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.10

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bridgeport-Stamford-Norwalk, CT	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$35.42
Bridgeport-Stamford-Norwalk, CT	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.54
Bridgeport-Stamford-Norwalk, CT	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$26.57
Bridgeport-Stamford-Norwalk, CT	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$76.14
Bridgeport-Stamford-Norwalk, CT	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$7.61
Bridgeport-Stamford-Norwalk, CT	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$57.11
Bridgeport-Stamford-Norwalk, CT	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$84.20
Bridgeport-Stamford-Norwalk, CT	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$8.42
Bridgeport-Stamford-Norwalk, CT	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$63.15
Bridgeport-Stamford-Norwalk, CT	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$104.66
Bridgeport-Stamford-Norwalk, CT	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$10.47
Bridgeport-Stamford-Norwalk, CT	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$78.50
Bridgeport-Stamford-Norwalk, CT	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$184.78
Bridgeport-Stamford-Norwalk, CT	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$18.48
Bridgeport-Stamford-Norwalk, CT	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$138.59

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bridgeport-Stamford-Norwalk, CT	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$233.26
Bridgeport-Stamford-Norwalk, CT	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$23.33
Bridgeport-Stamford-Norwalk, CT	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$174.95
Bridgeport-Stamford-Norwalk, CT	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$161.00
Bridgeport-Stamford-Norwalk, CT	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$16.10
Bridgeport-Stamford-Norwalk, CT	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$120.75
Bridgeport-Stamford-Norwalk, CT	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$213.06
Bridgeport-Stamford-Norwalk, CT	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$21.31
Bridgeport-Stamford-Norwalk, CT	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$159.80
Bridgeport-Stamford-Norwalk, CT	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$147.30
Bridgeport-Stamford-Norwalk, CT	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$14.73
Bridgeport-Stamford-Norwalk, CT	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$110.48
Bridgeport-Stamford-Norwalk, CT	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$234.72
Bridgeport-Stamford-Norwalk, CT	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$23.47
Bridgeport-Stamford-Norwalk, CT	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$176.04

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bridgeport-Stamford-Norwalk, CT	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$286.22
Bridgeport-Stamford-Norwalk, CT	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$28.62
Bridgeport-Stamford-Norwalk, CT	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$214.67
Bridgeport-Stamford-Norwalk, CT	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$335.68
Bridgeport-Stamford-Norwalk, CT	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$33.57
Bridgeport-Stamford-Norwalk, CT	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$251.76
Bridgeport-Stamford-Norwalk, CT	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$345.00
Bridgeport-Stamford-Norwalk, CT	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$34.50
Bridgeport-Stamford-Norwalk, CT	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$258.75
Bridgeport-Stamford-Norwalk, CT	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$378.84
Bridgeport-Stamford-Norwalk, CT	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$37.88
Bridgeport-Stamford-Norwalk, CT	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$284.13
Bridgeport-Stamford-Norwalk, CT	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$387.36
Bridgeport-Stamford-Norwalk, CT	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.74
Bridgeport-Stamford-Norwalk, CT	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$290.52

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bridgeport-Stamford-Norwalk, CT	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$379.80
Bridgeport-Stamford-Norwalk, CT	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$37.98
Bridgeport-Stamford-Norwalk, CT	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$284.85
Bridgeport-Stamford-Norwalk, CT	K0001	STANDARD WHEELCHAIR	RR			\$23.17
Bridgeport-Stamford-Norwalk, CT	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$42.92
Bridgeport-Stamford-Norwalk, CT	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$37.10
Bridgeport-Stamford-Norwalk, CT	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.05
Bridgeport-Stamford-Norwalk, CT	K0006	HEAVY DUTY WHEELCHAIR	RR			\$74.07
Bridgeport-Stamford-Norwalk, CT	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$114.03
Bridgeport-Stamford-Norwalk, CT	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$113.28
Bridgeport-Stamford-Norwalk, CT	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.33
Bridgeport-Stamford-Norwalk, CT	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$84.96
Bridgeport-Stamford-Norwalk, CT	K0019	ARM PAD, EACH	NU			\$9.88
Bridgeport-Stamford-Norwalk, CT	K0019	ARM PAD, EACH	RR			\$0.99
Bridgeport-Stamford-Norwalk, CT	K0019	ARM PAD, EACH	UE			\$7.41

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bridgeport-Stamford-Norwalk, CT	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$47.55
Bridgeport-Stamford-Norwalk, CT	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$4.76
Bridgeport-Stamford-Norwalk, CT	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$35.66
Bridgeport-Stamford-Norwalk, CT	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$58.70
Bridgeport-Stamford-Norwalk, CT	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$5.87
Bridgeport-Stamford-Norwalk, CT	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$44.03
Bridgeport-Stamford-Norwalk, CT	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$81.87
Bridgeport-Stamford-Norwalk, CT	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.19
Bridgeport-Stamford-Norwalk, CT	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$61.40
Bridgeport-Stamford-Norwalk, CT	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$76.66
Bridgeport-Stamford-Norwalk, CT	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$7.67
Bridgeport-Stamford-Norwalk, CT	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$57.50
Bridgeport-Stamford-Norwalk, CT	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$69.24
Bridgeport-Stamford-Norwalk, CT	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$6.92
Bridgeport-Stamford-Norwalk, CT	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$51.93

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bridgeport-Stamford-Norwalk, CT	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$118.92
Bridgeport-Stamford-Norwalk, CT	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$11.89
Bridgeport-Stamford-Norwalk, CT	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$89.19
Bridgeport-Stamford-Norwalk, CT	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$37.92
Bridgeport-Stamford-Norwalk, CT	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$3.79
Bridgeport-Stamford-Norwalk, CT	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$28.44
Bridgeport-Stamford-Norwalk, CT	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$9.76
Bridgeport-Stamford-Norwalk, CT	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$825.58
Bridgeport-Stamford-Norwalk, CT	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$82.56
Bridgeport-Stamford-Norwalk, CT	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$619.19
Bridgeport-Stamford-Norwalk, CT	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,486.75
Bridgeport-Stamford-Norwalk, CT	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$148.68
Bridgeport-Stamford-Norwalk, CT	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,115.06
Bridgeport-Stamford-Norwalk, CT	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,692.44
Bridgeport-Stamford-Norwalk, CT	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$169.24

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bridgeport-Stamford-Norwalk, CT	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,269.33
Bridgeport-Stamford-Norwalk, CT	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$212.67
Bridgeport-Stamford-Norwalk, CT	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$257.30
Bridgeport-Stamford-Norwalk, CT	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$292.97
Bridgeport-Stamford-Norwalk, CT	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$280.58
Bridgeport-Stamford-Norwalk, CT	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$219.88
Bridgeport-Stamford-Norwalk, CT	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$328.21
Bridgeport-Stamford-Norwalk, CT	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$345.75
Bridgeport-Stamford-Norwalk, CT	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$258.75
Bridgeport-Stamford-Norwalk, CT	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$431.44
Bridgeport-Stamford-Norwalk, CT	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$369.40
Bridgeport-Stamford-Norwalk, CT	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$522.38
Bridgeport-Stamford-Norwalk, CT	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$503.02
Bridgeport-Stamford-Norwalk, CT	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$609.52
Bridgeport-Stamford-Norwalk, CT	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$663.10

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bronx-Manhattan NY CBA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$64.00
Bronx-Manhattan NY CBA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$6.40
Bronx-Manhattan NY CBA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$48.00
Bronx-Manhattan NY CBA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$11.00
Bronx-Manhattan NY CBA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.10
Bronx-Manhattan NY CBA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.25
Bronx-Manhattan NY CBA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$125.00
Bronx-Manhattan NY CBA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.50
Bronx-Manhattan NY CBA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$93.75
Bronx-Manhattan NY CBA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$69.00
Bronx-Manhattan NY CBA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$6.90
Bronx-Manhattan NY CBA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$51.75
Bronx-Manhattan NY CBA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$102.00
Bronx-Manhattan NY CBA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.20
Bronx-Manhattan NY CBA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$76.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bronx-Manhattan NY CBA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$60.00
Bronx-Manhattan NY CBA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$6.00
Bronx-Manhattan NY CBA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$45.00
Bronx-Manhattan NY CBA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$16.30
Bronx-Manhattan NY CBA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.63
Bronx-Manhattan NY CBA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$12.23
Bronx-Manhattan NY CBA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$27.03
Bronx-Manhattan NY CBA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.70
Bronx-Manhattan NY CBA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$20.27
Bronx-Manhattan NY CBA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$51.00
Bronx-Manhattan NY CBA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.10
Bronx-Manhattan NY CBA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$38.25
Bronx-Manhattan NY CBA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$22.93
Bronx-Manhattan NY CBA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.29
Bronx-Manhattan NY CBA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$17.20

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bronx-Manhattan NY CBA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$65.00
Bronx-Manhattan NY CBA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.50
Bronx-Manhattan NY CBA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$48.75
Bronx-Manhattan NY CBA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$60.70
Bronx-Manhattan NY CBA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$6.07
Bronx-Manhattan NY CBA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$45.53
Bronx-Manhattan NY CBA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$83.10
Bronx-Manhattan NY CBA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$8.31
Bronx-Manhattan NY CBA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$62.33
Bronx-Manhattan NY CBA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$155.23
Bronx-Manhattan NY CBA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$15.52
Bronx-Manhattan NY CBA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$116.42
Bronx-Manhattan NY CBA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$127.00
Bronx-Manhattan NY CBA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.70
Bronx-Manhattan NY CBA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$95.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bronx-Manhattan NY CBA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$40.50
Bronx-Manhattan NY CBA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$13.30
Bronx-Manhattan NY CBA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$30.10
Bronx-Manhattan NY CBA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$351.66
Bronx-Manhattan NY CBA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$35.17
Bronx-Manhattan NY CBA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$263.75
Bronx-Manhattan NY CBA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$256.99
Bronx-Manhattan NY CBA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$25.70
Bronx-Manhattan NY CBA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$192.74
Bronx-Manhattan NY CBA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$355.00
Bronx-Manhattan NY CBA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$35.50
Bronx-Manhattan NY CBA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$266.25
Bronx-Manhattan NY CBA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$319.03
Bronx-Manhattan NY CBA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$31.90
Bronx-Manhattan NY CBA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$239.27

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bronx-Manhattan NY CBA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$605.00
Bronx-Manhattan NY CBA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$60.50
Bronx-Manhattan NY CBA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$453.75
Bronx-Manhattan NY CBA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$30.10
Bronx-Manhattan NY CBA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.01
Bronx-Manhattan NY CBA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$22.58
Bronx-Manhattan NY CBA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$65.98
Bronx-Manhattan NY CBA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$6.60
Bronx-Manhattan NY CBA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$49.49
Bronx-Manhattan NY CBA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$74.10
Bronx-Manhattan NY CBA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$7.41
Bronx-Manhattan NY CBA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$55.58
Bronx-Manhattan NY CBA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.74
Bronx-Manhattan NY CBA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.47
Bronx-Manhattan NY CBA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.56

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bronx-Manhattan NY CBA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$28.50
Bronx-Manhattan NY CBA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$2.85
Bronx-Manhattan NY CBA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$21.38
Bronx-Manhattan NY CBA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$24.54
Bronx-Manhattan NY CBA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.45
Bronx-Manhattan NY CBA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$18.41
Bronx-Manhattan NY CBA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$125.24
Bronx-Manhattan NY CBA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$12.52
Bronx-Manhattan NY CBA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$93.93
Bronx-Manhattan NY CBA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$88.00
Bronx-Manhattan NY CBA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.80
Bronx-Manhattan NY CBA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$66.00
Bronx-Manhattan NY CBA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$98.87
Bronx-Manhattan NY CBA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$9.89
Bronx-Manhattan NY CBA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$74.15

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bronx-Manhattan NY CBA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$79.00
Bronx-Manhattan NY CBA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$7.90
Bronx-Manhattan NY CBA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$59.25
Bronx-Manhattan NY CBA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$121.50
Bronx-Manhattan NY CBA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.15
Bronx-Manhattan NY CBA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$91.13
Bronx-Manhattan NY CBA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$88.00
Bronx-Manhattan NY CBA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.80
Bronx-Manhattan NY CBA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$66.00
Bronx-Manhattan NY CBA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$67.00
Bronx-Manhattan NY CBA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$6.70
Bronx-Manhattan NY CBA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$50.25
Bronx-Manhattan NY CBA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$148.00
Bronx-Manhattan NY CBA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.80
Bronx-Manhattan NY CBA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$111.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bronx-Manhattan NY CBA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$254.57
Bronx-Manhattan NY CBA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$25.46
Bronx-Manhattan NY CBA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$190.93
Bronx-Manhattan NY CBA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$335.00
Bronx-Manhattan NY CBA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$33.50
Bronx-Manhattan NY CBA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$251.25
Bronx-Manhattan NY CBA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$293.00
Bronx-Manhattan NY CBA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$29.30
Bronx-Manhattan NY CBA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$219.75
Bronx-Manhattan NY CBA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$460.82
Bronx-Manhattan NY CBA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$46.08
Bronx-Manhattan NY CBA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$345.62
Bronx-Manhattan NY CBA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$111.64
Bronx-Manhattan NY CBA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$11.16
Bronx-Manhattan NY CBA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$83.73

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bronx-Manhattan NY CBA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.00
Bronx-Manhattan NY CBA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.90
Bronx-Manhattan NY CBA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.75
Bronx-Manhattan NY CBA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$97.54
Bronx-Manhattan NY CBA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.75
Bronx-Manhattan NY CBA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$73.16
Bronx-Manhattan NY CBA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$52.50
Bronx-Manhattan NY CBA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.25
Bronx-Manhattan NY CBA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$39.38
Bronx-Manhattan NY CBA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$93.00
Bronx-Manhattan NY CBA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.30
Bronx-Manhattan NY CBA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$69.75
Bronx-Manhattan NY CBA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$38.00
Bronx-Manhattan NY CBA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.80
Bronx-Manhattan NY CBA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bronx-Manhattan NY CBA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$14.00
Bronx-Manhattan NY CBA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.40
Bronx-Manhattan NY CBA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$10.50
Bronx-Manhattan NY CBA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$35.00
Bronx-Manhattan NY CBA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.50
Bronx-Manhattan NY CBA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$26.25
Bronx-Manhattan NY CBA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$50.00
Bronx-Manhattan NY CBA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.00
Bronx-Manhattan NY CBA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.50
Bronx-Manhattan NY CBA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$35.00
Bronx-Manhattan NY CBA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.50
Bronx-Manhattan NY CBA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$26.25
Bronx-Manhattan NY CBA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$39.00
Bronx-Manhattan NY CBA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.90
Bronx-Manhattan NY CBA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$29.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bronx-Manhattan NY CBA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$35.00
Bronx-Manhattan NY CBA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.50
Bronx-Manhattan NY CBA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$26.25
Bronx-Manhattan NY CBA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$71.85
Bronx-Manhattan NY CBA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$7.19
Bronx-Manhattan NY CBA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$53.89
Bronx-Manhattan NY CBA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$91.00
Bronx-Manhattan NY CBA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.10
Bronx-Manhattan NY CBA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$68.25
Bronx-Manhattan NY CBA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$122.10
Bronx-Manhattan NY CBA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$12.21
Bronx-Manhattan NY CBA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$91.58
Bronx-Manhattan NY CBA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$174.45
Bronx-Manhattan NY CBA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$17.45
Bronx-Manhattan NY CBA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$130.84

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bronx-Manhattan NY CBA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$265.76
Bronx-Manhattan NY CBA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$26.58
Bronx-Manhattan NY CBA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$199.32
Bronx-Manhattan NY CBA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$178.00
Bronx-Manhattan NY CBA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$17.80
Bronx-Manhattan NY CBA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$133.50
Bronx-Manhattan NY CBA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$225.00
Bronx-Manhattan NY CBA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$22.50
Bronx-Manhattan NY CBA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$168.75
Bronx-Manhattan NY CBA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
Bronx-Manhattan NY CBA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
Bronx-Manhattan NY CBA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
Bronx-Manhattan NY CBA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$258.62
Bronx-Manhattan NY CBA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$25.86
Bronx-Manhattan NY CBA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$193.97

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bronx-Manhattan NY CBA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$262.00
Bronx-Manhattan NY CBA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$26.20
Bronx-Manhattan NY CBA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$196.50
Bronx-Manhattan NY CBA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$353.00
Bronx-Manhattan NY CBA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.30
Bronx-Manhattan NY CBA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$264.75
Bronx-Manhattan NY CBA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$335.00
Bronx-Manhattan NY CBA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$33.50
Bronx-Manhattan NY CBA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$251.25
Bronx-Manhattan NY CBA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$385.53
Bronx-Manhattan NY CBA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.55
Bronx-Manhattan NY CBA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$289.15
Bronx-Manhattan NY CBA	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
Bronx-Manhattan NY CBA	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
Bronx-Manhattan NY CBA	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

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bronx-Manhattan NY CBA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$372.48
Bronx-Manhattan NY CBA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$37.25
Bronx-Manhattan NY CBA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$279.36
Bronx-Manhattan NY CBA	K0001	STANDARD WHEELCHAIR	RR			\$23.90
Bronx-Manhattan NY CBA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$50.71
Bronx-Manhattan NY CBA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$35.00
Bronx-Manhattan NY CBA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.50
Bronx-Manhattan NY CBA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$75.17
Bronx-Manhattan NY CBA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$105.17
Bronx-Manhattan NY CBA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$111.00
Bronx-Manhattan NY CBA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.10
Bronx-Manhattan NY CBA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$83.25
Bronx-Manhattan NY CBA	K0019	ARM PAD, EACH	NU			\$11.00
Bronx-Manhattan NY CBA	K0019	ARM PAD, EACH	RR			\$1.10
Bronx-Manhattan NY CBA	K0019	ARM PAD, EACH	UE			\$8.25

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bronx-Manhattan NY CBA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$48.00
Bronx-Manhattan NY CBA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$4.80
Bronx-Manhattan NY CBA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$36.00
Bronx-Manhattan NY CBA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$59.20
Bronx-Manhattan NY CBA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$5.92
Bronx-Manhattan NY CBA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$44.40
Bronx-Manhattan NY CBA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$73.85
Bronx-Manhattan NY CBA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$7.39
Bronx-Manhattan NY CBA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$55.39
Bronx-Manhattan NY CBA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$81.72
Bronx-Manhattan NY CBA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.17
Bronx-Manhattan NY CBA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$61.29
Bronx-Manhattan NY CBA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$75.00
Bronx-Manhattan NY CBA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$7.50
Bronx-Manhattan NY CBA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$56.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bronx-Manhattan NY CBA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$137.70
Bronx-Manhattan NY CBA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$13.77
Bronx-Manhattan NY CBA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$103.28
Bronx-Manhattan NY CBA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$39.19
Bronx-Manhattan NY CBA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$3.92
Bronx-Manhattan NY CBA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$29.39
Bronx-Manhattan NY CBA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$9.62
Bronx-Manhattan NY CBA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$788.00
Bronx-Manhattan NY CBA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$78.80
Bronx-Manhattan NY CBA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$591.00
Bronx-Manhattan NY CBA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,350.00
Bronx-Manhattan NY CBA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$135.00
Bronx-Manhattan NY CBA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,012.50
Bronx-Manhattan NY CBA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,600.00
Bronx-Manhattan NY CBA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$160.00

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bronx-Manhattan NY CBA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,200.00
Bronx-Manhattan NY CBA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$234.45
Bronx-Manhattan NY CBA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$281.45
Bronx-Manhattan NY CBA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$332.88
Bronx-Manhattan NY CBA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$327.30
Bronx-Manhattan NY CBA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$251.25
Bronx-Manhattan NY CBA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$306.15
Bronx-Manhattan NY CBA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.30
Bronx-Manhattan NY CBA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
Bronx-Manhattan NY CBA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$416.94
Bronx-Manhattan NY CBA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$369.40
Bronx-Manhattan NY CBA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$599.85
Bronx-Manhattan NY CBA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$531.75
Bronx-Manhattan NY CBA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$671.55
Bronx-Manhattan NY CBA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$655.20

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Buffalo-Niagara Falls, NY	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$75.00
Buffalo-Niagara Falls, NY	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.50
Buffalo-Niagara Falls, NY	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$56.25
Buffalo-Niagara Falls, NY	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.40
Buffalo-Niagara Falls, NY	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.24
Buffalo-Niagara Falls, NY	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.30
Buffalo-Niagara Falls, NY	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$138.84
Buffalo-Niagara Falls, NY	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.88
Buffalo-Niagara Falls, NY	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$104.13
Buffalo-Niagara Falls, NY	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$77.69
Buffalo-Niagara Falls, NY	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.77
Buffalo-Niagara Falls, NY	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$58.27
Buffalo-Niagara Falls, NY	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$112.61
Buffalo-Niagara Falls, NY	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.26
Buffalo-Niagara Falls, NY	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$84.46

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Buffalo-Niagara Falls, NY	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$70.18
Buffalo-Niagara Falls, NY	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.02
Buffalo-Niagara Falls, NY	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$52.64
Buffalo-Niagara Falls, NY	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$16.32
Buffalo-Niagara Falls, NY	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.63
Buffalo-Niagara Falls, NY	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$12.24
Buffalo-Niagara Falls, NY	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$23.76
Buffalo-Niagara Falls, NY	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.38
Buffalo-Niagara Falls, NY	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$17.82
Buffalo-Niagara Falls, NY	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$41.04
Buffalo-Niagara Falls, NY	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.10
Buffalo-Niagara Falls, NY	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$30.78
Buffalo-Niagara Falls, NY	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$21.78
Buffalo-Niagara Falls, NY	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.18
Buffalo-Niagara Falls, NY	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$16.34

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Buffalo-Niagara Falls, NY	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$67.00
Buffalo-Niagara Falls, NY	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.70
Buffalo-Niagara Falls, NY	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$50.25
Buffalo-Niagara Falls, NY	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$70.48
Buffalo-Niagara Falls, NY	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.05
Buffalo-Niagara Falls, NY	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$52.86
Buffalo-Niagara Falls, NY	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$101.66
Buffalo-Niagara Falls, NY	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.17
Buffalo-Niagara Falls, NY	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$76.25
Buffalo-Niagara Falls, NY	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$183.14
Buffalo-Niagara Falls, NY	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$18.31
Buffalo-Niagara Falls, NY	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$137.36
Buffalo-Niagara Falls, NY	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$125.56
Buffalo-Niagara Falls, NY	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.56
Buffalo-Niagara Falls, NY	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$94.17

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Buffalo-Niagara Falls, NY	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$43.06
Buffalo-Niagara Falls, NY	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.50
Buffalo-Niagara Falls, NY	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$41.65
Buffalo-Niagara Falls, NY	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$363.74
Buffalo-Niagara Falls, NY	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$36.37
Buffalo-Niagara Falls, NY	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$272.81
Buffalo-Niagara Falls, NY	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$350.00
Buffalo-Niagara Falls, NY	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$35.00
Buffalo-Niagara Falls, NY	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$262.50
Buffalo-Niagara Falls, NY	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$452.50
Buffalo-Niagara Falls, NY	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.25
Buffalo-Niagara Falls, NY	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$339.38
Buffalo-Niagara Falls, NY	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$440.00
Buffalo-Niagara Falls, NY	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$44.00
Buffalo-Niagara Falls, NY	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$330.00

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Buffalo-Niagara Falls, NY	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$750.00
Buffalo-Niagara Falls, NY	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$75.00
Buffalo-Niagara Falls, NY	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$562.50
Buffalo-Niagara Falls, NY	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.11
Buffalo-Niagara Falls, NY	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.61
Buffalo-Niagara Falls, NY	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.08
Buffalo-Niagara Falls, NY	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$69.50
Buffalo-Niagara Falls, NY	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$6.95
Buffalo-Niagara Falls, NY	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$52.13
Buffalo-Niagara Falls, NY	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$78.38
Buffalo-Niagara Falls, NY	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$7.84
Buffalo-Niagara Falls, NY	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$58.79
Buffalo-Niagara Falls, NY	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Buffalo-Niagara Falls, NY	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Buffalo-Niagara Falls, NY	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Buffalo-Niagara Falls, NY	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$32.50
Buffalo-Niagara Falls, NY	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.25
Buffalo-Niagara Falls, NY	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$24.38
Buffalo-Niagara Falls, NY	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$30.52
Buffalo-Niagara Falls, NY	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$3.05
Buffalo-Niagara Falls, NY	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$22.89
Buffalo-Niagara Falls, NY	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$142.50
Buffalo-Niagara Falls, NY	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.25
Buffalo-Niagara Falls, NY	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$106.88
Buffalo-Niagara Falls, NY	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$101.28
Buffalo-Niagara Falls, NY	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.13
Buffalo-Niagara Falls, NY	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.96
Buffalo-Niagara Falls, NY	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$104.65
Buffalo-Niagara Falls, NY	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.47
Buffalo-Niagara Falls, NY	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$78.49

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Buffalo-Niagara Falls, NY	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.04
Buffalo-Niagara Falls, NY	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.00
Buffalo-Niagara Falls, NY	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.53
Buffalo-Niagara Falls, NY	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
Buffalo-Niagara Falls, NY	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
Buffalo-Niagara Falls, NY	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
Buffalo-Niagara Falls, NY	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
Buffalo-Niagara Falls, NY	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
Buffalo-Niagara Falls, NY	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
Buffalo-Niagara Falls, NY	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$71.40
Buffalo-Niagara Falls, NY	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.14
Buffalo-Niagara Falls, NY	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$53.55
Buffalo-Niagara Falls, NY	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$149.66
Buffalo-Niagara Falls, NY	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.97
Buffalo-Niagara Falls, NY	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$112.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Buffalo-Niagara Falls, NY	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$312.50
Buffalo-Niagara Falls, NY	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$31.25
Buffalo-Niagara Falls, NY	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$234.38
Buffalo-Niagara Falls, NY	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$379.00
Buffalo-Niagara Falls, NY	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$37.90
Buffalo-Niagara Falls, NY	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$284.25
Buffalo-Niagara Falls, NY	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$355.00
Buffalo-Niagara Falls, NY	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$35.50
Buffalo-Niagara Falls, NY	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$266.25
Buffalo-Niagara Falls, NY	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$519.90
Buffalo-Niagara Falls, NY	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$51.99
Buffalo-Niagara Falls, NY	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$389.93
Buffalo-Niagara Falls, NY	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$124.50
Buffalo-Niagara Falls, NY	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.45
Buffalo-Niagara Falls, NY	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$93.38

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Buffalo-Niagara Falls, NY	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$54.55
Buffalo-Niagara Falls, NY	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.46
Buffalo-Niagara Falls, NY	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$40.91
Buffalo-Niagara Falls, NY	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$108.78
Buffalo-Niagara Falls, NY	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.88
Buffalo-Niagara Falls, NY	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$81.59
Buffalo-Niagara Falls, NY	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.70
Buffalo-Niagara Falls, NY	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.57
Buffalo-Niagara Falls, NY	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.78
Buffalo-Niagara Falls, NY	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$105.08
Buffalo-Niagara Falls, NY	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.51
Buffalo-Niagara Falls, NY	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$78.81
Buffalo-Niagara Falls, NY	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$46.20
Buffalo-Niagara Falls, NY	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.62
Buffalo-Niagara Falls, NY	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.65

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Buffalo-Niagara Falls, NY	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$16.00
Buffalo-Niagara Falls, NY	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.60
Buffalo-Niagara Falls, NY	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.00
Buffalo-Niagara Falls, NY	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$36.36
Buffalo-Niagara Falls, NY	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.64
Buffalo-Niagara Falls, NY	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$27.27
Buffalo-Niagara Falls, NY	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$53.24
Buffalo-Niagara Falls, NY	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.32
Buffalo-Niagara Falls, NY	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$39.93
Buffalo-Niagara Falls, NY	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.51
Buffalo-Niagara Falls, NY	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.05
Buffalo-Niagara Falls, NY	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.38
Buffalo-Niagara Falls, NY	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$46.50
Buffalo-Niagara Falls, NY	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.65
Buffalo-Niagara Falls, NY	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Buffalo-Niagara Falls, NY	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$34.80
Buffalo-Niagara Falls, NY	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.48
Buffalo-Niagara Falls, NY	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$26.10
Buffalo-Niagara Falls, NY	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$83.38
Buffalo-Niagara Falls, NY	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.34
Buffalo-Niagara Falls, NY	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$62.54
Buffalo-Niagara Falls, NY	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$100.52
Buffalo-Niagara Falls, NY	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.05
Buffalo-Niagara Falls, NY	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$75.39
Buffalo-Niagara Falls, NY	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$137.40
Buffalo-Niagara Falls, NY	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$13.74
Buffalo-Niagara Falls, NY	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$103.05
Buffalo-Niagara Falls, NY	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$197.99
Buffalo-Niagara Falls, NY	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.80
Buffalo-Niagara Falls, NY	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$148.49

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Buffalo-Niagara Falls, NY	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$302.72
Buffalo-Niagara Falls, NY	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$30.27
Buffalo-Niagara Falls, NY	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$227.04
Buffalo-Niagara Falls, NY	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$214.77
Buffalo-Niagara Falls, NY	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.48
Buffalo-Niagara Falls, NY	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$161.08
Buffalo-Niagara Falls, NY	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$244.60
Buffalo-Niagara Falls, NY	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$24.46
Buffalo-Niagara Falls, NY	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$183.45
Buffalo-Niagara Falls, NY	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$145.17
Buffalo-Niagara Falls, NY	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$14.52
Buffalo-Niagara Falls, NY	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$108.88
Buffalo-Niagara Falls, NY	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$305.28
Buffalo-Niagara Falls, NY	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.53
Buffalo-Niagara Falls, NY	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$228.96

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Buffalo-Niagara Falls, NY	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$300.32
Buffalo-Niagara Falls, NY	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.03
Buffalo-Niagara Falls, NY	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$225.24
Buffalo-Niagara Falls, NY	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$427.50
Buffalo-Niagara Falls, NY	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$42.75
Buffalo-Niagara Falls, NY	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$320.63
Buffalo-Niagara Falls, NY	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$354.37
Buffalo-Niagara Falls, NY	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.44
Buffalo-Niagara Falls, NY	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$265.78
Buffalo-Niagara Falls, NY	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$442.58
Buffalo-Niagara Falls, NY	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$44.26
Buffalo-Niagara Falls, NY	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$331.94
Buffalo-Niagara Falls, NY	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$381.41
Buffalo-Niagara Falls, NY	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.14
Buffalo-Niagara Falls, NY	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$286.06

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Buffalo-Niagara Falls, NY	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$406.28
Buffalo-Niagara Falls, NY	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.63
Buffalo-Niagara Falls, NY	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$304.71
Buffalo-Niagara Falls, NY	K0001	STANDARD WHEELCHAIR	RR			\$23.16
Buffalo-Niagara Falls, NY	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$43.68
Buffalo-Niagara Falls, NY	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$35.00
Buffalo-Niagara Falls, NY	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$37.85
Buffalo-Niagara Falls, NY	K0006	HEAVY DUTY WHEELCHAIR	RR			\$62.50
Buffalo-Niagara Falls, NY	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$81.98
Buffalo-Niagara Falls, NY	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$118.63
Buffalo-Niagara Falls, NY	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.86
Buffalo-Niagara Falls, NY	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$88.97
Buffalo-Niagara Falls, NY	K0019	ARM PAD, EACH	NU			\$11.00
Buffalo-Niagara Falls, NY	K0019	ARM PAD, EACH	RR			\$1.10
Buffalo-Niagara Falls, NY	K0019	ARM PAD, EACH	UE			\$8.25

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Buffalo-Niagara Falls, NY	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$51.50
Buffalo-Niagara Falls, NY	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.15
Buffalo-Niagara Falls, NY	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$38.63
Buffalo-Niagara Falls, NY	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$68.44
Buffalo-Niagara Falls, NY	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.84
Buffalo-Niagara Falls, NY	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$51.33
Buffalo-Niagara Falls, NY	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$82.28
Buffalo-Niagara Falls, NY	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.23
Buffalo-Niagara Falls, NY	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$61.71
Buffalo-Niagara Falls, NY	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$92.50
Buffalo-Niagara Falls, NY	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$9.25
Buffalo-Niagara Falls, NY	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$69.38
Buffalo-Niagara Falls, NY	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$97.50
Buffalo-Niagara Falls, NY	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.75
Buffalo-Niagara Falls, NY	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$73.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Buffalo-Niagara Falls, NY	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$159.94
Buffalo-Niagara Falls, NY	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.99
Buffalo-Niagara Falls, NY	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$119.96
Buffalo-Niagara Falls, NY	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$50.50
Buffalo-Niagara Falls, NY	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.05
Buffalo-Niagara Falls, NY	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$37.88
Buffalo-Niagara Falls, NY	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$9.96
Buffalo-Niagara Falls, NY	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$870.52
Buffalo-Niagara Falls, NY	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$87.05
Buffalo-Niagara Falls, NY	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$652.89
Buffalo-Niagara Falls, NY	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,625.00
Buffalo-Niagara Falls, NY	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$162.50
Buffalo-Niagara Falls, NY	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,218.75
Buffalo-Niagara Falls, NY	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,791.66
Buffalo-Niagara Falls, NY	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$179.17

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Buffalo-Niagara Falls, NY	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,343.75
Buffalo-Niagara Falls, NY	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$277.43
Buffalo-Niagara Falls, NY	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$289.65
Buffalo-Niagara Falls, NY	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$348.01
Buffalo-Niagara Falls, NY	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$339.54
Buffalo-Niagara Falls, NY	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.60
Buffalo-Niagara Falls, NY	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$337.12
Buffalo-Niagara Falls, NY	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$327.38
Buffalo-Niagara Falls, NY	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$271.49
Buffalo-Niagara Falls, NY	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$440.68
Buffalo-Niagara Falls, NY	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$392.55
Buffalo-Niagara Falls, NY	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$689.11
Buffalo-Niagara Falls, NY	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$568.67
Buffalo-Niagara Falls, NY	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$760.62
Buffalo-Niagara Falls, NY	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$755.33

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cape Coral-Fort Myers, FL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$75.00
Cape Coral-Fort Myers, FL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.50
Cape Coral-Fort Myers, FL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$56.25
Cape Coral-Fort Myers, FL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$11.00
Cape Coral-Fort Myers, FL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.10
Cape Coral-Fort Myers, FL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.25
Cape Coral-Fort Myers, FL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$127.00
Cape Coral-Fort Myers, FL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.70
Cape Coral-Fort Myers, FL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$95.25
Cape Coral-Fort Myers, FL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$66.90
Cape Coral-Fort Myers, FL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$6.69
Cape Coral-Fort Myers, FL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$50.18
Cape Coral-Fort Myers, FL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$102.14
Cape Coral-Fort Myers, FL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.21
Cape Coral-Fort Myers, FL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$76.61

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cape Coral-Fort Myers, FL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$63.40
Cape Coral-Fort Myers, FL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$6.34
Cape Coral-Fort Myers, FL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$47.55
Cape Coral-Fort Myers, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$14.94
Cape Coral-Fort Myers, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.49
Cape Coral-Fort Myers, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$11.21
Cape Coral-Fort Myers, FL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$28.00
Cape Coral-Fort Myers, FL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.80
Cape Coral-Fort Myers, FL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$21.00
Cape Coral-Fort Myers, FL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$49.76
Cape Coral-Fort Myers, FL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.98
Cape Coral-Fort Myers, FL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$37.32
Cape Coral-Fort Myers, FL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$18.48
Cape Coral-Fort Myers, FL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$1.85
Cape Coral-Fort Myers, FL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$13.86

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cape Coral-Fort Myers, FL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$62.50
Cape Coral-Fort Myers, FL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.25
Cape Coral-Fort Myers, FL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$46.88
Cape Coral-Fort Myers, FL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$65.00
Cape Coral-Fort Myers, FL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$6.50
Cape Coral-Fort Myers, FL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$48.75
Cape Coral-Fort Myers, FL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$82.00
Cape Coral-Fort Myers, FL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$8.20
Cape Coral-Fort Myers, FL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$61.50
Cape Coral-Fort Myers, FL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$152.71
Cape Coral-Fort Myers, FL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$15.27
Cape Coral-Fort Myers, FL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$114.53
Cape Coral-Fort Myers, FL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$132.00
Cape Coral-Fort Myers, FL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.20
Cape Coral-Fort Myers, FL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$99.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cape Coral-Fort Myers, FL	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$40.59
Cape Coral-Fort Myers, FL	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$14.66
Cape Coral-Fort Myers, FL	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$28.00
Cape Coral-Fort Myers, FL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$330.00
Cape Coral-Fort Myers, FL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$33.00
Cape Coral-Fort Myers, FL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$247.50
Cape Coral-Fort Myers, FL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$265.00
Cape Coral-Fort Myers, FL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$26.50
Cape Coral-Fort Myers, FL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$198.75
Cape Coral-Fort Myers, FL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$400.00
Cape Coral-Fort Myers, FL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$40.00
Cape Coral-Fort Myers, FL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$300.00
Cape Coral-Fort Myers, FL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$379.46
Cape Coral-Fort Myers, FL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$37.95
Cape Coral-Fort Myers, FL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$284.60

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cape Coral-Fort Myers, FL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$611.59
Cape Coral-Fort Myers, FL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$61.16
Cape Coral-Fort Myers, FL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$458.69
Cape Coral-Fort Myers, FL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$34.95
Cape Coral-Fort Myers, FL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.50
Cape Coral-Fort Myers, FL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.21
Cape Coral-Fort Myers, FL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$60.49
Cape Coral-Fort Myers, FL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$6.05
Cape Coral-Fort Myers, FL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$45.37
Cape Coral-Fort Myers, FL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$69.77
Cape Coral-Fort Myers, FL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$6.98
Cape Coral-Fort Myers, FL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$52.33
Cape Coral-Fort Myers, FL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.10
Cape Coral-Fort Myers, FL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.41
Cape Coral-Fort Myers, FL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.08

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cape Coral-Fort Myers, FL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$28.99
Cape Coral-Fort Myers, FL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$2.90
Cape Coral-Fort Myers, FL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$21.74
Cape Coral-Fort Myers, FL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$26.17
Cape Coral-Fort Myers, FL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.62
Cape Coral-Fort Myers, FL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$19.63
Cape Coral-Fort Myers, FL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$132.05
Cape Coral-Fort Myers, FL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.21
Cape Coral-Fort Myers, FL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$99.04
Cape Coral-Fort Myers, FL	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.00
Cape Coral-Fort Myers, FL	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
Cape Coral-Fort Myers, FL	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.25
Cape Coral-Fort Myers, FL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$98.13
Cape Coral-Fort Myers, FL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$9.81
Cape Coral-Fort Myers, FL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$73.60

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cape Coral-Fort Myers, FL	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$85.00
Cape Coral-Fort Myers, FL	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.50
Cape Coral-Fort Myers, FL	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$63.75
Cape Coral-Fort Myers, FL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$118.50
Cape Coral-Fort Myers, FL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$11.85
Cape Coral-Fort Myers, FL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$88.88
Cape Coral-Fort Myers, FL	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$83.00
Cape Coral-Fort Myers, FL	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.30
Cape Coral-Fort Myers, FL	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$62.25
Cape Coral-Fort Myers, FL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$69.30
Cape Coral-Fort Myers, FL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$6.93
Cape Coral-Fort Myers, FL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$51.98
Cape Coral-Fort Myers, FL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$140.00
Cape Coral-Fort Myers, FL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.00
Cape Coral-Fort Myers, FL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$105.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cape Coral-Fort Myers, FL	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$254.50
Cape Coral-Fort Myers, FL	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$25.45
Cape Coral-Fort Myers, FL	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$190.88
Cape Coral-Fort Myers, FL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$327.00
Cape Coral-Fort Myers, FL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$32.70
Cape Coral-Fort Myers, FL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$245.25
Cape Coral-Fort Myers, FL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$293.24
Cape Coral-Fort Myers, FL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$29.32
Cape Coral-Fort Myers, FL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$219.93
Cape Coral-Fort Myers, FL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$481.92
Cape Coral-Fort Myers, FL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$48.19
Cape Coral-Fort Myers, FL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$361.44
Cape Coral-Fort Myers, FL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$118.11
Cape Coral-Fort Myers, FL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$11.81
Cape Coral-Fort Myers, FL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$88.58

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cape Coral-Fort Myers, FL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$47.52
Cape Coral-Fort Myers, FL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.75
Cape Coral-Fort Myers, FL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$35.64
Cape Coral-Fort Myers, FL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$94.80
Cape Coral-Fort Myers, FL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.48
Cape Coral-Fort Myers, FL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$71.10
Cape Coral-Fort Myers, FL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.26
Cape Coral-Fort Myers, FL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.93
Cape Coral-Fort Myers, FL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.95
Cape Coral-Fort Myers, FL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$93.74
Cape Coral-Fort Myers, FL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.37
Cape Coral-Fort Myers, FL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$70.31
Cape Coral-Fort Myers, FL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$39.00
Cape Coral-Fort Myers, FL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.90
Cape Coral-Fort Myers, FL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$29.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cape Coral-Fort Myers, FL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$13.34
Cape Coral-Fort Myers, FL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.33
Cape Coral-Fort Myers, FL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$10.01
Cape Coral-Fort Myers, FL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$31.50
Cape Coral-Fort Myers, FL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.15
Cape Coral-Fort Myers, FL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$23.63
Cape Coral-Fort Myers, FL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$48.70
Cape Coral-Fort Myers, FL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.87
Cape Coral-Fort Myers, FL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.53
Cape Coral-Fort Myers, FL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$34.25
Cape Coral-Fort Myers, FL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.43
Cape Coral-Fort Myers, FL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$25.69
Cape Coral-Fort Myers, FL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.13
Cape Coral-Fort Myers, FL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.21
Cape Coral-Fort Myers, FL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.60

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cape Coral-Fort Myers, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$38.00
Cape Coral-Fort Myers, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.80
Cape Coral-Fort Myers, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$28.50
Cape Coral-Fort Myers, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$74.25
Cape Coral-Fort Myers, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$7.43
Cape Coral-Fort Myers, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$55.69
Cape Coral-Fort Myers, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$92.00
Cape Coral-Fort Myers, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.20
Cape Coral-Fort Myers, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$69.00
Cape Coral-Fort Myers, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$123.00
Cape Coral-Fort Myers, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$12.30
Cape Coral-Fort Myers, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$92.25
Cape Coral-Fort Myers, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$170.52
Cape Coral-Fort Myers, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$17.05
Cape Coral-Fort Myers, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$127.89

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cape Coral-Fort Myers, FL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$265.76
Cape Coral-Fort Myers, FL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$26.58
Cape Coral-Fort Myers, FL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$199.32
Cape Coral-Fort Myers, FL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$179.95
Cape Coral-Fort Myers, FL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$18.00
Cape Coral-Fort Myers, FL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$134.96
Cape Coral-Fort Myers, FL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$220.50
Cape Coral-Fort Myers, FL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$22.05
Cape Coral-Fort Myers, FL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$165.38
Cape Coral-Fort Myers, FL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$159.05
Cape Coral-Fort Myers, FL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.91
Cape Coral-Fort Myers, FL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$119.29
Cape Coral-Fort Myers, FL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$264.72
Cape Coral-Fort Myers, FL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$26.47
Cape Coral-Fort Myers, FL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$198.54

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cape Coral-Fort Myers, FL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$265.00
Cape Coral-Fort Myers, FL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$26.50
Cape Coral-Fort Myers, FL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$198.75
Cape Coral-Fort Myers, FL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$355.00
Cape Coral-Fort Myers, FL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.50
Cape Coral-Fort Myers, FL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$266.25
Cape Coral-Fort Myers, FL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$302.00
Cape Coral-Fort Myers, FL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.20
Cape Coral-Fort Myers, FL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$226.50
Cape Coral-Fort Myers, FL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$385.53
Cape Coral-Fort Myers, FL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.55
Cape Coral-Fort Myers, FL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$289.15
Cape Coral-Fort Myers, FL	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$345.00
Cape Coral-Fort Myers, FL	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$34.50
Cape Coral-Fort Myers, FL	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$258.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cape Coral-Fort Myers, FL	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$365.00
Cape Coral-Fort Myers, FL	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.50
Cape Coral-Fort Myers, FL	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$273.75
Cape Coral-Fort Myers, FL	K0001	STANDARD WHEELCHAIR	RR			\$27.43
Cape Coral-Fort Myers, FL	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$37.36
Cape Coral-Fort Myers, FL	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$40.00
Cape Coral-Fort Myers, FL	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$48.80
Cape Coral-Fort Myers, FL	K0006	HEAVY DUTY WHEELCHAIR	RR			\$62.98
Cape Coral-Fort Myers, FL	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$94.60
Cape Coral-Fort Myers, FL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$111.00
Cape Coral-Fort Myers, FL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.10
Cape Coral-Fort Myers, FL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$83.25
Cape Coral-Fort Myers, FL	K0019	ARM PAD, EACH	NU			\$10.10
Cape Coral-Fort Myers, FL	K0019	ARM PAD, EACH	RR			\$1.01
Cape Coral-Fort Myers, FL	K0019	ARM PAD, EACH	UE			\$7.58

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cape Coral-Fort Myers, FL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$38.81
Cape Coral-Fort Myers, FL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$3.88
Cape Coral-Fort Myers, FL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$29.11
Cape Coral-Fort Myers, FL	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$57.58
Cape Coral-Fort Myers, FL	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$5.76
Cape Coral-Fort Myers, FL	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$43.19
Cape Coral-Fort Myers, FL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$78.21
Cape Coral-Fort Myers, FL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$7.82
Cape Coral-Fort Myers, FL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$58.66
Cape Coral-Fort Myers, FL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$81.72
Cape Coral-Fort Myers, FL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.17
Cape Coral-Fort Myers, FL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$61.29
Cape Coral-Fort Myers, FL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$79.86
Cape Coral-Fort Myers, FL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$7.99
Cape Coral-Fort Myers, FL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$59.90

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cape Coral-Fort Myers, FL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$150.00
Cape Coral-Fort Myers, FL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.00
Cape Coral-Fort Myers, FL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$112.50
Cape Coral-Fort Myers, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$41.75
Cape Coral-Fort Myers, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$4.18
Cape Coral-Fort Myers, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$31.31
Cape Coral-Fort Myers, FL	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$10.05
Cape Coral-Fort Myers, FL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$799.63
Cape Coral-Fort Myers, FL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$79.96
Cape Coral-Fort Myers, FL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$599.72
Cape Coral-Fort Myers, FL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,320.35
Cape Coral-Fort Myers, FL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$132.04
Cape Coral-Fort Myers, FL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$990.26
Cape Coral-Fort Myers, FL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,749.20
Cape Coral-Fort Myers, FL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$174.92

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cape Coral-Fort Myers, FL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,311.90
Cape Coral-Fort Myers, FL	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$229.24
Cape Coral-Fort Myers, FL	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
Cape Coral-Fort Myers, FL	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Cape Coral-Fort Myers, FL	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$317.30
Cape Coral-Fort Myers, FL	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$244.84
Cape Coral-Fort Myers, FL	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$303.75
Cape Coral-Fort Myers, FL	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$312.72
Cape Coral-Fort Myers, FL	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$307.32
Cape Coral-Fort Myers, FL	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$372.19
Cape Coral-Fort Myers, FL	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$338.61
Cape Coral-Fort Myers, FL	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$601.50
Cape Coral-Fort Myers, FL	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$551.25
Cape Coral-Fort Myers, FL	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$674.40
Cape Coral-Fort Myers, FL	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$660.43

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Central-Chicago Metro CBA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$78.83
Central-Chicago Metro CBA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.88
Central-Chicago Metro CBA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$59.12
Central-Chicago Metro CBA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.88
Central-Chicago Metro CBA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.29
Central-Chicago Metro CBA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.66
Central-Chicago Metro CBA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$139.02
Central-Chicago Metro CBA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.90
Central-Chicago Metro CBA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$104.27
Central-Chicago Metro CBA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$81.13
Central-Chicago Metro CBA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.11
Central-Chicago Metro CBA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$60.85
Central-Chicago Metro CBA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$103.57
Central-Chicago Metro CBA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.36
Central-Chicago Metro CBA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$77.68

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Central-Chicago Metro CBA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$70.26
Central-Chicago Metro CBA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.03
Central-Chicago Metro CBA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$52.70
Central-Chicago Metro CBA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$21.40
Central-Chicago Metro CBA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.14
Central-Chicago Metro CBA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$16.05
Central-Chicago Metro CBA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$31.88
Central-Chicago Metro CBA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.19
Central-Chicago Metro CBA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$23.91
Central-Chicago Metro CBA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$50.74
Central-Chicago Metro CBA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.07
Central-Chicago Metro CBA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$38.06
Central-Chicago Metro CBA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$25.70
Central-Chicago Metro CBA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.57
Central-Chicago Metro CBA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$19.28

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Central-Chicago Metro CBA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$69.28
Central-Chicago Metro CBA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.93
Central-Chicago Metro CBA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$51.96
Central-Chicago Metro CBA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$71.56
Central-Chicago Metro CBA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.16
Central-Chicago Metro CBA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$53.67
Central-Chicago Metro CBA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$90.33
Central-Chicago Metro CBA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.03
Central-Chicago Metro CBA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$67.75
Central-Chicago Metro CBA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$166.24
Central-Chicago Metro CBA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$16.62
Central-Chicago Metro CBA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$124.68
Central-Chicago Metro CBA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$127.00
Central-Chicago Metro CBA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.70
Central-Chicago Metro CBA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$95.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Central-Chicago Metro CBA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.45
Central-Chicago Metro CBA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.17
Central-Chicago Metro CBA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$38.63
Central-Chicago Metro CBA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$369.24
Central-Chicago Metro CBA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$36.92
Central-Chicago Metro CBA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$276.93
Central-Chicago Metro CBA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$325.18
Central-Chicago Metro CBA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$32.52
Central-Chicago Metro CBA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$243.89
Central-Chicago Metro CBA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$417.06
Central-Chicago Metro CBA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$41.71
Central-Chicago Metro CBA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$312.80
Central-Chicago Metro CBA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$389.38
Central-Chicago Metro CBA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$38.94
Central-Chicago Metro CBA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$292.04

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Central-Chicago Metro CBA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$651.85
Central-Chicago Metro CBA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$65.19
Central-Chicago Metro CBA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$488.89
Central-Chicago Metro CBA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$34.98
Central-Chicago Metro CBA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.50
Central-Chicago Metro CBA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.24
Central-Chicago Metro CBA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$71.24
Central-Chicago Metro CBA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.12
Central-Chicago Metro CBA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$53.43
Central-Chicago Metro CBA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$84.30
Central-Chicago Metro CBA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.43
Central-Chicago Metro CBA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$63.23
Central-Chicago Metro CBA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.63
Central-Chicago Metro CBA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.46
Central-Chicago Metro CBA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.47

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Central-Chicago Metro CBA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$29.28
Central-Chicago Metro CBA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$2.93
Central-Chicago Metro CBA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$21.96
Central-Chicago Metro CBA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$26.20
Central-Chicago Metro CBA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.62
Central-Chicago Metro CBA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$19.65
Central-Chicago Metro CBA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$133.00
Central-Chicago Metro CBA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.30
Central-Chicago Metro CBA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$99.75
Central-Chicago Metro CBA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.16
Central-Chicago Metro CBA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.02
Central-Chicago Metro CBA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.62
Central-Chicago Metro CBA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$100.72
Central-Chicago Metro CBA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.07
Central-Chicago Metro CBA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$75.54

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Central-Chicago Metro CBA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$86.96
Central-Chicago Metro CBA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.70
Central-Chicago Metro CBA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$65.22
Central-Chicago Metro CBA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
Central-Chicago Metro CBA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
Central-Chicago Metro CBA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
Central-Chicago Metro CBA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$89.04
Central-Chicago Metro CBA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.90
Central-Chicago Metro CBA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$66.78
Central-Chicago Metro CBA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$71.38
Central-Chicago Metro CBA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.14
Central-Chicago Metro CBA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$53.54
Central-Chicago Metro CBA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$139.57
Central-Chicago Metro CBA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$13.96
Central-Chicago Metro CBA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$104.68

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Central-Chicago Metro CBA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$295.34
Central-Chicago Metro CBA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$29.53
Central-Chicago Metro CBA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$221.51
Central-Chicago Metro CBA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$344.62
Central-Chicago Metro CBA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$34.46
Central-Chicago Metro CBA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$258.47
Central-Chicago Metro CBA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$300.86
Central-Chicago Metro CBA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$30.09
Central-Chicago Metro CBA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$225.65
Central-Chicago Metro CBA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$502.71
Central-Chicago Metro CBA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$50.27
Central-Chicago Metro CBA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$377.03
Central-Chicago Metro CBA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$127.28
Central-Chicago Metro CBA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.73
Central-Chicago Metro CBA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$95.46

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Central-Chicago Metro CBA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$54.55
Central-Chicago Metro CBA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.46
Central-Chicago Metro CBA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$40.91
Central-Chicago Metro CBA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$105.88
Central-Chicago Metro CBA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.59
Central-Chicago Metro CBA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$79.41
Central-Chicago Metro CBA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.70
Central-Chicago Metro CBA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.57
Central-Chicago Metro CBA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.78
Central-Chicago Metro CBA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$96.28
Central-Chicago Metro CBA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.63
Central-Chicago Metro CBA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$72.21
Central-Chicago Metro CBA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.79
Central-Chicago Metro CBA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.28
Central-Chicago Metro CBA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.09

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Central-Chicago Metro CBA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.15
Central-Chicago Metro CBA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.52
Central-Chicago Metro CBA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.36
Central-Chicago Metro CBA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$36.36
Central-Chicago Metro CBA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.64
Central-Chicago Metro CBA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$27.27
Central-Chicago Metro CBA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.30
Central-Chicago Metro CBA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.53
Central-Chicago Metro CBA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.48
Central-Chicago Metro CBA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$38.40
Central-Chicago Metro CBA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.84
Central-Chicago Metro CBA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.80
Central-Chicago Metro CBA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$43.20
Central-Chicago Metro CBA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.32
Central-Chicago Metro CBA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.40

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Central-Chicago Metro CBA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$36.83
Central-Chicago Metro CBA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.68
Central-Chicago Metro CBA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$27.62
Central-Chicago Metro CBA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$78.06
Central-Chicago Metro CBA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$7.81
Central-Chicago Metro CBA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$58.55
Central-Chicago Metro CBA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$98.11
Central-Chicago Metro CBA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.81
Central-Chicago Metro CBA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$73.58
Central-Chicago Metro CBA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$130.20
Central-Chicago Metro CBA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$13.02
Central-Chicago Metro CBA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$97.65
Central-Chicago Metro CBA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$198.23
Central-Chicago Metro CBA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.82
Central-Chicago Metro CBA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$148.67

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Central-Chicago Metro CBA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$280.60
Central-Chicago Metro CBA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$28.06
Central-Chicago Metro CBA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$210.45
Central-Chicago Metro CBA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$199.22
Central-Chicago Metro CBA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.92
Central-Chicago Metro CBA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$149.42
Central-Chicago Metro CBA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$232.40
Central-Chicago Metro CBA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$23.24
Central-Chicago Metro CBA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$174.30
Central-Chicago Metro CBA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$158.64
Central-Chicago Metro CBA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.86
Central-Chicago Metro CBA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$118.98
Central-Chicago Metro CBA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$278.08
Central-Chicago Metro CBA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$27.81
Central-Chicago Metro CBA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$208.56

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Central-Chicago Metro CBA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$288.34
Central-Chicago Metro CBA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$28.83
Central-Chicago Metro CBA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$216.26
Central-Chicago Metro CBA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$380.90
Central-Chicago Metro CBA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.09
Central-Chicago Metro CBA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$285.68
Central-Chicago Metro CBA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$343.82
Central-Chicago Metro CBA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$34.38
Central-Chicago Metro CBA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$257.87
Central-Chicago Metro CBA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$420.64
Central-Chicago Metro CBA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$42.06
Central-Chicago Metro CBA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$315.48
Central-Chicago Metro CBA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$381.88
Central-Chicago Metro CBA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.19
Central-Chicago Metro CBA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$286.41

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Central-Chicago Metro CBA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$389.50
Central-Chicago Metro CBA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.95
Central-Chicago Metro CBA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$292.13
Central-Chicago Metro CBA	K0001	STANDARD WHEELCHAIR	RR			\$25.37
Central-Chicago Metro CBA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$48.79
Central-Chicago Metro CBA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$39.20
Central-Chicago Metro CBA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$48.55
Central-Chicago Metro CBA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$67.21
Central-Chicago Metro CBA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$97.05
Central-Chicago Metro CBA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$109.77
Central-Chicago Metro CBA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$10.98
Central-Chicago Metro CBA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$82.33
Central-Chicago Metro CBA	K0019	ARM PAD, EACH	NU			\$10.56
Central-Chicago Metro CBA	K0019	ARM PAD, EACH	RR			\$1.06
Central-Chicago Metro CBA	K0019	ARM PAD, EACH	UE			\$7.92

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Central-Chicago Metro CBA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$47.46
Central-Chicago Metro CBA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$4.75
Central-Chicago Metro CBA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$35.60
Central-Chicago Metro CBA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$63.44
Central-Chicago Metro CBA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.34
Central-Chicago Metro CBA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$47.58
Central-Chicago Metro CBA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$82.08
Central-Chicago Metro CBA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.21
Central-Chicago Metro CBA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$61.56
Central-Chicago Metro CBA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$82.00
Central-Chicago Metro CBA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.20
Central-Chicago Metro CBA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$61.50
Central-Chicago Metro CBA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$82.94
Central-Chicago Metro CBA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.29
Central-Chicago Metro CBA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$62.21

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Central-Chicago Metro CBA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$155.37
Central-Chicago Metro CBA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.54
Central-Chicago Metro CBA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$116.53
Central-Chicago Metro CBA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$50.28
Central-Chicago Metro CBA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.03
Central-Chicago Metro CBA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$37.71
Central-Chicago Metro CBA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$12.19
Central-Chicago Metro CBA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$794.00
Central-Chicago Metro CBA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$79.40
Central-Chicago Metro CBA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$595.50
Central-Chicago Metro CBA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,547.00
Central-Chicago Metro CBA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$154.70
Central-Chicago Metro CBA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,160.25
Central-Chicago Metro CBA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,761.20
Central-Chicago Metro CBA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$176.12

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Central-Chicago Metro CBA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,320.90
Central-Chicago Metro CBA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$265.18
Central-Chicago Metro CBA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$288.30
Central-Chicago Metro CBA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$335.58
Central-Chicago Metro CBA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$329.93
Central-Chicago Metro CBA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$278.08
Central-Chicago Metro CBA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$308.28
Central-Chicago Metro CBA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$323.63
Central-Chicago Metro CBA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$277.24
Central-Chicago Metro CBA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$424.30
Central-Chicago Metro CBA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$369.89
Central-Chicago Metro CBA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$624.84
Central-Chicago Metro CBA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$554.78
Central-Chicago Metro CBA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$699.44
Central-Chicago Metro CBA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$717.68

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charleston-North Charleston-Summerville, SC	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$75.00
Charleston-North Charleston-Summerville, SC	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.50
Charleston-North Charleston-Summerville, SC	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$56.25
Charleston-North Charleston-Summerville, SC	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.30
Charleston-North Charleston-Summerville, SC	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.23
Charleston-North Charleston-Summerville, SC	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.23
Charleston-North Charleston-Summerville, SC	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$138.00
Charleston-North Charleston-Summerville, SC	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.80
Charleston-North Charleston-Summerville, SC	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$103.50
Charleston-North Charleston-Summerville, SC	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$75.19
Charleston-North Charleston-Summerville, SC	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.52
Charleston-North Charleston-Summerville, SC	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$56.39
Charleston-North Charleston-Summerville, SC	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$115.22
Charleston-North Charleston-Summerville, SC	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.52
Charleston-North Charleston-Summerville, SC	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$86.42

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charleston-North Charleston-Summerville, SC	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$70.18
Charleston-North Charleston-Summerville, SC	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.02
Charleston-North Charleston-Summerville, SC	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$52.64
Charleston-North Charleston-Summerville, SC	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.01
Charleston-North Charleston-Summerville, SC	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.90
Charleston-North Charleston-Summerville, SC	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.26
Charleston-North Charleston-Summerville, SC	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$30.29
Charleston-North Charleston-Summerville, SC	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.03
Charleston-North Charleston-Summerville, SC	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$22.72
Charleston-North Charleston-Summerville, SC	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$54.00
Charleston-North Charleston-Summerville, SC	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.40
Charleston-North Charleston-Summerville, SC	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$40.50
Charleston-North Charleston-Summerville, SC	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$25.00
Charleston-North Charleston-Summerville, SC	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.50
Charleston-North Charleston-Summerville, SC	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$18.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charleston-North Charleston-Summerville, SC	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$75.00
Charleston-North Charleston-Summerville, SC	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.50
Charleston-North Charleston-Summerville, SC	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$56.25
Charleston-North Charleston-Summerville, SC	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$78.19
Charleston-North Charleston-Summerville, SC	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.82
Charleston-North Charleston-Summerville, SC	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$58.64
Charleston-North Charleston-Summerville, SC	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$90.23
Charleston-North Charleston-Summerville, SC	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.02
Charleston-North Charleston-Summerville, SC	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$67.67
Charleston-North Charleston-Summerville, SC	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$174.73
Charleston-North Charleston-Summerville, SC	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$17.47
Charleston-North Charleston-Summerville, SC	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$131.05
Charleston-North Charleston-Summerville, SC	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$133.85
Charleston-North Charleston-Summerville, SC	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.39
Charleston-North Charleston-Summerville, SC	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$100.39

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charleston-North Charleston-Summerville, SC	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$40.00
Charleston-North Charleston-Summerville, SC	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.00
Charleston-North Charleston-Summerville, SC	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$36.47
Charleston-North Charleston-Summerville, SC	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$377.14
Charleston-North Charleston-Summerville, SC	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$37.71
Charleston-North Charleston-Summerville, SC	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$282.86
Charleston-North Charleston-Summerville, SC	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$325.00
Charleston-North Charleston-Summerville, SC	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$32.50
Charleston-North Charleston-Summerville, SC	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$243.75
Charleston-North Charleston-Summerville, SC	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$455.00
Charleston-North Charleston-Summerville, SC	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.50
Charleston-North Charleston-Summerville, SC	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$341.25
Charleston-North Charleston-Summerville, SC	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$415.00
Charleston-North Charleston-Summerville, SC	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$41.50
Charleston-North Charleston-Summerville, SC	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$311.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charleston-North Charleston-Summerville, SC	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$742.65
Charleston-North Charleston-Summerville, SC	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$74.27
Charleston-North Charleston-Summerville, SC	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$556.99
Charleston-North Charleston-Summerville, SC	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.22
Charleston-North Charleston-Summerville, SC	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.62
Charleston-North Charleston-Summerville, SC	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.17
Charleston-North Charleston-Summerville, SC	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$79.00
Charleston-North Charleston-Summerville, SC	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.90
Charleston-North Charleston-Summerville, SC	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$59.25
Charleston-North Charleston-Summerville, SC	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$79.00
Charleston-North Charleston-Summerville, SC	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$7.90
Charleston-North Charleston-Summerville, SC	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$59.25
Charleston-North Charleston-Summerville, SC	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Charleston-North Charleston-Summerville, SC	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Charleston-North Charleston-Summerville, SC	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charleston-North Charleston-Summerville, SC	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$34.00
Charleston-North Charleston-Summerville, SC	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.40
Charleston-North Charleston-Summerville, SC	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$25.50
Charleston-North Charleston-Summerville, SC	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$28.00
Charleston-North Charleston-Summerville, SC	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.80
Charleston-North Charleston-Summerville, SC	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$21.00
Charleston-North Charleston-Summerville, SC	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$140.00
Charleston-North Charleston-Summerville, SC	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.00
Charleston-North Charleston-Summerville, SC	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$105.00
Charleston-North Charleston-Summerville, SC	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.00
Charleston-North Charleston-Summerville, SC	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
Charleston-North Charleston-Summerville, SC	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.25
Charleston-North Charleston-Summerville, SC	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$104.98
Charleston-North Charleston-Summerville, SC	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.50
Charleston-North Charleston-Summerville, SC	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$78.74

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charleston-North Charleston-Summerville, SC	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.00
Charleston-North Charleston-Summerville, SC	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.00
Charleston-North Charleston-Summerville, SC	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.50
Charleston-North Charleston-Summerville, SC	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
Charleston-North Charleston-Summerville, SC	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
Charleston-North Charleston-Summerville, SC	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
Charleston-North Charleston-Summerville, SC	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$92.31
Charleston-North Charleston-Summerville, SC	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.23
Charleston-North Charleston-Summerville, SC	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$69.23
Charleston-North Charleston-Summerville, SC	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$70.00
Charleston-North Charleston-Summerville, SC	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.00
Charleston-North Charleston-Summerville, SC	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$52.50
Charleston-North Charleston-Summerville, SC	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$145.22
Charleston-North Charleston-Summerville, SC	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.52
Charleston-North Charleston-Summerville, SC	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$108.92

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charleston-North Charleston-Summerville, SC	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$325.00
Charleston-North Charleston-Summerville, SC	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$32.50
Charleston-North Charleston-Summerville, SC	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$243.75
Charleston-North Charleston-Summerville, SC	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$369.33
Charleston-North Charleston-Summerville, SC	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$36.93
Charleston-North Charleston-Summerville, SC	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$277.00
Charleston-North Charleston-Summerville, SC	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$334.00
Charleston-North Charleston-Summerville, SC	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$33.40
Charleston-North Charleston-Summerville, SC	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$250.50
Charleston-North Charleston-Summerville, SC	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$520.28
Charleston-North Charleston-Summerville, SC	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$52.03
Charleston-North Charleston-Summerville, SC	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$390.21
Charleston-North Charleston-Summerville, SC	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$125.00
Charleston-North Charleston-Summerville, SC	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.50
Charleston-North Charleston-Summerville, SC	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$93.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charleston-North Charleston-Summerville, SC	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$56.98
Charleston-North Charleston-Summerville, SC	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.70
Charleston-North Charleston-Summerville, SC	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.74
Charleston-North Charleston-Summerville, SC	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$112.00
Charleston-North Charleston-Summerville, SC	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.20
Charleston-North Charleston-Summerville, SC	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$84.00
Charleston-North Charleston-Summerville, SC	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$59.31
Charleston-North Charleston-Summerville, SC	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.93
Charleston-North Charleston-Summerville, SC	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$44.48
Charleston-North Charleston-Summerville, SC	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$105.17
Charleston-North Charleston-Summerville, SC	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.52
Charleston-North Charleston-Summerville, SC	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$78.88
Charleston-North Charleston-Summerville, SC	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$48.77
Charleston-North Charleston-Summerville, SC	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.88
Charleston-North Charleston-Summerville, SC	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.58

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charleston-North Charleston-Summerville, SC	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.00
Charleston-North Charleston-Summerville, SC	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.50
Charleston-North Charleston-Summerville, SC	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.25
Charleston-North Charleston-Summerville, SC	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$37.73
Charleston-North Charleston-Summerville, SC	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.77
Charleston-North Charleston-Summerville, SC	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.30
Charleston-North Charleston-Summerville, SC	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.00
Charleston-North Charleston-Summerville, SC	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.70
Charleston-North Charleston-Summerville, SC	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.75
Charleston-North Charleston-Summerville, SC	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.11
Charleston-North Charleston-Summerville, SC	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.21
Charleston-North Charleston-Summerville, SC	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.58
Charleston-North Charleston-Summerville, SC	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$44.56
Charleston-North Charleston-Summerville, SC	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.46
Charleston-North Charleston-Summerville, SC	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.42

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charleston-North Charleston-Summerville, SC	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$41.42
Charleston-North Charleston-Summerville, SC	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.14
Charleston-North Charleston-Summerville, SC	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$31.07
Charleston-North Charleston-Summerville, SC	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$81.11
Charleston-North Charleston-Summerville, SC	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.11
Charleston-North Charleston-Summerville, SC	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$60.83
Charleston-North Charleston-Summerville, SC	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$98.24
Charleston-North Charleston-Summerville, SC	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.82
Charleston-North Charleston-Summerville, SC	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$73.68
Charleston-North Charleston-Summerville, SC	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$154.23
Charleston-North Charleston-Summerville, SC	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$15.42
Charleston-North Charleston-Summerville, SC	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$115.67
Charleston-North Charleston-Summerville, SC	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$195.49
Charleston-North Charleston-Summerville, SC	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.55
Charleston-North Charleston-Summerville, SC	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$146.62

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charleston-North Charleston-Summerville, SC	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$325.00
Charleston-North Charleston-Summerville, SC	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.50
Charleston-North Charleston-Summerville, SC	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$243.75
Charleston-North Charleston-Summerville, SC	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$204.60
Charleston-North Charleston-Summerville, SC	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.46
Charleston-North Charleston-Summerville, SC	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$153.45
Charleston-North Charleston-Summerville, SC	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$262.47
Charleston-North Charleston-Summerville, SC	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$26.25
Charleston-North Charleston-Summerville, SC	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$196.85
Charleston-North Charleston-Summerville, SC	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$165.91
Charleston-North Charleston-Summerville, SC	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$16.59
Charleston-North Charleston-Summerville, SC	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$124.43
Charleston-North Charleston-Summerville, SC	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$297.54
Charleston-North Charleston-Summerville, SC	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.75
Charleston-North Charleston-Summerville, SC	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$223.16

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charleston-North Charleston-Summerville, SC	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$305.00
Charleston-North Charleston-Summerville, SC	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.50
Charleston-North Charleston-Summerville, SC	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$228.75
Charleston-North Charleston-Summerville, SC	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$419.88
Charleston-North Charleston-Summerville, SC	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$41.99
Charleston-North Charleston-Summerville, SC	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$314.91
Charleston-North Charleston-Summerville, SC	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$350.88
Charleston-North Charleston-Summerville, SC	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.09
Charleston-North Charleston-Summerville, SC	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$263.16
Charleston-North Charleston-Summerville, SC	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$462.13
Charleston-North Charleston-Summerville, SC	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$46.21
Charleston-North Charleston-Summerville, SC	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$346.60
Charleston-North Charleston-Summerville, SC	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$380.00
Charleston-North Charleston-Summerville, SC	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.00
Charleston-North Charleston-Summerville, SC	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$285.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charleston-North Charleston-Summerville, SC	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$448.02
Charleston-North Charleston-Summerville, SC	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$44.80
Charleston-North Charleston-Summerville, SC	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$336.02
Charleston-North Charleston-Summerville, SC	K0001	STANDARD WHEELCHAIR	RR			\$28.50
Charleston-North Charleston-Summerville, SC	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$49.60
Charleston-North Charleston-Summerville, SC	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$44.66
Charleston-North Charleston-Summerville, SC	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.90
Charleston-North Charleston-Summerville, SC	K0006	HEAVY DUTY WHEELCHAIR	RR			\$74.48
Charleston-North Charleston-Summerville, SC	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$99.50
Charleston-North Charleston-Summerville, SC	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$139.77
Charleston-North Charleston-Summerville, SC	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$13.98
Charleston-North Charleston-Summerville, SC	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$104.83
Charleston-North Charleston-Summerville, SC	K0019	ARM PAD, EACH	NU			\$11.13
Charleston-North Charleston-Summerville, SC	K0019	ARM PAD, EACH	RR			\$1.11
Charleston-North Charleston-Summerville, SC	K0019	ARM PAD, EACH	UE			\$8.35

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charleston-North Charleston-Summerville, SC	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$50.00
Charleston-North Charleston-Summerville, SC	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.00
Charleston-North Charleston-Summerville, SC	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$37.50
Charleston-North Charleston-Summerville, SC	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$72.18
Charleston-North Charleston-Summerville, SC	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.22
Charleston-North Charleston-Summerville, SC	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$54.14
Charleston-North Charleston-Summerville, SC	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
Charleston-North Charleston-Summerville, SC	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
Charleston-North Charleston-Summerville, SC	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
Charleston-North Charleston-Summerville, SC	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$90.00
Charleston-North Charleston-Summerville, SC	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$9.00
Charleston-North Charleston-Summerville, SC	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$67.50
Charleston-North Charleston-Summerville, SC	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$91.24
Charleston-North Charleston-Summerville, SC	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.12
Charleston-North Charleston-Summerville, SC	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$68.43

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charleston-North Charleston-Summerville, SC	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$159.88
Charleston-North Charleston-Summerville, SC	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.99
Charleston-North Charleston-Summerville, SC	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$119.91
Charleston-North Charleston-Summerville, SC	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$53.00
Charleston-North Charleston-Summerville, SC	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.30
Charleston-North Charleston-Summerville, SC	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$39.75
Charleston-North Charleston-Summerville, SC	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$12.79
Charleston-North Charleston-Summerville, SC	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$827.52
Charleston-North Charleston-Summerville, SC	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$82.75
Charleston-North Charleston-Summerville, SC	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$620.64
Charleston-North Charleston-Summerville, SC	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,550.00
Charleston-North Charleston-Summerville, SC	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$155.00
Charleston-North Charleston-Summerville, SC	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,162.50
Charleston-North Charleston-Summerville, SC	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,814.40
Charleston-North Charleston-Summerville, SC	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$181.44

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charleston-North Charleston-Summerville, SC	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,360.80
Charleston-North Charleston-Summerville, SC	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
Charleston-North Charleston-Summerville, SC	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$300.19
Charleston-North Charleston-Summerville, SC	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$348.46
Charleston-North Charleston-Summerville, SC	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$342.84
Charleston-North Charleston-Summerville, SC	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$286.20
Charleston-North Charleston-Summerville, SC	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Charleston-North Charleston-Summerville, SC	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$324.75
Charleston-North Charleston-Summerville, SC	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$275.48
Charleston-North Charleston-Summerville, SC	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$462.87
Charleston-North Charleston-Summerville, SC	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$390.00
Charleston-North Charleston-Summerville, SC	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$646.61
Charleston-North Charleston-Summerville, SC	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$568.10
Charleston-North Charleston-Summerville, SC	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$708.99
Charleston-North Charleston-Summerville, SC	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$710.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chattanooga, TN-GA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$75.00
Chattanooga, TN-GA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.50
Chattanooga, TN-GA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$56.25
Chattanooga, TN-GA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$14.06
Chattanooga, TN-GA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.41
Chattanooga, TN-GA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$10.55
Chattanooga, TN-GA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$139.77
Chattanooga, TN-GA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.98
Chattanooga, TN-GA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$104.83
Chattanooga, TN-GA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$75.38
Chattanooga, TN-GA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.54
Chattanooga, TN-GA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$56.54
Chattanooga, TN-GA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$115.22
Chattanooga, TN-GA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.52
Chattanooga, TN-GA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$86.42

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chattanooga, TN-GA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$70.35
Chattanooga, TN-GA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.04
Chattanooga, TN-GA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$52.76
Chattanooga, TN-GA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$20.55
Chattanooga, TN-GA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.06
Chattanooga, TN-GA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$15.41
Chattanooga, TN-GA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$35.28
Chattanooga, TN-GA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.53
Chattanooga, TN-GA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$26.46
Chattanooga, TN-GA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$54.00
Chattanooga, TN-GA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.40
Chattanooga, TN-GA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$40.50
Chattanooga, TN-GA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$25.66
Chattanooga, TN-GA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.57
Chattanooga, TN-GA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$19.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chattanooga, TN-GA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$80.28
Chattanooga, TN-GA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$8.03
Chattanooga, TN-GA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$60.21
Chattanooga, TN-GA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$69.50
Chattanooga, TN-GA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$6.95
Chattanooga, TN-GA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$52.13
Chattanooga, TN-GA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$97.26
Chattanooga, TN-GA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.73
Chattanooga, TN-GA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$72.95
Chattanooga, TN-GA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$180.28
Chattanooga, TN-GA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$18.03
Chattanooga, TN-GA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$135.21
Chattanooga, TN-GA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$144.75
Chattanooga, TN-GA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$14.48
Chattanooga, TN-GA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$108.56

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chattanooga, TN-GA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$41.97
Chattanooga, TN-GA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.00
Chattanooga, TN-GA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$35.00
Chattanooga, TN-GA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$409.02
Chattanooga, TN-GA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$40.90
Chattanooga, TN-GA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$306.77
Chattanooga, TN-GA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$326.77
Chattanooga, TN-GA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$32.68
Chattanooga, TN-GA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$245.08
Chattanooga, TN-GA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$452.89
Chattanooga, TN-GA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.29
Chattanooga, TN-GA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$339.67
Chattanooga, TN-GA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$400.00
Chattanooga, TN-GA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$40.00
Chattanooga, TN-GA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$300.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chattanooga, TN-GA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$699.00
Chattanooga, TN-GA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$69.90
Chattanooga, TN-GA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$524.25
Chattanooga, TN-GA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$35.00
Chattanooga, TN-GA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.50
Chattanooga, TN-GA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.25
Chattanooga, TN-GA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$87.98
Chattanooga, TN-GA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.80
Chattanooga, TN-GA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$65.99
Chattanooga, TN-GA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$80.00
Chattanooga, TN-GA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.00
Chattanooga, TN-GA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$60.00
Chattanooga, TN-GA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Chattanooga, TN-GA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Chattanooga, TN-GA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chattanooga, TN-GA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$31.45
Chattanooga, TN-GA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.15
Chattanooga, TN-GA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$23.59
Chattanooga, TN-GA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$29.73
Chattanooga, TN-GA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.97
Chattanooga, TN-GA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$22.30
Chattanooga, TN-GA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$132.06
Chattanooga, TN-GA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.21
Chattanooga, TN-GA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$99.05
Chattanooga, TN-GA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$93.34
Chattanooga, TN-GA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.33
Chattanooga, TN-GA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$70.01
Chattanooga, TN-GA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$103.30
Chattanooga, TN-GA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.33
Chattanooga, TN-GA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$77.48

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chattanooga, TN-GA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$89.91
Chattanooga, TN-GA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.99
Chattanooga, TN-GA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.43
Chattanooga, TN-GA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$137.76
Chattanooga, TN-GA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$13.78
Chattanooga, TN-GA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$103.32
Chattanooga, TN-GA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.09
Chattanooga, TN-GA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.01
Chattanooga, TN-GA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.57
Chattanooga, TN-GA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.00
Chattanooga, TN-GA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.50
Chattanooga, TN-GA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$56.25
Chattanooga, TN-GA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$163.32
Chattanooga, TN-GA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$16.33
Chattanooga, TN-GA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$122.49

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chattanooga, TN-GA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$310.38
Chattanooga, TN-GA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$31.04
Chattanooga, TN-GA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$232.79
Chattanooga, TN-GA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$383.00
Chattanooga, TN-GA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$38.30
Chattanooga, TN-GA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$287.25
Chattanooga, TN-GA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$333.00
Chattanooga, TN-GA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$33.30
Chattanooga, TN-GA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$249.75
Chattanooga, TN-GA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$576.66
Chattanooga, TN-GA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$57.67
Chattanooga, TN-GA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$432.50
Chattanooga, TN-GA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$118.62
Chattanooga, TN-GA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$11.86
Chattanooga, TN-GA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$88.97

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chattanooga, TN-GA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$56.42
Chattanooga, TN-GA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.64
Chattanooga, TN-GA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.32
Chattanooga, TN-GA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$112.49
Chattanooga, TN-GA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.25
Chattanooga, TN-GA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$84.37
Chattanooga, TN-GA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$59.93
Chattanooga, TN-GA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.99
Chattanooga, TN-GA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$44.95
Chattanooga, TN-GA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$109.72
Chattanooga, TN-GA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.97
Chattanooga, TN-GA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$82.29
Chattanooga, TN-GA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.98
Chattanooga, TN-GA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.00
Chattanooga, TN-GA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.49

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chattanooga, TN-GA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$17.00
Chattanooga, TN-GA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.70
Chattanooga, TN-GA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.75
Chattanooga, TN-GA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$39.90
Chattanooga, TN-GA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.99
Chattanooga, TN-GA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$29.93
Chattanooga, TN-GA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$56.85
Chattanooga, TN-GA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.69
Chattanooga, TN-GA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.64
Chattanooga, TN-GA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.40
Chattanooga, TN-GA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.04
Chattanooga, TN-GA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.30
Chattanooga, TN-GA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.26
Chattanooga, TN-GA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.93
Chattanooga, TN-GA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.95

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chattanooga, TN-GA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$45.00
Chattanooga, TN-GA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.50
Chattanooga, TN-GA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$33.75
Chattanooga, TN-GA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$88.43
Chattanooga, TN-GA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.84
Chattanooga, TN-GA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$66.32
Chattanooga, TN-GA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$105.26
Chattanooga, TN-GA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.53
Chattanooga, TN-GA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$78.95
Chattanooga, TN-GA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$148.27
Chattanooga, TN-GA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$14.83
Chattanooga, TN-GA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$111.20
Chattanooga, TN-GA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$199.36
Chattanooga, TN-GA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.94
Chattanooga, TN-GA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$149.52

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chattanooga, TN-GA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$325.09
Chattanooga, TN-GA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.51
Chattanooga, TN-GA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$243.82
Chattanooga, TN-GA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$214.67
Chattanooga, TN-GA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.47
Chattanooga, TN-GA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$161.00
Chattanooga, TN-GA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$257.80
Chattanooga, TN-GA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$25.78
Chattanooga, TN-GA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$193.35
Chattanooga, TN-GA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
Chattanooga, TN-GA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
Chattanooga, TN-GA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
Chattanooga, TN-GA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$273.83
Chattanooga, TN-GA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$27.38
Chattanooga, TN-GA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$205.37

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chattanooga, TN-GA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$291.10
Chattanooga, TN-GA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.11
Chattanooga, TN-GA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$218.33
Chattanooga, TN-GA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$402.86
Chattanooga, TN-GA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.29
Chattanooga, TN-GA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$302.15
Chattanooga, TN-GA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$356.99
Chattanooga, TN-GA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.70
Chattanooga, TN-GA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$267.74
Chattanooga, TN-GA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$450.74
Chattanooga, TN-GA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.07
Chattanooga, TN-GA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$338.06
Chattanooga, TN-GA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$394.00
Chattanooga, TN-GA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.40
Chattanooga, TN-GA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$295.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chattanooga, TN-GA	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
Chattanooga, TN-GA	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
Chattanooga, TN-GA	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
Chattanooga, TN-GA	K0001	STANDARD WHEELCHAIR	RR			\$25.00
Chattanooga, TN-GA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$37.36
Chattanooga, TN-GA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$35.75
Chattanooga, TN-GA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.50
Chattanooga, TN-GA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$76.99
Chattanooga, TN-GA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$94.93
Chattanooga, TN-GA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$134.58
Chattanooga, TN-GA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$13.46
Chattanooga, TN-GA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$100.94
Chattanooga, TN-GA	K0019	ARM PAD, EACH	NU			\$12.58
Chattanooga, TN-GA	K0019	ARM PAD, EACH	RR			\$1.26
Chattanooga, TN-GA	K0019	ARM PAD, EACH	UE			\$9.44

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chattanooga, TN-GA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$51.51
Chattanooga, TN-GA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.15
Chattanooga, TN-GA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$38.63
Chattanooga, TN-GA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$68.47
Chattanooga, TN-GA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.85
Chattanooga, TN-GA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$51.35
Chattanooga, TN-GA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$82.41
Chattanooga, TN-GA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.24
Chattanooga, TN-GA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$61.81
Chattanooga, TN-GA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$82.00
Chattanooga, TN-GA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.20
Chattanooga, TN-GA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$61.50
Chattanooga, TN-GA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$85.87
Chattanooga, TN-GA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.59
Chattanooga, TN-GA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$64.40

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chattanooga, TN-GA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$157.39
Chattanooga, TN-GA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.74
Chattanooga, TN-GA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$118.04
Chattanooga, TN-GA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$50.57
Chattanooga, TN-GA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.06
Chattanooga, TN-GA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$37.93
Chattanooga, TN-GA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$13.56
Chattanooga, TN-GA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$900.00
Chattanooga, TN-GA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$90.00
Chattanooga, TN-GA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$675.00
Chattanooga, TN-GA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,755.89
Chattanooga, TN-GA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$175.59
Chattanooga, TN-GA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,316.92
Chattanooga, TN-GA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,749.20
Chattanooga, TN-GA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$174.92

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chattanooga, TN-GA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,311.90
Chattanooga, TN-GA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$268.00
Chattanooga, TN-GA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$315.00
Chattanooga, TN-GA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$336.17
Chattanooga, TN-GA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Chattanooga, TN-GA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$286.20
Chattanooga, TN-GA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Chattanooga, TN-GA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$324.75
Chattanooga, TN-GA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$294.81
Chattanooga, TN-GA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$372.19
Chattanooga, TN-GA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$369.40
Chattanooga, TN-GA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$648.23
Chattanooga, TN-GA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$569.25
Chattanooga, TN-GA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$688.17
Chattanooga, TN-GA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$704.77

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Colorado Springs, CO	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$76.36
Colorado Springs, CO	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.64
Colorado Springs, CO	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$57.27
Colorado Springs, CO	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.88
Colorado Springs, CO	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.29
Colorado Springs, CO	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.66
Colorado Springs, CO	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$134.00
Colorado Springs, CO	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.40
Colorado Springs, CO	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$100.50
Colorado Springs, CO	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$77.18
Colorado Springs, CO	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.72
Colorado Springs, CO	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$57.89
Colorado Springs, CO	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$112.61
Colorado Springs, CO	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.26
Colorado Springs, CO	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$84.46

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Colorado Springs, CO	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$70.00
Colorado Springs, CO	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.00
Colorado Springs, CO	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$52.50
Colorado Springs, CO	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$17.96
Colorado Springs, CO	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.80
Colorado Springs, CO	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$13.47
Colorado Springs, CO	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$31.00
Colorado Springs, CO	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.10
Colorado Springs, CO	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$23.25
Colorado Springs, CO	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$42.62
Colorado Springs, CO	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.26
Colorado Springs, CO	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$31.97
Colorado Springs, CO	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$23.48
Colorado Springs, CO	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.35
Colorado Springs, CO	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$17.61

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Colorado Springs, CO	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$65.64
Colorado Springs, CO	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.56
Colorado Springs, CO	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$49.23
Colorado Springs, CO	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$78.69
Colorado Springs, CO	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.87
Colorado Springs, CO	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$59.02
Colorado Springs, CO	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$94.99
Colorado Springs, CO	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.50
Colorado Springs, CO	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$71.24
Colorado Springs, CO	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$193.00
Colorado Springs, CO	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$19.30
Colorado Springs, CO	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$144.75
Colorado Springs, CO	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$126.02
Colorado Springs, CO	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.60
Colorado Springs, CO	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$94.52

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Colorado Springs, CO	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$43.51
Colorado Springs, CO	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.74
Colorado Springs, CO	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$36.90
Colorado Springs, CO	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$382.49
Colorado Springs, CO	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$38.25
Colorado Springs, CO	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$286.87
Colorado Springs, CO	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$341.00
Colorado Springs, CO	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$34.10
Colorado Springs, CO	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$255.75
Colorado Springs, CO	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$437.50
Colorado Springs, CO	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$43.75
Colorado Springs, CO	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$328.13
Colorado Springs, CO	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$420.82
Colorado Springs, CO	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$42.08
Colorado Springs, CO	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$315.62

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Colorado Springs, CO	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$699.50
Colorado Springs, CO	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$69.95
Colorado Springs, CO	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$524.63
Colorado Springs, CO	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.00
Colorado Springs, CO	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.60
Colorado Springs, CO	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.00
Colorado Springs, CO	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$80.08
Colorado Springs, CO	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.01
Colorado Springs, CO	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$60.06
Colorado Springs, CO	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$82.78
Colorado Springs, CO	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.28
Colorado Springs, CO	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$62.09
Colorado Springs, CO	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Colorado Springs, CO	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Colorado Springs, CO	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Colorado Springs, CO	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$31.34
Colorado Springs, CO	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.13
Colorado Springs, CO	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$23.51
Colorado Springs, CO	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$28.07
Colorado Springs, CO	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.81
Colorado Springs, CO	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$21.05
Colorado Springs, CO	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$138.50
Colorado Springs, CO	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.85
Colorado Springs, CO	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$103.88
Colorado Springs, CO	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$97.50
Colorado Springs, CO	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.75
Colorado Springs, CO	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$73.13
Colorado Springs, CO	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$100.72
Colorado Springs, CO	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.07
Colorado Springs, CO	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$75.54

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Colorado Springs, CO	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$87.50
Colorado Springs, CO	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.75
Colorado Springs, CO	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$65.63
Colorado Springs, CO	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$127.02
Colorado Springs, CO	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.70
Colorado Springs, CO	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$95.27
Colorado Springs, CO	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.04
Colorado Springs, CO	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
Colorado Springs, CO	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.28
Colorado Springs, CO	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$72.75
Colorado Springs, CO	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.28
Colorado Springs, CO	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$54.56
Colorado Springs, CO	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$142.02
Colorado Springs, CO	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.20
Colorado Springs, CO	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$106.52

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Colorado Springs, CO	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$312.50
Colorado Springs, CO	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$31.25
Colorado Springs, CO	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$234.38
Colorado Springs, CO	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$379.00
Colorado Springs, CO	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$37.90
Colorado Springs, CO	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$284.25
Colorado Springs, CO	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$334.00
Colorado Springs, CO	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$33.40
Colorado Springs, CO	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$250.50
Colorado Springs, CO	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$519.90
Colorado Springs, CO	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$51.99
Colorado Springs, CO	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$389.93
Colorado Springs, CO	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$124.50
Colorado Springs, CO	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.45
Colorado Springs, CO	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$93.38

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Colorado Springs, CO	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.99
Colorado Springs, CO	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.60
Colorado Springs, CO	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.99
Colorado Springs, CO	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$116.50
Colorado Springs, CO	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.65
Colorado Springs, CO	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$87.38
Colorado Springs, CO	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.95
Colorado Springs, CO	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.80
Colorado Springs, CO	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.46
Colorado Springs, CO	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$105.08
Colorado Springs, CO	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.51
Colorado Springs, CO	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$78.81
Colorado Springs, CO	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$46.20
Colorado Springs, CO	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.62
Colorado Springs, CO	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.65

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Colorado Springs, CO	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.00
Colorado Springs, CO	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.50
Colorado Springs, CO	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.25
Colorado Springs, CO	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$37.86
Colorado Springs, CO	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.79
Colorado Springs, CO	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.40
Colorado Springs, CO	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.00
Colorado Springs, CO	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.50
Colorado Springs, CO	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.25
Colorado Springs, CO	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$38.64
Colorado Springs, CO	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.86
Colorado Springs, CO	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.98
Colorado Springs, CO	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$46.50
Colorado Springs, CO	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.65
Colorado Springs, CO	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Colorado Springs, CO	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$38.54
Colorado Springs, CO	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.85
Colorado Springs, CO	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$28.91
Colorado Springs, CO	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$83.38
Colorado Springs, CO	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.34
Colorado Springs, CO	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$62.54
Colorado Springs, CO	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$105.38
Colorado Springs, CO	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.54
Colorado Springs, CO	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$79.04
Colorado Springs, CO	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$147.12
Colorado Springs, CO	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$14.71
Colorado Springs, CO	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$110.34
Colorado Springs, CO	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$205.00
Colorado Springs, CO	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.50
Colorado Springs, CO	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$153.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Colorado Springs, CO	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$317.50
Colorado Springs, CO	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$31.75
Colorado Springs, CO	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$238.13
Colorado Springs, CO	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$210.14
Colorado Springs, CO	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.01
Colorado Springs, CO	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$157.61
Colorado Springs, CO	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$247.90
Colorado Springs, CO	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$24.79
Colorado Springs, CO	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$185.93
Colorado Springs, CO	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$147.88
Colorado Springs, CO	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$14.79
Colorado Springs, CO	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$110.91
Colorado Springs, CO	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$305.27
Colorado Springs, CO	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.53
Colorado Springs, CO	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$228.95

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Colorado Springs, CO	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$300.32
Colorado Springs, CO	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.03
Colorado Springs, CO	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$225.24
Colorado Springs, CO	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$396.00
Colorado Springs, CO	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.60
Colorado Springs, CO	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$297.00
Colorado Springs, CO	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$353.50
Colorado Springs, CO	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.35
Colorado Springs, CO	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$265.13
Colorado Springs, CO	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$441.96
Colorado Springs, CO	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$44.20
Colorado Springs, CO	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$331.47
Colorado Springs, CO	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$383.75
Colorado Springs, CO	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.38
Colorado Springs, CO	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$287.81

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Colorado Springs, CO	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$406.28
Colorado Springs, CO	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.63
Colorado Springs, CO	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$304.71
Colorado Springs, CO	K0001	STANDARD WHEELCHAIR	RR			\$24.59
Colorado Springs, CO	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$41.96
Colorado Springs, CO	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$37.75
Colorado Springs, CO	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$42.30
Colorado Springs, CO	K0006	HEAVY DUTY WHEELCHAIR	RR			\$68.49
Colorado Springs, CO	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$97.05
Colorado Springs, CO	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$118.18
Colorado Springs, CO	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.82
Colorado Springs, CO	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$88.64
Colorado Springs, CO	K0019	ARM PAD, EACH	NU			\$11.00
Colorado Springs, CO	K0019	ARM PAD, EACH	RR			\$1.10
Colorado Springs, CO	K0019	ARM PAD, EACH	UE			\$8.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Colorado Springs, CO	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$50.70
Colorado Springs, CO	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.07
Colorado Springs, CO	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$38.03
Colorado Springs, CO	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$63.44
Colorado Springs, CO	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.34
Colorado Springs, CO	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$47.58
Colorado Springs, CO	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$83.58
Colorado Springs, CO	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.36
Colorado Springs, CO	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$62.69
Colorado Springs, CO	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$83.50
Colorado Springs, CO	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.35
Colorado Springs, CO	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$62.63
Colorado Springs, CO	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$88.94
Colorado Springs, CO	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.89
Colorado Springs, CO	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$66.71

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Colorado Springs, CO	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$158.64
Colorado Springs, CO	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.86
Colorado Springs, CO	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$118.98
Colorado Springs, CO	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$50.78
Colorado Springs, CO	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.08
Colorado Springs, CO	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$38.09
Colorado Springs, CO	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$11.03
Colorado Springs, CO	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$859.98
Colorado Springs, CO	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$86.00
Colorado Springs, CO	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$644.99
Colorado Springs, CO	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,625.00
Colorado Springs, CO	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$162.50
Colorado Springs, CO	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,218.75
Colorado Springs, CO	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,781.86
Colorado Springs, CO	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$178.19

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Colorado Springs, CO	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,336.40
Colorado Springs, CO	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$277.43
Colorado Springs, CO	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$306.43
Colorado Springs, CO	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$363.98
Colorado Springs, CO	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$361.59
Colorado Springs, CO	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$281.83
Colorado Springs, CO	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$337.12
Colorado Springs, CO	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$327.00
Colorado Springs, CO	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$293.36
Colorado Springs, CO	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$454.40
Colorado Springs, CO	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$379.61
Colorado Springs, CO	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$689.11
Colorado Springs, CO	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$568.67
Colorado Springs, CO	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$759.12
Colorado Springs, CO	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$755.33

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbia, SC	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$76.24
Columbia, SC	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.62
Columbia, SC	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$57.18
Columbia, SC	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.81
Columbia, SC	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.28
Columbia, SC	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.61
Columbia, SC	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$138.50
Columbia, SC	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.85
Columbia, SC	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$103.88
Columbia, SC	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$74.18
Columbia, SC	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.42
Columbia, SC	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$55.64
Columbia, SC	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$112.61
Columbia, SC	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.26
Columbia, SC	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$84.46

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbia, SC	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$70.00
Columbia, SC	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.00
Columbia, SC	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$52.50
Columbia, SC	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$20.05
Columbia, SC	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.01
Columbia, SC	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$15.04
Columbia, SC	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$31.37
Columbia, SC	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.14
Columbia, SC	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$23.53
Columbia, SC	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$51.00
Columbia, SC	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.10
Columbia, SC	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$38.25
Columbia, SC	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$25.39
Columbia, SC	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.54
Columbia, SC	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$19.04

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbia, SC	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$74.22
Columbia, SC	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.42
Columbia, SC	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$55.67
Columbia, SC	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$79.10
Columbia, SC	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.91
Columbia, SC	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$59.33
Columbia, SC	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$95.70
Columbia, SC	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.57
Columbia, SC	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$71.78
Columbia, SC	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$181.03
Columbia, SC	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$18.10
Columbia, SC	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$135.77
Columbia, SC	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$133.85
Columbia, SC	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.39
Columbia, SC	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$100.39

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbia, SC	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$41.45
Columbia, SC	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.49
Columbia, SC	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$35.73
Columbia, SC	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$371.01
Columbia, SC	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$37.10
Columbia, SC	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$278.26
Columbia, SC	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$328.50
Columbia, SC	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$32.85
Columbia, SC	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$246.38
Columbia, SC	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$452.50
Columbia, SC	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.25
Columbia, SC	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$339.38
Columbia, SC	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$422.50
Columbia, SC	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$42.25
Columbia, SC	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$316.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbia, SC	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$721.32
Columbia, SC	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$72.13
Columbia, SC	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$540.99
Columbia, SC	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.11
Columbia, SC	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.61
Columbia, SC	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.08
Columbia, SC	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$79.28
Columbia, SC	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.93
Columbia, SC	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$59.46
Columbia, SC	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$78.19
Columbia, SC	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$7.82
Columbia, SC	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$58.64
Columbia, SC	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Columbia, SC	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Columbia, SC	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbia, SC	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$32.84
Columbia, SC	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.28
Columbia, SC	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$24.63
Columbia, SC	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$27.88
Columbia, SC	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.79
Columbia, SC	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$20.91
Columbia, SC	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$140.16
Columbia, SC	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.02
Columbia, SC	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$105.12
Columbia, SC	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.00
Columbia, SC	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
Columbia, SC	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.25
Columbia, SC	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$102.08
Columbia, SC	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.21
Columbia, SC	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$76.56

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbia, SC	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$89.46
Columbia, SC	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.95
Columbia, SC	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.10
Columbia, SC	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$130.06
Columbia, SC	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$13.01
Columbia, SC	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$97.55
Columbia, SC	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.16
Columbia, SC	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.52
Columbia, SC	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.37
Columbia, SC	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$71.34
Columbia, SC	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.13
Columbia, SC	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$53.51
Columbia, SC	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$150.73
Columbia, SC	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$15.07
Columbia, SC	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$113.05

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbia, SC	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$306.40
Columbia, SC	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$30.64
Columbia, SC	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$229.80
Columbia, SC	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$374.31
Columbia, SC	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$37.43
Columbia, SC	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$280.73
Columbia, SC	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$334.00
Columbia, SC	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$33.40
Columbia, SC	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$250.50
Columbia, SC	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$523.80
Columbia, SC	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$52.38
Columbia, SC	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$392.85
Columbia, SC	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$124.50
Columbia, SC	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.45
Columbia, SC	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$93.38

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbia, SC	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.99
Columbia, SC	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.60
Columbia, SC	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.99
Columbia, SC	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$108.50
Columbia, SC	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.85
Columbia, SC	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$81.38
Columbia, SC	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.60
Columbia, SC	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.76
Columbia, SC	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.20
Columbia, SC	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$104.90
Columbia, SC	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.49
Columbia, SC	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$78.68
Columbia, SC	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$47.88
Columbia, SC	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.79
Columbia, SC	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$35.91

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbia, SC	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.00
Columbia, SC	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.50
Columbia, SC	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.25
Columbia, SC	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$37.86
Columbia, SC	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.79
Columbia, SC	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.40
Columbia, SC	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.10
Columbia, SC	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.51
Columbia, SC	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.33
Columbia, SC	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.93
Columbia, SC	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.09
Columbia, SC	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.70
Columbia, SC	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.06
Columbia, SC	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.51
Columbia, SC	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.80

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbia, SC	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$40.55
Columbia, SC	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.06
Columbia, SC	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$30.41
Columbia, SC	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$81.62
Columbia, SC	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.16
Columbia, SC	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$61.22
Columbia, SC	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$105.38
Columbia, SC	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.54
Columbia, SC	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$79.04
Columbia, SC	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$147.12
Columbia, SC	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$14.71
Columbia, SC	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$110.34
Columbia, SC	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$195.84
Columbia, SC	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.58
Columbia, SC	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$146.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbia, SC	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$317.50
Columbia, SC	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$31.75
Columbia, SC	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$238.13
Columbia, SC	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$202.02
Columbia, SC	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.20
Columbia, SC	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$151.52
Columbia, SC	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$250.88
Columbia, SC	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$25.09
Columbia, SC	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$188.16
Columbia, SC	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$181.75
Columbia, SC	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$18.18
Columbia, SC	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$136.31
Columbia, SC	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$305.20
Columbia, SC	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.52
Columbia, SC	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$228.90

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbia, SC	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$300.00
Columbia, SC	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.00
Columbia, SC	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$225.00
Columbia, SC	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$402.42
Columbia, SC	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.24
Columbia, SC	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$301.82
Columbia, SC	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$350.00
Columbia, SC	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.00
Columbia, SC	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$262.50
Columbia, SC	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$445.58
Columbia, SC	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$44.56
Columbia, SC	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$334.19
Columbia, SC	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$383.75
Columbia, SC	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.38
Columbia, SC	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$287.81

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbia, SC	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$420.66
Columbia, SC	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$42.07
Columbia, SC	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$315.50
Columbia, SC	K0001	STANDARD WHEELCHAIR	RR			\$26.75
Columbia, SC	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$50.09
Columbia, SC	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$42.88
Columbia, SC	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.95
Columbia, SC	K0006	HEAVY DUTY WHEELCHAIR	RR			\$72.16
Columbia, SC	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$107.62
Columbia, SC	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$131.40
Columbia, SC	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$13.14
Columbia, SC	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$98.55
Columbia, SC	K0019	ARM PAD, EACH	NU			\$11.06
Columbia, SC	K0019	ARM PAD, EACH	RR			\$1.11
Columbia, SC	K0019	ARM PAD, EACH	UE			\$8.30

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbia, SC	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$51.01
Columbia, SC	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.10
Columbia, SC	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$38.26
Columbia, SC	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$70.06
Columbia, SC	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.01
Columbia, SC	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$52.55
Columbia, SC	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$83.58
Columbia, SC	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.36
Columbia, SC	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$62.69
Columbia, SC	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$88.42
Columbia, SC	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.84
Columbia, SC	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$66.32
Columbia, SC	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$91.62
Columbia, SC	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.16
Columbia, SC	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$68.72

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbia, SC	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$159.94
Columbia, SC	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.99
Columbia, SC	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$119.96
Columbia, SC	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$52.00
Columbia, SC	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.20
Columbia, SC	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$39.00
Columbia, SC	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$12.52
Columbia, SC	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$823.74
Columbia, SC	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$82.37
Columbia, SC	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$617.81
Columbia, SC	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,520.12
Columbia, SC	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$152.01
Columbia, SC	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,140.09
Columbia, SC	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,814.46
Columbia, SC	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$181.45

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbia, SC	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,360.85
Columbia, SC	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.47
Columbia, SC	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$299.03
Columbia, SC	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$363.98
Columbia, SC	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$349.08
Columbia, SC	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$284.64
Columbia, SC	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$340.50
Columbia, SC	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$327.00
Columbia, SC	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$279.98
Columbia, SC	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$462.87
Columbia, SC	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$395.63
Columbia, SC	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$650.72
Columbia, SC	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$568.12
Columbia, SC	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$712.31
Columbia, SC	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$707.48

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbus, OH	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$73.08
Columbus, OH	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.31
Columbus, OH	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$54.81
Columbus, OH	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.53
Columbus, OH	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.25
Columbus, OH	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.40
Columbus, OH	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$139.26
Columbus, OH	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.93
Columbus, OH	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$104.45
Columbus, OH	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$79.70
Columbus, OH	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.97
Columbus, OH	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$59.78
Columbus, OH	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$110.55
Columbus, OH	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.06
Columbus, OH	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$82.91

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbus, OH	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$74.52
Columbus, OH	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.45
Columbus, OH	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$55.89
Columbus, OH	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$18.16
Columbus, OH	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.82
Columbus, OH	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$13.62
Columbus, OH	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$30.86
Columbus, OH	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.09
Columbus, OH	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$23.15
Columbus, OH	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$49.98
Columbus, OH	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.00
Columbus, OH	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$37.49
Columbus, OH	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$24.92
Columbus, OH	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.49
Columbus, OH	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$18.69

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbus, OH	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$69.74
Columbus, OH	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.97
Columbus, OH	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$52.31
Columbus, OH	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$68.08
Columbus, OH	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$6.81
Columbus, OH	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$51.06
Columbus, OH	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$107.38
Columbus, OH	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.74
Columbus, OH	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$80.54
Columbus, OH	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$190.84
Columbus, OH	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$19.08
Columbus, OH	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$143.13
Columbus, OH	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$129.00
Columbus, OH	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.90
Columbus, OH	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$96.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbus, OH	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$43.50
Columbus, OH	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$14.25
Columbus, OH	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$35.00
Columbus, OH	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$324.62
Columbus, OH	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$32.46
Columbus, OH	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$243.47
Columbus, OH	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$314.33
Columbus, OH	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$31.43
Columbus, OH	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$235.75
Columbus, OH	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$378.00
Columbus, OH	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$37.80
Columbus, OH	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$283.50
Columbus, OH	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$378.12
Columbus, OH	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$37.81
Columbus, OH	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$283.59

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbus, OH	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$587.06
Columbus, OH	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$58.71
Columbus, OH	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$440.30
Columbus, OH	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$33.23
Columbus, OH	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.32
Columbus, OH	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$24.92
Columbus, OH	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$76.96
Columbus, OH	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.70
Columbus, OH	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$57.72
Columbus, OH	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$85.66
Columbus, OH	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.57
Columbus, OH	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$64.25
Columbus, OH	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Columbus, OH	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Columbus, OH	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbus, OH	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$28.70
Columbus, OH	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$2.87
Columbus, OH	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$21.53
Columbus, OH	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$25.50
Columbus, OH	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.55
Columbus, OH	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$19.13
Columbus, OH	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$136.00
Columbus, OH	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.60
Columbus, OH	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$102.00
Columbus, OH	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.75
Columbus, OH	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.58
Columbus, OH	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.81
Columbus, OH	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$109.74
Columbus, OH	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.97
Columbus, OH	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$82.31

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbus, OH	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$85.95
Columbus, OH	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.60
Columbus, OH	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$64.46
Columbus, OH	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$130.20
Columbus, OH	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$13.02
Columbus, OH	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$97.65
Columbus, OH	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$86.25
Columbus, OH	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.63
Columbus, OH	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$64.69
Columbus, OH	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$73.50
Columbus, OH	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.35
Columbus, OH	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$55.13
Columbus, OH	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$145.82
Columbus, OH	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.58
Columbus, OH	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$109.37

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbus, OH	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$275.50
Columbus, OH	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$27.55
Columbus, OH	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$206.63
Columbus, OH	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$362.39
Columbus, OH	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$36.24
Columbus, OH	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$271.79
Columbus, OH	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$344.82
Columbus, OH	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$34.48
Columbus, OH	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$258.62
Columbus, OH	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$477.71
Columbus, OH	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$47.77
Columbus, OH	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$358.28
Columbus, OH	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$130.00
Columbus, OH	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$13.00
Columbus, OH	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$97.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbus, OH	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$54.09
Columbus, OH	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.41
Columbus, OH	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$40.57
Columbus, OH	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$113.28
Columbus, OH	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.33
Columbus, OH	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$84.96
Columbus, OH	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$52.03
Columbus, OH	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.20
Columbus, OH	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$39.02
Columbus, OH	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$98.94
Columbus, OH	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.89
Columbus, OH	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$74.21
Columbus, OH	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$50.00
Columbus, OH	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.00
Columbus, OH	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbus, OH	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.65
Columbus, OH	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.57
Columbus, OH	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.74
Columbus, OH	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.70
Columbus, OH	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.07
Columbus, OH	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.53
Columbus, OH	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$59.50
Columbus, OH	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.95
Columbus, OH	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$44.63
Columbus, OH	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.60
Columbus, OH	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.26
Columbus, OH	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.95
Columbus, OH	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.84
Columbus, OH	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.28
Columbus, OH	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbus, OH	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$40.50
Columbus, OH	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.05
Columbus, OH	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$30.38
Columbus, OH	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$82.14
Columbus, OH	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.21
Columbus, OH	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$61.61
Columbus, OH	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$103.04
Columbus, OH	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.30
Columbus, OH	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$77.28
Columbus, OH	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$137.30
Columbus, OH	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$13.73
Columbus, OH	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$102.98
Columbus, OH	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$202.99
Columbus, OH	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.30
Columbus, OH	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$152.24

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbus, OH	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$312.50
Columbus, OH	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$31.25
Columbus, OH	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$234.38
Columbus, OH	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$201.79
Columbus, OH	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.18
Columbus, OH	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$151.34
Columbus, OH	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$249.48
Columbus, OH	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$24.95
Columbus, OH	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$187.11
Columbus, OH	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$166.80
Columbus, OH	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$16.68
Columbus, OH	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$125.10
Columbus, OH	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$295.50
Columbus, OH	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.55
Columbus, OH	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$221.63

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbus, OH	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$298.32
Columbus, OH	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.83
Columbus, OH	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$223.74
Columbus, OH	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$435.55
Columbus, OH	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$43.56
Columbus, OH	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$326.66
Columbus, OH	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$366.16
Columbus, OH	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.62
Columbus, OH	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$274.62
Columbus, OH	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$483.59
Columbus, OH	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$48.36
Columbus, OH	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$362.69
Columbus, OH	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$411.50
Columbus, OH	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$41.15
Columbus, OH	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$308.63

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbus, OH	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$456.45
Columbus, OH	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.65
Columbus, OH	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$342.34
Columbus, OH	K0001	STANDARD WHEELCHAIR	RR			\$24.59
Columbus, OH	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$32.54
Columbus, OH	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$35.00
Columbus, OH	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$47.82
Columbus, OH	K0006	HEAVY DUTY WHEELCHAIR	RR			\$63.09
Columbus, OH	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$94.23
Columbus, OH	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$123.10
Columbus, OH	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$12.31
Columbus, OH	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$92.33
Columbus, OH	K0019	ARM PAD, EACH	NU			\$10.00
Columbus, OH	K0019	ARM PAD, EACH	RR			\$1.00
Columbus, OH	K0019	ARM PAD, EACH	UE			\$7.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbus, OH	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$52.50
Columbus, OH	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.25
Columbus, OH	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$39.38
Columbus, OH	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$74.65
Columbus, OH	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.47
Columbus, OH	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$55.99
Columbus, OH	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
Columbus, OH	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
Columbus, OH	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
Columbus, OH	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$89.44
Columbus, OH	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.94
Columbus, OH	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$67.08
Columbus, OH	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$82.50
Columbus, OH	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.25
Columbus, OH	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$61.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbus, OH	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$145.09
Columbus, OH	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$14.51
Columbus, OH	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$108.82
Columbus, OH	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$51.50
Columbus, OH	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.15
Columbus, OH	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$38.63
Columbus, OH	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$12.46
Columbus, OH	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$868.50
Columbus, OH	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$86.85
Columbus, OH	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$651.38
Columbus, OH	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,500.00
Columbus, OH	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$150.00
Columbus, OH	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,125.00
Columbus, OH	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,910.50
Columbus, OH	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$191.05

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbus, OH	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,432.88
Columbus, OH	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$264.25
Columbus, OH	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$292.38
Columbus, OH	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$333.09
Columbus, OH	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$326.30
Columbus, OH	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$279.04
Columbus, OH	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$352.50
Columbus, OH	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$300.00
Columbus, OH	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$274.28
Columbus, OH	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$423.08
Columbus, OH	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$360.93
Columbus, OH	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$768.72
Columbus, OH	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$601.95
Columbus, OH	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$780.00
Columbus, OH	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$758.22

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dayton, OH	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$71.17
Dayton, OH	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.12
Dayton, OH	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$53.38
Dayton, OH	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.06
Dayton, OH	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.21
Dayton, OH	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.05
Dayton, OH	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$138.69
Dayton, OH	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.87
Dayton, OH	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$104.02
Dayton, OH	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$79.40
Dayton, OH	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.94
Dayton, OH	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$59.55
Dayton, OH	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$110.00
Dayton, OH	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.00
Dayton, OH	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$82.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dayton, OH	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$73.28
Dayton, OH	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.33
Dayton, OH	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$54.96
Dayton, OH	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.00
Dayton, OH	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.90
Dayton, OH	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.25
Dayton, OH	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$27.03
Dayton, OH	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.70
Dayton, OH	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$20.27
Dayton, OH	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$47.50
Dayton, OH	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.75
Dayton, OH	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$35.63
Dayton, OH	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$25.66
Dayton, OH	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.57
Dayton, OH	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$19.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dayton, OH	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$65.00
Dayton, OH	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.50
Dayton, OH	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$48.75
Dayton, OH	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$71.00
Dayton, OH	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.10
Dayton, OH	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$53.25
Dayton, OH	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$109.00
Dayton, OH	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.90
Dayton, OH	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$81.75
Dayton, OH	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$196.05
Dayton, OH	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$19.61
Dayton, OH	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$147.04
Dayton, OH	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$125.00
Dayton, OH	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.50
Dayton, OH	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$93.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dayton, OH	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$44.50
Dayton, OH	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.00
Dayton, OH	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$38.80
Dayton, OH	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$346.50
Dayton, OH	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$34.65
Dayton, OH	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$259.88
Dayton, OH	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$348.66
Dayton, OH	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$34.87
Dayton, OH	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$261.50
Dayton, OH	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$400.00
Dayton, OH	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$40.00
Dayton, OH	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$300.00
Dayton, OH	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$400.00
Dayton, OH	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$40.00
Dayton, OH	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$300.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dayton, OH	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$611.00
Dayton, OH	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$61.10
Dayton, OH	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$458.25
Dayton, OH	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$35.00
Dayton, OH	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.50
Dayton, OH	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.25
Dayton, OH	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$76.00
Dayton, OH	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.60
Dayton, OH	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$57.00
Dayton, OH	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$89.29
Dayton, OH	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.93
Dayton, OH	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$66.97
Dayton, OH	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Dayton, OH	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Dayton, OH	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dayton, OH	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$31.40
Dayton, OH	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.14
Dayton, OH	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$23.55
Dayton, OH	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$25.00
Dayton, OH	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.50
Dayton, OH	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$18.75
Dayton, OH	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$140.00
Dayton, OH	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.00
Dayton, OH	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$105.00
Dayton, OH	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.00
Dayton, OH	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
Dayton, OH	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.25
Dayton, OH	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$113.47
Dayton, OH	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$11.35
Dayton, OH	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$85.10

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dayton, OH	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$86.90
Dayton, OH	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.69
Dayton, OH	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$65.18
Dayton, OH	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$131.40
Dayton, OH	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$13.14
Dayton, OH	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$98.55
Dayton, OH	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$96.50
Dayton, OH	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.65
Dayton, OH	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$72.38
Dayton, OH	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.00
Dayton, OH	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.50
Dayton, OH	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$56.25
Dayton, OH	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$145.00
Dayton, OH	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.50
Dayton, OH	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$108.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dayton, OH	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$271.00
Dayton, OH	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$27.10
Dayton, OH	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$203.25
Dayton, OH	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$383.00
Dayton, OH	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$38.30
Dayton, OH	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$287.25
Dayton, OH	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$362.40
Dayton, OH	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$36.24
Dayton, OH	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$271.80
Dayton, OH	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$450.00
Dayton, OH	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$45.00
Dayton, OH	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$337.50
Dayton, OH	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$135.00
Dayton, OH	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$13.50
Dayton, OH	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$101.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dayton, OH	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$58.00
Dayton, OH	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.80
Dayton, OH	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.50
Dayton, OH	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$117.00
Dayton, OH	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.70
Dayton, OH	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$87.75
Dayton, OH	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.00
Dayton, OH	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.00
Dayton, OH	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.00
Dayton, OH	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$110.00
Dayton, OH	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.00
Dayton, OH	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$82.50
Dayton, OH	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$50.00
Dayton, OH	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.00
Dayton, OH	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dayton, OH	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$16.00
Dayton, OH	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.60
Dayton, OH	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.00
Dayton, OH	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$43.40
Dayton, OH	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.34
Dayton, OH	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.55
Dayton, OH	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.00
Dayton, OH	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.00
Dayton, OH	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.00
Dayton, OH	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$43.00
Dayton, OH	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.30
Dayton, OH	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.25
Dayton, OH	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$36.00
Dayton, OH	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.60
Dayton, OH	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$27.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dayton, OH	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$42.00
Dayton, OH	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.20
Dayton, OH	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$31.50
Dayton, OH	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$83.75
Dayton, OH	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.38
Dayton, OH	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$62.81
Dayton, OH	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$98.00
Dayton, OH	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.80
Dayton, OH	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$73.50
Dayton, OH	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$135.63
Dayton, OH	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$13.56
Dayton, OH	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$101.72
Dayton, OH	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$210.00
Dayton, OH	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.00
Dayton, OH	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$157.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dayton, OH	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$325.00
Dayton, OH	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.50
Dayton, OH	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$243.75
Dayton, OH	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$208.69
Dayton, OH	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.87
Dayton, OH	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$156.52
Dayton, OH	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$239.19
Dayton, OH	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$23.92
Dayton, OH	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$179.39
Dayton, OH	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$166.33
Dayton, OH	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$16.63
Dayton, OH	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$124.75
Dayton, OH	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$273.00
Dayton, OH	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$27.30
Dayton, OH	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$204.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dayton, OH	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$316.00
Dayton, OH	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$31.60
Dayton, OH	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$237.00
Dayton, OH	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$443.10
Dayton, OH	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$44.31
Dayton, OH	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$332.33
Dayton, OH	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$364.31
Dayton, OH	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.43
Dayton, OH	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$273.23
Dayton, OH	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$490.18
Dayton, OH	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$49.02
Dayton, OH	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$367.64
Dayton, OH	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$429.00
Dayton, OH	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$42.90
Dayton, OH	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$321.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dayton, OH	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$462.90
Dayton, OH	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$46.29
Dayton, OH	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$347.18
Dayton, OH	K0001	STANDARD WHEELCHAIR	RR			\$22.13
Dayton, OH	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$30.80
Dayton, OH	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$35.00
Dayton, OH	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$38.20
Dayton, OH	K0006	HEAVY DUTY WHEELCHAIR	RR			\$60.00
Dayton, OH	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$75.00
Dayton, OH	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$117.00
Dayton, OH	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.70
Dayton, OH	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$87.75
Dayton, OH	K0019	ARM PAD, EACH	NU			\$10.00
Dayton, OH	K0019	ARM PAD, EACH	RR			\$1.00
Dayton, OH	K0019	ARM PAD, EACH	UE			\$7.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dayton, OH	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$55.00
Dayton, OH	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.50
Dayton, OH	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$41.25
Dayton, OH	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$74.40
Dayton, OH	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.44
Dayton, OH	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$55.80
Dayton, OH	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$82.50
Dayton, OH	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.25
Dayton, OH	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$61.88
Dayton, OH	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$90.00
Dayton, OH	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$9.00
Dayton, OH	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$67.50
Dayton, OH	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$92.00
Dayton, OH	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.20
Dayton, OH	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$69.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dayton, OH	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$157.00
Dayton, OH	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.70
Dayton, OH	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$117.75
Dayton, OH	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$53.00
Dayton, OH	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.30
Dayton, OH	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$39.75
Dayton, OH	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$11.32
Dayton, OH	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$900.00
Dayton, OH	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$90.00
Dayton, OH	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$675.00
Dayton, OH	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,544.00
Dayton, OH	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$154.40
Dayton, OH	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,158.00
Dayton, OH	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,921.00
Dayton, OH	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$192.10

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dayton, OH	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,440.75
Dayton, OH	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.00
Dayton, OH	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Dayton, OH	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$375.00
Dayton, OH	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$374.10
Dayton, OH	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$286.20
Dayton, OH	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$375.00
Dayton, OH	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$300.00
Dayton, OH	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
Dayton, OH	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$445.93
Dayton, OH	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$364.78
Dayton, OH	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$780.00
Dayton, OH	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$603.90
Dayton, OH	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$810.00
Dayton, OH	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$766.44

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Deltona-Daytona Beach-Ormond Beach, FL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$75.00
Deltona-Daytona Beach-Ormond Beach, FL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.50
Deltona-Daytona Beach-Ormond Beach, FL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$56.25
Deltona-Daytona Beach-Ormond Beach, FL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$11.00
Deltona-Daytona Beach-Ormond Beach, FL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.10
Deltona-Daytona Beach-Ormond Beach, FL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.25
Deltona-Daytona Beach-Ormond Beach, FL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$120.00
Deltona-Daytona Beach-Ormond Beach, FL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.00
Deltona-Daytona Beach-Ormond Beach, FL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$90.00
Deltona-Daytona Beach-Ormond Beach, FL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$66.90
Deltona-Daytona Beach-Ormond Beach, FL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$6.69
Deltona-Daytona Beach-Ormond Beach, FL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$50.18
Deltona-Daytona Beach-Ormond Beach, FL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$102.14
Deltona-Daytona Beach-Ormond Beach, FL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.21
Deltona-Daytona Beach-Ormond Beach, FL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$76.61

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Deltona-Daytona Beach-Ormond Beach, FL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$64.80
Deltona-Daytona Beach-Ormond Beach, FL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$6.48
Deltona-Daytona Beach-Ormond Beach, FL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$48.60
Deltona-Daytona Beach-Ormond Beach, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.00
Deltona-Daytona Beach-Ormond Beach, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.90
Deltona-Daytona Beach-Ormond Beach, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.25
Deltona-Daytona Beach-Ormond Beach, FL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$28.00
Deltona-Daytona Beach-Ormond Beach, FL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.80
Deltona-Daytona Beach-Ormond Beach, FL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$21.00
Deltona-Daytona Beach-Ormond Beach, FL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$54.00
Deltona-Daytona Beach-Ormond Beach, FL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.40
Deltona-Daytona Beach-Ormond Beach, FL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$40.50
Deltona-Daytona Beach-Ormond Beach, FL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$22.99
Deltona-Daytona Beach-Ormond Beach, FL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.30
Deltona-Daytona Beach-Ormond Beach, FL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$17.24

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Deltona-Daytona Beach-Ormond Beach, FL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$65.00
Deltona-Daytona Beach-Ormond Beach, FL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.50
Deltona-Daytona Beach-Ormond Beach, FL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$48.75
Deltona-Daytona Beach-Ormond Beach, FL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$70.00
Deltona-Daytona Beach-Ormond Beach, FL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.00
Deltona-Daytona Beach-Ormond Beach, FL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$52.50
Deltona-Daytona Beach-Ormond Beach, FL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$80.00
Deltona-Daytona Beach-Ormond Beach, FL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$8.00
Deltona-Daytona Beach-Ormond Beach, FL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$60.00
Deltona-Daytona Beach-Ormond Beach, FL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$154.20
Deltona-Daytona Beach-Ormond Beach, FL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$15.42
Deltona-Daytona Beach-Ormond Beach, FL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$115.65
Deltona-Daytona Beach-Ormond Beach, FL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$132.90
Deltona-Daytona Beach-Ormond Beach, FL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.29
Deltona-Daytona Beach-Ormond Beach, FL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$99.68

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Deltona-Daytona Beach-Ormond Beach, FL	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$40.59
Deltona-Daytona Beach-Ormond Beach, FL	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$14.66
Deltona-Daytona Beach-Ormond Beach, FL	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$28.89
Deltona-Daytona Beach-Ormond Beach, FL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$350.00
Deltona-Daytona Beach-Ormond Beach, FL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$35.00
Deltona-Daytona Beach-Ormond Beach, FL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$262.50
Deltona-Daytona Beach-Ormond Beach, FL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$300.00
Deltona-Daytona Beach-Ormond Beach, FL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$30.00
Deltona-Daytona Beach-Ormond Beach, FL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$225.00
Deltona-Daytona Beach-Ormond Beach, FL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$400.00
Deltona-Daytona Beach-Ormond Beach, FL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$40.00
Deltona-Daytona Beach-Ormond Beach, FL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$300.00
Deltona-Daytona Beach-Ormond Beach, FL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$390.00
Deltona-Daytona Beach-Ormond Beach, FL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$39.00
Deltona-Daytona Beach-Ormond Beach, FL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$292.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Deltona-Daytona Beach-Ormond Beach, FL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$611.59
Deltona-Daytona Beach-Ormond Beach, FL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$61.16
Deltona-Daytona Beach-Ormond Beach, FL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$458.69
Deltona-Daytona Beach-Ormond Beach, FL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$34.95
Deltona-Daytona Beach-Ormond Beach, FL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.50
Deltona-Daytona Beach-Ormond Beach, FL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.21
Deltona-Daytona Beach-Ormond Beach, FL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$60.48
Deltona-Daytona Beach-Ormond Beach, FL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$6.05
Deltona-Daytona Beach-Ormond Beach, FL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$45.36
Deltona-Daytona Beach-Ormond Beach, FL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$69.77
Deltona-Daytona Beach-Ormond Beach, FL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$6.98
Deltona-Daytona Beach-Ormond Beach, FL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$52.33
Deltona-Daytona Beach-Ormond Beach, FL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.28
Deltona-Daytona Beach-Ormond Beach, FL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.43
Deltona-Daytona Beach-Ormond Beach, FL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.21

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Deltona-Daytona Beach-Ormond Beach, FL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$28.99
Deltona-Daytona Beach-Ormond Beach, FL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$2.90
Deltona-Daytona Beach-Ormond Beach, FL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$21.74
Deltona-Daytona Beach-Ormond Beach, FL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$28.00
Deltona-Daytona Beach-Ormond Beach, FL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.80
Deltona-Daytona Beach-Ormond Beach, FL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$21.00
Deltona-Daytona Beach-Ormond Beach, FL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$132.05
Deltona-Daytona Beach-Ormond Beach, FL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.21
Deltona-Daytona Beach-Ormond Beach, FL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$99.04
Deltona-Daytona Beach-Ormond Beach, FL	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.00
Deltona-Daytona Beach-Ormond Beach, FL	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
Deltona-Daytona Beach-Ormond Beach, FL	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.25
Deltona-Daytona Beach-Ormond Beach, FL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$102.00
Deltona-Daytona Beach-Ormond Beach, FL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.20
Deltona-Daytona Beach-Ormond Beach, FL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$76.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Deltona-Daytona Beach-Ormond Beach, FL	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.00
Deltona-Daytona Beach-Ormond Beach, FL	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.00
Deltona-Daytona Beach-Ormond Beach, FL	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.50
Deltona-Daytona Beach-Ormond Beach, FL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$118.50
Deltona-Daytona Beach-Ormond Beach, FL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$11.85
Deltona-Daytona Beach-Ormond Beach, FL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$88.88
Deltona-Daytona Beach-Ormond Beach, FL	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.09
Deltona-Daytona Beach-Ormond Beach, FL	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.01
Deltona-Daytona Beach-Ormond Beach, FL	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.57
Deltona-Daytona Beach-Ormond Beach, FL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$70.00
Deltona-Daytona Beach-Ormond Beach, FL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.00
Deltona-Daytona Beach-Ormond Beach, FL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$52.50
Deltona-Daytona Beach-Ormond Beach, FL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$150.00
Deltona-Daytona Beach-Ormond Beach, FL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$15.00
Deltona-Daytona Beach-Ormond Beach, FL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$112.50

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Deltona-Daytona Beach-Ormond Beach, FL	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$254.50
Deltona-Daytona Beach-Ormond Beach, FL	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$25.45
Deltona-Daytona Beach-Ormond Beach, FL	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$190.88
Deltona-Daytona Beach-Ormond Beach, FL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$323.99
Deltona-Daytona Beach-Ormond Beach, FL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$32.40
Deltona-Daytona Beach-Ormond Beach, FL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$242.99
Deltona-Daytona Beach-Ormond Beach, FL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$296.72
Deltona-Daytona Beach-Ormond Beach, FL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$29.67
Deltona-Daytona Beach-Ormond Beach, FL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$222.54
Deltona-Daytona Beach-Ormond Beach, FL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$481.92
Deltona-Daytona Beach-Ormond Beach, FL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$48.19
Deltona-Daytona Beach-Ormond Beach, FL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$361.44
Deltona-Daytona Beach-Ormond Beach, FL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$118.11
Deltona-Daytona Beach-Ormond Beach, FL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$11.81
Deltona-Daytona Beach-Ormond Beach, FL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$88.58

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Deltona-Daytona Beach-Ormond Beach, FL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$48.00
Deltona-Daytona Beach-Ormond Beach, FL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.80
Deltona-Daytona Beach-Ormond Beach, FL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.00
Deltona-Daytona Beach-Ormond Beach, FL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$94.80
Deltona-Daytona Beach-Ormond Beach, FL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.48
Deltona-Daytona Beach-Ormond Beach, FL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$71.10
Deltona-Daytona Beach-Ormond Beach, FL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$50.00
Deltona-Daytona Beach-Ormond Beach, FL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.00
Deltona-Daytona Beach-Ormond Beach, FL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.50
Deltona-Daytona Beach-Ormond Beach, FL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$95.00
Deltona-Daytona Beach-Ormond Beach, FL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.50
Deltona-Daytona Beach-Ormond Beach, FL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$71.25
Deltona-Daytona Beach-Ormond Beach, FL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.59
Deltona-Daytona Beach-Ormond Beach, FL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.06
Deltona-Daytona Beach-Ormond Beach, FL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.44

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Deltona-Daytona Beach-Ormond Beach, FL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$14.91
Deltona-Daytona Beach-Ormond Beach, FL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.49
Deltona-Daytona Beach-Ormond Beach, FL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.18
Deltona-Daytona Beach-Ormond Beach, FL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$34.00
Deltona-Daytona Beach-Ormond Beach, FL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.40
Deltona-Daytona Beach-Ormond Beach, FL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$25.50
Deltona-Daytona Beach-Ormond Beach, FL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$48.70
Deltona-Daytona Beach-Ormond Beach, FL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.87
Deltona-Daytona Beach-Ormond Beach, FL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.53
Deltona-Daytona Beach-Ormond Beach, FL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$34.50
Deltona-Daytona Beach-Ormond Beach, FL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.45
Deltona-Daytona Beach-Ormond Beach, FL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$25.88
Deltona-Daytona Beach-Ormond Beach, FL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.13
Deltona-Daytona Beach-Ormond Beach, FL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.21
Deltona-Daytona Beach-Ormond Beach, FL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.60

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Deltona-Daytona Beach-Ormond Beach, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$38.75
Deltona-Daytona Beach-Ormond Beach, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.88
Deltona-Daytona Beach-Ormond Beach, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$29.06
Deltona-Daytona Beach-Ormond Beach, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$74.25
Deltona-Daytona Beach-Ormond Beach, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$7.43
Deltona-Daytona Beach-Ormond Beach, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$55.69
Deltona-Daytona Beach-Ormond Beach, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$90.00
Deltona-Daytona Beach-Ormond Beach, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.00
Deltona-Daytona Beach-Ormond Beach, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$67.50
Deltona-Daytona Beach-Ormond Beach, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$120.00
Deltona-Daytona Beach-Ormond Beach, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$12.00
Deltona-Daytona Beach-Ormond Beach, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$90.00
Deltona-Daytona Beach-Ormond Beach, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$173.61
Deltona-Daytona Beach-Ormond Beach, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$17.36
Deltona-Daytona Beach-Ormond Beach, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$130.21

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Deltona-Daytona Beach-Ormond Beach, FL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$266.03
Deltona-Daytona Beach-Ormond Beach, FL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$26.60
Deltona-Daytona Beach-Ormond Beach, FL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$199.52
Deltona-Daytona Beach-Ormond Beach, FL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$183.62
Deltona-Daytona Beach-Ormond Beach, FL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$18.36
Deltona-Daytona Beach-Ormond Beach, FL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$137.72
Deltona-Daytona Beach-Ormond Beach, FL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$220.50
Deltona-Daytona Beach-Ormond Beach, FL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$22.05
Deltona-Daytona Beach-Ormond Beach, FL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$165.38
Deltona-Daytona Beach-Ormond Beach, FL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$159.05
Deltona-Daytona Beach-Ormond Beach, FL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.91
Deltona-Daytona Beach-Ormond Beach, FL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$119.29
Deltona-Daytona Beach-Ormond Beach, FL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$260.00
Deltona-Daytona Beach-Ormond Beach, FL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$26.00
Deltona-Daytona Beach-Ormond Beach, FL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$195.00

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Deltona-Daytona Beach-Ormond Beach, FL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$265.00
Deltona-Daytona Beach-Ormond Beach, FL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$26.50
Deltona-Daytona Beach-Ormond Beach, FL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$198.75
Deltona-Daytona Beach-Ormond Beach, FL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$360.00
Deltona-Daytona Beach-Ormond Beach, FL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.00
Deltona-Daytona Beach-Ormond Beach, FL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$270.00
Deltona-Daytona Beach-Ormond Beach, FL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$309.96
Deltona-Daytona Beach-Ormond Beach, FL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$31.00
Deltona-Daytona Beach-Ormond Beach, FL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$232.47
Deltona-Daytona Beach-Ormond Beach, FL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$385.53
Deltona-Daytona Beach-Ormond Beach, FL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.55
Deltona-Daytona Beach-Ormond Beach, FL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$289.15
Deltona-Daytona Beach-Ormond 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			\$346.97
Deltona-Daytona Beach-Ormond 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			\$34.70
Deltona-Daytona Beach-Ormond 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			\$260.23

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Deltona-Daytona Beach-Ormond 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			\$365.00
Deltona-Daytona Beach-Ormond 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			\$36.50
Deltona-Daytona Beach-Ormond 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			\$273.75
Deltona-Daytona Beach-Ormond Beach, FL	K0001	STANDARD WHEELCHAIR	RR			\$27.43
Deltona-Daytona Beach-Ormond Beach, FL	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$37.36
Deltona-Daytona Beach-Ormond Beach, FL	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$40.00
Deltona-Daytona Beach-Ormond Beach, FL	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$48.80
Deltona-Daytona Beach-Ormond Beach, FL	K0006	HEAVY DUTY WHEELCHAIR	RR			\$62.98
Deltona-Daytona Beach-Ormond Beach, FL	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$94.60
Deltona-Daytona Beach-Ormond Beach, FL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$110.20
Deltona-Daytona Beach-Ormond Beach, FL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.02
Deltona-Daytona Beach-Ormond Beach, FL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$82.65
Deltona-Daytona Beach-Ormond Beach, FL	K0019	ARM PAD, EACH	NU			\$10.00
Deltona-Daytona Beach-Ormond Beach, FL	K0019	ARM PAD, EACH	RR			\$1.00
Deltona-Daytona Beach-Ormond Beach, FL	K0019	ARM PAD, EACH	UE			\$7.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Deltona-Daytona Beach-Ormond Beach, FL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$42.00
Deltona-Daytona Beach-Ormond Beach, FL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$4.20
Deltona-Daytona Beach-Ormond Beach, FL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$31.50
Deltona-Daytona Beach-Ormond Beach, FL	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$56.00
Deltona-Daytona Beach-Ormond Beach, FL	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$5.60
Deltona-Daytona Beach-Ormond Beach, FL	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$42.00
Deltona-Daytona Beach-Ormond Beach, FL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$78.21
Deltona-Daytona Beach-Ormond Beach, FL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$7.82
Deltona-Daytona Beach-Ormond Beach, FL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$58.66
Deltona-Daytona Beach-Ormond Beach, FL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$81.72
Deltona-Daytona Beach-Ormond Beach, FL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.17
Deltona-Daytona Beach-Ormond Beach, FL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$61.29
Deltona-Daytona Beach-Ormond Beach, FL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$79.86
Deltona-Daytona Beach-Ormond Beach, FL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$7.99
Deltona-Daytona Beach-Ormond Beach, FL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$59.90

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Deltona-Daytona Beach-Ormond Beach, FL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$150.00
Deltona-Daytona Beach-Ormond Beach, FL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.00
Deltona-Daytona Beach-Ormond Beach, FL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$112.50
Deltona-Daytona Beach-Ormond Beach, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$48.00
Deltona-Daytona Beach-Ormond Beach, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$4.80
Deltona-Daytona Beach-Ormond Beach, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$36.00
Deltona-Daytona Beach-Ormond Beach, FL	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$10.05
Deltona-Daytona Beach-Ormond Beach, FL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$800.00
Deltona-Daytona Beach-Ormond Beach, FL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$80.00
Deltona-Daytona Beach-Ormond Beach, FL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$600.00
Deltona-Daytona Beach-Ormond Beach, FL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,422.21
Deltona-Daytona Beach-Ormond Beach, FL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$142.22
Deltona-Daytona Beach-Ormond Beach, FL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,066.66
Deltona-Daytona Beach-Ormond Beach, FL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,750.00
Deltona-Daytona Beach-Ormond Beach, FL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$175.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Deltona-Daytona Beach-Ormond Beach, FL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,312.50
Deltona-Daytona Beach-Ormond Beach, FL	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$229.22
Deltona-Daytona Beach-Ormond Beach, FL	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
Deltona-Daytona Beach-Ormond Beach, FL	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Deltona-Daytona Beach-Ormond Beach, FL	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$317.30
Deltona-Daytona Beach-Ormond Beach, FL	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$244.84
Deltona-Daytona Beach-Ormond Beach, FL	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$300.00
Deltona-Daytona Beach-Ormond Beach, FL	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$312.72
Deltona-Daytona Beach-Ormond Beach, FL	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$307.32
Deltona-Daytona Beach-Ormond Beach, FL	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$431.07
Deltona-Daytona Beach-Ormond Beach, FL	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$338.61
Deltona-Daytona Beach-Ormond Beach, FL	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$600.00
Deltona-Daytona Beach-Ormond Beach, FL	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$568.10
Deltona-Daytona Beach-Ormond Beach, FL	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$674.40
Deltona-Daytona Beach-Ormond Beach, FL	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$660.43

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Denver-Aurora-Broomfield, CO	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$76.36
Denver-Aurora-Broomfield, CO	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.64
Denver-Aurora-Broomfield, CO	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$57.27
Denver-Aurora-Broomfield, CO	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.88
Denver-Aurora-Broomfield, CO	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.29
Denver-Aurora-Broomfield, CO	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.66
Denver-Aurora-Broomfield, CO	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$134.00
Denver-Aurora-Broomfield, CO	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.40
Denver-Aurora-Broomfield, CO	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$100.50
Denver-Aurora-Broomfield, CO	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$77.18
Denver-Aurora-Broomfield, CO	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.72
Denver-Aurora-Broomfield, CO	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$57.89
Denver-Aurora-Broomfield, CO	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$112.61
Denver-Aurora-Broomfield, CO	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.26
Denver-Aurora-Broomfield, CO	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$84.46

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Denver-Aurora-Broomfield, CO	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$70.00
Denver-Aurora-Broomfield, CO	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.00
Denver-Aurora-Broomfield, CO	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$52.50
Denver-Aurora-Broomfield, CO	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$17.96
Denver-Aurora-Broomfield, CO	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.80
Denver-Aurora-Broomfield, CO	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$13.47
Denver-Aurora-Broomfield, CO	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$31.01
Denver-Aurora-Broomfield, CO	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.10
Denver-Aurora-Broomfield, CO	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$23.26
Denver-Aurora-Broomfield, CO	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$42.62
Denver-Aurora-Broomfield, CO	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.26
Denver-Aurora-Broomfield, CO	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$31.97
Denver-Aurora-Broomfield, CO	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$23.48
Denver-Aurora-Broomfield, CO	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.35
Denver-Aurora-Broomfield, CO	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$17.61

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Denver-Aurora-Broomfield, CO	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$65.64
Denver-Aurora-Broomfield, CO	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.56
Denver-Aurora-Broomfield, CO	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$49.23
Denver-Aurora-Broomfield, CO	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$78.69
Denver-Aurora-Broomfield, CO	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.87
Denver-Aurora-Broomfield, CO	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$59.02
Denver-Aurora-Broomfield, CO	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$94.99
Denver-Aurora-Broomfield, CO	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.50
Denver-Aurora-Broomfield, CO	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$71.24
Denver-Aurora-Broomfield, CO	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$193.00
Denver-Aurora-Broomfield, CO	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$19.30
Denver-Aurora-Broomfield, CO	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$144.75
Denver-Aurora-Broomfield, CO	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$126.02
Denver-Aurora-Broomfield, CO	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.60
Denver-Aurora-Broomfield, CO	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$94.52

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Denver-Aurora-Broomfield, CO	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$43.51
Denver-Aurora-Broomfield, CO	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.74
Denver-Aurora-Broomfield, CO	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$36.90
Denver-Aurora-Broomfield, CO	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$382.49
Denver-Aurora-Broomfield, CO	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$38.25
Denver-Aurora-Broomfield, CO	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$286.87
Denver-Aurora-Broomfield, CO	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$341.00
Denver-Aurora-Broomfield, CO	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$34.10
Denver-Aurora-Broomfield, CO	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$255.75
Denver-Aurora-Broomfield, CO	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$437.50
Denver-Aurora-Broomfield, CO	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$43.75
Denver-Aurora-Broomfield, CO	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$328.13
Denver-Aurora-Broomfield, CO	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$420.82
Denver-Aurora-Broomfield, CO	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$42.08
Denver-Aurora-Broomfield, CO	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$315.62

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Denver-Aurora-Broomfield, CO	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$699.50
Denver-Aurora-Broomfield, CO	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$69.95
Denver-Aurora-Broomfield, CO	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$524.63
Denver-Aurora-Broomfield, CO	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.00
Denver-Aurora-Broomfield, CO	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.60
Denver-Aurora-Broomfield, CO	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.00
Denver-Aurora-Broomfield, CO	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$80.08
Denver-Aurora-Broomfield, CO	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.01
Denver-Aurora-Broomfield, CO	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$60.06
Denver-Aurora-Broomfield, CO	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$82.78
Denver-Aurora-Broomfield, CO	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.28
Denver-Aurora-Broomfield, CO	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$62.09
Denver-Aurora-Broomfield, CO	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Denver-Aurora-Broomfield, CO	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Denver-Aurora-Broomfield, CO	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Denver-Aurora-Broomfield, CO	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$31.34
Denver-Aurora-Broomfield, CO	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.13
Denver-Aurora-Broomfield, CO	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$23.51
Denver-Aurora-Broomfield, CO	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$28.07
Denver-Aurora-Broomfield, CO	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.81
Denver-Aurora-Broomfield, CO	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$21.05
Denver-Aurora-Broomfield, CO	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$138.50
Denver-Aurora-Broomfield, CO	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.85
Denver-Aurora-Broomfield, CO	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$103.88
Denver-Aurora-Broomfield, CO	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$97.50
Denver-Aurora-Broomfield, CO	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.75
Denver-Aurora-Broomfield, CO	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$73.13
Denver-Aurora-Broomfield, CO	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$100.72
Denver-Aurora-Broomfield, CO	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.07
Denver-Aurora-Broomfield, CO	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$75.54

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Denver-Aurora-Broomfield, CO	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$87.50
Denver-Aurora-Broomfield, CO	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.75
Denver-Aurora-Broomfield, CO	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$65.63
Denver-Aurora-Broomfield, CO	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$127.02
Denver-Aurora-Broomfield, CO	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.70
Denver-Aurora-Broomfield, CO	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$95.27
Denver-Aurora-Broomfield, CO	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.04
Denver-Aurora-Broomfield, CO	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
Denver-Aurora-Broomfield, CO	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.28
Denver-Aurora-Broomfield, CO	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$72.75
Denver-Aurora-Broomfield, CO	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.28
Denver-Aurora-Broomfield, CO	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$54.56
Denver-Aurora-Broomfield, CO	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$142.02
Denver-Aurora-Broomfield, CO	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.20
Denver-Aurora-Broomfield, CO	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$106.52

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Denver-Aurora-Broomfield, CO	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$312.50
Denver-Aurora-Broomfield, CO	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$31.25
Denver-Aurora-Broomfield, CO	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$234.38
Denver-Aurora-Broomfield, CO	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$379.00
Denver-Aurora-Broomfield, CO	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$37.90
Denver-Aurora-Broomfield, CO	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$284.25
Denver-Aurora-Broomfield, CO	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$334.00
Denver-Aurora-Broomfield, CO	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$33.40
Denver-Aurora-Broomfield, CO	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$250.50
Denver-Aurora-Broomfield, CO	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$519.90
Denver-Aurora-Broomfield, CO	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$51.99
Denver-Aurora-Broomfield, CO	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$389.93
Denver-Aurora-Broomfield, CO	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$124.50
Denver-Aurora-Broomfield, CO	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.45
Denver-Aurora-Broomfield, CO	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$93.38

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Denver-Aurora-Broomfield, CO	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.99
Denver-Aurora-Broomfield, CO	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.60
Denver-Aurora-Broomfield, CO	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.99
Denver-Aurora-Broomfield, CO	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$116.50
Denver-Aurora-Broomfield, CO	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.65
Denver-Aurora-Broomfield, CO	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$87.38
Denver-Aurora-Broomfield, CO	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.95
Denver-Aurora-Broomfield, CO	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.80
Denver-Aurora-Broomfield, CO	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.46
Denver-Aurora-Broomfield, CO	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$105.08
Denver-Aurora-Broomfield, CO	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.51
Denver-Aurora-Broomfield, CO	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$78.81
Denver-Aurora-Broomfield, CO	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$46.20
Denver-Aurora-Broomfield, CO	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.62
Denver-Aurora-Broomfield, CO	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.65

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Denver-Aurora-Broomfield, CO	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.00
Denver-Aurora-Broomfield, CO	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.50
Denver-Aurora-Broomfield, CO	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.25
Denver-Aurora-Broomfield, CO	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$37.86
Denver-Aurora-Broomfield, CO	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.79
Denver-Aurora-Broomfield, CO	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.40
Denver-Aurora-Broomfield, CO	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.00
Denver-Aurora-Broomfield, CO	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.50
Denver-Aurora-Broomfield, CO	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.25
Denver-Aurora-Broomfield, CO	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$38.64
Denver-Aurora-Broomfield, CO	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.86
Denver-Aurora-Broomfield, CO	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.98
Denver-Aurora-Broomfield, CO	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$46.50
Denver-Aurora-Broomfield, CO	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.65
Denver-Aurora-Broomfield, CO	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Denver-Aurora-Broomfield, CO	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$38.54
Denver-Aurora-Broomfield, CO	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.85
Denver-Aurora-Broomfield, CO	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$28.91
Denver-Aurora-Broomfield, CO	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$83.38
Denver-Aurora-Broomfield, CO	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.34
Denver-Aurora-Broomfield, CO	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$62.54
Denver-Aurora-Broomfield, CO	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$105.38
Denver-Aurora-Broomfield, CO	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.54
Denver-Aurora-Broomfield, CO	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$79.04
Denver-Aurora-Broomfield, CO	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$147.12
Denver-Aurora-Broomfield, CO	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$14.71
Denver-Aurora-Broomfield, CO	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$110.34
Denver-Aurora-Broomfield, CO	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$205.00
Denver-Aurora-Broomfield, CO	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.50
Denver-Aurora-Broomfield, CO	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$153.75

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Denver-Aurora-Broomfield, CO	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$317.50
Denver-Aurora-Broomfield, CO	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$31.75
Denver-Aurora-Broomfield, CO	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$238.13
Denver-Aurora-Broomfield, CO	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$210.14
Denver-Aurora-Broomfield, CO	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.01
Denver-Aurora-Broomfield, CO	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$157.61
Denver-Aurora-Broomfield, CO	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$247.90
Denver-Aurora-Broomfield, CO	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$24.79
Denver-Aurora-Broomfield, CO	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$185.93
Denver-Aurora-Broomfield, CO	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$147.88
Denver-Aurora-Broomfield, CO	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$14.79
Denver-Aurora-Broomfield, CO	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$110.91
Denver-Aurora-Broomfield, CO	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$305.27
Denver-Aurora-Broomfield, CO	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.53
Denver-Aurora-Broomfield, CO	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$228.95

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Denver-Aurora-Broomfield, CO	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$300.32
Denver-Aurora-Broomfield, CO	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.03
Denver-Aurora-Broomfield, CO	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$225.24
Denver-Aurora-Broomfield, CO	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$396.00
Denver-Aurora-Broomfield, CO	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.60
Denver-Aurora-Broomfield, CO	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$297.00
Denver-Aurora-Broomfield, CO	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$353.50
Denver-Aurora-Broomfield, CO	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.35
Denver-Aurora-Broomfield, CO	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$265.13
Denver-Aurora-Broomfield, CO	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$441.96
Denver-Aurora-Broomfield, CO	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$44.20
Denver-Aurora-Broomfield, CO	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$331.47
Denver-Aurora-Broomfield, CO	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$383.75
Denver-Aurora-Broomfield, CO	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.38
Denver-Aurora-Broomfield, CO	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$287.81

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Denver-Aurora-Broomfield, CO	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$406.28
Denver-Aurora-Broomfield, CO	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.63
Denver-Aurora-Broomfield, CO	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$304.71
Denver-Aurora-Broomfield, CO	K0001	STANDARD WHEELCHAIR	RR			\$24.59
Denver-Aurora-Broomfield, CO	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$41.94
Denver-Aurora-Broomfield, CO	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$37.75
Denver-Aurora-Broomfield, CO	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$42.30
Denver-Aurora-Broomfield, CO	K0006	HEAVY DUTY WHEELCHAIR	RR			\$68.49
Denver-Aurora-Broomfield, CO	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$97.05
Denver-Aurora-Broomfield, CO	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$128.08
Denver-Aurora-Broomfield, CO	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$12.81
Denver-Aurora-Broomfield, CO	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$96.06
Denver-Aurora-Broomfield, CO	K0019	ARM PAD, EACH	NU			\$11.00
Denver-Aurora-Broomfield, CO	K0019	ARM PAD, EACH	RR			\$1.10
Denver-Aurora-Broomfield, CO	K0019	ARM PAD, EACH	UE			\$8.25

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Denver-Aurora-Broomfield, CO	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$50.70
Denver-Aurora-Broomfield, CO	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.07
Denver-Aurora-Broomfield, CO	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$38.03
Denver-Aurora-Broomfield, CO	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$63.44
Denver-Aurora-Broomfield, CO	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.34
Denver-Aurora-Broomfield, CO	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$47.58
Denver-Aurora-Broomfield, CO	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$83.58
Denver-Aurora-Broomfield, CO	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.36
Denver-Aurora-Broomfield, CO	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$62.69
Denver-Aurora-Broomfield, CO	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$83.50
Denver-Aurora-Broomfield, CO	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.35
Denver-Aurora-Broomfield, CO	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$62.63
Denver-Aurora-Broomfield, CO	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$88.94
Denver-Aurora-Broomfield, CO	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.89
Denver-Aurora-Broomfield, CO	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$66.71

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Denver-Aurora-Broomfield, CO	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$158.64
Denver-Aurora-Broomfield, CO	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.86
Denver-Aurora-Broomfield, CO	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$118.98
Denver-Aurora-Broomfield, CO	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$50.78
Denver-Aurora-Broomfield, CO	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.08
Denver-Aurora-Broomfield, CO	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$38.09
Denver-Aurora-Broomfield, CO	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$11.03
Denver-Aurora-Broomfield, CO	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$859.98
Denver-Aurora-Broomfield, CO	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$86.00
Denver-Aurora-Broomfield, CO	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$644.99
Denver-Aurora-Broomfield, CO	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,625.00
Denver-Aurora-Broomfield, CO	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$162.50
Denver-Aurora-Broomfield, CO	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,218.75
Denver-Aurora-Broomfield, CO	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,781.86
Denver-Aurora-Broomfield, CO	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$178.19

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Denver-Aurora-Broomfield, CO	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,336.40
Denver-Aurora-Broomfield, CO	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$277.43
Denver-Aurora-Broomfield, CO	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$306.43
Denver-Aurora-Broomfield, CO	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$363.98
Denver-Aurora-Broomfield, CO	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$361.59
Denver-Aurora-Broomfield, CO	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$281.83
Denver-Aurora-Broomfield, CO	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$337.12
Denver-Aurora-Broomfield, CO	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$327.00
Denver-Aurora-Broomfield, CO	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$293.36
Denver-Aurora-Broomfield, CO	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$454.40
Denver-Aurora-Broomfield, CO	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$379.61
Denver-Aurora-Broomfield, CO	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$689.11
Denver-Aurora-Broomfield, CO	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$568.67
Denver-Aurora-Broomfield, CO	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$759.12
Denver-Aurora-Broomfield, CO	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$755.33

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Detroit-Warren-Livonia, MI	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$79.50
Detroit-Warren-Livonia, MI	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.95
Detroit-Warren-Livonia, MI	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$59.63
Detroit-Warren-Livonia, MI	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$13.00
Detroit-Warren-Livonia, MI	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.30
Detroit-Warren-Livonia, MI	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.75
Detroit-Warren-Livonia, MI	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$139.40
Detroit-Warren-Livonia, MI	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.94
Detroit-Warren-Livonia, MI	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$104.55
Detroit-Warren-Livonia, MI	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$80.00
Detroit-Warren-Livonia, MI	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.00
Detroit-Warren-Livonia, MI	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$60.00
Detroit-Warren-Livonia, MI	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$115.22
Detroit-Warren-Livonia, MI	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.52
Detroit-Warren-Livonia, MI	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$86.42

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Detroit-Warren-Livonia, MI	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$71.00
Detroit-Warren-Livonia, MI	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.10
Detroit-Warren-Livonia, MI	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$53.25
Detroit-Warren-Livonia, MI	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$20.00
Detroit-Warren-Livonia, MI	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.00
Detroit-Warren-Livonia, MI	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$15.00
Detroit-Warren-Livonia, MI	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$33.00
Detroit-Warren-Livonia, MI	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.30
Detroit-Warren-Livonia, MI	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$24.75
Detroit-Warren-Livonia, MI	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$54.00
Detroit-Warren-Livonia, MI	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.40
Detroit-Warren-Livonia, MI	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$40.50
Detroit-Warren-Livonia, MI	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$26.27
Detroit-Warren-Livonia, MI	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.63
Detroit-Warren-Livonia, MI	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$19.70

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Detroit-Warren-Livonia, MI	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$69.00
Detroit-Warren-Livonia, MI	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.90
Detroit-Warren-Livonia, MI	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$51.75
Detroit-Warren-Livonia, MI	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$75.95
Detroit-Warren-Livonia, MI	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.60
Detroit-Warren-Livonia, MI	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$56.96
Detroit-Warren-Livonia, MI	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$100.00
Detroit-Warren-Livonia, MI	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.00
Detroit-Warren-Livonia, MI	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$75.00
Detroit-Warren-Livonia, MI	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$186.00
Detroit-Warren-Livonia, MI	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$18.60
Detroit-Warren-Livonia, MI	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$139.50
Detroit-Warren-Livonia, MI	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$131.00
Detroit-Warren-Livonia, MI	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.10
Detroit-Warren-Livonia, MI	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$98.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Detroit-Warren-Livonia, MI	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.50
Detroit-Warren-Livonia, MI	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.00
Detroit-Warren-Livonia, MI	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$38.80
Detroit-Warren-Livonia, MI	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$400.00
Detroit-Warren-Livonia, MI	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$40.00
Detroit-Warren-Livonia, MI	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$300.00
Detroit-Warren-Livonia, MI	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$350.00
Detroit-Warren-Livonia, MI	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$35.00
Detroit-Warren-Livonia, MI	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$262.50
Detroit-Warren-Livonia, MI	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$440.00
Detroit-Warren-Livonia, MI	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$44.00
Detroit-Warren-Livonia, MI	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$330.00
Detroit-Warren-Livonia, MI	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$411.65
Detroit-Warren-Livonia, MI	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$41.17
Detroit-Warren-Livonia, MI	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$308.74

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Detroit-Warren-Livonia, MI	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$699.00
Detroit-Warren-Livonia, MI	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$69.90
Detroit-Warren-Livonia, MI	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$524.25
Detroit-Warren-Livonia, MI	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.00
Detroit-Warren-Livonia, MI	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.60
Detroit-Warren-Livonia, MI	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.00
Detroit-Warren-Livonia, MI	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$79.00
Detroit-Warren-Livonia, MI	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.90
Detroit-Warren-Livonia, MI	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$59.25
Detroit-Warren-Livonia, MI	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$89.29
Detroit-Warren-Livonia, MI	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.93
Detroit-Warren-Livonia, MI	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$66.97
Detroit-Warren-Livonia, MI	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Detroit-Warren-Livonia, MI	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Detroit-Warren-Livonia, MI	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Detroit-Warren-Livonia, MI	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$31.40
Detroit-Warren-Livonia, MI	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.14
Detroit-Warren-Livonia, MI	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$23.55
Detroit-Warren-Livonia, MI	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$26.14
Detroit-Warren-Livonia, MI	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.61
Detroit-Warren-Livonia, MI	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$19.61
Detroit-Warren-Livonia, MI	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$137.00
Detroit-Warren-Livonia, MI	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.70
Detroit-Warren-Livonia, MI	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$102.75
Detroit-Warren-Livonia, MI	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.00
Detroit-Warren-Livonia, MI	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
Detroit-Warren-Livonia, MI	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.25
Detroit-Warren-Livonia, MI	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$105.00
Detroit-Warren-Livonia, MI	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.50
Detroit-Warren-Livonia, MI	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$78.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Detroit-Warren-Livonia, MI	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.00
Detroit-Warren-Livonia, MI	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.00
Detroit-Warren-Livonia, MI	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.50
Detroit-Warren-Livonia, MI	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$138.00
Detroit-Warren-Livonia, MI	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$13.80
Detroit-Warren-Livonia, MI	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$103.50
Detroit-Warren-Livonia, MI	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.09
Detroit-Warren-Livonia, MI	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.01
Detroit-Warren-Livonia, MI	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.57
Detroit-Warren-Livonia, MI	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.00
Detroit-Warren-Livonia, MI	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.50
Detroit-Warren-Livonia, MI	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$56.25
Detroit-Warren-Livonia, MI	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$155.58
Detroit-Warren-Livonia, MI	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$15.56
Detroit-Warren-Livonia, MI	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$116.69

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Detroit-Warren-Livonia, MI	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$325.00
Detroit-Warren-Livonia, MI	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$32.50
Detroit-Warren-Livonia, MI	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$243.75
Detroit-Warren-Livonia, MI	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$375.00
Detroit-Warren-Livonia, MI	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$37.50
Detroit-Warren-Livonia, MI	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$281.25
Detroit-Warren-Livonia, MI	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$335.00
Detroit-Warren-Livonia, MI	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$33.50
Detroit-Warren-Livonia, MI	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$251.25
Detroit-Warren-Livonia, MI	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$525.00
Detroit-Warren-Livonia, MI	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$52.50
Detroit-Warren-Livonia, MI	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$393.75
Detroit-Warren-Livonia, MI	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$135.00
Detroit-Warren-Livonia, MI	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$13.50
Detroit-Warren-Livonia, MI	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$101.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Detroit-Warren-Livonia, MI	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$58.00
Detroit-Warren-Livonia, MI	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.80
Detroit-Warren-Livonia, MI	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.50
Detroit-Warren-Livonia, MI	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$109.00
Detroit-Warren-Livonia, MI	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.90
Detroit-Warren-Livonia, MI	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$81.75
Detroit-Warren-Livonia, MI	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.00
Detroit-Warren-Livonia, MI	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.00
Detroit-Warren-Livonia, MI	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.00
Detroit-Warren-Livonia, MI	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$105.00
Detroit-Warren-Livonia, MI	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.50
Detroit-Warren-Livonia, MI	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$78.75
Detroit-Warren-Livonia, MI	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$47.00
Detroit-Warren-Livonia, MI	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.70
Detroit-Warren-Livonia, MI	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$35.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Detroit-Warren-Livonia, MI	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$17.00
Detroit-Warren-Livonia, MI	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.70
Detroit-Warren-Livonia, MI	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.75
Detroit-Warren-Livonia, MI	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$38.00
Detroit-Warren-Livonia, MI	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.80
Detroit-Warren-Livonia, MI	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.50
Detroit-Warren-Livonia, MI	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.00
Detroit-Warren-Livonia, MI	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.00
Detroit-Warren-Livonia, MI	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.00
Detroit-Warren-Livonia, MI	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$38.81
Detroit-Warren-Livonia, MI	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.88
Detroit-Warren-Livonia, MI	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$29.11
Detroit-Warren-Livonia, MI	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.00
Detroit-Warren-Livonia, MI	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.50
Detroit-Warren-Livonia, MI	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Detroit-Warren-Livonia, MI	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$41.98
Detroit-Warren-Livonia, MI	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.20
Detroit-Warren-Livonia, MI	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$31.49
Detroit-Warren-Livonia, MI	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$83.00
Detroit-Warren-Livonia, MI	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.30
Detroit-Warren-Livonia, MI	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$62.25
Detroit-Warren-Livonia, MI	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$105.76
Detroit-Warren-Livonia, MI	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.58
Detroit-Warren-Livonia, MI	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$79.32
Detroit-Warren-Livonia, MI	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$140.00
Detroit-Warren-Livonia, MI	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$14.00
Detroit-Warren-Livonia, MI	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$105.00
Detroit-Warren-Livonia, MI	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$200.00
Detroit-Warren-Livonia, MI	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.00
Detroit-Warren-Livonia, MI	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$150.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Detroit-Warren-Livonia, MI	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$325.00
Detroit-Warren-Livonia, MI	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.50
Detroit-Warren-Livonia, MI	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$243.75
Detroit-Warren-Livonia, MI	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$209.00
Detroit-Warren-Livonia, MI	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.90
Detroit-Warren-Livonia, MI	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$156.75
Detroit-Warren-Livonia, MI	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$257.80
Detroit-Warren-Livonia, MI	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$25.78
Detroit-Warren-Livonia, MI	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$193.35
Detroit-Warren-Livonia, MI	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$167.26
Detroit-Warren-Livonia, MI	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$16.73
Detroit-Warren-Livonia, MI	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$125.45
Detroit-Warren-Livonia, MI	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$313.00
Detroit-Warren-Livonia, MI	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$31.30
Detroit-Warren-Livonia, MI	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$234.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Detroit-Warren-Livonia, MI	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$295.00
Detroit-Warren-Livonia, MI	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.50
Detroit-Warren-Livonia, MI	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$221.25
Detroit-Warren-Livonia, MI	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$407.00
Detroit-Warren-Livonia, MI	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.70
Detroit-Warren-Livonia, MI	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$305.25
Detroit-Warren-Livonia, MI	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$356.99
Detroit-Warren-Livonia, MI	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.70
Detroit-Warren-Livonia, MI	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$267.74
Detroit-Warren-Livonia, MI	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$455.00
Detroit-Warren-Livonia, MI	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.50
Detroit-Warren-Livonia, MI	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$341.25
Detroit-Warren-Livonia, MI	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$385.00
Detroit-Warren-Livonia, MI	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.50
Detroit-Warren-Livonia, MI	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$288.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Detroit-Warren-Livonia, MI	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$436.00
Detroit-Warren-Livonia, MI	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$43.60
Detroit-Warren-Livonia, MI	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$327.00
Detroit-Warren-Livonia, MI	K0001	STANDARD WHEELCHAIR	RR			\$28.00
Detroit-Warren-Livonia, MI	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$50.95
Detroit-Warren-Livonia, MI	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$41.65
Detroit-Warren-Livonia, MI	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$50.00
Detroit-Warren-Livonia, MI	K0006	HEAVY DUTY WHEELCHAIR	RR			\$76.99
Detroit-Warren-Livonia, MI	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$99.50
Detroit-Warren-Livonia, MI	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$130.00
Detroit-Warren-Livonia, MI	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$13.00
Detroit-Warren-Livonia, MI	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$97.50
Detroit-Warren-Livonia, MI	K0019	ARM PAD, EACH	NU			\$11.58
Detroit-Warren-Livonia, MI	K0019	ARM PAD, EACH	RR			\$1.16
Detroit-Warren-Livonia, MI	K0019	ARM PAD, EACH	UE			\$8.69

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Detroit-Warren-Livonia, MI	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$51.84
Detroit-Warren-Livonia, MI	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.18
Detroit-Warren-Livonia, MI	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$38.88
Detroit-Warren-Livonia, MI	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$66.88
Detroit-Warren-Livonia, MI	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.69
Detroit-Warren-Livonia, MI	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$50.16
Detroit-Warren-Livonia, MI	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$82.15
Detroit-Warren-Livonia, MI	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.22
Detroit-Warren-Livonia, MI	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$61.61
Detroit-Warren-Livonia, MI	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$85.00
Detroit-Warren-Livonia, MI	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.50
Detroit-Warren-Livonia, MI	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$63.75
Detroit-Warren-Livonia, MI	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$85.87
Detroit-Warren-Livonia, MI	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.59
Detroit-Warren-Livonia, MI	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$64.40

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Detroit-Warren-Livonia, MI	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$157.39
Detroit-Warren-Livonia, MI	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.74
Detroit-Warren-Livonia, MI	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$118.04
Detroit-Warren-Livonia, MI	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$51.00
Detroit-Warren-Livonia, MI	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.10
Detroit-Warren-Livonia, MI	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$38.25
Detroit-Warren-Livonia, MI	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$12.68
Detroit-Warren-Livonia, MI	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$819.97
Detroit-Warren-Livonia, MI	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$82.00
Detroit-Warren-Livonia, MI	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$614.98
Detroit-Warren-Livonia, MI	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,550.00
Detroit-Warren-Livonia, MI	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$155.00
Detroit-Warren-Livonia, MI	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,162.50
Detroit-Warren-Livonia, MI	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,900.00
Detroit-Warren-Livonia, MI	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$190.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Detroit-Warren-Livonia, MI	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,425.00
Detroit-Warren-Livonia, MI	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$284.85
Detroit-Warren-Livonia, MI	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$299.25
Detroit-Warren-Livonia, MI	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$374.25
Detroit-Warren-Livonia, MI	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Detroit-Warren-Livonia, MI	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.00
Detroit-Warren-Livonia, MI	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$345.00
Detroit-Warren-Livonia, MI	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$329.25
Detroit-Warren-Livonia, MI	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$284.48
Detroit-Warren-Livonia, MI	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$449.25
Detroit-Warren-Livonia, MI	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$390.00
Detroit-Warren-Livonia, MI	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$749.25
Detroit-Warren-Livonia, MI	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$585.00
Detroit-Warren-Livonia, MI	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$779.25
Detroit-Warren-Livonia, MI	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$764.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
El Paso, TX	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$78.00
El Paso, TX	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.80
El Paso, TX	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$58.50
El Paso, TX	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$11.00
El Paso, TX	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.10
El Paso, TX	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.25
El Paso, TX	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$150.00
El Paso, TX	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$15.00
El Paso, TX	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$112.50
El Paso, TX	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$86.70
El Paso, TX	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.67
El Paso, TX	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$65.03
El Paso, TX	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$120.00
El Paso, TX	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.00
El Paso, TX	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$90.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
El Paso, TX	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$80.00
El Paso, TX	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$8.00
El Paso, TX	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$60.00
El Paso, TX	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.00
El Paso, TX	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.90
El Paso, TX	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.25
El Paso, TX	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$39.90
El Paso, TX	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.99
El Paso, TX	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$29.93
El Paso, TX	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$54.00
El Paso, TX	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.40
El Paso, TX	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$40.50
El Paso, TX	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$21.00
El Paso, TX	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.10
El Paso, TX	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$15.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
El Paso, TX	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$65.00
El Paso, TX	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.50
El Paso, TX	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$48.75
El Paso, TX	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$80.00
El Paso, TX	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.00
El Paso, TX	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$60.00
El Paso, TX	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$110.00
El Paso, TX	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$11.00
El Paso, TX	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$82.50
El Paso, TX	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$205.00
El Paso, TX	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$20.50
El Paso, TX	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$153.75
El Paso, TX	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$138.21
El Paso, TX	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.82
El Paso, TX	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$103.66

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
El Paso, TX	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.30
El Paso, TX	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.30
El Paso, TX	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$35.00
El Paso, TX	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$400.00
El Paso, TX	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$40.00
El Paso, TX	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$300.00
El Paso, TX	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$349.00
El Paso, TX	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$34.90
El Paso, TX	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$261.75
El Paso, TX	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$450.00
El Paso, TX	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.00
El Paso, TX	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$337.50
El Paso, TX	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$415.00
El Paso, TX	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$41.50
El Paso, TX	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$311.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
El Paso, TX	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$750.00
El Paso, TX	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$75.00
El Paso, TX	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$562.50
El Paso, TX	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.00
El Paso, TX	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.60
El Paso, TX	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.00
El Paso, TX	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$89.00
El Paso, TX	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.90
El Paso, TX	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$66.75
El Paso, TX	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$89.00
El Paso, TX	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.90
El Paso, TX	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$66.75
El Paso, TX	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
El Paso, TX	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
El Paso, TX	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
El Paso, TX	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$34.00
El Paso, TX	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.40
El Paso, TX	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$25.50
El Paso, TX	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$30.00
El Paso, TX	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$3.00
El Paso, TX	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$22.50
El Paso, TX	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$145.00
El Paso, TX	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.50
El Paso, TX	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$108.75
El Paso, TX	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.00
El Paso, TX	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
El Paso, TX	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.25
El Paso, TX	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$119.12
El Paso, TX	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$11.91
El Paso, TX	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$89.34

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
El Paso, TX	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.00
El Paso, TX	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.00
El Paso, TX	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.50
El Paso, TX	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$149.20
El Paso, TX	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$14.92
El Paso, TX	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$111.90
El Paso, TX	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
El Paso, TX	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
El Paso, TX	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
El Paso, TX	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.00
El Paso, TX	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.50
El Paso, TX	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$56.25
El Paso, TX	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$169.89
El Paso, TX	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$16.99
El Paso, TX	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$127.42

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
El Paso, TX	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$325.00
El Paso, TX	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$32.50
El Paso, TX	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$243.75
El Paso, TX	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$409.06
El Paso, TX	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$40.91
El Paso, TX	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$306.80
El Paso, TX	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$349.00
El Paso, TX	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$34.90
El Paso, TX	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$261.75
El Paso, TX	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$505.42
El Paso, TX	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$50.54
El Paso, TX	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$379.07
El Paso, TX	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$130.55
El Paso, TX	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$13.06
El Paso, TX	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$97.91

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
El Paso, TX	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$58.00
El Paso, TX	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.80
El Paso, TX	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.50
El Paso, TX	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$130.00
El Paso, TX	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$13.00
El Paso, TX	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$97.50
El Paso, TX	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$62.00
El Paso, TX	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.20
El Paso, TX	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$46.50
El Paso, TX	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$102.00
El Paso, TX	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.20
El Paso, TX	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$76.50
El Paso, TX	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$50.00
El Paso, TX	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.00
El Paso, TX	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
El Paso, TX	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$17.00
El Paso, TX	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.70
El Paso, TX	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.75
El Paso, TX	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.02
El Paso, TX	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.00
El Paso, TX	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.02
El Paso, TX	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.00
El Paso, TX	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.00
El Paso, TX	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.00
El Paso, TX	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.00
El Paso, TX	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.50
El Paso, TX	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.75
El Paso, TX	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$48.00
El Paso, TX	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.80
El Paso, TX	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
El Paso, TX	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$40.06
El Paso, TX	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.01
El Paso, TX	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$30.05
El Paso, TX	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$81.00
El Paso, TX	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.10
El Paso, TX	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$60.75
El Paso, TX	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$120.00
El Paso, TX	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$12.00
El Paso, TX	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$90.00
El Paso, TX	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$160.00
El Paso, TX	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$16.00
El Paso, TX	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$120.00
El Paso, TX	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$225.66
El Paso, TX	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$22.57
El Paso, TX	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$169.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
El Paso, TX	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$325.09
El Paso, TX	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.51
El Paso, TX	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$243.82
El Paso, TX	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$220.85
El Paso, TX	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$22.09
El Paso, TX	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$165.64
El Paso, TX	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$298.02
El Paso, TX	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$29.80
El Paso, TX	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$223.52
El Paso, TX	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
El Paso, TX	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
El Paso, TX	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
El Paso, TX	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$325.00
El Paso, TX	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$32.50
El Paso, TX	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$243.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
El Paso, TX	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$329.87
El Paso, TX	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$32.99
El Paso, TX	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$247.40
El Paso, TX	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$450.00
El Paso, TX	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.00
El Paso, TX	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$337.50
El Paso, TX	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$356.99
El Paso, TX	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.70
El Paso, TX	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$267.74
El Paso, TX	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$500.00
El Paso, TX	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$50.00
El Paso, TX	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$375.00
El Paso, TX	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$407.00
El Paso, TX	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
El Paso, TX	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$305.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
El Paso, TX	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$479.00
El Paso, TX	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$47.90
El Paso, TX	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$359.25
El Paso, TX	K0001	STANDARD WHEELCHAIR	RR			\$25.00
El Paso, TX	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$37.36
El Paso, TX	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$38.52
El Paso, TX	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$47.60
El Paso, TX	K0006	HEAVY DUTY WHEELCHAIR	RR			\$57.25
El Paso, TX	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$75.00
El Paso, TX	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$145.00
El Paso, TX	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$14.50
El Paso, TX	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$108.75
El Paso, TX	K0019	ARM PAD, EACH	NU			\$11.09
El Paso, TX	K0019	ARM PAD, EACH	RR			\$1.11
El Paso, TX	K0019	ARM PAD, EACH	UE			\$8.32

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
EI Paso, TX	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$57.13
EI Paso, TX	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.71
EI Paso, TX	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$42.85
EI Paso, TX	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$73.20
EI Paso, TX	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.32
EI Paso, TX	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$54.90
EI Paso, TX	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
EI Paso, TX	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
EI Paso, TX	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
EI Paso, TX	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$90.00
EI Paso, TX	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$9.00
EI Paso, TX	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$67.50
EI Paso, TX	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$87.34
EI Paso, TX	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.73
EI Paso, TX	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$65.51

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
El Paso, TX	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$159.88
El Paso, TX	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.99
El Paso, TX	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$119.91
El Paso, TX	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$53.00
El Paso, TX	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.30
El Paso, TX	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$39.75
El Paso, TX	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$9.95
El Paso, TX	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$899.00
El Paso, TX	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$89.90
El Paso, TX	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$674.25
El Paso, TX	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,550.00
El Paso, TX	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$155.00
El Paso, TX	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,162.50
El Paso, TX	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,798.00
El Paso, TX	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$179.80

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
El Paso, TX	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,348.50
El Paso, TX	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$265.80
El Paso, TX	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.73
El Paso, TX	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$334.14
El Paso, TX	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$329.85
El Paso, TX	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$315.75
El Paso, TX	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$307.13
El Paso, TX	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$322.50
El Paso, TX	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
El Paso, TX	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$465.30
El Paso, TX	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$419.98
El Paso, TX	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$616.81
El Paso, TX	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$569.25
El Paso, TX	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$765.45
El Paso, TX	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$780.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Flint, MI	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$80.00
Flint, MI	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$8.00
Flint, MI	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$60.00
Flint, MI	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$14.70
Flint, MI	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.47
Flint, MI	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$11.03
Flint, MI	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$141.70
Flint, MI	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$14.17
Flint, MI	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$106.28
Flint, MI	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$89.00
Flint, MI	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.90
Flint, MI	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$66.75
Flint, MI	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$121.32
Flint, MI	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.13
Flint, MI	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$90.99

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Flint, MI	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$79.50
Flint, MI	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.95
Flint, MI	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$59.63
Flint, MI	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$22.00
Flint, MI	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.20
Flint, MI	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$16.50
Flint, MI	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$33.00
Flint, MI	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.30
Flint, MI	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$24.75
Flint, MI	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$45.24
Flint, MI	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.52
Flint, MI	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$33.93
Flint, MI	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$32.00
Flint, MI	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$3.20
Flint, MI	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$24.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Flint, MI	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$69.00
Flint, MI	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.90
Flint, MI	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$51.75
Flint, MI	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$85.00
Flint, MI	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.50
Flint, MI	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$63.75
Flint, MI	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$110.00
Flint, MI	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$11.00
Flint, MI	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$82.50
Flint, MI	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$210.00
Flint, MI	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$21.00
Flint, MI	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$157.50
Flint, MI	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$128.00
Flint, MI	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.80
Flint, MI	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$96.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Flint, MI	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$43.61
Flint, MI	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$16.00
Flint, MI	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$41.00
Flint, MI	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$400.00
Flint, MI	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$40.00
Flint, MI	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$300.00
Flint, MI	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$350.00
Flint, MI	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$35.00
Flint, MI	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$262.50
Flint, MI	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$455.00
Flint, MI	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.50
Flint, MI	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$341.25
Flint, MI	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$450.00
Flint, MI	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$45.00
Flint, MI	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$337.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Flint, MI	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$750.00
Flint, MI	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$75.00
Flint, MI	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$562.50
Flint, MI	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.22
Flint, MI	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.62
Flint, MI	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.17
Flint, MI	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$90.00
Flint, MI	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$9.00
Flint, MI	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$67.50
Flint, MI	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$90.00
Flint, MI	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$9.00
Flint, MI	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$67.50
Flint, MI	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Flint, MI	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Flint, MI	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Flint, MI	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$34.00
Flint, MI	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.40
Flint, MI	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$25.50
Flint, MI	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$31.03
Flint, MI	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$3.10
Flint, MI	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$23.27
Flint, MI	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$145.00
Flint, MI	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.50
Flint, MI	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$108.75
Flint, MI	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
Flint, MI	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
Flint, MI	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
Flint, MI	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$106.00
Flint, MI	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.60
Flint, MI	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$79.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Flint, MI	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$96.00
Flint, MI	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.60
Flint, MI	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$72.00
Flint, MI	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
Flint, MI	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
Flint, MI	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
Flint, MI	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
Flint, MI	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
Flint, MI	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
Flint, MI	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.00
Flint, MI	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.50
Flint, MI	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$56.25
Flint, MI	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$160.28
Flint, MI	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$16.03
Flint, MI	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$120.21

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Flint, MI	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$365.00
Flint, MI	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$36.50
Flint, MI	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$273.75
Flint, MI	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$425.00
Flint, MI	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$42.50
Flint, MI	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$318.75
Flint, MI	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$375.00
Flint, MI	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$37.50
Flint, MI	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$281.25
Flint, MI	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$525.00
Flint, MI	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$52.50
Flint, MI	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$393.75
Flint, MI	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$135.00
Flint, MI	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$13.50
Flint, MI	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$101.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Flint, MI	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$62.00
Flint, MI	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.20
Flint, MI	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$46.50
Flint, MI	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$129.50
Flint, MI	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$12.95
Flint, MI	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$97.13
Flint, MI	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$66.00
Flint, MI	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.60
Flint, MI	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$49.50
Flint, MI	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$105.17
Flint, MI	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.52
Flint, MI	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$78.88
Flint, MI	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$50.00
Flint, MI	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.00
Flint, MI	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Flint, MI	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$17.00
Flint, MI	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.70
Flint, MI	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.75
Flint, MI	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.00
Flint, MI	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.50
Flint, MI	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.75
Flint, MI	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$67.00
Flint, MI	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.70
Flint, MI	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$50.25
Flint, MI	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.00
Flint, MI	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.50
Flint, MI	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.75
Flint, MI	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.95
Flint, MI	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.00
Flint, MI	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.46

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Flint, MI	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$50.00
Flint, MI	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$5.00
Flint, MI	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$37.50
Flint, MI	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$95.00
Flint, MI	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$9.50
Flint, MI	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$71.25
Flint, MI	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$120.00
Flint, MI	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$12.00
Flint, MI	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$90.00
Flint, MI	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$160.00
Flint, MI	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$16.00
Flint, MI	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$120.00
Flint, MI	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$225.66
Flint, MI	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$22.57
Flint, MI	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$169.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Flint, MI	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$325.09
Flint, MI	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.51
Flint, MI	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$243.82
Flint, MI	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$230.00
Flint, MI	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$23.00
Flint, MI	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$172.50
Flint, MI	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$300.00
Flint, MI	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$30.00
Flint, MI	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$225.00
Flint, MI	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
Flint, MI	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
Flint, MI	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
Flint, MI	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$325.00
Flint, MI	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$32.50
Flint, MI	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$243.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Flint, MI	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$325.00
Flint, MI	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$32.50
Flint, MI	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$243.75
Flint, MI	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$450.00
Flint, MI	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.00
Flint, MI	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$337.50
Flint, MI	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$362.23
Flint, MI	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.22
Flint, MI	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$271.67
Flint, MI	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$500.00
Flint, MI	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$50.00
Flint, MI	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$375.00
Flint, MI	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$394.00
Flint, MI	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.40
Flint, MI	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$295.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Flint, MI	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$450.00
Flint, MI	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.00
Flint, MI	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$337.50
Flint, MI	K0001	STANDARD WHEELCHAIR	RR			\$25.10
Flint, MI	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$60.00
Flint, MI	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$41.65
Flint, MI	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$50.00
Flint, MI	K0006	HEAVY DUTY WHEELCHAIR	RR			\$76.99
Flint, MI	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$124.63
Flint, MI	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$145.00
Flint, MI	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$14.50
Flint, MI	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$108.75
Flint, MI	K0019	ARM PAD, EACH	NU			\$11.58
Flint, MI	K0019	ARM PAD, EACH	RR			\$1.16
Flint, MI	K0019	ARM PAD, EACH	UE			\$8.69

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Flint, MI	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$53.00
Flint, MI	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.30
Flint, MI	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$39.75
Flint, MI	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$70.00
Flint, MI	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.00
Flint, MI	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$52.50
Flint, MI	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
Flint, MI	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
Flint, MI	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
Flint, MI	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$90.00
Flint, MI	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$9.00
Flint, MI	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$67.50
Flint, MI	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$92.00
Flint, MI	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.20
Flint, MI	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$69.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Flint, MI	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$160.00
Flint, MI	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$16.00
Flint, MI	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$120.00
Flint, MI	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$60.00
Flint, MI	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$6.00
Flint, MI	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$45.00
Flint, MI	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$14.46
Flint, MI	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$900.00
Flint, MI	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$90.00
Flint, MI	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$675.00
Flint, MI	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,800.00
Flint, MI	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$180.00
Flint, MI	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,350.00
Flint, MI	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,900.00
Flint, MI	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$190.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Flint, MI	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,425.00
Flint, MI	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.00
Flint, MI	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$315.00
Flint, MI	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$368.55
Flint, MI	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$382.35
Flint, MI	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.00
Flint, MI	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$359.85
Flint, MI	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$324.75
Flint, MI	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$279.40
Flint, MI	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$462.87
Flint, MI	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$375.00
Flint, MI	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$780.00
Flint, MI	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$629.85
Flint, MI	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$840.00
Flint, MI	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$847.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Fresno, CA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$78.04
Fresno, CA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.80
Fresno, CA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$58.53
Fresno, CA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$14.82
Fresno, CA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.48
Fresno, CA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$11.12
Fresno, CA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$139.78
Fresno, CA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.98
Fresno, CA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$104.84
Fresno, CA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$77.90
Fresno, CA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.79
Fresno, CA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$58.43
Fresno, CA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$115.36
Fresno, CA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.54
Fresno, CA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$86.52

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Fresno, CA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$76.82
Fresno, CA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.68
Fresno, CA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$57.62
Fresno, CA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$23.30
Fresno, CA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.33
Fresno, CA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$17.48
Fresno, CA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$35.08
Fresno, CA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.51
Fresno, CA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$26.31
Fresno, CA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$55.54
Fresno, CA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.55
Fresno, CA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$41.66
Fresno, CA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$25.35
Fresno, CA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.54
Fresno, CA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$19.01

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Fresno, CA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$69.93
Fresno, CA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.99
Fresno, CA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$52.45
Fresno, CA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$79.53
Fresno, CA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.95
Fresno, CA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$59.65
Fresno, CA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$108.50
Fresno, CA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.85
Fresno, CA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$81.38
Fresno, CA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$195.92
Fresno, CA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$19.59
Fresno, CA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$146.94
Fresno, CA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$135.79
Fresno, CA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.58
Fresno, CA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$101.84

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Fresno, CA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.45
Fresno, CA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$14.10
Fresno, CA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$38.18
Fresno, CA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$368.82
Fresno, CA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$36.88
Fresno, CA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$276.62
Fresno, CA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$345.10
Fresno, CA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$34.51
Fresno, CA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$258.83
Fresno, CA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$459.14
Fresno, CA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.91
Fresno, CA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$344.36
Fresno, CA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$458.00
Fresno, CA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$45.80
Fresno, CA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$343.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Fresno, CA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$760.00
Fresno, CA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$76.00
Fresno, CA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$570.00
Fresno, CA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.48
Fresno, CA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.65
Fresno, CA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.36
Fresno, CA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$84.94
Fresno, CA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.49
Fresno, CA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$63.71
Fresno, CA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$86.90
Fresno, CA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.69
Fresno, CA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$65.18
Fresno, CA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.21
Fresno, CA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.52
Fresno, CA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.91

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Fresno, CA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$36.85
Fresno, CA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.69
Fresno, CA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$27.64
Fresno, CA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$29.62
Fresno, CA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.96
Fresno, CA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$22.22
Fresno, CA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$146.60
Fresno, CA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.66
Fresno, CA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$109.95
Fresno, CA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$101.70
Fresno, CA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.17
Fresno, CA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$76.28
Fresno, CA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$105.75
Fresno, CA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.58
Fresno, CA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$79.31

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Fresno, CA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.97
Fresno, CA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.10
Fresno, CA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$68.23
Fresno, CA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$145.34
Fresno, CA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$14.53
Fresno, CA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$109.01
Fresno, CA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$98.82
Fresno, CA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.88
Fresno, CA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$74.12
Fresno, CA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$72.50
Fresno, CA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.25
Fresno, CA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$54.38
Fresno, CA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$163.68
Fresno, CA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$16.37
Fresno, CA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$122.76

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Fresno, CA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$336.30
Fresno, CA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$33.63
Fresno, CA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$252.23
Fresno, CA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$405.34
Fresno, CA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$40.53
Fresno, CA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$304.01
Fresno, CA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$377.03
Fresno, CA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$37.70
Fresno, CA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$282.77
Fresno, CA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$508.71
Fresno, CA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$50.87
Fresno, CA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$381.53
Fresno, CA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$127.00
Fresno, CA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.70
Fresno, CA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$95.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Fresno, CA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$59.23
Fresno, CA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.92
Fresno, CA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$44.42
Fresno, CA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$125.40
Fresno, CA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$12.54
Fresno, CA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$94.05
Fresno, CA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$62.26
Fresno, CA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.23
Fresno, CA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$46.70
Fresno, CA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$104.94
Fresno, CA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.49
Fresno, CA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$78.71
Fresno, CA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$51.16
Fresno, CA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.12
Fresno, CA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$38.37

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Fresno, CA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$16.47
Fresno, CA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.65
Fresno, CA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.35
Fresno, CA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.20
Fresno, CA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.22
Fresno, CA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.65
Fresno, CA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.08
Fresno, CA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.01
Fresno, CA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.06
Fresno, CA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.00
Fresno, CA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.50
Fresno, CA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.75
Fresno, CA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.38
Fresno, CA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.94
Fresno, CA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.04

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Fresno, CA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$46.02
Fresno, CA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.60
Fresno, CA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$34.52
Fresno, CA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$91.27
Fresno, CA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$9.13
Fresno, CA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$68.45
Fresno, CA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$114.41
Fresno, CA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$11.44
Fresno, CA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$85.81
Fresno, CA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$159.36
Fresno, CA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$15.94
Fresno, CA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$119.52
Fresno, CA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$211.11
Fresno, CA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.11
Fresno, CA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$158.33

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Fresno, CA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$342.82
Fresno, CA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$34.28
Fresno, CA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$257.12
Fresno, CA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$223.91
Fresno, CA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$22.39
Fresno, CA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$167.93
Fresno, CA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$296.56
Fresno, CA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$29.66
Fresno, CA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$222.42
Fresno, CA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$186.52
Fresno, CA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$18.65
Fresno, CA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$139.89
Fresno, CA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$328.54
Fresno, CA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$32.85
Fresno, CA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$246.41

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Fresno, CA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$308.45
Fresno, CA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.85
Fresno, CA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$231.34
Fresno, CA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$441.48
Fresno, CA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$44.15
Fresno, CA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$331.11
Fresno, CA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$359.61
Fresno, CA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.96
Fresno, CA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$269.71
Fresno, CA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$487.09
Fresno, CA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$48.71
Fresno, CA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$365.32
Fresno, CA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$410.44
Fresno, CA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$41.04
Fresno, CA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$307.83

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Fresno, CA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$449.14
Fresno, CA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$44.91
Fresno, CA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$336.86
Fresno, CA	K0001	STANDARD WHEELCHAIR	RR			\$26.34
Fresno, CA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$51.68
Fresno, CA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$42.50
Fresno, CA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$51.84
Fresno, CA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$67.80
Fresno, CA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$107.12
Fresno, CA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$126.66
Fresno, CA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$12.67
Fresno, CA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$95.00
Fresno, CA	K0019	ARM PAD, EACH	NU			\$13.10
Fresno, CA	K0019	ARM PAD, EACH	RR			\$1.31
Fresno, CA	K0019	ARM PAD, EACH	UE			\$9.83

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Fresno, CA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$53.48
Fresno, CA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.35
Fresno, CA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$40.11
Fresno, CA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$65.52
Fresno, CA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.55
Fresno, CA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$49.14
Fresno, CA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$83.33
Fresno, CA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.33
Fresno, CA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$62.50
Fresno, CA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$90.70
Fresno, CA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$9.07
Fresno, CA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$68.03
Fresno, CA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$96.50
Fresno, CA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.65
Fresno, CA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$72.38

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Fresno, CA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$154.94
Fresno, CA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.49
Fresno, CA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$116.21
Fresno, CA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$57.60
Fresno, CA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.76
Fresno, CA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$43.20
Fresno, CA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$11.59
Fresno, CA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$813.22
Fresno, CA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$81.32
Fresno, CA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$609.92
Fresno, CA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,576.64
Fresno, CA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$157.66
Fresno, CA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,182.48
Fresno, CA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,895.00
Fresno, CA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$189.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Fresno, CA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,421.25
Fresno, CA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$288.96
Fresno, CA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$329.03
Fresno, CA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$397.21
Fresno, CA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$367.05
Fresno, CA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$303.56
Fresno, CA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$354.39
Fresno, CA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$333.75
Fresno, CA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$292.24
Fresno, CA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$444.79
Fresno, CA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$396.43
Fresno, CA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$694.19
Fresno, CA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$587.86
Fresno, CA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$807.89
Fresno, CA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$765.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Grand Rapids-Wyoming, MI	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$79.98
Grand Rapids-Wyoming, MI	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$8.00
Grand Rapids-Wyoming, MI	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$59.99
Grand Rapids-Wyoming, MI	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$13.85
Grand Rapids-Wyoming, MI	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.39
Grand Rapids-Wyoming, MI	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$10.39
Grand Rapids-Wyoming, MI	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$140.55
Grand Rapids-Wyoming, MI	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$14.06
Grand Rapids-Wyoming, MI	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$105.41
Grand Rapids-Wyoming, MI	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$87.85
Grand Rapids-Wyoming, MI	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.79
Grand Rapids-Wyoming, MI	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$65.89
Grand Rapids-Wyoming, MI	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$118.27
Grand Rapids-Wyoming, MI	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.83
Grand Rapids-Wyoming, MI	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$88.70

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Grand Rapids-Wyoming, MI	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$74.75
Grand Rapids-Wyoming, MI	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.48
Grand Rapids-Wyoming, MI	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$56.06
Grand Rapids-Wyoming, MI	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$20.50
Grand Rapids-Wyoming, MI	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.05
Grand Rapids-Wyoming, MI	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$15.38
Grand Rapids-Wyoming, MI	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$31.64
Grand Rapids-Wyoming, MI	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.16
Grand Rapids-Wyoming, MI	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$23.73
Grand Rapids-Wyoming, MI	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$45.24
Grand Rapids-Wyoming, MI	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.52
Grand Rapids-Wyoming, MI	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$33.93
Grand Rapids-Wyoming, MI	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$29.14
Grand Rapids-Wyoming, MI	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.91
Grand Rapids-Wyoming, MI	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$21.86

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Grand Rapids-Wyoming, MI	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$67.65
Grand Rapids-Wyoming, MI	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.77
Grand Rapids-Wyoming, MI	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$50.74
Grand Rapids-Wyoming, MI	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$83.22
Grand Rapids-Wyoming, MI	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.32
Grand Rapids-Wyoming, MI	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$62.42
Grand Rapids-Wyoming, MI	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$105.00
Grand Rapids-Wyoming, MI	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.50
Grand Rapids-Wyoming, MI	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$78.75
Grand Rapids-Wyoming, MI	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$205.00
Grand Rapids-Wyoming, MI	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$20.50
Grand Rapids-Wyoming, MI	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$153.75
Grand Rapids-Wyoming, MI	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$127.00
Grand Rapids-Wyoming, MI	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.70
Grand Rapids-Wyoming, MI	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$95.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Grand Rapids-Wyoming, MI	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$43.51
Grand Rapids-Wyoming, MI	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.74
Grand Rapids-Wyoming, MI	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$39.92
Grand Rapids-Wyoming, MI	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$412.00
Grand Rapids-Wyoming, MI	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$41.20
Grand Rapids-Wyoming, MI	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$309.00
Grand Rapids-Wyoming, MI	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$350.00
Grand Rapids-Wyoming, MI	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$35.00
Grand Rapids-Wyoming, MI	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$262.50
Grand Rapids-Wyoming, MI	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$452.50
Grand Rapids-Wyoming, MI	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.25
Grand Rapids-Wyoming, MI	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$339.38
Grand Rapids-Wyoming, MI	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$440.00
Grand Rapids-Wyoming, MI	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$44.00
Grand Rapids-Wyoming, MI	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$330.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Grand Rapids-Wyoming, MI	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$700.00
Grand Rapids-Wyoming, MI	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$70.00
Grand Rapids-Wyoming, MI	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$525.00
Grand Rapids-Wyoming, MI	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.11
Grand Rapids-Wyoming, MI	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.61
Grand Rapids-Wyoming, MI	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.08
Grand Rapids-Wyoming, MI	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$85.58
Grand Rapids-Wyoming, MI	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.56
Grand Rapids-Wyoming, MI	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$64.19
Grand Rapids-Wyoming, MI	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$90.50
Grand Rapids-Wyoming, MI	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$9.05
Grand Rapids-Wyoming, MI	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$67.88
Grand Rapids-Wyoming, MI	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Grand Rapids-Wyoming, MI	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Grand Rapids-Wyoming, MI	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Grand Rapids-Wyoming, MI	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$32.84
Grand Rapids-Wyoming, MI	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.28
Grand Rapids-Wyoming, MI	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$24.63
Grand Rapids-Wyoming, MI	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$30.52
Grand Rapids-Wyoming, MI	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$3.05
Grand Rapids-Wyoming, MI	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$22.89
Grand Rapids-Wyoming, MI	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$142.50
Grand Rapids-Wyoming, MI	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.25
Grand Rapids-Wyoming, MI	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$106.88
Grand Rapids-Wyoming, MI	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$97.50
Grand Rapids-Wyoming, MI	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.75
Grand Rapids-Wyoming, MI	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$73.13
Grand Rapids-Wyoming, MI	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$104.65
Grand Rapids-Wyoming, MI	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.47
Grand Rapids-Wyoming, MI	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$78.49

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Grand Rapids-Wyoming, MI	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$93.04
Grand Rapids-Wyoming, MI	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.30
Grand Rapids-Wyoming, MI	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$69.78
Grand Rapids-Wyoming, MI	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$130.06
Grand Rapids-Wyoming, MI	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$13.01
Grand Rapids-Wyoming, MI	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$97.55
Grand Rapids-Wyoming, MI	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
Grand Rapids-Wyoming, MI	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
Grand Rapids-Wyoming, MI	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
Grand Rapids-Wyoming, MI	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.00
Grand Rapids-Wyoming, MI	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.50
Grand Rapids-Wyoming, MI	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$56.25
Grand Rapids-Wyoming, MI	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$153.46
Grand Rapids-Wyoming, MI	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$15.35
Grand Rapids-Wyoming, MI	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$115.10

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Grand Rapids-Wyoming, MI	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$347.39
Grand Rapids-Wyoming, MI	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$34.74
Grand Rapids-Wyoming, MI	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$260.54
Grand Rapids-Wyoming, MI	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$404.00
Grand Rapids-Wyoming, MI	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$40.40
Grand Rapids-Wyoming, MI	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$303.00
Grand Rapids-Wyoming, MI	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$355.00
Grand Rapids-Wyoming, MI	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$35.50
Grand Rapids-Wyoming, MI	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$266.25
Grand Rapids-Wyoming, MI	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$539.00
Grand Rapids-Wyoming, MI	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$53.90
Grand Rapids-Wyoming, MI	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$404.25
Grand Rapids-Wyoming, MI	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$135.00
Grand Rapids-Wyoming, MI	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$13.50
Grand Rapids-Wyoming, MI	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$101.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Grand Rapids-Wyoming, MI	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.00
Grand Rapids-Wyoming, MI	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.00
Grand Rapids-Wyoming, MI	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.00
Grand Rapids-Wyoming, MI	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$127.25
Grand Rapids-Wyoming, MI	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$12.73
Grand Rapids-Wyoming, MI	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$95.44
Grand Rapids-Wyoming, MI	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$64.00
Grand Rapids-Wyoming, MI	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.40
Grand Rapids-Wyoming, MI	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$48.00
Grand Rapids-Wyoming, MI	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$107.44
Grand Rapids-Wyoming, MI	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.74
Grand Rapids-Wyoming, MI	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$80.58
Grand Rapids-Wyoming, MI	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$48.50
Grand Rapids-Wyoming, MI	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.85
Grand Rapids-Wyoming, MI	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.38

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Grand Rapids-Wyoming, MI	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$16.75
Grand Rapids-Wyoming, MI	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.68
Grand Rapids-Wyoming, MI	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.56
Grand Rapids-Wyoming, MI	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$41.50
Grand Rapids-Wyoming, MI	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.15
Grand Rapids-Wyoming, MI	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.13
Grand Rapids-Wyoming, MI	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$63.50
Grand Rapids-Wyoming, MI	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.35
Grand Rapids-Wyoming, MI	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$47.63
Grand Rapids-Wyoming, MI	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$41.90
Grand Rapids-Wyoming, MI	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.19
Grand Rapids-Wyoming, MI	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.43
Grand Rapids-Wyoming, MI	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$48.98
Grand Rapids-Wyoming, MI	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.90
Grand Rapids-Wyoming, MI	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.74

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Grand Rapids-Wyoming, MI	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$45.99
Grand Rapids-Wyoming, MI	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.60
Grand Rapids-Wyoming, MI	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$34.49
Grand Rapids-Wyoming, MI	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$89.38
Grand Rapids-Wyoming, MI	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.94
Grand Rapids-Wyoming, MI	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$67.04
Grand Rapids-Wyoming, MI	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$112.88
Grand Rapids-Wyoming, MI	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$11.29
Grand Rapids-Wyoming, MI	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$84.66
Grand Rapids-Wyoming, MI	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$157.12
Grand Rapids-Wyoming, MI	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$15.71
Grand Rapids-Wyoming, MI	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$117.84
Grand Rapids-Wyoming, MI	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$217.83
Grand Rapids-Wyoming, MI	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.78
Grand Rapids-Wyoming, MI	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$163.37

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Grand Rapids-Wyoming, MI	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$325.04
Grand Rapids-Wyoming, MI	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.50
Grand Rapids-Wyoming, MI	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$243.78
Grand Rapids-Wyoming, MI	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$225.42
Grand Rapids-Wyoming, MI	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$22.54
Grand Rapids-Wyoming, MI	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$169.07
Grand Rapids-Wyoming, MI	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$275.00
Grand Rapids-Wyoming, MI	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$27.50
Grand Rapids-Wyoming, MI	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$206.25
Grand Rapids-Wyoming, MI	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
Grand Rapids-Wyoming, MI	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
Grand Rapids-Wyoming, MI	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
Grand Rapids-Wyoming, MI	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$319.00
Grand Rapids-Wyoming, MI	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$31.90
Grand Rapids-Wyoming, MI	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$239.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Grand Rapids-Wyoming, MI	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$315.32
Grand Rapids-Wyoming, MI	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$31.53
Grand Rapids-Wyoming, MI	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$236.49
Grand Rapids-Wyoming, MI	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$427.50
Grand Rapids-Wyoming, MI	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$42.75
Grand Rapids-Wyoming, MI	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$320.63
Grand Rapids-Wyoming, MI	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$359.61
Grand Rapids-Wyoming, MI	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.96
Grand Rapids-Wyoming, MI	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$269.71
Grand Rapids-Wyoming, MI	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$475.50
Grand Rapids-Wyoming, MI	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$47.55
Grand Rapids-Wyoming, MI	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$356.63
Grand Rapids-Wyoming, MI	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$389.50
Grand Rapids-Wyoming, MI	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.95
Grand Rapids-Wyoming, MI	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$292.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Grand Rapids-Wyoming, MI	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$431.28
Grand Rapids-Wyoming, MI	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$43.13
Grand Rapids-Wyoming, MI	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$323.46
Grand Rapids-Wyoming, MI	K0001	STANDARD WHEELCHAIR	RR			\$25.05
Grand Rapids-Wyoming, MI	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$55.47
Grand Rapids-Wyoming, MI	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$40.83
Grand Rapids-Wyoming, MI	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.75
Grand Rapids-Wyoming, MI	K0006	HEAVY DUTY WHEELCHAIR	RR			\$71.55
Grand Rapids-Wyoming, MI	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$112.06
Grand Rapids-Wyoming, MI	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$137.50
Grand Rapids-Wyoming, MI	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$13.75
Grand Rapids-Wyoming, MI	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$103.13
Grand Rapids-Wyoming, MI	K0019	ARM PAD, EACH	NU			\$11.29
Grand Rapids-Wyoming, MI	K0019	ARM PAD, EACH	RR			\$1.13
Grand Rapids-Wyoming, MI	K0019	ARM PAD, EACH	UE			\$8.47

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Grand Rapids-Wyoming, MI	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$52.20
Grand Rapids-Wyoming, MI	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.22
Grand Rapids-Wyoming, MI	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$39.15
Grand Rapids-Wyoming, MI	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$68.44
Grand Rapids-Wyoming, MI	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.84
Grand Rapids-Wyoming, MI	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$51.33
Grand Rapids-Wyoming, MI	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
Grand Rapids-Wyoming, MI	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
Grand Rapids-Wyoming, MI	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
Grand Rapids-Wyoming, MI	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$87.50
Grand Rapids-Wyoming, MI	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.75
Grand Rapids-Wyoming, MI	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$65.63
Grand Rapids-Wyoming, MI	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$93.50
Grand Rapids-Wyoming, MI	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.35
Grand Rapids-Wyoming, MI	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$70.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Grand Rapids-Wyoming, MI	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$159.94
Grand Rapids-Wyoming, MI	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.99
Grand Rapids-Wyoming, MI	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$119.96
Grand Rapids-Wyoming, MI	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$56.50
Grand Rapids-Wyoming, MI	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.65
Grand Rapids-Wyoming, MI	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$42.38
Grand Rapids-Wyoming, MI	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$13.57
Grand Rapids-Wyoming, MI	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$859.98
Grand Rapids-Wyoming, MI	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$86.00
Grand Rapids-Wyoming, MI	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$644.99
Grand Rapids-Wyoming, MI	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,750.00
Grand Rapids-Wyoming, MI	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$175.00
Grand Rapids-Wyoming, MI	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,312.50
Grand Rapids-Wyoming, MI	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,857.26
Grand Rapids-Wyoming, MI	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$185.73

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Grand Rapids-Wyoming, MI	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,392.95
Grand Rapids-Wyoming, MI	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$292.50
Grand Rapids-Wyoming, MI	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$329.03
Grand Rapids-Wyoming, MI	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$379.35
Grand Rapids-Wyoming, MI	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$378.23
Grand Rapids-Wyoming, MI	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.60
Grand Rapids-Wyoming, MI	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$352.04
Grand Rapids-Wyoming, MI	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$323.63
Grand Rapids-Wyoming, MI	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$274.70
Grand Rapids-Wyoming, MI	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$454.40
Grand Rapids-Wyoming, MI	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$369.89
Grand Rapids-Wyoming, MI	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$753.75
Grand Rapids-Wyoming, MI	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$599.55
Grand Rapids-Wyoming, MI	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$824.63
Grand Rapids-Wyoming, MI	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$813.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greensboro-High Point, NC	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$77.71
Greensboro-High Point, NC	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.77
Greensboro-High Point, NC	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$58.28
Greensboro-High Point, NC	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.50
Greensboro-High Point, NC	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.25
Greensboro-High Point, NC	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.38
Greensboro-High Point, NC	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$139.40
Greensboro-High Point, NC	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.94
Greensboro-High Point, NC	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$104.55
Greensboro-High Point, NC	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$80.00
Greensboro-High Point, NC	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.00
Greensboro-High Point, NC	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$60.00
Greensboro-High Point, NC	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$118.00
Greensboro-High Point, NC	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.80
Greensboro-High Point, NC	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$88.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greensboro-High Point, NC	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$74.00
Greensboro-High Point, NC	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.40
Greensboro-High Point, NC	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$55.50
Greensboro-High Point, NC	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$21.54
Greensboro-High Point, NC	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.15
Greensboro-High Point, NC	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$16.16
Greensboro-High Point, NC	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$30.00
Greensboro-High Point, NC	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.00
Greensboro-High Point, NC	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$22.50
Greensboro-High Point, NC	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$54.00
Greensboro-High Point, NC	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.40
Greensboro-High Point, NC	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$40.50
Greensboro-High Point, NC	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$25.99
Greensboro-High Point, NC	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.60
Greensboro-High Point, NC	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$19.49

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greensboro-High Point, NC	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$75.00
Greensboro-High Point, NC	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.50
Greensboro-High Point, NC	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$56.25
Greensboro-High Point, NC	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$75.95
Greensboro-High Point, NC	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.60
Greensboro-High Point, NC	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$56.96
Greensboro-High Point, NC	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$99.00
Greensboro-High Point, NC	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.90
Greensboro-High Point, NC	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$74.25
Greensboro-High Point, NC	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$192.00
Greensboro-High Point, NC	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$19.20
Greensboro-High Point, NC	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$144.00
Greensboro-High Point, NC	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$140.00
Greensboro-High Point, NC	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$14.00
Greensboro-High Point, NC	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$105.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greensboro-High Point, NC	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.40
Greensboro-High Point, NC	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.00
Greensboro-High Point, NC	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$37.50
Greensboro-High Point, NC	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$330.00
Greensboro-High Point, NC	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$33.00
Greensboro-High Point, NC	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$247.50
Greensboro-High Point, NC	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$320.61
Greensboro-High Point, NC	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$32.06
Greensboro-High Point, NC	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$240.46
Greensboro-High Point, NC	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$407.29
Greensboro-High Point, NC	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$40.73
Greensboro-High Point, NC	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$305.47
Greensboro-High Point, NC	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$411.65
Greensboro-High Point, NC	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$41.17
Greensboro-High Point, NC	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$308.74

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greensboro-High Point, NC	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$698.96
Greensboro-High Point, NC	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$69.90
Greensboro-High Point, NC	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$524.22
Greensboro-High Point, NC	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.22
Greensboro-High Point, NC	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.62
Greensboro-High Point, NC	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.17
Greensboro-High Point, NC	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$75.00
Greensboro-High Point, NC	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.50
Greensboro-High Point, NC	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$56.25
Greensboro-High Point, NC	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$84.00
Greensboro-High Point, NC	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.40
Greensboro-High Point, NC	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$63.00
Greensboro-High Point, NC	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Greensboro-High Point, NC	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Greensboro-High Point, NC	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greensboro-High Point, NC	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$34.00
Greensboro-High Point, NC	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.40
Greensboro-High Point, NC	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$25.50
Greensboro-High Point, NC	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$30.00
Greensboro-High Point, NC	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$3.00
Greensboro-High Point, NC	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$22.50
Greensboro-High Point, NC	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$145.00
Greensboro-High Point, NC	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.50
Greensboro-High Point, NC	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$108.75
Greensboro-High Point, NC	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$102.56
Greensboro-High Point, NC	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.26
Greensboro-High Point, NC	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$76.92
Greensboro-High Point, NC	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$106.00
Greensboro-High Point, NC	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.60
Greensboro-High Point, NC	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$79.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greensboro-High Point, NC	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$85.00
Greensboro-High Point, NC	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.50
Greensboro-High Point, NC	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$63.75
Greensboro-High Point, NC	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$131.11
Greensboro-High Point, NC	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$13.11
Greensboro-High Point, NC	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$98.33
Greensboro-High Point, NC	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
Greensboro-High Point, NC	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
Greensboro-High Point, NC	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
Greensboro-High Point, NC	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$70.00
Greensboro-High Point, NC	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.00
Greensboro-High Point, NC	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$52.50
Greensboro-High Point, NC	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$150.00
Greensboro-High Point, NC	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$15.00
Greensboro-High Point, NC	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$112.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greensboro-High Point, NC	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$335.00
Greensboro-High Point, NC	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$33.50
Greensboro-High Point, NC	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$251.25
Greensboro-High Point, NC	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$400.00
Greensboro-High Point, NC	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$40.00
Greensboro-High Point, NC	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$300.00
Greensboro-High Point, NC	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$350.00
Greensboro-High Point, NC	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$35.00
Greensboro-High Point, NC	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$262.50
Greensboro-High Point, NC	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$533.00
Greensboro-High Point, NC	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$53.30
Greensboro-High Point, NC	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$399.75
Greensboro-High Point, NC	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$129.00
Greensboro-High Point, NC	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.90
Greensboro-High Point, NC	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$96.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greensboro-High Point, NC	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.50
Greensboro-High Point, NC	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.75
Greensboro-High Point, NC	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.13
Greensboro-High Point, NC	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$112.00
Greensboro-High Point, NC	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.20
Greensboro-High Point, NC	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$84.00
Greensboro-High Point, NC	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.00
Greensboro-High Point, NC	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.00
Greensboro-High Point, NC	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.00
Greensboro-High Point, NC	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$109.72
Greensboro-High Point, NC	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.97
Greensboro-High Point, NC	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$82.29
Greensboro-High Point, NC	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$48.00
Greensboro-High Point, NC	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.80
Greensboro-High Point, NC	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greensboro-High Point, NC	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$17.00
Greensboro-High Point, NC	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.70
Greensboro-High Point, NC	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.75
Greensboro-High Point, NC	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.00
Greensboro-High Point, NC	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.00
Greensboro-High Point, NC	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.00
Greensboro-High Point, NC	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$59.00
Greensboro-High Point, NC	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.90
Greensboro-High Point, NC	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$44.25
Greensboro-High Point, NC	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.00
Greensboro-High Point, NC	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.20
Greensboro-High Point, NC	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.50
Greensboro-High Point, NC	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.95
Greensboro-High Point, NC	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.00
Greensboro-High Point, NC	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.46

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greensboro-High Point, NC	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$39.59
Greensboro-High Point, NC	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.96
Greensboro-High Point, NC	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$29.69
Greensboro-High Point, NC	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$89.00
Greensboro-High Point, NC	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.90
Greensboro-High Point, NC	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$66.75
Greensboro-High Point, NC	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$105.00
Greensboro-High Point, NC	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.50
Greensboro-High Point, NC	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$78.75
Greensboro-High Point, NC	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$150.00
Greensboro-High Point, NC	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$15.00
Greensboro-High Point, NC	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$112.50
Greensboro-High Point, NC	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$215.00
Greensboro-High Point, NC	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.50
Greensboro-High Point, NC	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$161.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greensboro-High Point, NC	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$335.00
Greensboro-High Point, NC	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$33.50
Greensboro-High Point, NC	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$251.25
Greensboro-High Point, NC	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$215.00
Greensboro-High Point, NC	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.50
Greensboro-High Point, NC	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$161.25
Greensboro-High Point, NC	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$270.00
Greensboro-High Point, NC	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$27.00
Greensboro-High Point, NC	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$202.50
Greensboro-High Point, NC	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
Greensboro-High Point, NC	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
Greensboro-High Point, NC	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
Greensboro-High Point, NC	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$297.54
Greensboro-High Point, NC	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.75
Greensboro-High Point, NC	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$223.16

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greensboro-High Point, NC	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$315.00
Greensboro-High Point, NC	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$31.50
Greensboro-High Point, NC	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$236.25
Greensboro-High Point, NC	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$400.00
Greensboro-High Point, NC	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.00
Greensboro-High Point, NC	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$300.00
Greensboro-High Point, NC	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$356.99
Greensboro-High Point, NC	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.70
Greensboro-High Point, NC	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$267.74
Greensboro-High Point, NC	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$475.00
Greensboro-High Point, NC	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$47.50
Greensboro-High Point, NC	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$356.25
Greensboro-High Point, NC	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$382.50
Greensboro-High Point, NC	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.25
Greensboro-High Point, NC	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$286.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greensboro-High Point, NC	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$445.00
Greensboro-High Point, NC	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$44.50
Greensboro-High Point, NC	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$333.75
Greensboro-High Point, NC	K0001	STANDARD WHEELCHAIR	RR			\$25.00
Greensboro-High Point, NC	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$31.90
Greensboro-High Point, NC	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$35.20
Greensboro-High Point, NC	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$38.20
Greensboro-High Point, NC	K0006	HEAVY DUTY WHEELCHAIR	RR			\$57.25
Greensboro-High Point, NC	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$75.00
Greensboro-High Point, NC	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$126.15
Greensboro-High Point, NC	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$12.62
Greensboro-High Point, NC	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$94.61
Greensboro-High Point, NC	K0019	ARM PAD, EACH	NU			\$12.00
Greensboro-High Point, NC	K0019	ARM PAD, EACH	RR			\$1.20
Greensboro-High Point, NC	K0019	ARM PAD, EACH	UE			\$9.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greensboro-High Point, NC	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$50.00
Greensboro-High Point, NC	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.00
Greensboro-High Point, NC	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$37.50
Greensboro-High Point, NC	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$70.00
Greensboro-High Point, NC	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.00
Greensboro-High Point, NC	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$52.50
Greensboro-High Point, NC	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
Greensboro-High Point, NC	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
Greensboro-High Point, NC	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
Greensboro-High Point, NC	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$82.00
Greensboro-High Point, NC	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.20
Greensboro-High Point, NC	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$61.50
Greensboro-High Point, NC	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$90.00
Greensboro-High Point, NC	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.00
Greensboro-High Point, NC	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$67.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greensboro-High Point, NC	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$157.39
Greensboro-High Point, NC	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.74
Greensboro-High Point, NC	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$118.04
Greensboro-High Point, NC	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$50.00
Greensboro-High Point, NC	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.00
Greensboro-High Point, NC	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$37.50
Greensboro-High Point, NC	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$9.92
Greensboro-High Point, NC	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$819.97
Greensboro-High Point, NC	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$82.00
Greensboro-High Point, NC	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$614.98
Greensboro-High Point, NC	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,550.00
Greensboro-High Point, NC	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$155.00
Greensboro-High Point, NC	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,162.50
Greensboro-High Point, NC	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,900.00
Greensboro-High Point, NC	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$190.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greensboro-High Point, NC	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,425.00
Greensboro-High Point, NC	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
Greensboro-High Point, NC	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$337.50
Greensboro-High Point, NC	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$368.10
Greensboro-High Point, NC	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$349.08
Greensboro-High Point, NC	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$286.20
Greensboro-High Point, NC	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$344.24
Greensboro-High Point, NC	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$322.50
Greensboro-High Point, NC	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.00
Greensboro-High Point, NC	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$435.00
Greensboro-High Point, NC	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$390.00
Greensboro-High Point, NC	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$682.50
Greensboro-High Point, NC	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$568.10
Greensboro-High Point, NC	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$708.99
Greensboro-High Point, NC	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$727.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greenville-Mauldin-Easley, SC	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$76.36
Greenville-Mauldin-Easley, SC	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.64
Greenville-Mauldin-Easley, SC	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$57.27
Greenville-Mauldin-Easley, SC	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.38
Greenville-Mauldin-Easley, SC	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.24
Greenville-Mauldin-Easley, SC	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.29
Greenville-Mauldin-Easley, SC	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$138.50
Greenville-Mauldin-Easley, SC	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.85
Greenville-Mauldin-Easley, SC	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$103.88
Greenville-Mauldin-Easley, SC	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$74.68
Greenville-Mauldin-Easley, SC	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.47
Greenville-Mauldin-Easley, SC	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$56.01
Greenville-Mauldin-Easley, SC	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$112.61
Greenville-Mauldin-Easley, SC	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.26
Greenville-Mauldin-Easley, SC	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$84.46

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greenville-Mauldin-Easley, SC	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$70.00
Greenville-Mauldin-Easley, SC	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.00
Greenville-Mauldin-Easley, SC	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$52.50
Greenville-Mauldin-Easley, SC	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.78
Greenville-Mauldin-Easley, SC	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.98
Greenville-Mauldin-Easley, SC	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.84
Greenville-Mauldin-Easley, SC	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$26.50
Greenville-Mauldin-Easley, SC	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.65
Greenville-Mauldin-Easley, SC	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$19.88
Greenville-Mauldin-Easley, SC	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$43.56
Greenville-Mauldin-Easley, SC	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.36
Greenville-Mauldin-Easley, SC	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$32.67
Greenville-Mauldin-Easley, SC	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$23.00
Greenville-Mauldin-Easley, SC	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.30
Greenville-Mauldin-Easley, SC	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$17.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greenville-Mauldin-Easley, SC	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$72.00
Greenville-Mauldin-Easley, SC	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.20
Greenville-Mauldin-Easley, SC	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$54.00
Greenville-Mauldin-Easley, SC	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$79.10
Greenville-Mauldin-Easley, SC	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.91
Greenville-Mauldin-Easley, SC	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$59.33
Greenville-Mauldin-Easley, SC	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$95.00
Greenville-Mauldin-Easley, SC	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.50
Greenville-Mauldin-Easley, SC	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$71.25
Greenville-Mauldin-Easley, SC	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$193.00
Greenville-Mauldin-Easley, SC	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$19.30
Greenville-Mauldin-Easley, SC	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$144.75
Greenville-Mauldin-Easley, SC	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$125.50
Greenville-Mauldin-Easley, SC	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.55
Greenville-Mauldin-Easley, SC	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$94.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greenville-Mauldin-Easley, SC	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.45
Greenville-Mauldin-Easley, SC	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.24
Greenville-Mauldin-Easley, SC	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$36.90
Greenville-Mauldin-Easley, SC	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$372.75
Greenville-Mauldin-Easley, SC	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$37.28
Greenville-Mauldin-Easley, SC	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$279.56
Greenville-Mauldin-Easley, SC	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$329.38
Greenville-Mauldin-Easley, SC	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$32.94
Greenville-Mauldin-Easley, SC	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$247.04
Greenville-Mauldin-Easley, SC	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$453.94
Greenville-Mauldin-Easley, SC	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.39
Greenville-Mauldin-Easley, SC	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$340.46
Greenville-Mauldin-Easley, SC	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$413.32
Greenville-Mauldin-Easley, SC	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$41.33
Greenville-Mauldin-Easley, SC	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$309.99

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greenville-Mauldin-Easley, SC	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$725.00
Greenville-Mauldin-Easley, SC	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$72.50
Greenville-Mauldin-Easley, SC	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$543.75
Greenville-Mauldin-Easley, SC	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.11
Greenville-Mauldin-Easley, SC	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.61
Greenville-Mauldin-Easley, SC	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.08
Greenville-Mauldin-Easley, SC	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$77.00
Greenville-Mauldin-Easley, SC	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.70
Greenville-Mauldin-Easley, SC	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$57.75
Greenville-Mauldin-Easley, SC	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$82.50
Greenville-Mauldin-Easley, SC	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.25
Greenville-Mauldin-Easley, SC	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$61.88
Greenville-Mauldin-Easley, SC	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Greenville-Mauldin-Easley, SC	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Greenville-Mauldin-Easley, SC	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greenville-Mauldin-Easley, SC	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$34.00
Greenville-Mauldin-Easley, SC	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.40
Greenville-Mauldin-Easley, SC	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$25.50
Greenville-Mauldin-Easley, SC	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$29.38
Greenville-Mauldin-Easley, SC	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.94
Greenville-Mauldin-Easley, SC	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$22.04
Greenville-Mauldin-Easley, SC	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$138.50
Greenville-Mauldin-Easley, SC	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.85
Greenville-Mauldin-Easley, SC	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$103.88
Greenville-Mauldin-Easley, SC	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$97.50
Greenville-Mauldin-Easley, SC	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.75
Greenville-Mauldin-Easley, SC	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$73.13
Greenville-Mauldin-Easley, SC	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$100.72
Greenville-Mauldin-Easley, SC	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.07
Greenville-Mauldin-Easley, SC	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$75.54

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greenville-Mauldin-Easley, SC	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.04
Greenville-Mauldin-Easley, SC	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.00
Greenville-Mauldin-Easley, SC	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.53
Greenville-Mauldin-Easley, SC	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$127.26
Greenville-Mauldin-Easley, SC	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.73
Greenville-Mauldin-Easley, SC	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$95.45
Greenville-Mauldin-Easley, SC	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$99.00
Greenville-Mauldin-Easley, SC	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.90
Greenville-Mauldin-Easley, SC	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$74.25
Greenville-Mauldin-Easley, SC	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$72.50
Greenville-Mauldin-Easley, SC	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.25
Greenville-Mauldin-Easley, SC	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$54.38
Greenville-Mauldin-Easley, SC	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$137.00
Greenville-Mauldin-Easley, SC	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$13.70
Greenville-Mauldin-Easley, SC	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$102.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greenville-Mauldin-Easley, SC	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$295.34
Greenville-Mauldin-Easley, SC	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$29.53
Greenville-Mauldin-Easley, SC	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$221.51
Greenville-Mauldin-Easley, SC	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$380.50
Greenville-Mauldin-Easley, SC	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$38.05
Greenville-Mauldin-Easley, SC	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$285.38
Greenville-Mauldin-Easley, SC	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$325.78
Greenville-Mauldin-Easley, SC	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$32.58
Greenville-Mauldin-Easley, SC	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$244.34
Greenville-Mauldin-Easley, SC	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$510.12
Greenville-Mauldin-Easley, SC	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$51.01
Greenville-Mauldin-Easley, SC	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$382.59
Greenville-Mauldin-Easley, SC	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$124.50
Greenville-Mauldin-Easley, SC	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.45
Greenville-Mauldin-Easley, SC	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$93.38

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greenville-Mauldin-Easley, SC	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.99
Greenville-Mauldin-Easley, SC	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.60
Greenville-Mauldin-Easley, SC	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.99
Greenville-Mauldin-Easley, SC	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$117.00
Greenville-Mauldin-Easley, SC	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.70
Greenville-Mauldin-Easley, SC	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$87.75
Greenville-Mauldin-Easley, SC	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.95
Greenville-Mauldin-Easley, SC	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.80
Greenville-Mauldin-Easley, SC	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.46
Greenville-Mauldin-Easley, SC	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$105.08
Greenville-Mauldin-Easley, SC	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.51
Greenville-Mauldin-Easley, SC	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$78.81
Greenville-Mauldin-Easley, SC	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$46.20
Greenville-Mauldin-Easley, SC	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.62
Greenville-Mauldin-Easley, SC	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.65

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greenville-Mauldin-Easley, SC	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$16.00
Greenville-Mauldin-Easley, SC	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.60
Greenville-Mauldin-Easley, SC	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.00
Greenville-Mauldin-Easley, SC	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$37.62
Greenville-Mauldin-Easley, SC	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.76
Greenville-Mauldin-Easley, SC	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.22
Greenville-Mauldin-Easley, SC	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.10
Greenville-Mauldin-Easley, SC	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.51
Greenville-Mauldin-Easley, SC	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.33
Greenville-Mauldin-Easley, SC	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.40
Greenville-Mauldin-Easley, SC	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.04
Greenville-Mauldin-Easley, SC	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.30
Greenville-Mauldin-Easley, SC	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$46.50
Greenville-Mauldin-Easley, SC	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.65
Greenville-Mauldin-Easley, SC	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greenville-Mauldin-Easley, SC	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$36.26
Greenville-Mauldin-Easley, SC	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.63
Greenville-Mauldin-Easley, SC	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$27.20
Greenville-Mauldin-Easley, SC	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$82.06
Greenville-Mauldin-Easley, SC	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.21
Greenville-Mauldin-Easley, SC	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$61.55
Greenville-Mauldin-Easley, SC	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$101.50
Greenville-Mauldin-Easley, SC	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.15
Greenville-Mauldin-Easley, SC	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$76.13
Greenville-Mauldin-Easley, SC	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$147.12
Greenville-Mauldin-Easley, SC	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$14.71
Greenville-Mauldin-Easley, SC	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$110.34
Greenville-Mauldin-Easley, SC	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$197.50
Greenville-Mauldin-Easley, SC	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.75
Greenville-Mauldin-Easley, SC	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$148.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greenville-Mauldin-Easley, SC	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$325.04
Greenville-Mauldin-Easley, SC	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.50
Greenville-Mauldin-Easley, SC	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$243.78
Greenville-Mauldin-Easley, SC	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$202.33
Greenville-Mauldin-Easley, SC	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.23
Greenville-Mauldin-Easley, SC	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$151.75
Greenville-Mauldin-Easley, SC	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$274.46
Greenville-Mauldin-Easley, SC	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$27.45
Greenville-Mauldin-Easley, SC	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$205.85
Greenville-Mauldin-Easley, SC	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$157.28
Greenville-Mauldin-Easley, SC	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.73
Greenville-Mauldin-Easley, SC	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$117.96
Greenville-Mauldin-Easley, SC	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$282.27
Greenville-Mauldin-Easley, SC	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$28.23
Greenville-Mauldin-Easley, SC	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$211.70

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greenville-Mauldin-Easley, SC	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$300.00
Greenville-Mauldin-Easley, SC	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.00
Greenville-Mauldin-Easley, SC	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$225.00
Greenville-Mauldin-Easley, SC	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$427.50
Greenville-Mauldin-Easley, SC	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$42.75
Greenville-Mauldin-Easley, SC	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$320.63
Greenville-Mauldin-Easley, SC	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$353.50
Greenville-Mauldin-Easley, SC	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.35
Greenville-Mauldin-Easley, SC	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$265.13
Greenville-Mauldin-Easley, SC	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$475.50
Greenville-Mauldin-Easley, SC	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$47.55
Greenville-Mauldin-Easley, SC	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$356.63
Greenville-Mauldin-Easley, SC	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$381.25
Greenville-Mauldin-Easley, SC	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.13
Greenville-Mauldin-Easley, SC	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$285.94

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greenville-Mauldin-Easley, SC	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$431.28
Greenville-Mauldin-Easley, SC	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$43.13
Greenville-Mauldin-Easley, SC	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$323.46
Greenville-Mauldin-Easley, SC	K0001	STANDARD WHEELCHAIR	RR			\$23.97
Greenville-Mauldin-Easley, SC	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$33.56
Greenville-Mauldin-Easley, SC	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$35.62
Greenville-Mauldin-Easley, SC	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$47.60
Greenville-Mauldin-Easley, SC	K0006	HEAVY DUTY WHEELCHAIR	RR			\$58.75
Greenville-Mauldin-Easley, SC	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$91.78
Greenville-Mauldin-Easley, SC	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$128.08
Greenville-Mauldin-Easley, SC	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$12.81
Greenville-Mauldin-Easley, SC	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$96.06
Greenville-Mauldin-Easley, SC	K0019	ARM PAD, EACH	NU			\$11.00
Greenville-Mauldin-Easley, SC	K0019	ARM PAD, EACH	RR			\$1.10
Greenville-Mauldin-Easley, SC	K0019	ARM PAD, EACH	UE			\$8.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greenville-Mauldin-Easley, SC	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$51.45
Greenville-Mauldin-Easley, SC	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.15
Greenville-Mauldin-Easley, SC	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$38.59
Greenville-Mauldin-Easley, SC	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$68.44
Greenville-Mauldin-Easley, SC	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.84
Greenville-Mauldin-Easley, SC	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$51.33
Greenville-Mauldin-Easley, SC	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$83.58
Greenville-Mauldin-Easley, SC	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.36
Greenville-Mauldin-Easley, SC	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$62.69
Greenville-Mauldin-Easley, SC	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$87.50
Greenville-Mauldin-Easley, SC	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.75
Greenville-Mauldin-Easley, SC	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$65.63
Greenville-Mauldin-Easley, SC	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$88.94
Greenville-Mauldin-Easley, SC	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.89
Greenville-Mauldin-Easley, SC	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$66.71

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greenville-Mauldin-Easley, SC	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$158.64
Greenville-Mauldin-Easley, SC	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.86
Greenville-Mauldin-Easley, SC	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$118.98
Greenville-Mauldin-Easley, SC	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$52.00
Greenville-Mauldin-Easley, SC	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.20
Greenville-Mauldin-Easley, SC	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$39.00
Greenville-Mauldin-Easley, SC	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$9.93
Greenville-Mauldin-Easley, SC	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$859.49
Greenville-Mauldin-Easley, SC	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$85.95
Greenville-Mauldin-Easley, SC	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$644.62
Greenville-Mauldin-Easley, SC	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,625.00
Greenville-Mauldin-Easley, SC	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$162.50
Greenville-Mauldin-Easley, SC	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,218.75
Greenville-Mauldin-Easley, SC	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,779.00
Greenville-Mauldin-Easley, SC	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$177.90

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greenville-Mauldin-Easley, SC	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,334.25
Greenville-Mauldin-Easley, SC	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$277.05
Greenville-Mauldin-Easley, SC	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$304.17
Greenville-Mauldin-Easley, SC	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$347.69
Greenville-Mauldin-Easley, SC	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$339.54
Greenville-Mauldin-Easley, SC	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.60
Greenville-Mauldin-Easley, SC	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$331.41
Greenville-Mauldin-Easley, SC	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$323.63
Greenville-Mauldin-Easley, SC	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$277.24
Greenville-Mauldin-Easley, SC	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$440.47
Greenville-Mauldin-Easley, SC	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$395.63
Greenville-Mauldin-Easley, SC	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$647.86
Greenville-Mauldin-Easley, SC	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$568.67
Greenville-Mauldin-Easley, SC	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$737.22
Greenville-Mauldin-Easley, SC	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$720.45

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Hartford-West Hartford-East Hartford, CT	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$84.08
Hartford-West Hartford-East Hartford, CT	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$8.41
Hartford-West Hartford-East Hartford, CT	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$63.06
Hartford-West Hartford-East Hartford, CT	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.00
Hartford-West Hartford-East Hartford, CT	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.20
Hartford-West Hartford-East Hartford, CT	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.00
Hartford-West Hartford-East Hartford, CT	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$125.13
Hartford-West Hartford-East Hartford, CT	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.51
Hartford-West Hartford-East Hartford, CT	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$93.85
Hartford-West Hartford-East Hartford, CT	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$83.35
Hartford-West Hartford-East Hartford, CT	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.34
Hartford-West Hartford-East Hartford, CT	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$62.51
Hartford-West Hartford-East Hartford, CT	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$115.66
Hartford-West Hartford-East Hartford, CT	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.57
Hartford-West Hartford-East Hartford, CT	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$86.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Hartford-West Hartford-East Hartford, CT	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$59.42
Hartford-West Hartford-East Hartford, CT	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$5.94
Hartford-West Hartford-East Hartford, CT	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$44.57
Hartford-West Hartford-East Hartford, CT	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$14.29
Hartford-West Hartford-East Hartford, CT	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.43
Hartford-West Hartford-East Hartford, CT	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$10.72
Hartford-West Hartford-East Hartford, CT	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$30.52
Hartford-West Hartford-East Hartford, CT	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.05
Hartford-West Hartford-East Hartford, CT	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$22.89
Hartford-West Hartford-East Hartford, CT	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$42.62
Hartford-West Hartford-East Hartford, CT	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.26
Hartford-West Hartford-East Hartford, CT	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$31.97
Hartford-West Hartford-East Hartford, CT	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$19.86
Hartford-West Hartford-East Hartford, CT	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$1.99
Hartford-West Hartford-East Hartford, CT	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$14.90

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Hartford-West Hartford-East Hartford, CT	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$70.02
Hartford-West Hartford-East Hartford, CT	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.00
Hartford-West Hartford-East Hartford, CT	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$52.52
Hartford-West Hartford-East Hartford, CT	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$74.64
Hartford-West Hartford-East Hartford, CT	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.46
Hartford-West Hartford-East Hartford, CT	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$55.98
Hartford-West Hartford-East Hartford, CT	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$90.26
Hartford-West Hartford-East Hartford, CT	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.03
Hartford-West Hartford-East Hartford, CT	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$67.70
Hartford-West Hartford-East Hartford, CT	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$165.35
Hartford-West Hartford-East Hartford, CT	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$16.54
Hartford-West Hartford-East Hartford, CT	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$124.01
Hartford-West Hartford-East Hartford, CT	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$134.88
Hartford-West Hartford-East Hartford, CT	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.49
Hartford-West Hartford-East Hartford, CT	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$101.16

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Hartford-West Hartford-East Hartford, CT	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$37.54
Hartford-West Hartford-East Hartford, CT	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.33
Hartford-West Hartford-East Hartford, CT	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$31.58
Hartford-West Hartford-East Hartford, CT	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$369.97
Hartford-West Hartford-East Hartford, CT	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$37.00
Hartford-West Hartford-East Hartford, CT	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$277.48
Hartford-West Hartford-East Hartford, CT	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$373.38
Hartford-West Hartford-East Hartford, CT	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$37.34
Hartford-West Hartford-East Hartford, CT	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$280.04
Hartford-West Hartford-East Hartford, CT	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$477.01
Hartford-West Hartford-East Hartford, CT	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$47.70
Hartford-West Hartford-East Hartford, CT	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$357.76
Hartford-West Hartford-East Hartford, CT	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$403.12
Hartford-West Hartford-East Hartford, CT	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$40.31
Hartford-West Hartford-East Hartford, CT	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$302.34

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Hartford-West Hartford-East Hartford, CT	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$673.12
Hartford-West Hartford-East Hartford, CT	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$67.31
Hartford-West Hartford-East Hartford, CT	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$504.84
Hartford-West Hartford-East Hartford, CT	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.38
Hartford-West Hartford-East Hartford, CT	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.64
Hartford-West Hartford-East Hartford, CT	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.29
Hartford-West Hartford-East Hartford, CT	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$59.39
Hartford-West Hartford-East Hartford, CT	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$5.94
Hartford-West Hartford-East Hartford, CT	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$44.54
Hartford-West Hartford-East Hartford, CT	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$81.69
Hartford-West Hartford-East Hartford, CT	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.17
Hartford-West Hartford-East Hartford, CT	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$61.27
Hartford-West Hartford-East Hartford, CT	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.26
Hartford-West Hartford-East Hartford, CT	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.43
Hartford-West Hartford-East Hartford, CT	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.20

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Hartford-West Hartford-East Hartford, CT	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$31.74
Hartford-West Hartford-East Hartford, CT	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.17
Hartford-West Hartford-East Hartford, CT	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$23.81
Hartford-West Hartford-East Hartford, CT	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$28.52
Hartford-West Hartford-East Hartford, CT	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.85
Hartford-West Hartford-East Hartford, CT	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$21.39
Hartford-West Hartford-East Hartford, CT	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$136.00
Hartford-West Hartford-East Hartford, CT	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.60
Hartford-West Hartford-East Hartford, CT	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$102.00
Hartford-West Hartford-East Hartford, CT	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$103.78
Hartford-West Hartford-East Hartford, CT	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.38
Hartford-West Hartford-East Hartford, CT	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$77.84
Hartford-West Hartford-East Hartford, CT	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$115.56
Hartford-West Hartford-East Hartford, CT	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$11.56
Hartford-West Hartford-East Hartford, CT	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$86.67

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Hartford-West Hartford-East Hartford, CT	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$93.90
Hartford-West Hartford-East Hartford, CT	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.39
Hartford-West Hartford-East Hartford, CT	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$70.43
Hartford-West Hartford-East Hartford, CT	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$145.79
Hartford-West Hartford-East Hartford, CT	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$14.58
Hartford-West Hartford-East Hartford, CT	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$109.34
Hartford-West Hartford-East Hartford, CT	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$87.50
Hartford-West Hartford-East Hartford, CT	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.75
Hartford-West Hartford-East Hartford, CT	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$65.63
Hartford-West Hartford-East Hartford, CT	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.40
Hartford-West Hartford-East Hartford, CT	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.54
Hartford-West Hartford-East Hartford, CT	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$56.55
Hartford-West Hartford-East Hartford, CT	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$138.52
Hartford-West Hartford-East Hartford, CT	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$13.85
Hartford-West Hartford-East Hartford, CT	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$103.89

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Hartford-West Hartford-East Hartford, CT	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$275.02
Hartford-West Hartford-East Hartford, CT	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$27.50
Hartford-West Hartford-East Hartford, CT	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$206.27
Hartford-West Hartford-East Hartford, CT	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$360.76
Hartford-West Hartford-East Hartford, CT	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$36.08
Hartford-West Hartford-East Hartford, CT	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$270.57
Hartford-West Hartford-East Hartford, CT	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$308.30
Hartford-West Hartford-East Hartford, CT	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$30.83
Hartford-West Hartford-East Hartford, CT	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$231.23
Hartford-West Hartford-East Hartford, CT	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$545.18
Hartford-West Hartford-East Hartford, CT	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$54.52
Hartford-West Hartford-East Hartford, CT	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$408.89
Hartford-West Hartford-East Hartford, CT	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$131.58
Hartford-West Hartford-East Hartford, CT	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$13.16
Hartford-West Hartford-East Hartford, CT	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$98.69

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Hartford-West Hartford-East Hartford, CT	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.45
Hartford-West Hartford-East Hartford, CT	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.95
Hartford-West Hartford-East Hartford, CT	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.09
Hartford-West Hartford-East Hartford, CT	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$103.28
Hartford-West Hartford-East Hartford, CT	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.33
Hartford-West Hartford-East Hartford, CT	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$77.46
Hartford-West Hartford-East Hartford, CT	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$52.72
Hartford-West Hartford-East Hartford, CT	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.27
Hartford-West Hartford-East Hartford, CT	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$39.54
Hartford-West Hartford-East Hartford, CT	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$75.24
Hartford-West Hartford-East Hartford, CT	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$7.52
Hartford-West Hartford-East Hartford, CT	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$56.43
Hartford-West Hartford-East Hartford, CT	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$43.12
Hartford-West Hartford-East Hartford, CT	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.31
Hartford-West Hartford-East Hartford, CT	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.34

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Hartford-West Hartford-East Hartford, CT	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$13.66
Hartford-West Hartford-East Hartford, CT	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.37
Hartford-West Hartford-East Hartford, CT	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$10.25
Hartford-West Hartford-East Hartford, CT	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$29.43
Hartford-West Hartford-East Hartford, CT	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$2.94
Hartford-West Hartford-East Hartford, CT	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$22.07
Hartford-West Hartford-East Hartford, CT	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.58
Hartford-West Hartford-East Hartford, CT	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.56
Hartford-West Hartford-East Hartford, CT	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.69
Hartford-West Hartford-East Hartford, CT	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$37.65
Hartford-West Hartford-East Hartford, CT	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.77
Hartford-West Hartford-East Hartford, CT	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.24
Hartford-West Hartford-East Hartford, CT	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$48.46
Hartford-West Hartford-East Hartford, CT	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.85
Hartford-West Hartford-East Hartford, CT	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.35

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Hartford-West Hartford-East Hartford, CT	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$47.02
Hartford-West Hartford-East Hartford, CT	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.70
Hartford-West Hartford-East Hartford, CT	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$35.27
Hartford-West Hartford-East Hartford, CT	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$89.38
Hartford-West Hartford-East Hartford, CT	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.94
Hartford-West Hartford-East Hartford, CT	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$67.04
Hartford-West Hartford-East Hartford, CT	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$100.70
Hartford-West Hartford-East Hartford, CT	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.07
Hartford-West Hartford-East Hartford, CT	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$75.53
Hartford-West Hartford-East Hartford, CT	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$130.58
Hartford-West Hartford-East Hartford, CT	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$13.06
Hartford-West Hartford-East Hartford, CT	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$97.94
Hartford-West Hartford-East Hartford, CT	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$191.80
Hartford-West Hartford-East Hartford, CT	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.18
Hartford-West Hartford-East Hartford, CT	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$143.85

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Hartford-West Hartford-East Hartford, CT	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$275.24
Hartford-West Hartford-East Hartford, CT	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$27.52
Hartford-West Hartford-East Hartford, CT	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$206.43
Hartford-West Hartford-East Hartford, CT	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$192.82
Hartford-West Hartford-East Hartford, CT	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.28
Hartford-West Hartford-East Hartford, CT	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$144.62
Hartford-West Hartford-East Hartford, CT	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$245.06
Hartford-West Hartford-East Hartford, CT	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$24.51
Hartford-West Hartford-East Hartford, CT	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$183.80
Hartford-West Hartford-East Hartford, CT	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$147.30
Hartford-West Hartford-East Hartford, CT	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$14.73
Hartford-West Hartford-East Hartford, CT	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$110.48
Hartford-West Hartford-East Hartford, CT	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$275.94
Hartford-West Hartford-East Hartford, CT	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$27.59
Hartford-West Hartford-East Hartford, CT	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$206.96

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Hartford-West Hartford-East Hartford, CT	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$315.32
Hartford-West Hartford-East Hartford, CT	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$31.53
Hartford-West Hartford-East Hartford, CT	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$236.49
Hartford-West Hartford-East Hartford, CT	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$404.58
Hartford-West Hartford-East Hartford, CT	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.46
Hartford-West Hartford-East Hartford, CT	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$303.44
Hartford-West Hartford-East Hartford, CT	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$356.12
Hartford-West Hartford-East Hartford, CT	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.61
Hartford-West Hartford-East Hartford, CT	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$267.09
Hartford-West Hartford-East Hartford, CT	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$454.18
Hartford-West Hartford-East Hartford, CT	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.42
Hartford-West Hartford-East Hartford, CT	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$340.64
Hartford-West Hartford-East Hartford, CT	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$387.36
Hartford-West Hartford-East Hartford, CT	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.74
Hartford-West Hartford-East Hartford, CT	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$290.52

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Hartford-West Hartford-East Hartford, CT	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$409.80
Hartford-West Hartford-East Hartford, CT	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.98
Hartford-West Hartford-East Hartford, CT	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$307.35
Hartford-West Hartford-East Hartford, CT	K0001	STANDARD WHEELCHAIR	RR			\$25.84
Hartford-West Hartford-East Hartford, CT	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$42.92
Hartford-West Hartford-East Hartford, CT	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$40.00
Hartford-West Hartford-East Hartford, CT	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$50.00
Hartford-West Hartford-East Hartford, CT	K0006	HEAVY DUTY WHEELCHAIR	RR			\$74.07
Hartford-West Hartford-East Hartford, CT	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$125.60
Hartford-West Hartford-East Hartford, CT	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$121.28
Hartford-West Hartford-East Hartford, CT	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$12.13
Hartford-West Hartford-East Hartford, CT	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$90.96
Hartford-West Hartford-East Hartford, CT	K0019	ARM PAD, EACH	NU			\$9.88
Hartford-West Hartford-East Hartford, CT	K0019	ARM PAD, EACH	RR			\$0.99
Hartford-West Hartford-East Hartford, CT	K0019	ARM PAD, EACH	UE			\$7.41

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Hartford-West Hartford-East Hartford, CT	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$47.55
Hartford-West Hartford-East Hartford, CT	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$4.76
Hartford-West Hartford-East Hartford, CT	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$35.66
Hartford-West Hartford-East Hartford, CT	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$62.32
Hartford-West Hartford-East Hartford, CT	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.23
Hartford-West Hartford-East Hartford, CT	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$46.74
Hartford-West Hartford-East Hartford, CT	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$87.36
Hartford-West Hartford-East Hartford, CT	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.74
Hartford-West Hartford-East Hartford, CT	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$65.52
Hartford-West Hartford-East Hartford, CT	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$95.56
Hartford-West Hartford-East Hartford, CT	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$9.56
Hartford-West Hartford-East Hartford, CT	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$71.67
Hartford-West Hartford-East Hartford, CT	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$81.96
Hartford-West Hartford-East Hartford, CT	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.20
Hartford-West Hartford-East Hartford, CT	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$61.47

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Hartford-West Hartford-East Hartford, CT	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$137.94
Hartford-West Hartford-East Hartford, CT	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$13.79
Hartford-West Hartford-East Hartford, CT	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$103.46
Hartford-West Hartford-East Hartford, CT	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$44.83
Hartford-West Hartford-East Hartford, CT	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$4.48
Hartford-West Hartford-East Hartford, CT	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$33.62
Hartford-West Hartford-East Hartford, CT	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$11.08
Hartford-West Hartford-East Hartford, CT	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$801.63
Hartford-West Hartford-East Hartford, CT	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$80.16
Hartford-West Hartford-East Hartford, CT	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$601.22
Hartford-West Hartford-East Hartford, CT	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,805.12
Hartford-West Hartford-East Hartford, CT	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$180.51
Hartford-West Hartford-East Hartford, CT	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,353.84
Hartford-West Hartford-East Hartford, CT	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$2,030.90
Hartford-West Hartford-East Hartford, CT	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$203.09

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Hartford-West Hartford-East Hartford, CT	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,523.18
Hartford-West Hartford-East Hartford, CT	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$251.32
Hartford-West Hartford-East Hartford, CT	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$319.36
Hartford-West Hartford-East Hartford, CT	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$351.60
Hartford-West Hartford-East Hartford, CT	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$345.62
Hartford-West Hartford-East Hartford, CT	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$273.95
Hartford-West Hartford-East Hartford, CT	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$343.21
Hartford-West Hartford-East Hartford, CT	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$334.69
Hartford-West Hartford-East Hartford, CT	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$258.75
Hartford-West Hartford-East Hartford, CT	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$417.99
Hartford-West Hartford-East Hartford, CT	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$332.46
Hartford-West Hartford-East Hartford, CT	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$642.48
Hartford-West Hartford-East Hartford, CT	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$599.83
Hartford-West Hartford-East Hartford, CT	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$732.13
Hartford-West Hartford-East Hartford, CT	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$826.08

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Honolulu, HI	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$75.00
Honolulu, HI	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.50
Honolulu, HI	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$56.25
Honolulu, HI	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$13.00
Honolulu, HI	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.30
Honolulu, HI	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.75
Honolulu, HI	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$134.77
Honolulu, HI	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.48
Honolulu, HI	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$101.08
Honolulu, HI	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$73.01
Honolulu, HI	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.30
Honolulu, HI	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$54.76
Honolulu, HI	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$108.55
Honolulu, HI	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.86
Honolulu, HI	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$81.41

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Honolulu, HI	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$70.00
Honolulu, HI	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.00
Honolulu, HI	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$52.50
Honolulu, HI	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$18.35
Honolulu, HI	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.84
Honolulu, HI	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$13.76
Honolulu, HI	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$33.55
Honolulu, HI	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.36
Honolulu, HI	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$25.16
Honolulu, HI	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$65.14
Honolulu, HI	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$6.51
Honolulu, HI	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$48.86
Honolulu, HI	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$25.71
Honolulu, HI	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.57
Honolulu, HI	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$19.28

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Honolulu, HI	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$73.79
Honolulu, HI	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.38
Honolulu, HI	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$55.34
Honolulu, HI	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$86.01
Honolulu, HI	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.60
Honolulu, HI	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$64.51
Honolulu, HI	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$94.82
Honolulu, HI	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.48
Honolulu, HI	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$71.12
Honolulu, HI	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$184.79
Honolulu, HI	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$18.48
Honolulu, HI	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$138.59
Honolulu, HI	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$137.67
Honolulu, HI	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.77
Honolulu, HI	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$103.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Honolulu, HI	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$44.24
Honolulu, HI	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$14.66
Honolulu, HI	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$33.00
Honolulu, HI	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$455.10
Honolulu, HI	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$45.51
Honolulu, HI	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$341.33
Honolulu, HI	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$320.00
Honolulu, HI	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$32.00
Honolulu, HI	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$240.00
Honolulu, HI	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$407.29
Honolulu, HI	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$40.73
Honolulu, HI	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$305.47
Honolulu, HI	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$411.65
Honolulu, HI	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$41.17
Honolulu, HI	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$308.74

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Honolulu, HI	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$699.00
Honolulu, HI	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$69.90
Honolulu, HI	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$524.25
Honolulu, HI	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$34.38
Honolulu, HI	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.44
Honolulu, HI	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$25.79
Honolulu, HI	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$85.78
Honolulu, HI	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.58
Honolulu, HI	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$64.34
Honolulu, HI	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$81.35
Honolulu, HI	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.14
Honolulu, HI	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$61.01
Honolulu, HI	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Honolulu, HI	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Honolulu, HI	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Honolulu, HI	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$39.64
Honolulu, HI	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.96
Honolulu, HI	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$29.73
Honolulu, HI	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$26.00
Honolulu, HI	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.60
Honolulu, HI	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$19.50
Honolulu, HI	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$132.06
Honolulu, HI	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.21
Honolulu, HI	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$99.05
Honolulu, HI	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.00
Honolulu, HI	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
Honolulu, HI	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.25
Honolulu, HI	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$103.30
Honolulu, HI	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.33
Honolulu, HI	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$77.48

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Honolulu, HI	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.00
Honolulu, HI	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.00
Honolulu, HI	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.50
Honolulu, HI	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$135.46
Honolulu, HI	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$13.55
Honolulu, HI	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$101.60
Honolulu, HI	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$104.88
Honolulu, HI	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.49
Honolulu, HI	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$78.66
Honolulu, HI	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$76.84
Honolulu, HI	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.68
Honolulu, HI	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$57.63
Honolulu, HI	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$79.00
Honolulu, HI	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$7.90
Honolulu, HI	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$59.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Honolulu, HI	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$310.00
Honolulu, HI	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$31.00
Honolulu, HI	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$232.50
Honolulu, HI	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$382.59
Honolulu, HI	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$38.26
Honolulu, HI	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$286.94
Honolulu, HI	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$333.24
Honolulu, HI	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$33.32
Honolulu, HI	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$249.93
Honolulu, HI	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$553.00
Honolulu, HI	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$55.30
Honolulu, HI	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$414.75
Honolulu, HI	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$118.62
Honolulu, HI	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$11.86
Honolulu, HI	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$88.97

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Honolulu, HI	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$56.00
Honolulu, HI	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.60
Honolulu, HI	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.00
Honolulu, HI	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$110.60
Honolulu, HI	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.06
Honolulu, HI	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$82.95
Honolulu, HI	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$58.94
Honolulu, HI	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.89
Honolulu, HI	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$44.21
Honolulu, HI	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$107.88
Honolulu, HI	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.79
Honolulu, HI	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$80.91
Honolulu, HI	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$47.29
Honolulu, HI	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.73
Honolulu, HI	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$35.47

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Honolulu, HI	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.18
Honolulu, HI	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.52
Honolulu, HI	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.39
Honolulu, HI	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$39.90
Honolulu, HI	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.99
Honolulu, HI	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$29.93
Honolulu, HI	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$56.85
Honolulu, HI	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.69
Honolulu, HI	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.64
Honolulu, HI	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.40
Honolulu, HI	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.04
Honolulu, HI	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.30
Honolulu, HI	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$54.00
Honolulu, HI	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.40
Honolulu, HI	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$40.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Honolulu, HI	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$40.77
Honolulu, HI	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.08
Honolulu, HI	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$30.58
Honolulu, HI	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$86.22
Honolulu, HI	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.62
Honolulu, HI	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$64.67
Honolulu, HI	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$112.27
Honolulu, HI	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$11.23
Honolulu, HI	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$84.20
Honolulu, HI	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$143.03
Honolulu, HI	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$14.30
Honolulu, HI	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$107.27
Honolulu, HI	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$204.34
Honolulu, HI	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.43
Honolulu, HI	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$153.26

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Honolulu, HI	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$311.02
Honolulu, HI	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$31.10
Honolulu, HI	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$233.27
Honolulu, HI	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$214.67
Honolulu, HI	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.47
Honolulu, HI	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$161.00
Honolulu, HI	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$257.80
Honolulu, HI	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$25.78
Honolulu, HI	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$193.35
Honolulu, HI	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$208.21
Honolulu, HI	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$20.82
Honolulu, HI	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$156.16
Honolulu, HI	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$312.95
Honolulu, HI	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$31.30
Honolulu, HI	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$234.71

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Honolulu, HI	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$291.10
Honolulu, HI	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.11
Honolulu, HI	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$218.33
Honolulu, HI	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$402.86
Honolulu, HI	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.29
Honolulu, HI	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$302.15
Honolulu, HI	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$340.00
Honolulu, HI	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$34.00
Honolulu, HI	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$255.00
Honolulu, HI	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$450.74
Honolulu, HI	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.07
Honolulu, HI	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$338.06
Honolulu, HI	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$394.00
Honolulu, HI	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.40
Honolulu, HI	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$295.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Honolulu, HI	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
Honolulu, HI	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
Honolulu, HI	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
Honolulu, HI	K0001	STANDARD WHEELCHAIR	RR			\$37.75
Honolulu, HI	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$64.52
Honolulu, HI	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$60.83
Honolulu, HI	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$87.85
Honolulu, HI	K0006	HEAVY DUTY WHEELCHAIR	RR			\$95.00
Honolulu, HI	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$135.01
Honolulu, HI	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$132.34
Honolulu, HI	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$13.23
Honolulu, HI	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$99.26
Honolulu, HI	K0019	ARM PAD, EACH	NU			\$12.26
Honolulu, HI	K0019	ARM PAD, EACH	RR			\$1.23
Honolulu, HI	K0019	ARM PAD, EACH	UE			\$9.20

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Honolulu, HI	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$54.37
Honolulu, HI	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.44
Honolulu, HI	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$40.78
Honolulu, HI	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$67.32
Honolulu, HI	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.73
Honolulu, HI	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$50.49
Honolulu, HI	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$82.15
Honolulu, HI	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.22
Honolulu, HI	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$61.61
Honolulu, HI	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$82.00
Honolulu, HI	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.20
Honolulu, HI	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$61.50
Honolulu, HI	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$90.00
Honolulu, HI	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.00
Honolulu, HI	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$67.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Honolulu, HI	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$159.88
Honolulu, HI	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.99
Honolulu, HI	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$119.91
Honolulu, HI	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$53.00
Honolulu, HI	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.30
Honolulu, HI	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$39.75
Honolulu, HI	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$13.70
Honolulu, HI	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$861.72
Honolulu, HI	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$86.17
Honolulu, HI	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$646.29
Honolulu, HI	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,544.00
Honolulu, HI	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$154.40
Honolulu, HI	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,158.00
Honolulu, HI	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,749.20
Honolulu, HI	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$174.92

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Honolulu, HI	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,311.90
Honolulu, HI	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$274.70
Honolulu, HI	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$343.05
Honolulu, HI	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$390.62
Honolulu, HI	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$374.10
Honolulu, HI	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$286.26
Honolulu, HI	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$362.88
Honolulu, HI	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$388.59
Honolulu, HI	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$312.92
Honolulu, HI	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$484.19
Honolulu, HI	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$443.28
Honolulu, HI	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$696.50
Honolulu, HI	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$569.25
Honolulu, HI	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$757.88
Honolulu, HI	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$704.77

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Houston-Sugar Land-Baytown, TX	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$75.00
Houston-Sugar Land-Baytown, TX	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.50
Houston-Sugar Land-Baytown, TX	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$56.25
Houston-Sugar Land-Baytown, TX	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$10.94
Houston-Sugar Land-Baytown, TX	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.09
Houston-Sugar Land-Baytown, TX	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.21
Houston-Sugar Land-Baytown, TX	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$128.80
Houston-Sugar Land-Baytown, TX	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.88
Houston-Sugar Land-Baytown, TX	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$96.60
Houston-Sugar Land-Baytown, TX	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$72.26
Houston-Sugar Land-Baytown, TX	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.23
Houston-Sugar Land-Baytown, TX	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$54.20
Houston-Sugar Land-Baytown, TX	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$109.00
Houston-Sugar Land-Baytown, TX	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.90
Houston-Sugar Land-Baytown, TX	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$81.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Houston-Sugar Land-Baytown, TX	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$70.00
Houston-Sugar Land-Baytown, TX	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.00
Houston-Sugar Land-Baytown, TX	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$52.50
Houston-Sugar Land-Baytown, TX	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$20.78
Houston-Sugar Land-Baytown, TX	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.08
Houston-Sugar Land-Baytown, TX	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$15.59
Houston-Sugar Land-Baytown, TX	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$25.11
Houston-Sugar Land-Baytown, TX	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.51
Houston-Sugar Land-Baytown, TX	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$18.83
Houston-Sugar Land-Baytown, TX	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$52.56
Houston-Sugar Land-Baytown, TX	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.26
Houston-Sugar Land-Baytown, TX	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$39.42
Houston-Sugar Land-Baytown, TX	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$22.19
Houston-Sugar Land-Baytown, TX	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.22
Houston-Sugar Land-Baytown, TX	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$16.64

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Houston-Sugar Land-Baytown, TX	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$64.32
Houston-Sugar Land-Baytown, TX	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.43
Houston-Sugar Land-Baytown, TX	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$48.24
Houston-Sugar Land-Baytown, TX	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$76.20
Houston-Sugar Land-Baytown, TX	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.62
Houston-Sugar Land-Baytown, TX	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$57.15
Houston-Sugar Land-Baytown, TX	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$99.25
Houston-Sugar Land-Baytown, TX	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.93
Houston-Sugar Land-Baytown, TX	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$74.44
Houston-Sugar Land-Baytown, TX	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$190.00
Houston-Sugar Land-Baytown, TX	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$19.00
Houston-Sugar Land-Baytown, TX	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$142.50
Houston-Sugar Land-Baytown, TX	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$127.00
Houston-Sugar Land-Baytown, TX	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.70
Houston-Sugar Land-Baytown, TX	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$95.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Houston-Sugar Land-Baytown, TX	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$39.90
Houston-Sugar Land-Baytown, TX	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.34
Houston-Sugar Land-Baytown, TX	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$33.76
Houston-Sugar Land-Baytown, TX	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$396.78
Houston-Sugar Land-Baytown, TX	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$39.68
Houston-Sugar Land-Baytown, TX	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$297.59
Houston-Sugar Land-Baytown, TX	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$327.38
Houston-Sugar Land-Baytown, TX	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$32.74
Houston-Sugar Land-Baytown, TX	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$245.54
Houston-Sugar Land-Baytown, TX	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$417.06
Houston-Sugar Land-Baytown, TX	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$41.71
Houston-Sugar Land-Baytown, TX	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$312.80
Houston-Sugar Land-Baytown, TX	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$413.32
Houston-Sugar Land-Baytown, TX	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$41.33
Houston-Sugar Land-Baytown, TX	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$309.99

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Houston-Sugar Land-Baytown, TX	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$696.98
Houston-Sugar Land-Baytown, TX	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$69.70
Houston-Sugar Land-Baytown, TX	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$522.74
Houston-Sugar Land-Baytown, TX	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$34.98
Houston-Sugar Land-Baytown, TX	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.50
Houston-Sugar Land-Baytown, TX	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.24
Houston-Sugar Land-Baytown, TX	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$77.42
Houston-Sugar Land-Baytown, TX	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.74
Houston-Sugar Land-Baytown, TX	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$58.07
Houston-Sugar Land-Baytown, TX	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$79.37
Houston-Sugar Land-Baytown, TX	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$7.94
Houston-Sugar Land-Baytown, TX	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$59.53
Houston-Sugar Land-Baytown, TX	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.79
Houston-Sugar Land-Baytown, TX	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.48
Houston-Sugar Land-Baytown, TX	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.59

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Houston-Sugar Land-Baytown, TX	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$32.44
Houston-Sugar Land-Baytown, TX	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.24
Houston-Sugar Land-Baytown, TX	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$24.33
Houston-Sugar Land-Baytown, TX	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$28.62
Houston-Sugar Land-Baytown, TX	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.86
Houston-Sugar Land-Baytown, TX	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$21.47
Houston-Sugar Land-Baytown, TX	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$138.50
Houston-Sugar Land-Baytown, TX	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.85
Houston-Sugar Land-Baytown, TX	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$103.88
Houston-Sugar Land-Baytown, TX	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$102.03
Houston-Sugar Land-Baytown, TX	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.20
Houston-Sugar Land-Baytown, TX	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$76.52
Houston-Sugar Land-Baytown, TX	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$104.10
Houston-Sugar Land-Baytown, TX	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.41
Houston-Sugar Land-Baytown, TX	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$78.08

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Houston-Sugar Land-Baytown, TX	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$88.66
Houston-Sugar Land-Baytown, TX	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.87
Houston-Sugar Land-Baytown, TX	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$66.50
Houston-Sugar Land-Baytown, TX	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$128.50
Houston-Sugar Land-Baytown, TX	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.85
Houston-Sugar Land-Baytown, TX	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.38
Houston-Sugar Land-Baytown, TX	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.50
Houston-Sugar Land-Baytown, TX	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.05
Houston-Sugar Land-Baytown, TX	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.38
Houston-Sugar Land-Baytown, TX	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$67.78
Houston-Sugar Land-Baytown, TX	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$6.78
Houston-Sugar Land-Baytown, TX	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$50.84
Houston-Sugar Land-Baytown, TX	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$153.84
Houston-Sugar Land-Baytown, TX	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$15.38
Houston-Sugar Land-Baytown, TX	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$115.38

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Houston-Sugar Land-Baytown, TX	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$281.94
Houston-Sugar Land-Baytown, TX	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$28.19
Houston-Sugar Land-Baytown, TX	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$211.46
Houston-Sugar Land-Baytown, TX	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$373.00
Houston-Sugar Land-Baytown, TX	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$37.30
Houston-Sugar Land-Baytown, TX	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$279.75
Houston-Sugar Land-Baytown, TX	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$321.88
Houston-Sugar Land-Baytown, TX	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$32.19
Houston-Sugar Land-Baytown, TX	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$241.41
Houston-Sugar Land-Baytown, TX	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$503.58
Houston-Sugar Land-Baytown, TX	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$50.36
Houston-Sugar Land-Baytown, TX	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$377.69
Houston-Sugar Land-Baytown, TX	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$121.31
Houston-Sugar Land-Baytown, TX	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.13
Houston-Sugar Land-Baytown, TX	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$90.98

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Houston-Sugar Land-Baytown, TX	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$54.16
Houston-Sugar Land-Baytown, TX	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.42
Houston-Sugar Land-Baytown, TX	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$40.62
Houston-Sugar Land-Baytown, TX	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$110.00
Houston-Sugar Land-Baytown, TX	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.00
Houston-Sugar Land-Baytown, TX	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$82.50
Houston-Sugar Land-Baytown, TX	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.98
Houston-Sugar Land-Baytown, TX	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.80
Houston-Sugar Land-Baytown, TX	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.49
Houston-Sugar Land-Baytown, TX	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$98.42
Houston-Sugar Land-Baytown, TX	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.84
Houston-Sugar Land-Baytown, TX	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$73.82
Houston-Sugar Land-Baytown, TX	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$44.78
Houston-Sugar Land-Baytown, TX	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.48
Houston-Sugar Land-Baytown, TX	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.59

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Houston-Sugar Land-Baytown, TX	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.15
Houston-Sugar Land-Baytown, TX	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.52
Houston-Sugar Land-Baytown, TX	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.36
Houston-Sugar Land-Baytown, TX	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$36.66
Houston-Sugar Land-Baytown, TX	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.67
Houston-Sugar Land-Baytown, TX	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$27.50
Houston-Sugar Land-Baytown, TX	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$56.84
Houston-Sugar Land-Baytown, TX	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.68
Houston-Sugar Land-Baytown, TX	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.63
Houston-Sugar Land-Baytown, TX	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$41.06
Houston-Sugar Land-Baytown, TX	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.11
Houston-Sugar Land-Baytown, TX	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.80
Houston-Sugar Land-Baytown, TX	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$43.96
Houston-Sugar Land-Baytown, TX	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.40
Houston-Sugar Land-Baytown, TX	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.97

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Houston-Sugar Land-Baytown, TX	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$36.60
Houston-Sugar Land-Baytown, TX	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.66
Houston-Sugar Land-Baytown, TX	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$27.45
Houston-Sugar Land-Baytown, TX	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$75.69
Houston-Sugar Land-Baytown, TX	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$7.57
Houston-Sugar Land-Baytown, TX	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$56.77
Houston-Sugar Land-Baytown, TX	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$97.02
Houston-Sugar Land-Baytown, TX	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.70
Houston-Sugar Land-Baytown, TX	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$72.77
Houston-Sugar Land-Baytown, TX	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$132.72
Houston-Sugar Land-Baytown, TX	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$13.27
Houston-Sugar Land-Baytown, TX	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$99.54
Houston-Sugar Land-Baytown, TX	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$196.00
Houston-Sugar Land-Baytown, TX	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.60
Houston-Sugar Land-Baytown, TX	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$147.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Houston-Sugar Land-Baytown, TX	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$317.50
Houston-Sugar Land-Baytown, TX	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$31.75
Houston-Sugar Land-Baytown, TX	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$238.13
Houston-Sugar Land-Baytown, TX	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$185.00
Houston-Sugar Land-Baytown, TX	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$18.50
Houston-Sugar Land-Baytown, TX	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$138.75
Houston-Sugar Land-Baytown, TX	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$243.02
Houston-Sugar Land-Baytown, TX	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$24.30
Houston-Sugar Land-Baytown, TX	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$182.27
Houston-Sugar Land-Baytown, TX	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$157.82
Houston-Sugar Land-Baytown, TX	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.78
Houston-Sugar Land-Baytown, TX	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$118.37
Houston-Sugar Land-Baytown, TX	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$306.26
Houston-Sugar Land-Baytown, TX	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.63
Houston-Sugar Land-Baytown, TX	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$229.70

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Houston-Sugar Land-Baytown, TX	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$296.50
Houston-Sugar Land-Baytown, TX	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.65
Houston-Sugar Land-Baytown, TX	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$222.38
Houston-Sugar Land-Baytown, TX	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$394.40
Houston-Sugar Land-Baytown, TX	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.44
Houston-Sugar Land-Baytown, TX	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$295.80
Houston-Sugar Land-Baytown, TX	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$330.00
Houston-Sugar Land-Baytown, TX	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$33.00
Houston-Sugar Land-Baytown, TX	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$247.50
Houston-Sugar Land-Baytown, TX	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$435.82
Houston-Sugar Land-Baytown, TX	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$43.58
Houston-Sugar Land-Baytown, TX	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$326.87
Houston-Sugar Land-Baytown, TX	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$382.00
Houston-Sugar Land-Baytown, TX	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.20
Houston-Sugar Land-Baytown, TX	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$286.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Houston-Sugar Land-Baytown, TX	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$408.25
Houston-Sugar Land-Baytown, TX	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.83
Houston-Sugar Land-Baytown, TX	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$306.19
Houston-Sugar Land-Baytown, TX	K0001	STANDARD WHEELCHAIR	RR			\$25.33
Houston-Sugar Land-Baytown, TX	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$44.15
Houston-Sugar Land-Baytown, TX	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$39.95
Houston-Sugar Land-Baytown, TX	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.95
Houston-Sugar Land-Baytown, TX	K0006	HEAVY DUTY WHEELCHAIR	RR			\$72.17
Houston-Sugar Land-Baytown, TX	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$95.87
Houston-Sugar Land-Baytown, TX	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$128.76
Houston-Sugar Land-Baytown, TX	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$12.88
Houston-Sugar Land-Baytown, TX	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$96.57
Houston-Sugar Land-Baytown, TX	K0019	ARM PAD, EACH	NU			\$10.90
Houston-Sugar Land-Baytown, TX	K0019	ARM PAD, EACH	RR			\$1.09
Houston-Sugar Land-Baytown, TX	K0019	ARM PAD, EACH	UE			\$8.18

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Houston-Sugar Land-Baytown, TX	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$50.50
Houston-Sugar Land-Baytown, TX	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.05
Houston-Sugar Land-Baytown, TX	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$37.88
Houston-Sugar Land-Baytown, TX	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$67.70
Houston-Sugar Land-Baytown, TX	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.77
Houston-Sugar Land-Baytown, TX	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$50.78
Houston-Sugar Land-Baytown, TX	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$83.58
Houston-Sugar Land-Baytown, TX	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.36
Houston-Sugar Land-Baytown, TX	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$62.69
Houston-Sugar Land-Baytown, TX	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$83.50
Houston-Sugar Land-Baytown, TX	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.35
Houston-Sugar Land-Baytown, TX	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$62.63
Houston-Sugar Land-Baytown, TX	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$90.50
Houston-Sugar Land-Baytown, TX	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.05
Houston-Sugar Land-Baytown, TX	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$67.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Houston-Sugar Land-Baytown, TX	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$158.64
Houston-Sugar Land-Baytown, TX	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.86
Houston-Sugar Land-Baytown, TX	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$118.98
Houston-Sugar Land-Baytown, TX	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$53.36
Houston-Sugar Land-Baytown, TX	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.34
Houston-Sugar Land-Baytown, TX	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$40.02
Houston-Sugar Land-Baytown, TX	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$9.93
Houston-Sugar Land-Baytown, TX	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$808.00
Houston-Sugar Land-Baytown, TX	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$80.80
Houston-Sugar Land-Baytown, TX	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$606.00
Houston-Sugar Land-Baytown, TX	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,420.84
Houston-Sugar Land-Baytown, TX	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$142.08
Houston-Sugar Land-Baytown, TX	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,065.63
Houston-Sugar Land-Baytown, TX	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,779.06
Houston-Sugar Land-Baytown, TX	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$177.91

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Houston-Sugar Land-Baytown, TX	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,334.30
Houston-Sugar Land-Baytown, TX	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$251.25
Houston-Sugar Land-Baytown, TX	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$269.98
Houston-Sugar Land-Baytown, TX	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$332.56
Houston-Sugar Land-Baytown, TX	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$329.93
Houston-Sugar Land-Baytown, TX	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$275.86
Houston-Sugar Land-Baytown, TX	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$318.56
Houston-Sugar Land-Baytown, TX	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$314.70
Houston-Sugar Land-Baytown, TX	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$286.98
Houston-Sugar Land-Baytown, TX	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$411.01
Houston-Sugar Land-Baytown, TX	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$399.98
Houston-Sugar Land-Baytown, TX	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$612.82
Houston-Sugar Land-Baytown, TX	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$540.36
Houston-Sugar Land-Baytown, TX	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$715.04
Houston-Sugar Land-Baytown, TX	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$700.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Huntington-Ashland, WV-KY-OH	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$75.00
Huntington-Ashland, WV-KY-OH	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.50
Huntington-Ashland, WV-KY-OH	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$56.25
Huntington-Ashland, WV-KY-OH	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.45
Huntington-Ashland, WV-KY-OH	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.25
Huntington-Ashland, WV-KY-OH	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.34
Huntington-Ashland, WV-KY-OH	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$138.69
Huntington-Ashland, WV-KY-OH	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.87
Huntington-Ashland, WV-KY-OH	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$104.02
Huntington-Ashland, WV-KY-OH	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$79.40
Huntington-Ashland, WV-KY-OH	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.94
Huntington-Ashland, WV-KY-OH	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$59.55
Huntington-Ashland, WV-KY-OH	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$111.10
Huntington-Ashland, WV-KY-OH	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.11
Huntington-Ashland, WV-KY-OH	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$83.33

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Huntington-Ashland, WV-KY-OH	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$70.35
Huntington-Ashland, WV-KY-OH	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.04
Huntington-Ashland, WV-KY-OH	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$52.76
Huntington-Ashland, WV-KY-OH	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.00
Huntington-Ashland, WV-KY-OH	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.90
Huntington-Ashland, WV-KY-OH	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.25
Huntington-Ashland, WV-KY-OH	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$34.38
Huntington-Ashland, WV-KY-OH	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.44
Huntington-Ashland, WV-KY-OH	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$25.79
Huntington-Ashland, WV-KY-OH	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$45.24
Huntington-Ashland, WV-KY-OH	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.52
Huntington-Ashland, WV-KY-OH	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$33.93
Huntington-Ashland, WV-KY-OH	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$25.66
Huntington-Ashland, WV-KY-OH	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.57
Huntington-Ashland, WV-KY-OH	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$19.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Huntington-Ashland, WV-KY-OH	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$65.00
Huntington-Ashland, WV-KY-OH	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.50
Huntington-Ashland, WV-KY-OH	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$48.75
Huntington-Ashland, WV-KY-OH	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$65.00
Huntington-Ashland, WV-KY-OH	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$6.50
Huntington-Ashland, WV-KY-OH	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$48.75
Huntington-Ashland, WV-KY-OH	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$105.77
Huntington-Ashland, WV-KY-OH	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.58
Huntington-Ashland, WV-KY-OH	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$79.33
Huntington-Ashland, WV-KY-OH	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$185.63
Huntington-Ashland, WV-KY-OH	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$18.56
Huntington-Ashland, WV-KY-OH	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$139.22
Huntington-Ashland, WV-KY-OH	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$123.75
Huntington-Ashland, WV-KY-OH	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.38
Huntington-Ashland, WV-KY-OH	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$92.81

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Huntington-Ashland, WV-KY-OH	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$43.41
Huntington-Ashland, WV-KY-OH	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.00
Huntington-Ashland, WV-KY-OH	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$35.00
Huntington-Ashland, WV-KY-OH	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$331.65
Huntington-Ashland, WV-KY-OH	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$33.17
Huntington-Ashland, WV-KY-OH	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$248.74
Huntington-Ashland, WV-KY-OH	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$348.66
Huntington-Ashland, WV-KY-OH	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$34.87
Huntington-Ashland, WV-KY-OH	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$261.50
Huntington-Ashland, WV-KY-OH	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$407.29
Huntington-Ashland, WV-KY-OH	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$40.73
Huntington-Ashland, WV-KY-OH	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$305.47
Huntington-Ashland, WV-KY-OH	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$400.00
Huntington-Ashland, WV-KY-OH	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$40.00
Huntington-Ashland, WV-KY-OH	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$300.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Huntington-Ashland, WV-KY-OH	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$699.00
Huntington-Ashland, WV-KY-OH	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$69.90
Huntington-Ashland, WV-KY-OH	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$524.25
Huntington-Ashland, WV-KY-OH	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$35.00
Huntington-Ashland, WV-KY-OH	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.50
Huntington-Ashland, WV-KY-OH	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.25
Huntington-Ashland, WV-KY-OH	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$81.15
Huntington-Ashland, WV-KY-OH	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.12
Huntington-Ashland, WV-KY-OH	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$60.86
Huntington-Ashland, WV-KY-OH	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$86.31
Huntington-Ashland, WV-KY-OH	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.63
Huntington-Ashland, WV-KY-OH	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$64.73
Huntington-Ashland, WV-KY-OH	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Huntington-Ashland, WV-KY-OH	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Huntington-Ashland, WV-KY-OH	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Huntington-Ashland, WV-KY-OH	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$31.67
Huntington-Ashland, WV-KY-OH	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.17
Huntington-Ashland, WV-KY-OH	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$23.75
Huntington-Ashland, WV-KY-OH	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$26.14
Huntington-Ashland, WV-KY-OH	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.61
Huntington-Ashland, WV-KY-OH	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$19.61
Huntington-Ashland, WV-KY-OH	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$132.05
Huntington-Ashland, WV-KY-OH	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.21
Huntington-Ashland, WV-KY-OH	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$99.04
Huntington-Ashland, WV-KY-OH	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.00
Huntington-Ashland, WV-KY-OH	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
Huntington-Ashland, WV-KY-OH	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.25
Huntington-Ashland, WV-KY-OH	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$106.00
Huntington-Ashland, WV-KY-OH	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.60
Huntington-Ashland, WV-KY-OH	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$79.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Huntington-Ashland, WV-KY-OH	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$85.00
Huntington-Ashland, WV-KY-OH	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.50
Huntington-Ashland, WV-KY-OH	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$63.75
Huntington-Ashland, WV-KY-OH	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$131.11
Huntington-Ashland, WV-KY-OH	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$13.11
Huntington-Ashland, WV-KY-OH	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$98.33
Huntington-Ashland, WV-KY-OH	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$88.00
Huntington-Ashland, WV-KY-OH	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.80
Huntington-Ashland, WV-KY-OH	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$66.00
Huntington-Ashland, WV-KY-OH	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.00
Huntington-Ashland, WV-KY-OH	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.50
Huntington-Ashland, WV-KY-OH	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$56.25
Huntington-Ashland, WV-KY-OH	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$141.17
Huntington-Ashland, WV-KY-OH	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.12
Huntington-Ashland, WV-KY-OH	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$105.88

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Huntington-Ashland, WV-KY-OH	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$290.67
Huntington-Ashland, WV-KY-OH	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$29.07
Huntington-Ashland, WV-KY-OH	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$218.00
Huntington-Ashland, WV-KY-OH	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$383.00
Huntington-Ashland, WV-KY-OH	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$38.30
Huntington-Ashland, WV-KY-OH	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$287.25
Huntington-Ashland, WV-KY-OH	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$362.40
Huntington-Ashland, WV-KY-OH	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$36.24
Huntington-Ashland, WV-KY-OH	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$271.80
Huntington-Ashland, WV-KY-OH	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$505.42
Huntington-Ashland, WV-KY-OH	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$50.54
Huntington-Ashland, WV-KY-OH	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$379.07
Huntington-Ashland, WV-KY-OH	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$125.00
Huntington-Ashland, WV-KY-OH	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.50
Huntington-Ashland, WV-KY-OH	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$93.75

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Huntington-Ashland, WV-KY-OH	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$58.00
Huntington-Ashland, WV-KY-OH	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.80
Huntington-Ashland, WV-KY-OH	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.50
Huntington-Ashland, WV-KY-OH	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$109.55
Huntington-Ashland, WV-KY-OH	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.96
Huntington-Ashland, WV-KY-OH	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$82.16
Huntington-Ashland, WV-KY-OH	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.00
Huntington-Ashland, WV-KY-OH	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.00
Huntington-Ashland, WV-KY-OH	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.00
Huntington-Ashland, WV-KY-OH	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$105.17
Huntington-Ashland, WV-KY-OH	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.52
Huntington-Ashland, WV-KY-OH	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$78.88
Huntington-Ashland, WV-KY-OH	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$50.00
Huntington-Ashland, WV-KY-OH	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.00
Huntington-Ashland, WV-KY-OH	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.50

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Huntington-Ashland, WV-KY-OH	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.00
Huntington-Ashland, WV-KY-OH	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.50
Huntington-Ashland, WV-KY-OH	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.25
Huntington-Ashland, WV-KY-OH	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$43.40
Huntington-Ashland, WV-KY-OH	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.34
Huntington-Ashland, WV-KY-OH	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.55
Huntington-Ashland, WV-KY-OH	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.00
Huntington-Ashland, WV-KY-OH	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.00
Huntington-Ashland, WV-KY-OH	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.00
Huntington-Ashland, WV-KY-OH	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.21
Huntington-Ashland, WV-KY-OH	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.22
Huntington-Ashland, WV-KY-OH	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.66
Huntington-Ashland, WV-KY-OH	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$43.50
Huntington-Ashland, WV-KY-OH	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.35
Huntington-Ashland, WV-KY-OH	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.63

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Huntington-Ashland, WV-KY-OH	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$41.98
Huntington-Ashland, WV-KY-OH	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.20
Huntington-Ashland, WV-KY-OH	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$31.49
Huntington-Ashland, WV-KY-OH	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$83.75
Huntington-Ashland, WV-KY-OH	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.38
Huntington-Ashland, WV-KY-OH	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$62.81
Huntington-Ashland, WV-KY-OH	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$105.76
Huntington-Ashland, WV-KY-OH	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.58
Huntington-Ashland, WV-KY-OH	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$79.32
Huntington-Ashland, WV-KY-OH	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$135.63
Huntington-Ashland, WV-KY-OH	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$13.56
Huntington-Ashland, WV-KY-OH	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$101.72
Huntington-Ashland, WV-KY-OH	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$195.98
Huntington-Ashland, WV-KY-OH	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.60
Huntington-Ashland, WV-KY-OH	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$146.99

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Huntington-Ashland, WV-KY-OH	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$325.00
Huntington-Ashland, WV-KY-OH	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.50
Huntington-Ashland, WV-KY-OH	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$243.75
Huntington-Ashland, WV-KY-OH	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$208.69
Huntington-Ashland, WV-KY-OH	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.87
Huntington-Ashland, WV-KY-OH	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$156.52
Huntington-Ashland, WV-KY-OH	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$245.80
Huntington-Ashland, WV-KY-OH	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$24.58
Huntington-Ashland, WV-KY-OH	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$184.35
Huntington-Ashland, WV-KY-OH	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
Huntington-Ashland, WV-KY-OH	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
Huntington-Ashland, WV-KY-OH	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
Huntington-Ashland, WV-KY-OH	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$297.54
Huntington-Ashland, WV-KY-OH	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.75
Huntington-Ashland, WV-KY-OH	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$223.16

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Huntington-Ashland, WV-KY-OH	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$305.65
Huntington-Ashland, WV-KY-OH	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.57
Huntington-Ashland, WV-KY-OH	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$229.24
Huntington-Ashland, WV-KY-OH	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$443.50
Huntington-Ashland, WV-KY-OH	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$44.35
Huntington-Ashland, WV-KY-OH	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$332.63
Huntington-Ashland, WV-KY-OH	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$362.23
Huntington-Ashland, WV-KY-OH	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.22
Huntington-Ashland, WV-KY-OH	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$271.67
Huntington-Ashland, WV-KY-OH	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$490.18
Huntington-Ashland, WV-KY-OH	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$49.02
Huntington-Ashland, WV-KY-OH	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$367.64
Huntington-Ashland, WV-KY-OH	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$394.00
Huntington-Ashland, WV-KY-OH	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.40
Huntington-Ashland, WV-KY-OH	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$295.50

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Huntington-Ashland, WV-KY-OH	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$450.00
Huntington-Ashland, WV-KY-OH	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.00
Huntington-Ashland, WV-KY-OH	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$337.50
Huntington-Ashland, WV-KY-OH	K0001	STANDARD WHEELCHAIR	RR			\$22.13
Huntington-Ashland, WV-KY-OH	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$31.90
Huntington-Ashland, WV-KY-OH	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$35.00
Huntington-Ashland, WV-KY-OH	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$38.60
Huntington-Ashland, WV-KY-OH	K0006	HEAVY DUTY WHEELCHAIR	RR			\$57.55
Huntington-Ashland, WV-KY-OH	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$88.96
Huntington-Ashland, WV-KY-OH	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$126.15
Huntington-Ashland, WV-KY-OH	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$12.62
Huntington-Ashland, WV-KY-OH	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$94.61
Huntington-Ashland, WV-KY-OH	K0019	ARM PAD, EACH	NU			\$9.23
Huntington-Ashland, WV-KY-OH	K0019	ARM PAD, EACH	RR			\$0.92
Huntington-Ashland, WV-KY-OH	K0019	ARM PAD, EACH	UE			\$6.92

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Huntington-Ashland, WV-KY-OH	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$51.39
Huntington-Ashland, WV-KY-OH	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.14
Huntington-Ashland, WV-KY-OH	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$38.54
Huntington-Ashland, WV-KY-OH	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$66.88
Huntington-Ashland, WV-KY-OH	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.69
Huntington-Ashland, WV-KY-OH	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$50.16
Huntington-Ashland, WV-KY-OH	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$82.41
Huntington-Ashland, WV-KY-OH	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.24
Huntington-Ashland, WV-KY-OH	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$61.81
Huntington-Ashland, WV-KY-OH	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$82.00
Huntington-Ashland, WV-KY-OH	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.20
Huntington-Ashland, WV-KY-OH	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$61.50
Huntington-Ashland, WV-KY-OH	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$85.87
Huntington-Ashland, WV-KY-OH	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.59
Huntington-Ashland, WV-KY-OH	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$64.40

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Huntington-Ashland, WV-KY-OH	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$157.00
Huntington-Ashland, WV-KY-OH	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.70
Huntington-Ashland, WV-KY-OH	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$117.75
Huntington-Ashland, WV-KY-OH	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$50.00
Huntington-Ashland, WV-KY-OH	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.00
Huntington-Ashland, WV-KY-OH	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$37.50
Huntington-Ashland, WV-KY-OH	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$9.97
Huntington-Ashland, WV-KY-OH	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$819.97
Huntington-Ashland, WV-KY-OH	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$82.00
Huntington-Ashland, WV-KY-OH	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$614.98
Huntington-Ashland, WV-KY-OH	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,544.00
Huntington-Ashland, WV-KY-OH	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$154.40
Huntington-Ashland, WV-KY-OH	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,158.00
Huntington-Ashland, WV-KY-OH	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,900.00
Huntington-Ashland, WV-KY-OH	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$190.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Huntington-Ashland, WV-KY-OH	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,425.00
Huntington-Ashland, WV-KY-OH	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
Huntington-Ashland, WV-KY-OH	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$297.86
Huntington-Ashland, WV-KY-OH	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$336.17
Huntington-Ashland, WV-KY-OH	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Huntington-Ashland, WV-KY-OH	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.00
Huntington-Ashland, WV-KY-OH	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Huntington-Ashland, WV-KY-OH	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$321.98
Huntington-Ashland, WV-KY-OH	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
Huntington-Ashland, WV-KY-OH	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$445.93
Huntington-Ashland, WV-KY-OH	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$357.08
Huntington-Ashland, WV-KY-OH	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$757.44
Huntington-Ashland, WV-KY-OH	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$568.10
Huntington-Ashland, WV-KY-OH	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$708.99
Huntington-Ashland, WV-KY-OH	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$766.41

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indiana-Chicago Metro CBA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$79.98
Indiana-Chicago Metro CBA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$8.00
Indiana-Chicago Metro CBA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$59.99
Indiana-Chicago Metro CBA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$13.50
Indiana-Chicago Metro CBA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.35
Indiana-Chicago Metro CBA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$10.13
Indiana-Chicago Metro CBA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$139.20
Indiana-Chicago Metro CBA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.92
Indiana-Chicago Metro CBA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$104.40
Indiana-Chicago Metro CBA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$87.85
Indiana-Chicago Metro CBA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.79
Indiana-Chicago Metro CBA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$65.89
Indiana-Chicago Metro CBA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$111.11
Indiana-Chicago Metro CBA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.11
Indiana-Chicago Metro CBA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$83.33

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indiana-Chicago Metro CBA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$71.32
Indiana-Chicago Metro CBA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.13
Indiana-Chicago Metro CBA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$53.49
Indiana-Chicago Metro CBA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$21.82
Indiana-Chicago Metro CBA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.18
Indiana-Chicago Metro CBA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$16.37
Indiana-Chicago Metro CBA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$34.14
Indiana-Chicago Metro CBA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.41
Indiana-Chicago Metro CBA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$25.61
Indiana-Chicago Metro CBA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$46.62
Indiana-Chicago Metro CBA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.66
Indiana-Chicago Metro CBA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$34.97
Indiana-Chicago Metro CBA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$25.96
Indiana-Chicago Metro CBA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.60
Indiana-Chicago Metro CBA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$19.47

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indiana-Chicago Metro CBA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$69.48
Indiana-Chicago Metro CBA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.95
Indiana-Chicago Metro CBA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$52.11
Indiana-Chicago Metro CBA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$78.69
Indiana-Chicago Metro CBA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.87
Indiana-Chicago Metro CBA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$59.02
Indiana-Chicago Metro CBA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$95.22
Indiana-Chicago Metro CBA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.52
Indiana-Chicago Metro CBA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$71.42
Indiana-Chicago Metro CBA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$180.36
Indiana-Chicago Metro CBA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$18.04
Indiana-Chicago Metro CBA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$135.27
Indiana-Chicago Metro CBA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$127.00
Indiana-Chicago Metro CBA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.70
Indiana-Chicago Metro CBA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$95.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indiana-Chicago Metro CBA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.45
Indiana-Chicago Metro CBA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.24
Indiana-Chicago Metro CBA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$38.82
Indiana-Chicago Metro CBA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$372.75
Indiana-Chicago Metro CBA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$37.28
Indiana-Chicago Metro CBA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$279.56
Indiana-Chicago Metro CBA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$330.88
Indiana-Chicago Metro CBA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$33.09
Indiana-Chicago Metro CBA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$248.16
Indiana-Chicago Metro CBA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$432.50
Indiana-Chicago Metro CBA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$43.25
Indiana-Chicago Metro CBA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$324.38
Indiana-Chicago Metro CBA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$405.82
Indiana-Chicago Metro CBA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$40.58
Indiana-Chicago Metro CBA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$304.37

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indiana-Chicago Metro CBA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$698.98
Indiana-Chicago Metro CBA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$69.90
Indiana-Chicago Metro CBA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$524.24
Indiana-Chicago Metro CBA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$35.50
Indiana-Chicago Metro CBA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.55
Indiana-Chicago Metro CBA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.63
Indiana-Chicago Metro CBA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$75.24
Indiana-Chicago Metro CBA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.52
Indiana-Chicago Metro CBA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$56.43
Indiana-Chicago Metro CBA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$90.50
Indiana-Chicago Metro CBA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$9.05
Indiana-Chicago Metro CBA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$67.88
Indiana-Chicago Metro CBA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Indiana-Chicago Metro CBA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Indiana-Chicago Metro CBA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indiana-Chicago Metro CBA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$30.50
Indiana-Chicago Metro CBA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.05
Indiana-Chicago Metro CBA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$22.88
Indiana-Chicago Metro CBA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$28.12
Indiana-Chicago Metro CBA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.81
Indiana-Chicago Metro CBA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$21.09
Indiana-Chicago Metro CBA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$135.48
Indiana-Chicago Metro CBA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.55
Indiana-Chicago Metro CBA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$101.61
Indiana-Chicago Metro CBA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$93.66
Indiana-Chicago Metro CBA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.37
Indiana-Chicago Metro CBA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$70.25
Indiana-Chicago Metro CBA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$104.65
Indiana-Chicago Metro CBA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.47
Indiana-Chicago Metro CBA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$78.49

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indiana-Chicago Metro CBA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$89.50
Indiana-Chicago Metro CBA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.95
Indiana-Chicago Metro CBA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.13
Indiana-Chicago Metro CBA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$130.06
Indiana-Chicago Metro CBA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$13.01
Indiana-Chicago Metro CBA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$97.55
Indiana-Chicago Metro CBA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$91.20
Indiana-Chicago Metro CBA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.12
Indiana-Chicago Metro CBA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$68.40
Indiana-Chicago Metro CBA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.00
Indiana-Chicago Metro CBA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.50
Indiana-Chicago Metro CBA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$56.25
Indiana-Chicago Metro CBA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$140.74
Indiana-Chicago Metro CBA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.07
Indiana-Chicago Metro CBA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$105.56

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indiana-Chicago Metro CBA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$314.89
Indiana-Chicago Metro CBA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$31.49
Indiana-Chicago Metro CBA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$236.17
Indiana-Chicago Metro CBA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$379.00
Indiana-Chicago Metro CBA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$37.90
Indiana-Chicago Metro CBA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$284.25
Indiana-Chicago Metro CBA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$325.78
Indiana-Chicago Metro CBA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$32.58
Indiana-Chicago Metro CBA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$244.34
Indiana-Chicago Metro CBA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$519.90
Indiana-Chicago Metro CBA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$51.99
Indiana-Chicago Metro CBA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$389.93
Indiana-Chicago Metro CBA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$132.78
Indiana-Chicago Metro CBA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$13.28
Indiana-Chicago Metro CBA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$99.59

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indiana-Chicago Metro CBA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.99
Indiana-Chicago Metro CBA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.60
Indiana-Chicago Metro CBA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.99
Indiana-Chicago Metro CBA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$108.78
Indiana-Chicago Metro CBA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.88
Indiana-Chicago Metro CBA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$81.59
Indiana-Chicago Metro CBA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.95
Indiana-Chicago Metro CBA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.80
Indiana-Chicago Metro CBA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.46
Indiana-Chicago Metro CBA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$103.50
Indiana-Chicago Metro CBA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.35
Indiana-Chicago Metro CBA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$77.63
Indiana-Chicago Metro CBA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.32
Indiana-Chicago Metro CBA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.53
Indiana-Chicago Metro CBA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.99

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indiana-Chicago Metro CBA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.90
Indiana-Chicago Metro CBA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.59
Indiana-Chicago Metro CBA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.93
Indiana-Chicago Metro CBA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$37.86
Indiana-Chicago Metro CBA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.79
Indiana-Chicago Metro CBA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.40
Indiana-Chicago Metro CBA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.53
Indiana-Chicago Metro CBA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.75
Indiana-Chicago Metro CBA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.15
Indiana-Chicago Metro CBA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.49
Indiana-Chicago Metro CBA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.05
Indiana-Chicago Metro CBA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.37
Indiana-Chicago Metro CBA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$44.25
Indiana-Chicago Metro CBA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.43
Indiana-Chicago Metro CBA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.19

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indiana-Chicago Metro CBA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$39.39
Indiana-Chicago Metro CBA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.94
Indiana-Chicago Metro CBA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$29.54
Indiana-Chicago Metro CBA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$82.06
Indiana-Chicago Metro CBA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.21
Indiana-Chicago Metro CBA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$61.55
Indiana-Chicago Metro CBA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$105.38
Indiana-Chicago Metro CBA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.54
Indiana-Chicago Metro CBA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$79.04
Indiana-Chicago Metro CBA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$137.40
Indiana-Chicago Metro CBA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$13.74
Indiana-Chicago Metro CBA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$103.05
Indiana-Chicago Metro CBA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$212.83
Indiana-Chicago Metro CBA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.28
Indiana-Chicago Metro CBA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$159.62

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indiana-Chicago Metro CBA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$310.26
Indiana-Chicago Metro CBA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$31.03
Indiana-Chicago Metro CBA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$232.70
Indiana-Chicago Metro CBA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$204.06
Indiana-Chicago Metro CBA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.41
Indiana-Chicago Metro CBA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$153.05
Indiana-Chicago Metro CBA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$242.50
Indiana-Chicago Metro CBA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$24.25
Indiana-Chicago Metro CBA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$181.88
Indiana-Chicago Metro CBA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$158.16
Indiana-Chicago Metro CBA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.82
Indiana-Chicago Metro CBA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$118.62
Indiana-Chicago Metro CBA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$305.27
Indiana-Chicago Metro CBA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.53
Indiana-Chicago Metro CBA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$228.95

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indiana-Chicago Metro CBA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$300.32
Indiana-Chicago Metro CBA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.03
Indiana-Chicago Metro CBA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$225.24
Indiana-Chicago Metro CBA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$395.29
Indiana-Chicago Metro CBA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.53
Indiana-Chicago Metro CBA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$296.47
Indiana-Chicago Metro CBA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$354.37
Indiana-Chicago Metro CBA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.44
Indiana-Chicago Metro CBA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$265.78
Indiana-Chicago Metro CBA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$433.54
Indiana-Chicago Metro CBA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$43.35
Indiana-Chicago Metro CBA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$325.16
Indiana-Chicago Metro CBA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$383.75
Indiana-Chicago Metro CBA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.38
Indiana-Chicago Metro CBA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$287.81

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indiana-Chicago Metro CBA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$406.28
Indiana-Chicago Metro CBA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.63
Indiana-Chicago Metro CBA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$304.71
Indiana-Chicago Metro CBA	K0001	STANDARD WHEELCHAIR	RR			\$24.95
Indiana-Chicago Metro CBA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$39.73
Indiana-Chicago Metro CBA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$37.70
Indiana-Chicago Metro CBA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$42.90
Indiana-Chicago Metro CBA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$56.88
Indiana-Chicago Metro CBA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$91.78
Indiana-Chicago Metro CBA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$118.18
Indiana-Chicago Metro CBA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.82
Indiana-Chicago Metro CBA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$88.64
Indiana-Chicago Metro CBA	K0019	ARM PAD, EACH	NU			\$11.00
Indiana-Chicago Metro CBA	K0019	ARM PAD, EACH	RR			\$1.10
Indiana-Chicago Metro CBA	K0019	ARM PAD, EACH	UE			\$8.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indiana-Chicago Metro CBA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$50.70
Indiana-Chicago Metro CBA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.07
Indiana-Chicago Metro CBA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$38.03
Indiana-Chicago Metro CBA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$68.44
Indiana-Chicago Metro CBA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.84
Indiana-Chicago Metro CBA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$51.33
Indiana-Chicago Metro CBA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$82.28
Indiana-Chicago Metro CBA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.23
Indiana-Chicago Metro CBA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$61.71
Indiana-Chicago Metro CBA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$83.50
Indiana-Chicago Metro CBA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.35
Indiana-Chicago Metro CBA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$62.63
Indiana-Chicago Metro CBA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$86.60
Indiana-Chicago Metro CBA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.66
Indiana-Chicago Metro CBA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$64.95

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indiana-Chicago Metro CBA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$157.20
Indiana-Chicago Metro CBA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.72
Indiana-Chicago Metro CBA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$117.90
Indiana-Chicago Metro CBA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$50.78
Indiana-Chicago Metro CBA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.08
Indiana-Chicago Metro CBA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$38.09
Indiana-Chicago Metro CBA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$11.34
Indiana-Chicago Metro CBA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$809.98
Indiana-Chicago Metro CBA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$81.00
Indiana-Chicago Metro CBA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$607.49
Indiana-Chicago Metro CBA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,587.50
Indiana-Chicago Metro CBA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$158.75
Indiana-Chicago Metro CBA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,190.63
Indiana-Chicago Metro CBA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,791.66
Indiana-Chicago Metro CBA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$179.17

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indiana-Chicago Metro CBA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,343.75
Indiana-Chicago Metro CBA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$277.43
Indiana-Chicago Metro CBA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$306.43
Indiana-Chicago Metro CBA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$348.01
Indiana-Chicago Metro CBA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$339.54
Indiana-Chicago Metro CBA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$281.83
Indiana-Chicago Metro CBA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$319.33
Indiana-Chicago Metro CBA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$323.63
Indiana-Chicago Metro CBA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$277.24
Indiana-Chicago Metro CBA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$441.53
Indiana-Chicago Metro CBA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$369.89
Indiana-Chicago Metro CBA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$649.47
Indiana-Chicago Metro CBA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$566.70
Indiana-Chicago Metro CBA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$759.12
Indiana-Chicago Metro CBA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$789.08

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indianapolis-Carmel, IN	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$70.00
Indianapolis-Carmel, IN	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.00
Indianapolis-Carmel, IN	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$52.50
Indianapolis-Carmel, IN	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.75
Indianapolis-Carmel, IN	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.28
Indianapolis-Carmel, IN	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.56
Indianapolis-Carmel, IN	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$138.00
Indianapolis-Carmel, IN	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.80
Indianapolis-Carmel, IN	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$103.50
Indianapolis-Carmel, IN	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$74.36
Indianapolis-Carmel, IN	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.44
Indianapolis-Carmel, IN	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$55.77
Indianapolis-Carmel, IN	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$111.10
Indianapolis-Carmel, IN	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.11
Indianapolis-Carmel, IN	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$83.33

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indianapolis-Carmel, IN	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$73.28
Indianapolis-Carmel, IN	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.33
Indianapolis-Carmel, IN	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$54.96
Indianapolis-Carmel, IN	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.00
Indianapolis-Carmel, IN	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.90
Indianapolis-Carmel, IN	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.25
Indianapolis-Carmel, IN	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$32.00
Indianapolis-Carmel, IN	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.20
Indianapolis-Carmel, IN	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$24.00
Indianapolis-Carmel, IN	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$54.00
Indianapolis-Carmel, IN	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.40
Indianapolis-Carmel, IN	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$40.50
Indianapolis-Carmel, IN	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$25.66
Indianapolis-Carmel, IN	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.57
Indianapolis-Carmel, IN	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$19.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indianapolis-Carmel, IN	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$69.00
Indianapolis-Carmel, IN	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.90
Indianapolis-Carmel, IN	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$51.75
Indianapolis-Carmel, IN	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$75.95
Indianapolis-Carmel, IN	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.60
Indianapolis-Carmel, IN	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$56.96
Indianapolis-Carmel, IN	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$100.00
Indianapolis-Carmel, IN	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.00
Indianapolis-Carmel, IN	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$75.00
Indianapolis-Carmel, IN	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$186.00
Indianapolis-Carmel, IN	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$18.60
Indianapolis-Carmel, IN	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$139.50
Indianapolis-Carmel, IN	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$126.00
Indianapolis-Carmel, IN	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.60
Indianapolis-Carmel, IN	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$94.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indianapolis-Carmel, IN	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.40
Indianapolis-Carmel, IN	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$14.80
Indianapolis-Carmel, IN	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$38.80
Indianapolis-Carmel, IN	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$400.00
Indianapolis-Carmel, IN	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$40.00
Indianapolis-Carmel, IN	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$300.00
Indianapolis-Carmel, IN	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$280.00
Indianapolis-Carmel, IN	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$28.00
Indianapolis-Carmel, IN	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$210.00
Indianapolis-Carmel, IN	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$400.00
Indianapolis-Carmel, IN	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$40.00
Indianapolis-Carmel, IN	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$300.00
Indianapolis-Carmel, IN	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$411.00
Indianapolis-Carmel, IN	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$41.10
Indianapolis-Carmel, IN	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$308.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indianapolis-Carmel, IN	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$644.20
Indianapolis-Carmel, IN	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$64.42
Indianapolis-Carmel, IN	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$483.15
Indianapolis-Carmel, IN	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$34.95
Indianapolis-Carmel, IN	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.50
Indianapolis-Carmel, IN	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.21
Indianapolis-Carmel, IN	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$76.00
Indianapolis-Carmel, IN	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.60
Indianapolis-Carmel, IN	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$57.00
Indianapolis-Carmel, IN	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$86.31
Indianapolis-Carmel, IN	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.63
Indianapolis-Carmel, IN	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$64.73
Indianapolis-Carmel, IN	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Indianapolis-Carmel, IN	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Indianapolis-Carmel, IN	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indianapolis-Carmel, IN	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$31.00
Indianapolis-Carmel, IN	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.10
Indianapolis-Carmel, IN	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$23.25
Indianapolis-Carmel, IN	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$26.14
Indianapolis-Carmel, IN	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.61
Indianapolis-Carmel, IN	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$19.61
Indianapolis-Carmel, IN	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$137.00
Indianapolis-Carmel, IN	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.70
Indianapolis-Carmel, IN	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$102.75
Indianapolis-Carmel, IN	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$88.00
Indianapolis-Carmel, IN	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.80
Indianapolis-Carmel, IN	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$66.00
Indianapolis-Carmel, IN	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$106.00
Indianapolis-Carmel, IN	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.60
Indianapolis-Carmel, IN	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$79.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indianapolis-Carmel, IN	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$85.00
Indianapolis-Carmel, IN	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.50
Indianapolis-Carmel, IN	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$63.75
Indianapolis-Carmel, IN	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
Indianapolis-Carmel, IN	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
Indianapolis-Carmel, IN	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
Indianapolis-Carmel, IN	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.09
Indianapolis-Carmel, IN	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.01
Indianapolis-Carmel, IN	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.57
Indianapolis-Carmel, IN	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$72.00
Indianapolis-Carmel, IN	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.20
Indianapolis-Carmel, IN	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$54.00
Indianapolis-Carmel, IN	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$141.17
Indianapolis-Carmel, IN	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.12
Indianapolis-Carmel, IN	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$105.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indianapolis-Carmel, IN	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$271.00
Indianapolis-Carmel, IN	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$27.10
Indianapolis-Carmel, IN	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$203.25
Indianapolis-Carmel, IN	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$358.50
Indianapolis-Carmel, IN	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$35.85
Indianapolis-Carmel, IN	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$268.88
Indianapolis-Carmel, IN	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$333.00
Indianapolis-Carmel, IN	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$33.30
Indianapolis-Carmel, IN	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$249.75
Indianapolis-Carmel, IN	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$505.42
Indianapolis-Carmel, IN	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$50.54
Indianapolis-Carmel, IN	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$379.07
Indianapolis-Carmel, IN	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$121.40
Indianapolis-Carmel, IN	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.14
Indianapolis-Carmel, IN	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$91.05

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indianapolis-Carmel, IN	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.98
Indianapolis-Carmel, IN	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.60
Indianapolis-Carmel, IN	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.99
Indianapolis-Carmel, IN	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$109.55
Indianapolis-Carmel, IN	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.96
Indianapolis-Carmel, IN	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$82.16
Indianapolis-Carmel, IN	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.49
Indianapolis-Carmel, IN	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.55
Indianapolis-Carmel, IN	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.62
Indianapolis-Carmel, IN	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$105.00
Indianapolis-Carmel, IN	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.50
Indianapolis-Carmel, IN	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$78.75
Indianapolis-Carmel, IN	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$47.00
Indianapolis-Carmel, IN	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.70
Indianapolis-Carmel, IN	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$35.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indianapolis-Carmel, IN	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$16.00
Indianapolis-Carmel, IN	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.60
Indianapolis-Carmel, IN	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.00
Indianapolis-Carmel, IN	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$38.00
Indianapolis-Carmel, IN	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.80
Indianapolis-Carmel, IN	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.50
Indianapolis-Carmel, IN	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.00
Indianapolis-Carmel, IN	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.70
Indianapolis-Carmel, IN	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.75
Indianapolis-Carmel, IN	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$38.81
Indianapolis-Carmel, IN	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.88
Indianapolis-Carmel, IN	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$29.11
Indianapolis-Carmel, IN	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$43.00
Indianapolis-Carmel, IN	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.30
Indianapolis-Carmel, IN	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indianapolis-Carmel, IN	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$34.61
Indianapolis-Carmel, IN	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.46
Indianapolis-Carmel, IN	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$25.96
Indianapolis-Carmel, IN	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$77.00
Indianapolis-Carmel, IN	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$7.70
Indianapolis-Carmel, IN	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$57.75
Indianapolis-Carmel, IN	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$98.00
Indianapolis-Carmel, IN	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.80
Indianapolis-Carmel, IN	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$73.50
Indianapolis-Carmel, IN	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$135.63
Indianapolis-Carmel, IN	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$13.56
Indianapolis-Carmel, IN	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$101.72
Indianapolis-Carmel, IN	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$195.98
Indianapolis-Carmel, IN	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.60
Indianapolis-Carmel, IN	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$146.99

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indianapolis-Carmel, IN	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$310.00
Indianapolis-Carmel, IN	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$31.00
Indianapolis-Carmel, IN	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$232.50
Indianapolis-Carmel, IN	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$199.00
Indianapolis-Carmel, IN	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.90
Indianapolis-Carmel, IN	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$149.25
Indianapolis-Carmel, IN	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$239.19
Indianapolis-Carmel, IN	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$23.92
Indianapolis-Carmel, IN	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$179.39
Indianapolis-Carmel, IN	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$167.26
Indianapolis-Carmel, IN	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$16.73
Indianapolis-Carmel, IN	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$125.45
Indianapolis-Carmel, IN	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$267.00
Indianapolis-Carmel, IN	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$26.70
Indianapolis-Carmel, IN	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$200.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indianapolis-Carmel, IN	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$291.00
Indianapolis-Carmel, IN	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.10
Indianapolis-Carmel, IN	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$218.25
Indianapolis-Carmel, IN	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$405.00
Indianapolis-Carmel, IN	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.50
Indianapolis-Carmel, IN	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$303.75
Indianapolis-Carmel, IN	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$356.99
Indianapolis-Carmel, IN	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.70
Indianapolis-Carmel, IN	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$267.74
Indianapolis-Carmel, IN	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$451.00
Indianapolis-Carmel, IN	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.10
Indianapolis-Carmel, IN	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$338.25
Indianapolis-Carmel, IN	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$385.00
Indianapolis-Carmel, IN	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.50
Indianapolis-Carmel, IN	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$288.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indianapolis-Carmel, IN	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$412.55
Indianapolis-Carmel, IN	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$41.26
Indianapolis-Carmel, IN	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$309.41
Indianapolis-Carmel, IN	K0001	STANDARD WHEELCHAIR	RR			\$25.00
Indianapolis-Carmel, IN	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$37.36
Indianapolis-Carmel, IN	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$41.50
Indianapolis-Carmel, IN	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.90
Indianapolis-Carmel, IN	K0006	HEAVY DUTY WHEELCHAIR	RR			\$66.41
Indianapolis-Carmel, IN	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$94.60
Indianapolis-Carmel, IN	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$117.00
Indianapolis-Carmel, IN	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.70
Indianapolis-Carmel, IN	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$87.75
Indianapolis-Carmel, IN	K0019	ARM PAD, EACH	NU			\$11.00
Indianapolis-Carmel, IN	K0019	ARM PAD, EACH	RR			\$1.10
Indianapolis-Carmel, IN	K0019	ARM PAD, EACH	UE			\$8.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indianapolis-Carmel, IN	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$51.39
Indianapolis-Carmel, IN	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.14
Indianapolis-Carmel, IN	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$38.54
Indianapolis-Carmel, IN	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$70.00
Indianapolis-Carmel, IN	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.00
Indianapolis-Carmel, IN	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$52.50
Indianapolis-Carmel, IN	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$82.41
Indianapolis-Carmel, IN	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.24
Indianapolis-Carmel, IN	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$61.81
Indianapolis-Carmel, IN	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$82.00
Indianapolis-Carmel, IN	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.20
Indianapolis-Carmel, IN	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$61.50
Indianapolis-Carmel, IN	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$85.87
Indianapolis-Carmel, IN	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.59
Indianapolis-Carmel, IN	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$64.40

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indianapolis-Carmel, IN	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$159.88
Indianapolis-Carmel, IN	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.99
Indianapolis-Carmel, IN	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$119.91
Indianapolis-Carmel, IN	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$51.00
Indianapolis-Carmel, IN	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.10
Indianapolis-Carmel, IN	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$38.25
Indianapolis-Carmel, IN	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$11.10
Indianapolis-Carmel, IN	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$819.97
Indianapolis-Carmel, IN	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$82.00
Indianapolis-Carmel, IN	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$614.98
Indianapolis-Carmel, IN	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,500.00
Indianapolis-Carmel, IN	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$150.00
Indianapolis-Carmel, IN	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,125.00
Indianapolis-Carmel, IN	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,798.00
Indianapolis-Carmel, IN	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$179.80

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indianapolis-Carmel, IN	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,348.50
Indianapolis-Carmel, IN	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
Indianapolis-Carmel, IN	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$284.85
Indianapolis-Carmel, IN	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$336.17
Indianapolis-Carmel, IN	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Indianapolis-Carmel, IN	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$278.66
Indianapolis-Carmel, IN	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Indianapolis-Carmel, IN	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$300.00
Indianapolis-Carmel, IN	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$279.30
Indianapolis-Carmel, IN	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$435.42
Indianapolis-Carmel, IN	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$375.00
Indianapolis-Carmel, IN	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$727.50
Indianapolis-Carmel, IN	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$569.25
Indianapolis-Carmel, IN	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$750.00
Indianapolis-Carmel, IN	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$710.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jackson, MS	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$78.83
Jackson, MS	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.88
Jackson, MS	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$59.12
Jackson, MS	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$13.74
Jackson, MS	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.37
Jackson, MS	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$10.31
Jackson, MS	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$149.87
Jackson, MS	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$14.99
Jackson, MS	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$112.40
Jackson, MS	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$86.70
Jackson, MS	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.67
Jackson, MS	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$65.03
Jackson, MS	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$121.32
Jackson, MS	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.13
Jackson, MS	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$90.99

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jackson, MS	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$79.76
Jackson, MS	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.98
Jackson, MS	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$59.82
Jackson, MS	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$24.86
Jackson, MS	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.49
Jackson, MS	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$18.65
Jackson, MS	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$39.38
Jackson, MS	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.94
Jackson, MS	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$29.54
Jackson, MS	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$67.02
Jackson, MS	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$6.70
Jackson, MS	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$50.27
Jackson, MS	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$33.59
Jackson, MS	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$3.36
Jackson, MS	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$25.19

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jackson, MS	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$74.51
Jackson, MS	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.45
Jackson, MS	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$55.88
Jackson, MS	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$86.12
Jackson, MS	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.61
Jackson, MS	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$64.59
Jackson, MS	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$110.00
Jackson, MS	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$11.00
Jackson, MS	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$82.50
Jackson, MS	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$212.04
Jackson, MS	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$21.20
Jackson, MS	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$159.03
Jackson, MS	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$148.86
Jackson, MS	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$14.89
Jackson, MS	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$111.65

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jackson, MS	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$43.51
Jackson, MS	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$16.62
Jackson, MS	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$38.80
Jackson, MS	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$456.28
Jackson, MS	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$45.63
Jackson, MS	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$342.21
Jackson, MS	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$368.70
Jackson, MS	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$36.87
Jackson, MS	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$276.53
Jackson, MS	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$469.32
Jackson, MS	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$46.93
Jackson, MS	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$351.99
Jackson, MS	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$461.98
Jackson, MS	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$46.20
Jackson, MS	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$346.49

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jackson, MS	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$763.80
Jackson, MS	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$76.38
Jackson, MS	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$572.85
Jackson, MS	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$37.82
Jackson, MS	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.78
Jackson, MS	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$28.37
Jackson, MS	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$99.44
Jackson, MS	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$9.94
Jackson, MS	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$74.58
Jackson, MS	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$89.15
Jackson, MS	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.92
Jackson, MS	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$66.86
Jackson, MS	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.50
Jackson, MS	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.55
Jackson, MS	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$4.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jackson, MS	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$34.74
Jackson, MS	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.47
Jackson, MS	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$26.06
Jackson, MS	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$31.04
Jackson, MS	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$3.10
Jackson, MS	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$23.28
Jackson, MS	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$151.56
Jackson, MS	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$15.16
Jackson, MS	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$113.67
Jackson, MS	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$96.22
Jackson, MS	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.62
Jackson, MS	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$72.17
Jackson, MS	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$114.20
Jackson, MS	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$11.42
Jackson, MS	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$85.65

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jackson, MS	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$91.98
Jackson, MS	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.20
Jackson, MS	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$68.99
Jackson, MS	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$145.51
Jackson, MS	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$14.55
Jackson, MS	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$109.13
Jackson, MS	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$98.72
Jackson, MS	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.87
Jackson, MS	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$74.04
Jackson, MS	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$83.07
Jackson, MS	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$8.31
Jackson, MS	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$62.30
Jackson, MS	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$195.12
Jackson, MS	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$19.51
Jackson, MS	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$146.34

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jackson, MS	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$355.15
Jackson, MS	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$35.52
Jackson, MS	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$266.36
Jackson, MS	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$439.98
Jackson, MS	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$44.00
Jackson, MS	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$329.99
Jackson, MS	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$385.36
Jackson, MS	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$38.54
Jackson, MS	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$289.02
Jackson, MS	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$589.78
Jackson, MS	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$58.98
Jackson, MS	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$442.34
Jackson, MS	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$132.57
Jackson, MS	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$13.26
Jackson, MS	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$99.43

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jackson, MS	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$64.88
Jackson, MS	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.49
Jackson, MS	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$48.66
Jackson, MS	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$131.25
Jackson, MS	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$13.13
Jackson, MS	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$98.44
Jackson, MS	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$68.34
Jackson, MS	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.83
Jackson, MS	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$51.26
Jackson, MS	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$110.74
Jackson, MS	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.07
Jackson, MS	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$83.06
Jackson, MS	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$54.80
Jackson, MS	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.48
Jackson, MS	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.10

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jackson, MS	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$17.33
Jackson, MS	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.73
Jackson, MS	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$13.00
Jackson, MS	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.50
Jackson, MS	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.55
Jackson, MS	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.13
Jackson, MS	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$65.12
Jackson, MS	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.51
Jackson, MS	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$48.84
Jackson, MS	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.50
Jackson, MS	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.55
Jackson, MS	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.13
Jackson, MS	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$54.40
Jackson, MS	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.44
Jackson, MS	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$40.80

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jackson, MS	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$50.20
Jackson, MS	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$5.02
Jackson, MS	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$37.65
Jackson, MS	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$100.69
Jackson, MS	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$10.07
Jackson, MS	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$75.52
Jackson, MS	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$127.45
Jackson, MS	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$12.75
Jackson, MS	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$95.59
Jackson, MS	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$160.00
Jackson, MS	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$16.00
Jackson, MS	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$120.00
Jackson, MS	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$231.20
Jackson, MS	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$23.12
Jackson, MS	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$173.40

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jackson, MS	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$357.67
Jackson, MS	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$35.77
Jackson, MS	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$268.25
Jackson, MS	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$246.87
Jackson, MS	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$24.69
Jackson, MS	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$185.15
Jackson, MS	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$302.50
Jackson, MS	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$30.25
Jackson, MS	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$226.88
Jackson, MS	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$213.76
Jackson, MS	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$21.38
Jackson, MS	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$160.32
Jackson, MS	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$359.90
Jackson, MS	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.99
Jackson, MS	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$269.93

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jackson, MS	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$335.34
Jackson, MS	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$33.53
Jackson, MS	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$251.51
Jackson, MS	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$464.20
Jackson, MS	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$46.42
Jackson, MS	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$348.15
Jackson, MS	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$383.84
Jackson, MS	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.38
Jackson, MS	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$287.88
Jackson, MS	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$515.72
Jackson, MS	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$51.57
Jackson, MS	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$386.79
Jackson, MS	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$450.64
Jackson, MS	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.06
Jackson, MS	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$337.98

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jackson, MS	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$489.54
Jackson, MS	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$48.95
Jackson, MS	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$367.16
Jackson, MS	K0001	STANDARD WHEELCHAIR	RR			\$29.71
Jackson, MS	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$62.14
Jackson, MS	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$45.00
Jackson, MS	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$55.50
Jackson, MS	K0006	HEAVY DUTY WHEELCHAIR	RR			\$83.41
Jackson, MS	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$110.96
Jackson, MS	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$154.76
Jackson, MS	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$15.48
Jackson, MS	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$116.07
Jackson, MS	K0019	ARM PAD, EACH	NU			\$14.20
Jackson, MS	K0019	ARM PAD, EACH	RR			\$1.42
Jackson, MS	K0019	ARM PAD, EACH	UE			\$10.65

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jackson, MS	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$58.42
Jackson, MS	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.84
Jackson, MS	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$43.82
Jackson, MS	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$75.59
Jackson, MS	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.56
Jackson, MS	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$56.69
Jackson, MS	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$87.36
Jackson, MS	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.74
Jackson, MS	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$65.52
Jackson, MS	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$93.98
Jackson, MS	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$9.40
Jackson, MS	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$70.49
Jackson, MS	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$93.76
Jackson, MS	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.38
Jackson, MS	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$70.32

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jackson, MS	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$167.55
Jackson, MS	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$16.76
Jackson, MS	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$125.66
Jackson, MS	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$58.16
Jackson, MS	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.82
Jackson, MS	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$43.62
Jackson, MS	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$14.96
Jackson, MS	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$904.54
Jackson, MS	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$90.45
Jackson, MS	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$678.41
Jackson, MS	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,816.54
Jackson, MS	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$181.65
Jackson, MS	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,362.41
Jackson, MS	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$2,008.95
Jackson, MS	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$200.90

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jackson, MS	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,506.71
Jackson, MS	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$291.57
Jackson, MS	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$385.83
Jackson, MS	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$427.28
Jackson, MS	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$418.10
Jackson, MS	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$324.23
Jackson, MS	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$414.41
Jackson, MS	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$336.72
Jackson, MS	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$304.79
Jackson, MS	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$554.81
Jackson, MS	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$419.99
Jackson, MS	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$803.55
Jackson, MS	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$659.43
Jackson, MS	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$882.59
Jackson, MS	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$836.91

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jacksonville, FL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$71.22
Jacksonville, FL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.12
Jacksonville, FL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$53.42
Jacksonville, FL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$11.50
Jacksonville, FL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.15
Jacksonville, FL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.63
Jacksonville, FL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$122.16
Jacksonville, FL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.22
Jacksonville, FL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$91.62
Jacksonville, FL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$67.96
Jacksonville, FL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$6.80
Jacksonville, FL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$50.97
Jacksonville, FL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$101.07
Jacksonville, FL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.11
Jacksonville, FL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$75.80

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jacksonville, FL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$63.54
Jacksonville, FL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$6.35
Jacksonville, FL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$47.66
Jacksonville, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$17.00
Jacksonville, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.70
Jacksonville, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$12.75
Jacksonville, FL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$31.62
Jacksonville, FL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.16
Jacksonville, FL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$23.72
Jacksonville, FL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$55.02
Jacksonville, FL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.50
Jacksonville, FL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$41.27
Jacksonville, FL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$21.44
Jacksonville, FL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.14
Jacksonville, FL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$16.08

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jacksonville, FL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$69.32
Jacksonville, FL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.93
Jacksonville, FL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$51.99
Jacksonville, FL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$72.33
Jacksonville, FL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.23
Jacksonville, FL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$54.25
Jacksonville, FL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$81.55
Jacksonville, FL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$8.16
Jacksonville, FL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$61.16
Jacksonville, FL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$158.99
Jacksonville, FL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$15.90
Jacksonville, FL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$119.24
Jacksonville, FL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$135.16
Jacksonville, FL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.52
Jacksonville, FL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$101.37

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jacksonville, FL	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$37.75
Jacksonville, FL	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$14.11
Jacksonville, FL	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$28.89
Jacksonville, FL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$324.38
Jacksonville, FL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$32.44
Jacksonville, FL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$243.29
Jacksonville, FL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$290.30
Jacksonville, FL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$29.03
Jacksonville, FL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$217.73
Jacksonville, FL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$407.32
Jacksonville, FL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$40.73
Jacksonville, FL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$305.49
Jacksonville, FL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$384.73
Jacksonville, FL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$38.47
Jacksonville, FL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$288.55

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jacksonville, FL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$627.96
Jacksonville, FL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$62.80
Jacksonville, FL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$470.97
Jacksonville, FL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$34.98
Jacksonville, FL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.50
Jacksonville, FL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.24
Jacksonville, FL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$66.24
Jacksonville, FL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$6.62
Jacksonville, FL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$49.68
Jacksonville, FL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$74.56
Jacksonville, FL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$7.46
Jacksonville, FL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$55.92
Jacksonville, FL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.22
Jacksonville, FL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.42
Jacksonville, FL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.17

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jacksonville, FL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$30.33
Jacksonville, FL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.03
Jacksonville, FL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$22.75
Jacksonville, FL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$27.84
Jacksonville, FL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.78
Jacksonville, FL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$20.88
Jacksonville, FL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$134.69
Jacksonville, FL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.47
Jacksonville, FL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$101.02
Jacksonville, FL	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.68
Jacksonville, FL	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.57
Jacksonville, FL	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.76
Jacksonville, FL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$97.83
Jacksonville, FL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$9.78
Jacksonville, FL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$73.37

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jacksonville, FL	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$87.50
Jacksonville, FL	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.75
Jacksonville, FL	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$65.63
Jacksonville, FL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$119.80
Jacksonville, FL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$11.98
Jacksonville, FL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$89.85
Jacksonville, FL	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$91.70
Jacksonville, FL	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.17
Jacksonville, FL	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$68.78
Jacksonville, FL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$67.32
Jacksonville, FL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$6.73
Jacksonville, FL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$50.49
Jacksonville, FL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$153.43
Jacksonville, FL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$15.34
Jacksonville, FL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$115.07

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jacksonville, FL	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$277.84
Jacksonville, FL	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$27.78
Jacksonville, FL	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$208.38
Jacksonville, FL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$327.37
Jacksonville, FL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$32.74
Jacksonville, FL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$245.53
Jacksonville, FL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$294.98
Jacksonville, FL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$29.50
Jacksonville, FL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$221.24
Jacksonville, FL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$510.12
Jacksonville, FL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$51.01
Jacksonville, FL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$382.59
Jacksonville, FL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$116.78
Jacksonville, FL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$11.68
Jacksonville, FL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$87.59

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jacksonville, FL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.09
Jacksonville, FL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.91
Jacksonville, FL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.82
Jacksonville, FL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$96.76
Jacksonville, FL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.68
Jacksonville, FL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$72.57
Jacksonville, FL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$50.42
Jacksonville, FL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.04
Jacksonville, FL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.82
Jacksonville, FL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$93.05
Jacksonville, FL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.31
Jacksonville, FL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$69.79
Jacksonville, FL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.80
Jacksonville, FL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.08
Jacksonville, FL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.60

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jacksonville, FL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$13.84
Jacksonville, FL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.38
Jacksonville, FL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$10.38
Jacksonville, FL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$30.36
Jacksonville, FL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.04
Jacksonville, FL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$22.77
Jacksonville, FL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$48.66
Jacksonville, FL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.87
Jacksonville, FL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.50
Jacksonville, FL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$33.50
Jacksonville, FL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.35
Jacksonville, FL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$25.13
Jacksonville, FL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$41.24
Jacksonville, FL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.12
Jacksonville, FL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.93

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jacksonville, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$37.00
Jacksonville, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.70
Jacksonville, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$27.75
Jacksonville, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$77.68
Jacksonville, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$7.77
Jacksonville, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$58.26
Jacksonville, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$90.52
Jacksonville, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.05
Jacksonville, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$67.89
Jacksonville, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$128.44
Jacksonville, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$12.84
Jacksonville, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$96.33
Jacksonville, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$172.06
Jacksonville, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$17.21
Jacksonville, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$129.05

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jacksonville, FL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$279.86
Jacksonville, FL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$27.99
Jacksonville, FL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$209.90
Jacksonville, FL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$189.70
Jacksonville, FL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$18.97
Jacksonville, FL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$142.28
Jacksonville, FL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$220.32
Jacksonville, FL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$22.03
Jacksonville, FL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$165.24
Jacksonville, FL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$154.52
Jacksonville, FL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.45
Jacksonville, FL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$115.89
Jacksonville, FL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$261.67
Jacksonville, FL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$26.17
Jacksonville, FL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$196.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jacksonville, FL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$272.12
Jacksonville, FL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$27.21
Jacksonville, FL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$204.09
Jacksonville, FL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$360.50
Jacksonville, FL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.05
Jacksonville, FL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$270.38
Jacksonville, FL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$321.84
Jacksonville, FL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$32.18
Jacksonville, FL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$241.38
Jacksonville, FL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$396.94
Jacksonville, FL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.69
Jacksonville, FL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$297.71
Jacksonville, FL	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$353.39
Jacksonville, FL	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.34
Jacksonville, FL	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$265.04

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jacksonville, FL	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$367.30
Jacksonville, FL	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.73
Jacksonville, FL	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$275.48
Jacksonville, FL	K0001	STANDARD WHEELCHAIR	RR			\$27.43
Jacksonville, FL	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$41.09
Jacksonville, FL	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$42.50
Jacksonville, FL	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.15
Jacksonville, FL	K0006	HEAVY DUTY WHEELCHAIR	RR			\$62.98
Jacksonville, FL	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$96.23
Jacksonville, FL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$116.38
Jacksonville, FL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.64
Jacksonville, FL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$87.29
Jacksonville, FL	K0019	ARM PAD, EACH	NU			\$10.75
Jacksonville, FL	K0019	ARM PAD, EACH	RR			\$1.08
Jacksonville, FL	K0019	ARM PAD, EACH	UE			\$8.06

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jacksonville, FL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$42.65
Jacksonville, FL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$4.27
Jacksonville, FL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$31.99
Jacksonville, FL	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$57.55
Jacksonville, FL	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$5.76
Jacksonville, FL	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$43.16
Jacksonville, FL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$75.66
Jacksonville, FL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$7.57
Jacksonville, FL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$56.75
Jacksonville, FL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$81.74
Jacksonville, FL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.17
Jacksonville, FL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$61.31
Jacksonville, FL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$82.94
Jacksonville, FL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.29
Jacksonville, FL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$62.21

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jacksonville, FL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$153.70
Jacksonville, FL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.37
Jacksonville, FL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$115.28
Jacksonville, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$50.57
Jacksonville, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.06
Jacksonville, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$37.93
Jacksonville, FL	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$10.96
Jacksonville, FL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$809.80
Jacksonville, FL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$80.98
Jacksonville, FL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$607.35
Jacksonville, FL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,440.58
Jacksonville, FL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$144.06
Jacksonville, FL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,080.44
Jacksonville, FL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,700.14
Jacksonville, FL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$170.01

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jacksonville, FL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,275.11
Jacksonville, FL	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$236.10
Jacksonville, FL	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.50
Jacksonville, FL	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$331.44
Jacksonville, FL	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$323.58
Jacksonville, FL	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$252.30
Jacksonville, FL	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$303.08
Jacksonville, FL	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$317.61
Jacksonville, FL	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$305.77
Jacksonville, FL	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$401.63
Jacksonville, FL	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$364.31
Jacksonville, FL	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$600.68
Jacksonville, FL	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$549.80
Jacksonville, FL	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$673.65
Jacksonville, FL	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$663.26

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Knoxville, TN	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$80.48
Knoxville, TN	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$8.05
Knoxville, TN	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$60.36
Knoxville, TN	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$13.52
Knoxville, TN	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.35
Knoxville, TN	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$10.14
Knoxville, TN	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$148.54
Knoxville, TN	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$14.85
Knoxville, TN	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$111.41
Knoxville, TN	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$78.37
Knoxville, TN	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.84
Knoxville, TN	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$58.78
Knoxville, TN	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$111.74
Knoxville, TN	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.17
Knoxville, TN	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$83.81

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Knoxville, TN	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$78.08
Knoxville, TN	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.81
Knoxville, TN	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$58.56
Knoxville, TN	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$21.73
Knoxville, TN	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.17
Knoxville, TN	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$16.30
Knoxville, TN	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$37.28
Knoxville, TN	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.73
Knoxville, TN	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$27.96
Knoxville, TN	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$69.96
Knoxville, TN	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$7.00
Knoxville, TN	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$52.47
Knoxville, TN	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$27.66
Knoxville, TN	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.77
Knoxville, TN	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$20.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Knoxville, TN	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$75.75
Knoxville, TN	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.58
Knoxville, TN	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$56.81
Knoxville, TN	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$83.88
Knoxville, TN	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.39
Knoxville, TN	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$62.91
Knoxville, TN	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$102.12
Knoxville, TN	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.21
Knoxville, TN	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$76.59
Knoxville, TN	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$202.82
Knoxville, TN	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$20.28
Knoxville, TN	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$152.12
Knoxville, TN	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$152.22
Knoxville, TN	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$15.22
Knoxville, TN	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$114.17

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Knoxville, TN	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$41.74
Knoxville, TN	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$16.26
Knoxville, TN	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$37.53
Knoxville, TN	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$469.38
Knoxville, TN	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$46.94
Knoxville, TN	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$352.04
Knoxville, TN	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$344.66
Knoxville, TN	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$34.47
Knoxville, TN	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$258.50
Knoxville, TN	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$458.20
Knoxville, TN	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.82
Knoxville, TN	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$343.65
Knoxville, TN	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$450.24
Knoxville, TN	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$45.02
Knoxville, TN	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$337.68

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Knoxville, TN	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$786.33
Knoxville, TN	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$78.63
Knoxville, TN	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$589.75
Knoxville, TN	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.50
Knoxville, TN	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.65
Knoxville, TN	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.38
Knoxville, TN	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$86.88
Knoxville, TN	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.69
Knoxville, TN	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$65.16
Knoxville, TN	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$81.84
Knoxville, TN	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.18
Knoxville, TN	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$61.38
Knoxville, TN	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.02
Knoxville, TN	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Knoxville, TN	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.77

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Knoxville, TN	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$33.81
Knoxville, TN	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.38
Knoxville, TN	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$25.36
Knoxville, TN	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$29.56
Knoxville, TN	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.96
Knoxville, TN	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$22.17
Knoxville, TN	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$143.50
Knoxville, TN	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.35
Knoxville, TN	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$107.63
Knoxville, TN	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$108.60
Knoxville, TN	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.86
Knoxville, TN	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$81.45
Knoxville, TN	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$105.50
Knoxville, TN	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.55
Knoxville, TN	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$79.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Knoxville, TN	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$94.43
Knoxville, TN	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.44
Knoxville, TN	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$70.82
Knoxville, TN	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$142.24
Knoxville, TN	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$14.22
Knoxville, TN	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$106.68
Knoxville, TN	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$102.25
Knoxville, TN	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.23
Knoxville, TN	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$76.69
Knoxville, TN	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$77.30
Knoxville, TN	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.73
Knoxville, TN	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$57.98
Knoxville, TN	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$166.50
Knoxville, TN	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$16.65
Knoxville, TN	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$124.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Knoxville, TN	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$329.78
Knoxville, TN	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$32.98
Knoxville, TN	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$247.34
Knoxville, TN	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$391.70
Knoxville, TN	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$39.17
Knoxville, TN	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$293.78
Knoxville, TN	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$341.58
Knoxville, TN	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$34.16
Knoxville, TN	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$256.19
Knoxville, TN	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$561.88
Knoxville, TN	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$56.19
Knoxville, TN	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$421.41
Knoxville, TN	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$125.60
Knoxville, TN	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.56
Knoxville, TN	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$94.20

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Knoxville, TN	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$56.32
Knoxville, TN	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.63
Knoxville, TN	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.24
Knoxville, TN	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$118.12
Knoxville, TN	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.81
Knoxville, TN	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$88.59
Knoxville, TN	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$59.07
Knoxville, TN	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.91
Knoxville, TN	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$44.30
Knoxville, TN	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$110.14
Knoxville, TN	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.01
Knoxville, TN	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$82.61
Knoxville, TN	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.89
Knoxville, TN	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.99
Knoxville, TN	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.42

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Knoxville, TN	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$17.04
Knoxville, TN	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.70
Knoxville, TN	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.78
Knoxville, TN	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$39.90
Knoxville, TN	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.99
Knoxville, TN	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$29.93
Knoxville, TN	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.92
Knoxville, TN	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.79
Knoxville, TN	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.44
Knoxville, TN	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$43.68
Knoxville, TN	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.37
Knoxville, TN	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.76
Knoxville, TN	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$50.92
Knoxville, TN	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.09
Knoxville, TN	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$38.19

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Knoxville, TN	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$44.86
Knoxville, TN	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.49
Knoxville, TN	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$33.65
Knoxville, TN	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$87.32
Knoxville, TN	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.73
Knoxville, TN	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$65.49
Knoxville, TN	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$114.38
Knoxville, TN	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$11.44
Knoxville, TN	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$85.79
Knoxville, TN	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$151.25
Knoxville, TN	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$15.13
Knoxville, TN	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$113.44
Knoxville, TN	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$218.05
Knoxville, TN	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.81
Knoxville, TN	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$163.54

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Knoxville, TN	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$349.89
Knoxville, TN	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$34.99
Knoxville, TN	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$262.42
Knoxville, TN	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$221.78
Knoxville, TN	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$22.18
Knoxville, TN	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$166.34
Knoxville, TN	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$283.21
Knoxville, TN	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$28.32
Knoxville, TN	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$212.41
Knoxville, TN	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$202.22
Knoxville, TN	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$20.22
Knoxville, TN	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$151.67
Knoxville, TN	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$331.26
Knoxville, TN	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$33.13
Knoxville, TN	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$248.45

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Knoxville, TN	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$307.47
Knoxville, TN	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.75
Knoxville, TN	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$230.60
Knoxville, TN	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$455.73
Knoxville, TN	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.57
Knoxville, TN	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$341.80
Knoxville, TN	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$368.62
Knoxville, TN	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.86
Knoxville, TN	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$276.47
Knoxville, TN	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$509.90
Knoxville, TN	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$50.99
Knoxville, TN	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$382.43
Knoxville, TN	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$404.92
Knoxville, TN	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.49
Knoxville, TN	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$303.69

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Knoxville, TN	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$478.90
Knoxville, TN	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$47.89
Knoxville, TN	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$359.18
Knoxville, TN	K0001	STANDARD WHEELCHAIR	RR			\$30.86
Knoxville, TN	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$58.16
Knoxville, TN	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$55.46
Knoxville, TN	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$85.20
Knoxville, TN	K0006	HEAVY DUTY WHEELCHAIR	RR			\$96.06
Knoxville, TN	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$126.25
Knoxville, TN	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$139.81
Knoxville, TN	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$13.98
Knoxville, TN	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$104.86
Knoxville, TN	K0019	ARM PAD, EACH	NU			\$12.16
Knoxville, TN	K0019	ARM PAD, EACH	RR			\$1.22
Knoxville, TN	K0019	ARM PAD, EACH	UE			\$9.12

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Knoxville, TN	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$55.30
Knoxville, TN	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.53
Knoxville, TN	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$41.48
Knoxville, TN	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$71.04
Knoxville, TN	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.10
Knoxville, TN	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$53.28
Knoxville, TN	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
Knoxville, TN	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
Knoxville, TN	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
Knoxville, TN	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$91.94
Knoxville, TN	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$9.19
Knoxville, TN	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$68.96
Knoxville, TN	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$91.24
Knoxville, TN	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.12
Knoxville, TN	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$68.43

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Knoxville, TN	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$172.12
Knoxville, TN	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$17.21
Knoxville, TN	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$129.09
Knoxville, TN	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$56.89
Knoxville, TN	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.69
Knoxville, TN	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$42.67
Knoxville, TN	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$14.99
Knoxville, TN	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$904.54
Knoxville, TN	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$90.45
Knoxville, TN	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$678.41
Knoxville, TN	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,643.30
Knoxville, TN	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$164.33
Knoxville, TN	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,232.48
Knoxville, TN	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,919.80
Knoxville, TN	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$191.98

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Knoxville, TN	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,439.85
Knoxville, TN	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$273.01
Knoxville, TN	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Knoxville, TN	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$387.11
Knoxville, TN	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$366.61
Knoxville, TN	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$295.13
Knoxville, TN	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$365.18
Knoxville, TN	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$361.81
Knoxville, TN	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$339.18
Knoxville, TN	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$496.71
Knoxville, TN	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$440.78
Knoxville, TN	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$704.70
Knoxville, TN	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$603.60
Knoxville, TN	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$761.44
Knoxville, TN	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$754.61

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Lakeland-Winter Haven, FL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$64.40
Lakeland-Winter Haven, FL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$6.44
Lakeland-Winter Haven, FL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$48.30
Lakeland-Winter Haven, FL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$11.50
Lakeland-Winter Haven, FL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.15
Lakeland-Winter Haven, FL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.63
Lakeland-Winter Haven, FL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$123.58
Lakeland-Winter Haven, FL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.36
Lakeland-Winter Haven, FL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$92.69
Lakeland-Winter Haven, FL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$66.90
Lakeland-Winter Haven, FL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$6.69
Lakeland-Winter Haven, FL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$50.18
Lakeland-Winter Haven, FL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$101.07
Lakeland-Winter Haven, FL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.11
Lakeland-Winter Haven, FL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$75.80

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Lakeland-Winter Haven, FL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$65.39
Lakeland-Winter Haven, FL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$6.54
Lakeland-Winter Haven, FL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$49.04
Lakeland-Winter Haven, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$17.32
Lakeland-Winter Haven, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.73
Lakeland-Winter Haven, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$12.99
Lakeland-Winter Haven, FL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$28.96
Lakeland-Winter Haven, FL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.90
Lakeland-Winter Haven, FL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$21.72
Lakeland-Winter Haven, FL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$54.60
Lakeland-Winter Haven, FL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.46
Lakeland-Winter Haven, FL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$40.95
Lakeland-Winter Haven, FL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$21.42
Lakeland-Winter Haven, FL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.14
Lakeland-Winter Haven, FL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$16.07

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Lakeland-Winter Haven, FL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$68.50
Lakeland-Winter Haven, FL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.85
Lakeland-Winter Haven, FL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$51.38
Lakeland-Winter Haven, FL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$69.22
Lakeland-Winter Haven, FL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$6.92
Lakeland-Winter Haven, FL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$51.92
Lakeland-Winter Haven, FL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$83.10
Lakeland-Winter Haven, FL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$8.31
Lakeland-Winter Haven, FL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$62.33
Lakeland-Winter Haven, FL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$153.48
Lakeland-Winter Haven, FL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$15.35
Lakeland-Winter Haven, FL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$115.11
Lakeland-Winter Haven, FL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$132.90
Lakeland-Winter Haven, FL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.29
Lakeland-Winter Haven, FL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$99.68

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Lakeland-Winter Haven, FL	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$39.89
Lakeland-Winter Haven, FL	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$14.83
Lakeland-Winter Haven, FL	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$30.95
Lakeland-Winter Haven, FL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$336.46
Lakeland-Winter Haven, FL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$33.65
Lakeland-Winter Haven, FL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$252.35
Lakeland-Winter Haven, FL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$292.27
Lakeland-Winter Haven, FL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$29.23
Lakeland-Winter Haven, FL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$219.20
Lakeland-Winter Haven, FL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$389.73
Lakeland-Winter Haven, FL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$38.97
Lakeland-Winter Haven, FL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$292.30
Lakeland-Winter Haven, FL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$384.73
Lakeland-Winter Haven, FL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$38.47
Lakeland-Winter Haven, FL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$288.55

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Lakeland-Winter Haven, FL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$611.59
Lakeland-Winter Haven, FL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$61.16
Lakeland-Winter Haven, FL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$458.69
Lakeland-Winter Haven, FL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$34.98
Lakeland-Winter Haven, FL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.50
Lakeland-Winter Haven, FL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.24
Lakeland-Winter Haven, FL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$66.24
Lakeland-Winter Haven, FL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$6.62
Lakeland-Winter Haven, FL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$49.68
Lakeland-Winter Haven, FL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$68.27
Lakeland-Winter Haven, FL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$6.83
Lakeland-Winter Haven, FL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$51.20
Lakeland-Winter Haven, FL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.26
Lakeland-Winter Haven, FL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.43
Lakeland-Winter Haven, FL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.20

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Lakeland-Winter Haven, FL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$29.88
Lakeland-Winter Haven, FL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$2.99
Lakeland-Winter Haven, FL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$22.41
Lakeland-Winter Haven, FL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$25.57
Lakeland-Winter Haven, FL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.56
Lakeland-Winter Haven, FL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$19.18
Lakeland-Winter Haven, FL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$132.02
Lakeland-Winter Haven, FL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.20
Lakeland-Winter Haven, FL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$99.02
Lakeland-Winter Haven, FL	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$88.88
Lakeland-Winter Haven, FL	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.89
Lakeland-Winter Haven, FL	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$66.66
Lakeland-Winter Haven, FL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$93.66
Lakeland-Winter Haven, FL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$9.37
Lakeland-Winter Haven, FL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$70.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Lakeland-Winter Haven, FL	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$82.02
Lakeland-Winter Haven, FL	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.20
Lakeland-Winter Haven, FL	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$61.52
Lakeland-Winter Haven, FL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$118.50
Lakeland-Winter Haven, FL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$11.85
Lakeland-Winter Haven, FL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$88.88
Lakeland-Winter Haven, FL	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$83.26
Lakeland-Winter Haven, FL	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.33
Lakeland-Winter Haven, FL	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$62.45
Lakeland-Winter Haven, FL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$70.00
Lakeland-Winter Haven, FL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.00
Lakeland-Winter Haven, FL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$52.50
Lakeland-Winter Haven, FL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$148.29
Lakeland-Winter Haven, FL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.83
Lakeland-Winter Haven, FL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$111.22

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Lakeland-Winter Haven, FL	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$257.26
Lakeland-Winter Haven, FL	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$25.73
Lakeland-Winter Haven, FL	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$192.95
Lakeland-Winter Haven, FL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$325.62
Lakeland-Winter Haven, FL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$32.56
Lakeland-Winter Haven, FL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$244.22
Lakeland-Winter Haven, FL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$293.46
Lakeland-Winter Haven, FL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$29.35
Lakeland-Winter Haven, FL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$220.10
Lakeland-Winter Haven, FL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$488.67
Lakeland-Winter Haven, FL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$48.87
Lakeland-Winter Haven, FL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$366.50
Lakeland-Winter Haven, FL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$116.78
Lakeland-Winter Haven, FL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$11.68
Lakeland-Winter Haven, FL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$87.59

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Lakeland-Winter Haven, FL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$48.00
Lakeland-Winter Haven, FL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.80
Lakeland-Winter Haven, FL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.00
Lakeland-Winter Haven, FL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$94.82
Lakeland-Winter Haven, FL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.48
Lakeland-Winter Haven, FL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$71.12
Lakeland-Winter Haven, FL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.75
Lakeland-Winter Haven, FL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.98
Lakeland-Winter Haven, FL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.31
Lakeland-Winter Haven, FL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$95.00
Lakeland-Winter Haven, FL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.50
Lakeland-Winter Haven, FL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$71.25
Lakeland-Winter Haven, FL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.30
Lakeland-Winter Haven, FL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.03
Lakeland-Winter Haven, FL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.23

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Lakeland-Winter Haven, FL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$13.36
Lakeland-Winter Haven, FL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.34
Lakeland-Winter Haven, FL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$10.02
Lakeland-Winter Haven, FL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$33.00
Lakeland-Winter Haven, FL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.30
Lakeland-Winter Haven, FL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$24.75
Lakeland-Winter Haven, FL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.27
Lakeland-Winter Haven, FL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.93
Lakeland-Winter Haven, FL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.95
Lakeland-Winter Haven, FL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$33.25
Lakeland-Winter Haven, FL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.33
Lakeland-Winter Haven, FL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$24.94
Lakeland-Winter Haven, FL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$41.18
Lakeland-Winter Haven, FL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.12
Lakeland-Winter Haven, FL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.89

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Lakeland-Winter Haven, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$38.50
Lakeland-Winter Haven, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.85
Lakeland-Winter Haven, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$28.88
Lakeland-Winter Haven, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$72.12
Lakeland-Winter Haven, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$7.21
Lakeland-Winter Haven, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$54.09
Lakeland-Winter Haven, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$93.02
Lakeland-Winter Haven, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.30
Lakeland-Winter Haven, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$69.77
Lakeland-Winter Haven, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$125.00
Lakeland-Winter Haven, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$12.50
Lakeland-Winter Haven, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$93.75
Lakeland-Winter Haven, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$172.06
Lakeland-Winter Haven, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$17.21
Lakeland-Winter Haven, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$129.05

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Lakeland-Winter Haven, FL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$265.62
Lakeland-Winter Haven, FL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$26.56
Lakeland-Winter Haven, FL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$199.22
Lakeland-Winter Haven, FL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$181.72
Lakeland-Winter Haven, FL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$18.17
Lakeland-Winter Haven, FL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$136.29
Lakeland-Winter Haven, FL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$222.75
Lakeland-Winter Haven, FL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$22.28
Lakeland-Winter Haven, FL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$167.06
Lakeland-Winter Haven, FL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$159.52
Lakeland-Winter Haven, FL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.95
Lakeland-Winter Haven, FL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$119.64
Lakeland-Winter Haven, FL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$262.36
Lakeland-Winter Haven, FL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$26.24
Lakeland-Winter Haven, FL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$196.77

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Lakeland-Winter Haven, FL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$267.92
Lakeland-Winter Haven, FL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$26.79
Lakeland-Winter Haven, FL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$200.94
Lakeland-Winter Haven, FL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$365.52
Lakeland-Winter Haven, FL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.55
Lakeland-Winter Haven, FL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$274.14
Lakeland-Winter Haven, FL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$300.75
Lakeland-Winter Haven, FL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.08
Lakeland-Winter Haven, FL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$225.56
Lakeland-Winter Haven, FL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$385.53
Lakeland-Winter Haven, FL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.55
Lakeland-Winter Haven, FL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$289.15
Lakeland-Winter Haven, FL	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$343.53
Lakeland-Winter Haven, FL	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$34.35
Lakeland-Winter Haven, FL	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$257.65

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Lakeland-Winter Haven, FL	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$369.80
Lakeland-Winter Haven, FL	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.98
Lakeland-Winter Haven, FL	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$277.35
Lakeland-Winter Haven, FL	K0001	STANDARD WHEELCHAIR	RR			\$27.43
Lakeland-Winter Haven, FL	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$39.22
Lakeland-Winter Haven, FL	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$40.48
Lakeland-Winter Haven, FL	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.15
Lakeland-Winter Haven, FL	K0006	HEAVY DUTY WHEELCHAIR	RR			\$62.98
Lakeland-Winter Haven, FL	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$96.23
Lakeland-Winter Haven, FL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$111.70
Lakeland-Winter Haven, FL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.17
Lakeland-Winter Haven, FL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$83.78
Lakeland-Winter Haven, FL	K0019	ARM PAD, EACH	NU			\$10.50
Lakeland-Winter Haven, FL	K0019	ARM PAD, EACH	RR			\$1.05
Lakeland-Winter Haven, FL	K0019	ARM PAD, EACH	UE			\$7.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Lakeland-Winter Haven, FL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$43.62
Lakeland-Winter Haven, FL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$4.36
Lakeland-Winter Haven, FL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$32.72
Lakeland-Winter Haven, FL	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$57.60
Lakeland-Winter Haven, FL	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$5.76
Lakeland-Winter Haven, FL	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$43.20
Lakeland-Winter Haven, FL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$76.88
Lakeland-Winter Haven, FL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$7.69
Lakeland-Winter Haven, FL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$57.66
Lakeland-Winter Haven, FL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$83.50
Lakeland-Winter Haven, FL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.35
Lakeland-Winter Haven, FL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$62.63
Lakeland-Winter Haven, FL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$77.50
Lakeland-Winter Haven, FL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$7.75
Lakeland-Winter Haven, FL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$58.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Lakeland-Winter Haven, FL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$143.86
Lakeland-Winter Haven, FL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$14.39
Lakeland-Winter Haven, FL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$107.90
Lakeland-Winter Haven, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$49.00
Lakeland-Winter Haven, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$4.90
Lakeland-Winter Haven, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$36.75
Lakeland-Winter Haven, FL	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$10.05
Lakeland-Winter Haven, FL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$809.48
Lakeland-Winter Haven, FL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$80.95
Lakeland-Winter Haven, FL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$607.11
Lakeland-Winter Haven, FL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,320.16
Lakeland-Winter Haven, FL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$132.02
Lakeland-Winter Haven, FL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$990.12
Lakeland-Winter Haven, FL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,748.06
Lakeland-Winter Haven, FL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$174.81

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Lakeland-Winter Haven, FL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,311.05
Lakeland-Winter Haven, FL	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$232.50
Lakeland-Winter Haven, FL	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$273.87
Lakeland-Winter Haven, FL	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$331.44
Lakeland-Winter Haven, FL	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$318.64
Lakeland-Winter Haven, FL	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$252.30
Lakeland-Winter Haven, FL	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$303.08
Lakeland-Winter Haven, FL	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$323.63
Lakeland-Winter Haven, FL	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$307.34
Lakeland-Winter Haven, FL	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$433.03
Lakeland-Winter Haven, FL	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$390.00
Lakeland-Winter Haven, FL	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$600.75
Lakeland-Winter Haven, FL	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$568.67
Lakeland-Winter Haven, FL	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$674.70
Lakeland-Winter Haven, FL	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$660.58

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Las Vegas-Paradise, NV	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$69.76
Las Vegas-Paradise, NV	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$6.98
Las Vegas-Paradise, NV	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$52.32
Las Vegas-Paradise, NV	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.72
Las Vegas-Paradise, NV	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.27
Las Vegas-Paradise, NV	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.54
Las Vegas-Paradise, NV	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$130.00
Las Vegas-Paradise, NV	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.00
Las Vegas-Paradise, NV	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$97.50
Las Vegas-Paradise, NV	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$74.18
Las Vegas-Paradise, NV	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.42
Las Vegas-Paradise, NV	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$55.64
Las Vegas-Paradise, NV	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$104.58
Las Vegas-Paradise, NV	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.46
Las Vegas-Paradise, NV	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$78.44

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Las Vegas-Paradise, NV	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$74.46
Las Vegas-Paradise, NV	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.45
Las Vegas-Paradise, NV	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$55.85
Las Vegas-Paradise, NV	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$20.95
Las Vegas-Paradise, NV	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.10
Las Vegas-Paradise, NV	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$15.71
Las Vegas-Paradise, NV	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$32.50
Las Vegas-Paradise, NV	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.25
Las Vegas-Paradise, NV	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$24.38
Las Vegas-Paradise, NV	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$52.47
Las Vegas-Paradise, NV	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.25
Las Vegas-Paradise, NV	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$39.35
Las Vegas-Paradise, NV	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$24.09
Las Vegas-Paradise, NV	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.41
Las Vegas-Paradise, NV	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$18.07

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Las Vegas-Paradise, NV	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$65.64
Las Vegas-Paradise, NV	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.56
Las Vegas-Paradise, NV	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$49.23
Las Vegas-Paradise, NV	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$73.48
Las Vegas-Paradise, NV	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.35
Las Vegas-Paradise, NV	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$55.11
Las Vegas-Paradise, NV	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$94.90
Las Vegas-Paradise, NV	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.49
Las Vegas-Paradise, NV	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$71.18
Las Vegas-Paradise, NV	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$177.50
Las Vegas-Paradise, NV	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$17.75
Las Vegas-Paradise, NV	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$133.13
Las Vegas-Paradise, NV	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$135.21
Las Vegas-Paradise, NV	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.52
Las Vegas-Paradise, NV	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$101.41

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Las Vegas-Paradise, NV	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$41.74
Las Vegas-Paradise, NV	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$14.08
Las Vegas-Paradise, NV	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$38.84
Las Vegas-Paradise, NV	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$394.94
Las Vegas-Paradise, NV	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$39.49
Las Vegas-Paradise, NV	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$296.21
Las Vegas-Paradise, NV	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$320.61
Las Vegas-Paradise, NV	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$32.06
Las Vegas-Paradise, NV	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$240.46
Las Vegas-Paradise, NV	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$407.29
Las Vegas-Paradise, NV	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$40.73
Las Vegas-Paradise, NV	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$305.47
Las Vegas-Paradise, NV	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$411.32
Las Vegas-Paradise, NV	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$41.13
Las Vegas-Paradise, NV	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$308.49

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Las Vegas-Paradise, NV	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$698.98
Las Vegas-Paradise, NV	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$69.90
Las Vegas-Paradise, NV	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$524.24
Las Vegas-Paradise, NV	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$34.98
Las Vegas-Paradise, NV	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.50
Las Vegas-Paradise, NV	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.24
Las Vegas-Paradise, NV	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$74.44
Las Vegas-Paradise, NV	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.44
Las Vegas-Paradise, NV	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$55.83
Las Vegas-Paradise, NV	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$80.04
Las Vegas-Paradise, NV	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.00
Las Vegas-Paradise, NV	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$60.03
Las Vegas-Paradise, NV	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.92
Las Vegas-Paradise, NV	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.49
Las Vegas-Paradise, NV	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.69

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Las Vegas-Paradise, NV	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$29.94
Las Vegas-Paradise, NV	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$2.99
Las Vegas-Paradise, NV	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$22.46
Las Vegas-Paradise, NV	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$25.92
Las Vegas-Paradise, NV	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.59
Las Vegas-Paradise, NV	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$19.44
Las Vegas-Paradise, NV	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$132.06
Las Vegas-Paradise, NV	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.21
Las Vegas-Paradise, NV	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$99.05
Las Vegas-Paradise, NV	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$98.27
Las Vegas-Paradise, NV	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.83
Las Vegas-Paradise, NV	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$73.70
Las Vegas-Paradise, NV	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$104.15
Las Vegas-Paradise, NV	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.42
Las Vegas-Paradise, NV	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$78.11

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Las Vegas-Paradise, NV	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$85.00
Las Vegas-Paradise, NV	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.50
Las Vegas-Paradise, NV	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$63.75
Las Vegas-Paradise, NV	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$130.06
Las Vegas-Paradise, NV	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$13.01
Las Vegas-Paradise, NV	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$97.55
Las Vegas-Paradise, NV	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$93.32
Las Vegas-Paradise, NV	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.33
Las Vegas-Paradise, NV	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$69.99
Las Vegas-Paradise, NV	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$70.75
Las Vegas-Paradise, NV	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.08
Las Vegas-Paradise, NV	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$53.06
Las Vegas-Paradise, NV	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$141.21
Las Vegas-Paradise, NV	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.12
Las Vegas-Paradise, NV	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$105.91

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Las Vegas-Paradise, NV	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$295.34
Las Vegas-Paradise, NV	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$29.53
Las Vegas-Paradise, NV	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$221.51
Las Vegas-Paradise, NV	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$366.75
Las Vegas-Paradise, NV	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$36.68
Las Vegas-Paradise, NV	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$275.06
Las Vegas-Paradise, NV	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$325.78
Las Vegas-Paradise, NV	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$32.58
Las Vegas-Paradise, NV	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$244.34
Las Vegas-Paradise, NV	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$519.90
Las Vegas-Paradise, NV	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$51.99
Las Vegas-Paradise, NV	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$389.93
Las Vegas-Paradise, NV	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$122.00
Las Vegas-Paradise, NV	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.20
Las Vegas-Paradise, NV	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$91.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Las Vegas-Paradise, NV	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$54.30
Las Vegas-Paradise, NV	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.43
Las Vegas-Paradise, NV	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$40.73
Las Vegas-Paradise, NV	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$105.88
Las Vegas-Paradise, NV	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.59
Las Vegas-Paradise, NV	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$79.41
Las Vegas-Paradise, NV	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.24
Las Vegas-Paradise, NV	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.52
Las Vegas-Paradise, NV	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.43
Las Vegas-Paradise, NV	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$98.50
Las Vegas-Paradise, NV	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.85
Las Vegas-Paradise, NV	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$73.88
Las Vegas-Paradise, NV	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$43.44
Las Vegas-Paradise, NV	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.34
Las Vegas-Paradise, NV	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.58

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Las Vegas-Paradise, NV	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$14.90
Las Vegas-Paradise, NV	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.49
Las Vegas-Paradise, NV	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.18
Las Vegas-Paradise, NV	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$35.00
Las Vegas-Paradise, NV	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.50
Las Vegas-Paradise, NV	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$26.25
Las Vegas-Paradise, NV	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$52.08
Las Vegas-Paradise, NV	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.21
Las Vegas-Paradise, NV	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$39.06
Las Vegas-Paradise, NV	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$39.40
Las Vegas-Paradise, NV	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.94
Las Vegas-Paradise, NV	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$29.55
Las Vegas-Paradise, NV	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$43.20
Las Vegas-Paradise, NV	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.32
Las Vegas-Paradise, NV	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.40

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Las Vegas-Paradise, NV	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$39.50
Las Vegas-Paradise, NV	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.95
Las Vegas-Paradise, NV	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$29.63
Las Vegas-Paradise, NV	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$82.06
Las Vegas-Paradise, NV	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.21
Las Vegas-Paradise, NV	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$61.55
Las Vegas-Paradise, NV	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$96.42
Las Vegas-Paradise, NV	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.64
Las Vegas-Paradise, NV	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$72.32
Las Vegas-Paradise, NV	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$137.16
Las Vegas-Paradise, NV	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$13.72
Las Vegas-Paradise, NV	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$102.87
Las Vegas-Paradise, NV	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$187.02
Las Vegas-Paradise, NV	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$18.70
Las Vegas-Paradise, NV	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$140.27

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Las Vegas-Paradise, NV	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$310.51
Las Vegas-Paradise, NV	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$31.05
Las Vegas-Paradise, NV	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$232.88
Las Vegas-Paradise, NV	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$194.50
Las Vegas-Paradise, NV	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.45
Las Vegas-Paradise, NV	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$145.88
Las Vegas-Paradise, NV	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$247.90
Las Vegas-Paradise, NV	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$24.79
Las Vegas-Paradise, NV	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$185.93
Las Vegas-Paradise, NV	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$159.15
Las Vegas-Paradise, NV	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.92
Las Vegas-Paradise, NV	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$119.36
Las Vegas-Paradise, NV	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$265.81
Las Vegas-Paradise, NV	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$26.58
Las Vegas-Paradise, NV	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$199.36

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Las Vegas-Paradise, NV	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$291.05
Las Vegas-Paradise, NV	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.11
Las Vegas-Paradise, NV	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$218.29
Las Vegas-Paradise, NV	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$394.94
Las Vegas-Paradise, NV	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.49
Las Vegas-Paradise, NV	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$296.21
Las Vegas-Paradise, NV	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$335.00
Las Vegas-Paradise, NV	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$33.50
Las Vegas-Paradise, NV	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$251.25
Las Vegas-Paradise, NV	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$448.87
Las Vegas-Paradise, NV	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$44.89
Las Vegas-Paradise, NV	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$336.65
Las Vegas-Paradise, NV	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$375.25
Las Vegas-Paradise, NV	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$37.53
Las Vegas-Paradise, NV	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$281.44

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Las Vegas-Paradise, NV	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$392.84
Las Vegas-Paradise, NV	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.28
Las Vegas-Paradise, NV	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$294.63
Las Vegas-Paradise, NV	K0001	STANDARD WHEELCHAIR	RR			\$27.55
Las Vegas-Paradise, NV	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$49.19
Las Vegas-Paradise, NV	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$44.80
Las Vegas-Paradise, NV	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$54.65
Las Vegas-Paradise, NV	K0006	HEAVY DUTY WHEELCHAIR	RR			\$68.49
Las Vegas-Paradise, NV	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$106.98
Las Vegas-Paradise, NV	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$120.58
Las Vegas-Paradise, NV	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$12.06
Las Vegas-Paradise, NV	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$90.44
Las Vegas-Paradise, NV	K0019	ARM PAD, EACH	NU			\$11.29
Las Vegas-Paradise, NV	K0019	ARM PAD, EACH	RR			\$1.13
Las Vegas-Paradise, NV	K0019	ARM PAD, EACH	UE			\$8.47

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Las Vegas-Paradise, NV	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$50.00
Las Vegas-Paradise, NV	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.00
Las Vegas-Paradise, NV	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$37.50
Las Vegas-Paradise, NV	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$60.11
Las Vegas-Paradise, NV	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.01
Las Vegas-Paradise, NV	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$45.08
Las Vegas-Paradise, NV	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$80.94
Las Vegas-Paradise, NV	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.09
Las Vegas-Paradise, NV	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$60.71
Las Vegas-Paradise, NV	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$84.98
Las Vegas-Paradise, NV	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.50
Las Vegas-Paradise, NV	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$63.74
Las Vegas-Paradise, NV	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$84.20
Las Vegas-Paradise, NV	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.42
Las Vegas-Paradise, NV	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$63.15

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Las Vegas-Paradise, NV	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$155.88
Las Vegas-Paradise, NV	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.59
Las Vegas-Paradise, NV	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$116.91
Las Vegas-Paradise, NV	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$50.28
Las Vegas-Paradise, NV	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.03
Las Vegas-Paradise, NV	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$37.71
Las Vegas-Paradise, NV	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$10.46
Las Vegas-Paradise, NV	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$803.50
Las Vegas-Paradise, NV	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$80.35
Las Vegas-Paradise, NV	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$602.63
Las Vegas-Paradise, NV	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,521.82
Las Vegas-Paradise, NV	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$152.18
Las Vegas-Paradise, NV	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,141.37
Las Vegas-Paradise, NV	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,759.60
Las Vegas-Paradise, NV	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$175.96

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Las Vegas-Paradise, NV	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,319.70
Las Vegas-Paradise, NV	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$264.18
Las Vegas-Paradise, NV	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$288.30
Las Vegas-Paradise, NV	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$363.98
Las Vegas-Paradise, NV	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$361.59
Las Vegas-Paradise, NV	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.60
Las Vegas-Paradise, NV	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$318.08
Las Vegas-Paradise, NV	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$317.61
Las Vegas-Paradise, NV	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$293.36
Las Vegas-Paradise, NV	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$441.43
Las Vegas-Paradise, NV	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$390.00
Las Vegas-Paradise, NV	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$644.48
Las Vegas-Paradise, NV	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$577.13
Las Vegas-Paradise, NV	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$732.90
Las Vegas-Paradise, NV	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$717.71

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Little Rock-North Little Rock-Conway, AR	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$77.86
Little Rock-North Little Rock-Conway, AR	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.79
Little Rock-North Little Rock-Conway, AR	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$58.40
Little Rock-North Little Rock-Conway, AR	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$10.98
Little Rock-North Little Rock-Conway, AR	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.10
Little Rock-North Little Rock-Conway, AR	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.24
Little Rock-North Little Rock-Conway, AR	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$133.50
Little Rock-North Little Rock-Conway, AR	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.35
Little Rock-North Little Rock-Conway, AR	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$100.13
Little Rock-North Little Rock-Conway, AR	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$74.78
Little Rock-North Little Rock-Conway, AR	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.48
Little Rock-North Little Rock-Conway, AR	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$56.09
Little Rock-North Little Rock-Conway, AR	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$120.66
Little Rock-North Little Rock-Conway, AR	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.07
Little Rock-North Little Rock-Conway, AR	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$90.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Little Rock-North Little Rock-Conway, AR	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$79.75
Little Rock-North Little Rock-Conway, AR	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.98
Little Rock-North Little Rock-Conway, AR	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$59.81
Little Rock-North Little Rock-Conway, AR	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$18.00
Little Rock-North Little Rock-Conway, AR	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.80
Little Rock-North Little Rock-Conway, AR	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$13.50
Little Rock-North Little Rock-Conway, AR	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$27.96
Little Rock-North Little Rock-Conway, AR	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.80
Little Rock-North Little Rock-Conway, AR	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$20.97
Little Rock-North Little Rock-Conway, AR	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$43.72
Little Rock-North Little Rock-Conway, AR	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.37
Little Rock-North Little Rock-Conway, AR	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$32.79
Little Rock-North Little Rock-Conway, AR	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$23.36
Little Rock-North Little Rock-Conway, AR	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.34
Little Rock-North Little Rock-Conway, AR	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$17.52

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Little Rock-North Little Rock-Conway, AR	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$67.00
Little Rock-North Little Rock-Conway, AR	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.70
Little Rock-North Little Rock-Conway, AR	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$50.25
Little Rock-North Little Rock-Conway, AR	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$70.48
Little Rock-North Little Rock-Conway, AR	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.05
Little Rock-North Little Rock-Conway, AR	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$52.86
Little Rock-North Little Rock-Conway, AR	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$105.00
Little Rock-North Little Rock-Conway, AR	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.50
Little Rock-North Little Rock-Conway, AR	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$78.75
Little Rock-North Little Rock-Conway, AR	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$195.50
Little Rock-North Little Rock-Conway, AR	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$19.55
Little Rock-North Little Rock-Conway, AR	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$146.63
Little Rock-North Little Rock-Conway, AR	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$125.56
Little Rock-North Little Rock-Conway, AR	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.56
Little Rock-North Little Rock-Conway, AR	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$94.17

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Little Rock-North Little Rock-Conway, AR	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.45
Little Rock-North Little Rock-Conway, AR	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$14.90
Little Rock-North Little Rock-Conway, AR	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$34.95
Little Rock-North Little Rock-Conway, AR	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$375.04
Little Rock-North Little Rock-Conway, AR	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$37.50
Little Rock-North Little Rock-Conway, AR	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$281.28
Little Rock-North Little Rock-Conway, AR	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$340.50
Little Rock-North Little Rock-Conway, AR	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$34.05
Little Rock-North Little Rock-Conway, AR	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$255.38
Little Rock-North Little Rock-Conway, AR	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$440.00
Little Rock-North Little Rock-Conway, AR	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$44.00
Little Rock-North Little Rock-Conway, AR	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$330.00
Little Rock-North Little Rock-Conway, AR	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$407.50
Little Rock-North Little Rock-Conway, AR	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$40.75
Little Rock-North Little Rock-Conway, AR	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$305.63

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Little Rock-North Little Rock-Conway, AR	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$700.00
Little Rock-North Little Rock-Conway, AR	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$70.00
Little Rock-North Little Rock-Conway, AR	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$525.00
Little Rock-North Little Rock-Conway, AR	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.48
Little Rock-North Little Rock-Conway, AR	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.65
Little Rock-North Little Rock-Conway, AR	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.36
Little Rock-North Little Rock-Conway, AR	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$72.44
Little Rock-North Little Rock-Conway, AR	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.24
Little Rock-North Little Rock-Conway, AR	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$54.33
Little Rock-North Little Rock-Conway, AR	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$83.80
Little Rock-North Little Rock-Conway, AR	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.38
Little Rock-North Little Rock-Conway, AR	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$62.85
Little Rock-North Little Rock-Conway, AR	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Little Rock-North Little Rock-Conway, AR	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Little Rock-North Little Rock-Conway, AR	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Little Rock-North Little Rock-Conway, AR	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$30.50
Little Rock-North Little Rock-Conway, AR	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.05
Little Rock-North Little Rock-Conway, AR	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$22.88
Little Rock-North Little Rock-Conway, AR	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$30.02
Little Rock-North Little Rock-Conway, AR	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$3.00
Little Rock-North Little Rock-Conway, AR	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$22.52
Little Rock-North Little Rock-Conway, AR	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$150.60
Little Rock-North Little Rock-Conway, AR	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$15.06
Little Rock-North Little Rock-Conway, AR	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$112.95
Little Rock-North Little Rock-Conway, AR	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
Little Rock-North Little Rock-Conway, AR	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
Little Rock-North Little Rock-Conway, AR	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
Little Rock-North Little Rock-Conway, AR	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$106.96
Little Rock-North Little Rock-Conway, AR	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.70
Little Rock-North Little Rock-Conway, AR	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$80.22

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Little Rock-North Little Rock-Conway, AR	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$92.55
Little Rock-North Little Rock-Conway, AR	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.26
Little Rock-North Little Rock-Conway, AR	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$69.41
Little Rock-North Little Rock-Conway, AR	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
Little Rock-North Little Rock-Conway, AR	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
Little Rock-North Little Rock-Conway, AR	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
Little Rock-North Little Rock-Conway, AR	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$99.00
Little Rock-North Little Rock-Conway, AR	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.90
Little Rock-North Little Rock-Conway, AR	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$74.25
Little Rock-North Little Rock-Conway, AR	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$71.38
Little Rock-North Little Rock-Conway, AR	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.14
Little Rock-North Little Rock-Conway, AR	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$53.54
Little Rock-North Little Rock-Conway, AR	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$136.00
Little Rock-North Little Rock-Conway, AR	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$13.60
Little Rock-North Little Rock-Conway, AR	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$102.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Little Rock-North Little Rock-Conway, AR	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$269.50
Little Rock-North Little Rock-Conway, AR	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$26.95
Little Rock-North Little Rock-Conway, AR	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$202.13
Little Rock-North Little Rock-Conway, AR	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$380.50
Little Rock-North Little Rock-Conway, AR	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$38.05
Little Rock-North Little Rock-Conway, AR	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$285.38
Little Rock-North Little Rock-Conway, AR	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$342.00
Little Rock-North Little Rock-Conway, AR	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$34.20
Little Rock-North Little Rock-Conway, AR	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$256.50
Little Rock-North Little Rock-Conway, AR	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$515.21
Little Rock-North Little Rock-Conway, AR	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$51.52
Little Rock-North Little Rock-Conway, AR	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$386.41
Little Rock-North Little Rock-Conway, AR	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$132.50
Little Rock-North Little Rock-Conway, AR	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$13.25
Little Rock-North Little Rock-Conway, AR	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$99.38

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Little Rock-North Little Rock-Conway, AR	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.99
Little Rock-North Little Rock-Conway, AR	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.60
Little Rock-North Little Rock-Conway, AR	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.99
Little Rock-North Little Rock-Conway, AR	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$119.66
Little Rock-North Little Rock-Conway, AR	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.97
Little Rock-North Little Rock-Conway, AR	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$89.75
Little Rock-North Little Rock-Conway, AR	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.95
Little Rock-North Little Rock-Conway, AR	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.80
Little Rock-North Little Rock-Conway, AR	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.46
Little Rock-North Little Rock-Conway, AR	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$110.46
Little Rock-North Little Rock-Conway, AR	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.05
Little Rock-North Little Rock-Conway, AR	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$82.85
Little Rock-North Little Rock-Conway, AR	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$50.50
Little Rock-North Little Rock-Conway, AR	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.05
Little Rock-North Little Rock-Conway, AR	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Little Rock-North Little Rock-Conway, AR	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$17.02
Little Rock-North Little Rock-Conway, AR	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.70
Little Rock-North Little Rock-Conway, AR	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.77
Little Rock-North Little Rock-Conway, AR	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$36.50
Little Rock-North Little Rock-Conway, AR	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.65
Little Rock-North Little Rock-Conway, AR	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$27.38
Little Rock-North Little Rock-Conway, AR	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.30
Little Rock-North Little Rock-Conway, AR	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.53
Little Rock-North Little Rock-Conway, AR	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.48
Little Rock-North Little Rock-Conway, AR	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$44.16
Little Rock-North Little Rock-Conway, AR	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.42
Little Rock-North Little Rock-Conway, AR	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.12
Little Rock-North Little Rock-Conway, AR	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$46.50
Little Rock-North Little Rock-Conway, AR	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.65
Little Rock-North Little Rock-Conway, AR	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Little Rock-North Little Rock-Conway, AR	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$34.60
Little Rock-North Little Rock-Conway, AR	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.46
Little Rock-North Little Rock-Conway, AR	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$25.95
Little Rock-North Little Rock-Conway, AR	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$83.38
Little Rock-North Little Rock-Conway, AR	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.34
Little Rock-North Little Rock-Conway, AR	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$62.54
Little Rock-North Little Rock-Conway, AR	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$94.53
Little Rock-North Little Rock-Conway, AR	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.45
Little Rock-North Little Rock-Conway, AR	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$70.90
Little Rock-North Little Rock-Conway, AR	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$147.12
Little Rock-North Little Rock-Conway, AR	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$14.71
Little Rock-North Little Rock-Conway, AR	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$110.34
Little Rock-North Little Rock-Conway, AR	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$198.23
Little Rock-North Little Rock-Conway, AR	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.82
Little Rock-North Little Rock-Conway, AR	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$148.67

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Little Rock-North Little Rock-Conway, AR	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$317.54
Little Rock-North Little Rock-Conway, AR	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$31.75
Little Rock-North Little Rock-Conway, AR	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$238.16
Little Rock-North Little Rock-Conway, AR	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$215.03
Little Rock-North Little Rock-Conway, AR	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.50
Little Rock-North Little Rock-Conway, AR	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$161.27
Little Rock-North Little Rock-Conway, AR	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$244.90
Little Rock-North Little Rock-Conway, AR	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$24.49
Little Rock-North Little Rock-Conway, AR	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$183.68
Little Rock-North Little Rock-Conway, AR	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$147.88
Little Rock-North Little Rock-Conway, AR	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$14.79
Little Rock-North Little Rock-Conway, AR	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$110.91
Little Rock-North Little Rock-Conway, AR	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$290.00
Little Rock-North Little Rock-Conway, AR	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.00
Little Rock-North Little Rock-Conway, AR	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$217.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Little Rock-North Little Rock-Conway, AR	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$305.32
Little Rock-North Little Rock-Conway, AR	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.53
Little Rock-North Little Rock-Conway, AR	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$228.99
Little Rock-North Little Rock-Conway, AR	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$442.50
Little Rock-North Little Rock-Conway, AR	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$44.25
Little Rock-North Little Rock-Conway, AR	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$331.88
Little Rock-North Little Rock-Conway, AR	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$378.62
Little Rock-North Little Rock-Conway, AR	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$37.86
Little Rock-North Little Rock-Conway, AR	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$283.97
Little Rock-North Little Rock-Conway, AR	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$443.12
Little Rock-North Little Rock-Conway, AR	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$44.31
Little Rock-North Little Rock-Conway, AR	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$332.34
Little Rock-North Little Rock-Conway, AR	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$383.14
Little Rock-North Little Rock-Conway, AR	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.31
Little Rock-North Little Rock-Conway, AR	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$287.36

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Little Rock-North Little Rock-Conway, AR	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$455.00
Little Rock-North Little Rock-Conway, AR	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.50
Little Rock-North Little Rock-Conway, AR	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$341.25
Little Rock-North Little Rock-Conway, AR	K0001	STANDARD WHEELCHAIR	RR			\$23.16
Little Rock-North Little Rock-Conway, AR	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$34.63
Little Rock-North Little Rock-Conway, AR	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$30.77
Little Rock-North Little Rock-Conway, AR	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$37.50
Little Rock-North Little Rock-Conway, AR	K0006	HEAVY DUTY WHEELCHAIR	RR			\$58.63
Little Rock-North Little Rock-Conway, AR	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$81.98
Little Rock-North Little Rock-Conway, AR	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$120.10
Little Rock-North Little Rock-Conway, AR	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$12.01
Little Rock-North Little Rock-Conway, AR	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$90.08
Little Rock-North Little Rock-Conway, AR	K0019	ARM PAD, EACH	NU			\$11.00
Little Rock-North Little Rock-Conway, AR	K0019	ARM PAD, EACH	RR			\$1.10
Little Rock-North Little Rock-Conway, AR	K0019	ARM PAD, EACH	UE			\$8.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Little Rock-North Little Rock-Conway, AR	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$51.50
Little Rock-North Little Rock-Conway, AR	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.15
Little Rock-North Little Rock-Conway, AR	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$38.63
Little Rock-North Little Rock-Conway, AR	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$71.27
Little Rock-North Little Rock-Conway, AR	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.13
Little Rock-North Little Rock-Conway, AR	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$53.45
Little Rock-North Little Rock-Conway, AR	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$83.81
Little Rock-North Little Rock-Conway, AR	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.38
Little Rock-North Little Rock-Conway, AR	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$62.86
Little Rock-North Little Rock-Conway, AR	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$91.50
Little Rock-North Little Rock-Conway, AR	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$9.15
Little Rock-North Little Rock-Conway, AR	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$68.63
Little Rock-North Little Rock-Conway, AR	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$97.50
Little Rock-North Little Rock-Conway, AR	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.75
Little Rock-North Little Rock-Conway, AR	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$73.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Little Rock-North Little Rock-Conway, AR	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$174.94
Little Rock-North Little Rock-Conway, AR	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$17.49
Little Rock-North Little Rock-Conway, AR	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$131.21
Little Rock-North Little Rock-Conway, AR	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$50.50
Little Rock-North Little Rock-Conway, AR	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.05
Little Rock-North Little Rock-Conway, AR	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$37.88
Little Rock-North Little Rock-Conway, AR	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$10.55
Little Rock-North Little Rock-Conway, AR	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$854.50
Little Rock-North Little Rock-Conway, AR	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$85.45
Little Rock-North Little Rock-Conway, AR	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$640.88
Little Rock-North Little Rock-Conway, AR	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,547.00
Little Rock-North Little Rock-Conway, AR	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$154.70
Little Rock-North Little Rock-Conway, AR	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,160.25
Little Rock-North Little Rock-Conway, AR	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,785.60
Little Rock-North Little Rock-Conway, AR	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$178.56

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Little Rock-North Little Rock-Conway, AR	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,339.20
Little Rock-North Little Rock-Conway, AR	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$277.05
Little Rock-North Little Rock-Conway, AR	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$260.06
Little Rock-North Little Rock-Conway, AR	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$334.94
Little Rock-North Little Rock-Conway, AR	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$329.93
Little Rock-North Little Rock-Conway, AR	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$281.25
Little Rock-North Little Rock-Conway, AR	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$319.71
Little Rock-North Little Rock-Conway, AR	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$322.50
Little Rock-North Little Rock-Conway, AR	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$262.58
Little Rock-North Little Rock-Conway, AR	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$387.51
Little Rock-North Little Rock-Conway, AR	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$386.74
Little Rock-North Little Rock-Conway, AR	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$639.92
Little Rock-North Little Rock-Conway, AR	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$567.98
Little Rock-North Little Rock-Conway, AR	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$757.73
Little Rock-North Little Rock-Conway, AR	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$720.45

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Los Angeles County CBA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$65.06
Los Angeles County CBA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$6.51
Los Angeles County CBA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$48.80
Los Angeles County CBA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.39
Los Angeles County CBA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.24
Los Angeles County CBA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.29
Los Angeles County CBA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$130.09
Los Angeles County CBA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.01
Los Angeles County CBA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$97.57
Los Angeles County CBA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$69.63
Los Angeles County CBA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$6.96
Los Angeles County CBA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$52.22
Los Angeles County CBA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$101.00
Los Angeles County CBA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.10
Los Angeles County CBA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$75.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Los Angeles County CBA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$64.62
Los Angeles County CBA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$6.46
Los Angeles County CBA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$48.47
Los Angeles County CBA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$21.20
Los Angeles County CBA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.12
Los Angeles County CBA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$15.90
Los Angeles County CBA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$32.07
Los Angeles County CBA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.21
Los Angeles County CBA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$24.05
Los Angeles County CBA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$56.97
Los Angeles County CBA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.70
Los Angeles County CBA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$42.73
Los Angeles County CBA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$22.90
Los Angeles County CBA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.29
Los Angeles County CBA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$17.18

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Los Angeles County CBA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$68.88
Los Angeles County CBA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.89
Los Angeles County CBA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$51.66
Los Angeles County CBA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$71.44
Los Angeles County CBA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.14
Los Angeles County CBA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$53.58
Los Angeles County CBA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$86.92
Los Angeles County CBA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$8.69
Los Angeles County CBA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$65.19
Los Angeles County CBA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$158.88
Los Angeles County CBA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$15.89
Los Angeles County CBA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$119.16
Los Angeles County CBA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$131.96
Los Angeles County CBA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.20
Los Angeles County CBA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$98.97

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Los Angeles County CBA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$37.88
Los Angeles County CBA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$13.47
Los Angeles County CBA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$29.85
Los Angeles County CBA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$348.74
Los Angeles County CBA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$34.87
Los Angeles County CBA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$261.56
Los Angeles County CBA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$280.54
Los Angeles County CBA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$28.05
Los Angeles County CBA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$210.41
Los Angeles County CBA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$358.92
Los Angeles County CBA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$35.89
Los Angeles County CBA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$269.19
Los Angeles County CBA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$358.22
Los Angeles County CBA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$35.82
Los Angeles County CBA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$268.67

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Los Angeles County CBA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$615.96
Los Angeles County CBA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$61.60
Los Angeles County CBA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$461.97
Los Angeles County CBA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$30.09
Los Angeles County CBA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.01
Los Angeles County CBA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$22.57
Los Angeles County CBA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$74.80
Los Angeles County CBA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.48
Los Angeles County CBA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$56.10
Los Angeles County CBA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$74.78
Los Angeles County CBA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$7.48
Los Angeles County CBA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$56.09
Los Angeles County CBA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.33
Los Angeles County CBA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.43
Los Angeles County CBA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Los Angeles County CBA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$30.55
Los Angeles County CBA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.06
Los Angeles County CBA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$22.91
Los Angeles County CBA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$24.55
Los Angeles County CBA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.46
Los Angeles County CBA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$18.41
Los Angeles County CBA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$121.92
Los Angeles County CBA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$12.19
Los Angeles County CBA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$91.44
Los Angeles County CBA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.00
Los Angeles County CBA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
Los Angeles County CBA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.25
Los Angeles County CBA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$101.54
Los Angeles County CBA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.15
Los Angeles County CBA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$76.16

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Los Angeles County CBA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$85.00
Los Angeles County CBA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.50
Los Angeles County CBA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$63.75
Los Angeles County CBA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$125.05
Los Angeles County CBA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.51
Los Angeles County CBA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$93.79
Los Angeles County CBA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$89.04
Los Angeles County CBA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.90
Los Angeles County CBA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$66.78
Los Angeles County CBA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$70.46
Los Angeles County CBA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.05
Los Angeles County CBA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$52.85
Los Angeles County CBA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$167.14
Los Angeles County CBA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$16.71
Los Angeles County CBA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$125.36

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Los Angeles County CBA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$279.90
Los Angeles County CBA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$27.99
Los Angeles County CBA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$209.93
Los Angeles County CBA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$342.16
Los Angeles County CBA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$34.22
Los Angeles County CBA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$256.62
Los Angeles County CBA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$296.24
Los Angeles County CBA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$29.62
Los Angeles County CBA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$222.18
Los Angeles County CBA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$512.81
Los Angeles County CBA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$51.28
Los Angeles County CBA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$384.61
Los Angeles County CBA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$115.31
Los Angeles County CBA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$11.53
Los Angeles County CBA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$86.48

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Los Angeles County CBA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$51.96
Los Angeles County CBA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.20
Los Angeles County CBA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$38.97
Los Angeles County CBA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$98.08
Los Angeles County CBA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.81
Los Angeles County CBA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$73.56
Los Angeles County CBA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$51.28
Los Angeles County CBA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.13
Los Angeles County CBA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$38.46
Los Angeles County CBA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$95.45
Los Angeles County CBA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.55
Los Angeles County CBA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$71.59
Los Angeles County CBA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$41.96
Los Angeles County CBA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.20
Los Angeles County CBA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.47

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Los Angeles County CBA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$14.78
Los Angeles County CBA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.48
Los Angeles County CBA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.09
Los Angeles County CBA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$35.00
Los Angeles County CBA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.50
Los Angeles County CBA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$26.25
Los Angeles County CBA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$50.76
Los Angeles County CBA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.08
Los Angeles County CBA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$38.07
Los Angeles County CBA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$36.68
Los Angeles County CBA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.67
Los Angeles County CBA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$27.51
Los Angeles County CBA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.70
Los Angeles County CBA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.27
Los Angeles County CBA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.03

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Los Angeles County CBA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$39.03
Los Angeles County CBA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.90
Los Angeles County CBA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$29.27
Los Angeles County CBA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$76.27
Los Angeles County CBA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$7.63
Los Angeles County CBA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$57.20
Los Angeles County CBA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$96.92
Los Angeles County CBA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.69
Los Angeles County CBA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$72.69
Los Angeles County CBA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$126.02
Los Angeles County CBA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$12.60
Los Angeles County CBA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$94.52
Los Angeles County CBA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$178.21
Los Angeles County CBA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$17.82
Los Angeles County CBA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$133.66

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Los Angeles County CBA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$274.08
Los Angeles County CBA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$27.41
Los Angeles County CBA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$205.56
Los Angeles County CBA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$186.08
Los Angeles County CBA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$18.61
Los Angeles County CBA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$139.56
Los Angeles County CBA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$225.53
Los Angeles County CBA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$22.55
Los Angeles County CBA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$169.15
Los Angeles County CBA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$176.76
Los Angeles County CBA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$17.68
Los Angeles County CBA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$132.57
Los Angeles County CBA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$269.96
Los Angeles County CBA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$27.00
Los Angeles County CBA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$202.47

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Los Angeles County CBA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$256.53
Los Angeles County CBA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$25.65
Los Angeles County CBA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$192.40
Los Angeles County CBA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$358.32
Los Angeles County CBA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.83
Los Angeles County CBA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$268.74
Los Angeles County CBA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$297.82
Los Angeles County CBA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.78
Los Angeles County CBA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$223.37
Los Angeles County CBA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$407.01
Los Angeles County CBA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.70
Los Angeles County CBA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$305.26
Los Angeles County CBA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$352.47
Los Angeles County CBA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.25
Los Angeles County CBA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$264.35

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Los Angeles County CBA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$373.74
Los Angeles County CBA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$37.37
Los Angeles County CBA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$280.31
Los Angeles County CBA	K0001	STANDARD WHEELCHAIR	RR			\$32.46
Los Angeles County CBA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$49.95
Los Angeles County CBA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$46.58
Los Angeles County CBA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$59.86
Los Angeles County CBA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$70.42
Los Angeles County CBA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$111.20
Los Angeles County CBA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$114.06
Los Angeles County CBA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.41
Los Angeles County CBA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$85.55
Los Angeles County CBA	K0019	ARM PAD, EACH	NU			\$11.00
Los Angeles County CBA	K0019	ARM PAD, EACH	RR			\$1.10
Los Angeles County CBA	K0019	ARM PAD, EACH	UE			\$8.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Los Angeles County CBA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$47.00
Los Angeles County CBA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$4.70
Los Angeles County CBA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$35.25
Los Angeles County CBA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$58.06
Los Angeles County CBA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$5.81
Los Angeles County CBA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$43.55
Los Angeles County CBA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$69.34
Los Angeles County CBA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$6.93
Los Angeles County CBA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$52.01
Los Angeles County CBA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$80.18
Los Angeles County CBA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.02
Los Angeles County CBA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$60.14
Los Angeles County CBA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$77.92
Los Angeles County CBA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$7.79
Los Angeles County CBA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$58.44

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Los Angeles County CBA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$135.43
Los Angeles County CBA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$13.54
Los Angeles County CBA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$101.57
Los Angeles County CBA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$43.51
Los Angeles County CBA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$4.35
Los Angeles County CBA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$32.63
Los Angeles County CBA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$12.08
Los Angeles County CBA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$825.82
Los Angeles County CBA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$82.58
Los Angeles County CBA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$619.37
Los Angeles County CBA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,389.64
Los Angeles County CBA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$138.96
Los Angeles County CBA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,042.23
Los Angeles County CBA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,748.00
Los Angeles County CBA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$174.80

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Los Angeles County CBA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,311.00
Los Angeles County CBA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$262.32
Los Angeles County CBA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$288.70
Los Angeles County CBA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$355.19
Los Angeles County CBA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$325.01
Los Angeles County CBA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$279.82
Los Angeles County CBA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$316.95
Los Angeles County CBA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$335.63
Los Angeles County CBA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$320.51
Los Angeles County CBA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$437.12
Los Angeles County CBA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$400.18
Los Angeles County CBA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$604.13
Los Angeles County CBA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$537.04
Los Angeles County CBA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$703.34
Los Angeles County CBA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$667.54

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Louisville/Jefferson County, KY-IN	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$70.58
Louisville/Jefferson County, KY-IN	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.06
Louisville/Jefferson County, KY-IN	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$52.94
Louisville/Jefferson County, KY-IN	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.40
Louisville/Jefferson County, KY-IN	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.24
Louisville/Jefferson County, KY-IN	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.30
Louisville/Jefferson County, KY-IN	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$138.84
Louisville/Jefferson County, KY-IN	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.88
Louisville/Jefferson County, KY-IN	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$104.13
Louisville/Jefferson County, KY-IN	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$75.49
Louisville/Jefferson County, KY-IN	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.55
Louisville/Jefferson County, KY-IN	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$56.62
Louisville/Jefferson County, KY-IN	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$110.55
Louisville/Jefferson County, KY-IN	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.06
Louisville/Jefferson County, KY-IN	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$82.91

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Louisville/Jefferson County, KY-IN	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$73.14
Louisville/Jefferson County, KY-IN	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.31
Louisville/Jefferson County, KY-IN	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$54.86
Louisville/Jefferson County, KY-IN	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.00
Louisville/Jefferson County, KY-IN	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.90
Louisville/Jefferson County, KY-IN	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.25
Louisville/Jefferson County, KY-IN	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$32.50
Louisville/Jefferson County, KY-IN	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.25
Louisville/Jefferson County, KY-IN	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$24.38
Louisville/Jefferson County, KY-IN	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$56.27
Louisville/Jefferson County, KY-IN	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.63
Louisville/Jefferson County, KY-IN	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$42.20
Louisville/Jefferson County, KY-IN	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$24.30
Louisville/Jefferson County, KY-IN	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.43
Louisville/Jefferson County, KY-IN	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$18.23

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Louisville/Jefferson County, KY-IN	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$67.00
Louisville/Jefferson County, KY-IN	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.70
Louisville/Jefferson County, KY-IN	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$50.25
Louisville/Jefferson County, KY-IN	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$77.98
Louisville/Jefferson County, KY-IN	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.80
Louisville/Jefferson County, KY-IN	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$58.49
Louisville/Jefferson County, KY-IN	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$102.00
Louisville/Jefferson County, KY-IN	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.20
Louisville/Jefferson County, KY-IN	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$76.50
Louisville/Jefferson County, KY-IN	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$185.82
Louisville/Jefferson County, KY-IN	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$18.58
Louisville/Jefferson County, KY-IN	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$139.37
Louisville/Jefferson County, KY-IN	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$130.50
Louisville/Jefferson County, KY-IN	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.05
Louisville/Jefferson County, KY-IN	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$97.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Louisville/Jefferson County, KY-IN	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.45
Louisville/Jefferson County, KY-IN	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$14.90
Louisville/Jefferson County, KY-IN	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$36.90
Louisville/Jefferson County, KY-IN	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$399.50
Louisville/Jefferson County, KY-IN	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$39.95
Louisville/Jefferson County, KY-IN	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$299.63
Louisville/Jefferson County, KY-IN	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$300.30
Louisville/Jefferson County, KY-IN	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$30.03
Louisville/Jefferson County, KY-IN	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$225.23
Louisville/Jefferson County, KY-IN	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$403.64
Louisville/Jefferson County, KY-IN	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$40.36
Louisville/Jefferson County, KY-IN	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$302.73
Louisville/Jefferson County, KY-IN	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$405.50
Louisville/Jefferson County, KY-IN	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$40.55
Louisville/Jefferson County, KY-IN	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$304.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Louisville/Jefferson County, KY-IN	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$648.95
Louisville/Jefferson County, KY-IN	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$64.90
Louisville/Jefferson County, KY-IN	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$486.71
Louisville/Jefferson County, KY-IN	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$34.32
Louisville/Jefferson County, KY-IN	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.43
Louisville/Jefferson County, KY-IN	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$25.74
Louisville/Jefferson County, KY-IN	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$75.50
Louisville/Jefferson County, KY-IN	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.55
Louisville/Jefferson County, KY-IN	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$56.63
Louisville/Jefferson County, KY-IN	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$87.66
Louisville/Jefferson County, KY-IN	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.77
Louisville/Jefferson County, KY-IN	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$65.75
Louisville/Jefferson County, KY-IN	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Louisville/Jefferson County, KY-IN	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Louisville/Jefferson County, KY-IN	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Louisville/Jefferson County, KY-IN	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$30.50
Louisville/Jefferson County, KY-IN	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.05
Louisville/Jefferson County, KY-IN	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$22.88
Louisville/Jefferson County, KY-IN	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$26.20
Louisville/Jefferson County, KY-IN	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.62
Louisville/Jefferson County, KY-IN	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$19.65
Louisville/Jefferson County, KY-IN	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$135.48
Louisville/Jefferson County, KY-IN	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.55
Louisville/Jefferson County, KY-IN	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$101.61
Louisville/Jefferson County, KY-IN	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$93.66
Louisville/Jefferson County, KY-IN	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.37
Louisville/Jefferson County, KY-IN	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$70.25
Louisville/Jefferson County, KY-IN	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$110.46
Louisville/Jefferson County, KY-IN	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$11.05
Louisville/Jefferson County, KY-IN	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$82.85

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Louisville/Jefferson County, KY-IN	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$85.95
Louisville/Jefferson County, KY-IN	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.60
Louisville/Jefferson County, KY-IN	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$64.46
Louisville/Jefferson County, KY-IN	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$131.26
Louisville/Jefferson County, KY-IN	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$13.13
Louisville/Jefferson County, KY-IN	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$98.45
Louisville/Jefferson County, KY-IN	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$93.66
Louisville/Jefferson County, KY-IN	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.37
Louisville/Jefferson County, KY-IN	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$70.25
Louisville/Jefferson County, KY-IN	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$73.50
Louisville/Jefferson County, KY-IN	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.35
Louisville/Jefferson County, KY-IN	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$55.13
Louisville/Jefferson County, KY-IN	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$143.08
Louisville/Jefferson County, KY-IN	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.31
Louisville/Jefferson County, KY-IN	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$107.31

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Louisville/Jefferson County, KY-IN	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$262.78
Louisville/Jefferson County, KY-IN	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$26.28
Louisville/Jefferson County, KY-IN	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$197.09
Louisville/Jefferson County, KY-IN	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$366.75
Louisville/Jefferson County, KY-IN	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$36.68
Louisville/Jefferson County, KY-IN	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$275.06
Louisville/Jefferson County, KY-IN	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$325.78
Louisville/Jefferson County, KY-IN	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$32.58
Louisville/Jefferson County, KY-IN	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$244.34
Louisville/Jefferson County, KY-IN	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$510.12
Louisville/Jefferson County, KY-IN	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$51.01
Louisville/Jefferson County, KY-IN	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$382.59
Louisville/Jefferson County, KY-IN	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$124.50
Louisville/Jefferson County, KY-IN	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.45
Louisville/Jefferson County, KY-IN	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$93.38

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Louisville/Jefferson County, KY-IN	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$54.55
Louisville/Jefferson County, KY-IN	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.46
Louisville/Jefferson County, KY-IN	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$40.91
Louisville/Jefferson County, KY-IN	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$110.78
Louisville/Jefferson County, KY-IN	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.08
Louisville/Jefferson County, KY-IN	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$83.09
Louisville/Jefferson County, KY-IN	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.24
Louisville/Jefferson County, KY-IN	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.52
Louisville/Jefferson County, KY-IN	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.43
Louisville/Jefferson County, KY-IN	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$103.50
Louisville/Jefferson County, KY-IN	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.35
Louisville/Jefferson County, KY-IN	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$77.63
Louisville/Jefferson County, KY-IN	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$46.20
Louisville/Jefferson County, KY-IN	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.62
Louisville/Jefferson County, KY-IN	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.65

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Louisville/Jefferson County, KY-IN	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.65
Louisville/Jefferson County, KY-IN	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.57
Louisville/Jefferson County, KY-IN	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.74
Louisville/Jefferson County, KY-IN	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$38.00
Louisville/Jefferson County, KY-IN	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.80
Louisville/Jefferson County, KY-IN	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.50
Louisville/Jefferson County, KY-IN	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.53
Louisville/Jefferson County, KY-IN	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.75
Louisville/Jefferson County, KY-IN	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.15
Louisville/Jefferson County, KY-IN	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.49
Louisville/Jefferson County, KY-IN	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.05
Louisville/Jefferson County, KY-IN	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.37
Louisville/Jefferson County, KY-IN	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.96
Louisville/Jefferson County, KY-IN	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.30
Louisville/Jefferson County, KY-IN	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.22

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Louisville/Jefferson County, KY-IN	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$36.80
Louisville/Jefferson County, KY-IN	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.68
Louisville/Jefferson County, KY-IN	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$27.60
Louisville/Jefferson County, KY-IN	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$76.00
Louisville/Jefferson County, KY-IN	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$7.60
Louisville/Jefferson County, KY-IN	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$57.00
Louisville/Jefferson County, KY-IN	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$101.50
Louisville/Jefferson County, KY-IN	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.15
Louisville/Jefferson County, KY-IN	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$76.13
Louisville/Jefferson County, KY-IN	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$135.21
Louisville/Jefferson County, KY-IN	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$13.52
Louisville/Jefferson County, KY-IN	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$101.41
Louisville/Jefferson County, KY-IN	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$197.99
Louisville/Jefferson County, KY-IN	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.80
Louisville/Jefferson County, KY-IN	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$148.49

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Louisville/Jefferson County, KY-IN	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$305.00
Louisville/Jefferson County, KY-IN	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$30.50
Louisville/Jefferson County, KY-IN	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$228.75
Louisville/Jefferson County, KY-IN	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$196.50
Louisville/Jefferson County, KY-IN	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.65
Louisville/Jefferson County, KY-IN	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$147.38
Louisville/Jefferson County, KY-IN	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$232.10
Louisville/Jefferson County, KY-IN	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$23.21
Louisville/Jefferson County, KY-IN	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$174.08
Louisville/Jefferson County, KY-IN	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$167.49
Louisville/Jefferson County, KY-IN	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$16.75
Louisville/Jefferson County, KY-IN	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$125.62
Louisville/Jefferson County, KY-IN	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$270.00
Louisville/Jefferson County, KY-IN	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$27.00
Louisville/Jefferson County, KY-IN	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$202.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Louisville/Jefferson County, KY-IN	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$293.00
Louisville/Jefferson County, KY-IN	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.30
Louisville/Jefferson County, KY-IN	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$219.75
Louisville/Jefferson County, KY-IN	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$404.28
Louisville/Jefferson County, KY-IN	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.43
Louisville/Jefferson County, KY-IN	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$303.21
Louisville/Jefferson County, KY-IN	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$360.65
Louisville/Jefferson County, KY-IN	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.07
Louisville/Jefferson County, KY-IN	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$270.49
Louisville/Jefferson County, KY-IN	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$442.58
Louisville/Jefferson County, KY-IN	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$44.26
Louisville/Jefferson County, KY-IN	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$331.94
Louisville/Jefferson County, 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			\$389.50
Louisville/Jefferson County, 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			\$38.95
Louisville/Jefferson County, 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			\$292.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Louisville/Jefferson County, 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			\$437.72
Louisville/Jefferson County, 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			\$43.77
Louisville/Jefferson County, 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			\$328.29
Louisville/Jefferson County, KY-IN	K0001	STANDARD WHEELCHAIR	RR			\$26.35
Louisville/Jefferson County, KY-IN	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$38.68
Louisville/Jefferson County, KY-IN	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$39.72
Louisville/Jefferson County, KY-IN	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.70
Louisville/Jefferson County, KY-IN	K0006	HEAVY DUTY WHEELCHAIR	RR			\$58.63
Louisville/Jefferson County, KY-IN	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$96.91
Louisville/Jefferson County, KY-IN	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$113.60
Louisville/Jefferson County, KY-IN	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.36
Louisville/Jefferson County, KY-IN	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$85.20
Louisville/Jefferson County, KY-IN	K0019	ARM PAD, EACH	NU			\$10.50
Louisville/Jefferson County, KY-IN	K0019	ARM PAD, EACH	RR			\$1.05
Louisville/Jefferson County, KY-IN	K0019	ARM PAD, EACH	UE			\$7.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Louisville/Jefferson County, KY-IN	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$52.20
Louisville/Jefferson County, KY-IN	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.22
Louisville/Jefferson County, KY-IN	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$39.15
Louisville/Jefferson County, KY-IN	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$71.18
Louisville/Jefferson County, KY-IN	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.12
Louisville/Jefferson County, KY-IN	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$53.39
Louisville/Jefferson County, KY-IN	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$82.28
Louisville/Jefferson County, KY-IN	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.23
Louisville/Jefferson County, KY-IN	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$61.71
Louisville/Jefferson County, KY-IN	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$82.00
Louisville/Jefferson County, KY-IN	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.20
Louisville/Jefferson County, KY-IN	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$61.50
Louisville/Jefferson County, KY-IN	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$86.60
Louisville/Jefferson County, KY-IN	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.66
Louisville/Jefferson County, KY-IN	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$64.95

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Louisville/Jefferson County, KY-IN	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$157.20
Louisville/Jefferson County, KY-IN	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.72
Louisville/Jefferson County, KY-IN	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$117.90
Louisville/Jefferson County, KY-IN	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$50.78
Louisville/Jefferson County, KY-IN	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.08
Louisville/Jefferson County, KY-IN	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$38.09
Louisville/Jefferson County, KY-IN	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$10.62
Louisville/Jefferson County, KY-IN	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$828.48
Louisville/Jefferson County, KY-IN	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$82.85
Louisville/Jefferson County, KY-IN	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$621.36
Louisville/Jefferson County, KY-IN	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,500.00
Louisville/Jefferson County, KY-IN	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$150.00
Louisville/Jefferson County, KY-IN	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,125.00
Louisville/Jefferson County, KY-IN	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,806.26
Louisville/Jefferson County, KY-IN	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$180.63

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Louisville/Jefferson County, KY-IN	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,354.70
Louisville/Jefferson County, KY-IN	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$268.05
Louisville/Jefferson County, KY-IN	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$289.36
Louisville/Jefferson County, KY-IN	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$348.01
Louisville/Jefferson County, KY-IN	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$339.54
Louisville/Jefferson County, KY-IN	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.60
Louisville/Jefferson County, KY-IN	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$337.12
Louisville/Jefferson County, KY-IN	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$300.00
Louisville/Jefferson County, KY-IN	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$279.39
Louisville/Jefferson County, KY-IN	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$426.46
Louisville/Jefferson County, KY-IN	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$369.89
Louisville/Jefferson County, KY-IN	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$689.11
Louisville/Jefferson County, KY-IN	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$584.63
Louisville/Jefferson County, KY-IN	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$766.43
Louisville/Jefferson County, KY-IN	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$720.45

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
McAllen-Edinburg-Mission, TX	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$78.00
McAllen-Edinburg-Mission, TX	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.80
McAllen-Edinburg-Mission, TX	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$58.50
McAllen-Edinburg-Mission, TX	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$11.00
McAllen-Edinburg-Mission, TX	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.10
McAllen-Edinburg-Mission, TX	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.25
McAllen-Edinburg-Mission, TX	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$138.00
McAllen-Edinburg-Mission, TX	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.80
McAllen-Edinburg-Mission, TX	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$103.50
McAllen-Edinburg-Mission, TX	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$85.04
McAllen-Edinburg-Mission, TX	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.50
McAllen-Edinburg-Mission, TX	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$63.78
McAllen-Edinburg-Mission, TX	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$120.00
McAllen-Edinburg-Mission, TX	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.00
McAllen-Edinburg-Mission, TX	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$90.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
McAllen-Edinburg-Mission, TX	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$79.50
McAllen-Edinburg-Mission, TX	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.95
McAllen-Edinburg-Mission, TX	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$59.63
McAllen-Edinburg-Mission, TX	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.00
McAllen-Edinburg-Mission, TX	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.90
McAllen-Edinburg-Mission, TX	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.25
McAllen-Edinburg-Mission, TX	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$28.00
McAllen-Edinburg-Mission, TX	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.80
McAllen-Edinburg-Mission, TX	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$21.00
McAllen-Edinburg-Mission, TX	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$50.41
McAllen-Edinburg-Mission, TX	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.04
McAllen-Edinburg-Mission, TX	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$37.81
McAllen-Edinburg-Mission, TX	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$21.23
McAllen-Edinburg-Mission, TX	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.12
McAllen-Edinburg-Mission, TX	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$15.92

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
McAllen-Edinburg-Mission, TX	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$60.48
McAllen-Edinburg-Mission, TX	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.05
McAllen-Edinburg-Mission, TX	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$45.36
McAllen-Edinburg-Mission, TX	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$80.00
McAllen-Edinburg-Mission, TX	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.00
McAllen-Edinburg-Mission, TX	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$60.00
McAllen-Edinburg-Mission, TX	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$110.00
McAllen-Edinburg-Mission, TX	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$11.00
McAllen-Edinburg-Mission, TX	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$82.50
McAllen-Edinburg-Mission, TX	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$205.00
McAllen-Edinburg-Mission, TX	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$20.50
McAllen-Edinburg-Mission, TX	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$153.75
McAllen-Edinburg-Mission, TX	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$128.00
McAllen-Edinburg-Mission, TX	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.80
McAllen-Edinburg-Mission, TX	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$96.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
McAllen-Edinburg-Mission, TX	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$41.82
McAllen-Edinburg-Mission, TX	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.00
McAllen-Edinburg-Mission, TX	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$35.00
McAllen-Edinburg-Mission, TX	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$400.00
McAllen-Edinburg-Mission, TX	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$40.00
McAllen-Edinburg-Mission, TX	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$300.00
McAllen-Edinburg-Mission, TX	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$349.00
McAllen-Edinburg-Mission, TX	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$34.90
McAllen-Edinburg-Mission, TX	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$261.75
McAllen-Edinburg-Mission, TX	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$450.00
McAllen-Edinburg-Mission, TX	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.00
McAllen-Edinburg-Mission, TX	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$337.50
McAllen-Edinburg-Mission, TX	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$415.00
McAllen-Edinburg-Mission, TX	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$41.50
McAllen-Edinburg-Mission, TX	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$311.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
McAllen-Edinburg-Mission, TX	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$700.00
McAllen-Edinburg-Mission, TX	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$70.00
McAllen-Edinburg-Mission, TX	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$525.00
McAllen-Edinburg-Mission, TX	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.00
McAllen-Edinburg-Mission, TX	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.60
McAllen-Edinburg-Mission, TX	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.00
McAllen-Edinburg-Mission, TX	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$89.00
McAllen-Edinburg-Mission, TX	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.90
McAllen-Edinburg-Mission, TX	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$66.75
McAllen-Edinburg-Mission, TX	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$89.00
McAllen-Edinburg-Mission, TX	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.90
McAllen-Edinburg-Mission, TX	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$66.75
McAllen-Edinburg-Mission, TX	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
McAllen-Edinburg-Mission, TX	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
McAllen-Edinburg-Mission, TX	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
McAllen-Edinburg-Mission, TX	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$34.00
McAllen-Edinburg-Mission, TX	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.40
McAllen-Edinburg-Mission, TX	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$25.50
McAllen-Edinburg-Mission, TX	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$30.00
McAllen-Edinburg-Mission, TX	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$3.00
McAllen-Edinburg-Mission, TX	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$22.50
McAllen-Edinburg-Mission, TX	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$145.00
McAllen-Edinburg-Mission, TX	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.50
McAllen-Edinburg-Mission, TX	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$108.75
McAllen-Edinburg-Mission, TX	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.00
McAllen-Edinburg-Mission, TX	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
McAllen-Edinburg-Mission, TX	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.25
McAllen-Edinburg-Mission, TX	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$113.00
McAllen-Edinburg-Mission, TX	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$11.30
McAllen-Edinburg-Mission, TX	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$84.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
McAllen-Edinburg-Mission, TX	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.00
McAllen-Edinburg-Mission, TX	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.00
McAllen-Edinburg-Mission, TX	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.50
McAllen-Edinburg-Mission, TX	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
McAllen-Edinburg-Mission, TX	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
McAllen-Edinburg-Mission, TX	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
McAllen-Edinburg-Mission, TX	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
McAllen-Edinburg-Mission, TX	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
McAllen-Edinburg-Mission, TX	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
McAllen-Edinburg-Mission, TX	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.00
McAllen-Edinburg-Mission, TX	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.50
McAllen-Edinburg-Mission, TX	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$56.25
McAllen-Edinburg-Mission, TX	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$139.18
McAllen-Edinburg-Mission, TX	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$13.92
McAllen-Edinburg-Mission, TX	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$104.39

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
McAllen-Edinburg-Mission, TX	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$325.00
McAllen-Edinburg-Mission, TX	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$32.50
McAllen-Edinburg-Mission, TX	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$243.75
McAllen-Edinburg-Mission, TX	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$409.06
McAllen-Edinburg-Mission, TX	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$40.91
McAllen-Edinburg-Mission, TX	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$306.80
McAllen-Edinburg-Mission, TX	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$349.00
McAllen-Edinburg-Mission, TX	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$34.90
McAllen-Edinburg-Mission, TX	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$261.75
McAllen-Edinburg-Mission, TX	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$576.66
McAllen-Edinburg-Mission, TX	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$57.67
McAllen-Edinburg-Mission, TX	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$432.50
McAllen-Edinburg-Mission, TX	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$130.00
McAllen-Edinburg-Mission, TX	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$13.00
McAllen-Edinburg-Mission, TX	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$97.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
McAllen-Edinburg-Mission, TX	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$58.00
McAllen-Edinburg-Mission, TX	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.80
McAllen-Edinburg-Mission, TX	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.50
McAllen-Edinburg-Mission, TX	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$129.50
McAllen-Edinburg-Mission, TX	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$12.95
McAllen-Edinburg-Mission, TX	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$97.13
McAllen-Edinburg-Mission, TX	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$62.00
McAllen-Edinburg-Mission, TX	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.20
McAllen-Edinburg-Mission, TX	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$46.50
McAllen-Edinburg-Mission, TX	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$102.00
McAllen-Edinburg-Mission, TX	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.20
McAllen-Edinburg-Mission, TX	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$76.50
McAllen-Edinburg-Mission, TX	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$50.00
McAllen-Edinburg-Mission, TX	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.00
McAllen-Edinburg-Mission, TX	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
McAllen-Edinburg-Mission, TX	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$17.00
McAllen-Edinburg-Mission, TX	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.70
McAllen-Edinburg-Mission, TX	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.75
McAllen-Edinburg-Mission, TX	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.02
McAllen-Edinburg-Mission, TX	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.00
McAllen-Edinburg-Mission, TX	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.02
McAllen-Edinburg-Mission, TX	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.00
McAllen-Edinburg-Mission, TX	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.00
McAllen-Edinburg-Mission, TX	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.00
McAllen-Edinburg-Mission, TX	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.00
McAllen-Edinburg-Mission, TX	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.50
McAllen-Edinburg-Mission, TX	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.75
McAllen-Edinburg-Mission, TX	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$48.00
McAllen-Edinburg-Mission, TX	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.80
McAllen-Edinburg-Mission, TX	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
McAllen-Edinburg-Mission, TX	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$40.06
McAllen-Edinburg-Mission, TX	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.01
McAllen-Edinburg-Mission, TX	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$30.05
McAllen-Edinburg-Mission, TX	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$81.00
McAllen-Edinburg-Mission, TX	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.10
McAllen-Edinburg-Mission, TX	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$60.75
McAllen-Edinburg-Mission, TX	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$120.00
McAllen-Edinburg-Mission, TX	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$12.00
McAllen-Edinburg-Mission, TX	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$90.00
McAllen-Edinburg-Mission, TX	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$160.00
McAllen-Edinburg-Mission, TX	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$16.00
McAllen-Edinburg-Mission, TX	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$120.00
McAllen-Edinburg-Mission, TX	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$225.66
McAllen-Edinburg-Mission, TX	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$22.57
McAllen-Edinburg-Mission, TX	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$169.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
McAllen-Edinburg-Mission, TX	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$325.09
McAllen-Edinburg-Mission, TX	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.51
McAllen-Edinburg-Mission, TX	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$243.82
McAllen-Edinburg-Mission, TX	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$220.85
McAllen-Edinburg-Mission, TX	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$22.09
McAllen-Edinburg-Mission, TX	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$165.64
McAllen-Edinburg-Mission, TX	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$298.02
McAllen-Edinburg-Mission, TX	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$29.80
McAllen-Edinburg-Mission, TX	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$223.52
McAllen-Edinburg-Mission, TX	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.53
McAllen-Edinburg-Mission, TX	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.05
McAllen-Edinburg-Mission, TX	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.90
McAllen-Edinburg-Mission, TX	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$325.00
McAllen-Edinburg-Mission, TX	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$32.50
McAllen-Edinburg-Mission, TX	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$243.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
McAllen-Edinburg-Mission, TX	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$325.00
McAllen-Edinburg-Mission, TX	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$32.50
McAllen-Edinburg-Mission, TX	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$243.75
McAllen-Edinburg-Mission, TX	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$450.00
McAllen-Edinburg-Mission, TX	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.00
McAllen-Edinburg-Mission, TX	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$337.50
McAllen-Edinburg-Mission, TX	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$356.99
McAllen-Edinburg-Mission, TX	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.70
McAllen-Edinburg-Mission, TX	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$267.74
McAllen-Edinburg-Mission, TX	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$500.00
McAllen-Edinburg-Mission, TX	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$50.00
McAllen-Edinburg-Mission, TX	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$375.00
McAllen-Edinburg-Mission, TX	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$407.00
McAllen-Edinburg-Mission, TX	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
McAllen-Edinburg-Mission, TX	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$305.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
McAllen-Edinburg-Mission, TX	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$478.89
McAllen-Edinburg-Mission, TX	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$47.89
McAllen-Edinburg-Mission, TX	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$359.17
McAllen-Edinburg-Mission, TX	K0001	STANDARD WHEELCHAIR	RR			\$27.60
McAllen-Edinburg-Mission, TX	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$49.60
McAllen-Edinburg-Mission, TX	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$40.00
McAllen-Edinburg-Mission, TX	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.50
McAllen-Edinburg-Mission, TX	K0006	HEAVY DUTY WHEELCHAIR	RR			\$76.99
McAllen-Edinburg-Mission, TX	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$95.23
McAllen-Edinburg-Mission, TX	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$145.00
McAllen-Edinburg-Mission, TX	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$14.50
McAllen-Edinburg-Mission, TX	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$108.75
McAllen-Edinburg-Mission, TX	K0019	ARM PAD, EACH	NU			\$10.00
McAllen-Edinburg-Mission, TX	K0019	ARM PAD, EACH	RR			\$1.00
McAllen-Edinburg-Mission, TX	K0019	ARM PAD, EACH	UE			\$7.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
McAllen-Edinburg-Mission, TX	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$55.00
McAllen-Edinburg-Mission, TX	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.50
McAllen-Edinburg-Mission, TX	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$41.25
McAllen-Edinburg-Mission, TX	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$73.20
McAllen-Edinburg-Mission, TX	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.32
McAllen-Edinburg-Mission, TX	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$54.90
McAllen-Edinburg-Mission, TX	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
McAllen-Edinburg-Mission, TX	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
McAllen-Edinburg-Mission, TX	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
McAllen-Edinburg-Mission, TX	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$82.00
McAllen-Edinburg-Mission, TX	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.20
McAllen-Edinburg-Mission, TX	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$61.50
McAllen-Edinburg-Mission, TX	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$87.34
McAllen-Edinburg-Mission, TX	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.73
McAllen-Edinburg-Mission, TX	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$65.51

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
McAllen-Edinburg-Mission, TX	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$159.88
McAllen-Edinburg-Mission, TX	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.99
McAllen-Edinburg-Mission, TX	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$119.91
McAllen-Edinburg-Mission, TX	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$53.00
McAllen-Edinburg-Mission, TX	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.30
McAllen-Edinburg-Mission, TX	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$39.75
McAllen-Edinburg-Mission, TX	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$10.19
McAllen-Edinburg-Mission, TX	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$848.30
McAllen-Edinburg-Mission, TX	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$84.83
McAllen-Edinburg-Mission, TX	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$636.23
McAllen-Edinburg-Mission, TX	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,550.00
McAllen-Edinburg-Mission, TX	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$155.00
McAllen-Edinburg-Mission, TX	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,162.50
McAllen-Edinburg-Mission, TX	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,798.00
McAllen-Edinburg-Mission, TX	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$179.80

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
McAllen-Edinburg-Mission, TX	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,348.50
McAllen-Edinburg-Mission, TX	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$255.00
McAllen-Edinburg-Mission, TX	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$263.25
McAllen-Edinburg-Mission, TX	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$332.88
McAllen-Edinburg-Mission, TX	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$329.85
McAllen-Edinburg-Mission, TX	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.00
McAllen-Edinburg-Mission, TX	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$307.13
McAllen-Edinburg-Mission, TX	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$322.50
McAllen-Edinburg-Mission, TX	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$284.48
McAllen-Edinburg-Mission, TX	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$404.12
McAllen-Edinburg-Mission, TX	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$404.70
McAllen-Edinburg-Mission, TX	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$599.85
McAllen-Edinburg-Mission, TX	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$542.85
McAllen-Edinburg-Mission, TX	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$765.45
McAllen-Edinburg-Mission, TX	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$712.55

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Memphis, TN-MS-AR	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$79.95
Memphis, TN-MS-AR	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$8.00
Memphis, TN-MS-AR	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$59.96
Memphis, TN-MS-AR	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$13.50
Memphis, TN-MS-AR	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.35
Memphis, TN-MS-AR	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$10.13
Memphis, TN-MS-AR	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$141.70
Memphis, TN-MS-AR	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$14.17
Memphis, TN-MS-AR	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$106.28
Memphis, TN-MS-AR	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$75.75
Memphis, TN-MS-AR	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.58
Memphis, TN-MS-AR	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$56.81
Memphis, TN-MS-AR	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$115.22
Memphis, TN-MS-AR	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.52
Memphis, TN-MS-AR	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$86.42

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Memphis, TN-MS-AR	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$79.50
Memphis, TN-MS-AR	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.95
Memphis, TN-MS-AR	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$59.63
Memphis, TN-MS-AR	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$21.00
Memphis, TN-MS-AR	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.10
Memphis, TN-MS-AR	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$15.75
Memphis, TN-MS-AR	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$35.28
Memphis, TN-MS-AR	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.53
Memphis, TN-MS-AR	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$26.46
Memphis, TN-MS-AR	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$60.00
Memphis, TN-MS-AR	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$6.00
Memphis, TN-MS-AR	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$45.00
Memphis, TN-MS-AR	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$27.50
Memphis, TN-MS-AR	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.75
Memphis, TN-MS-AR	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$20.63

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Memphis, TN-MS-AR	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$77.22
Memphis, TN-MS-AR	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.72
Memphis, TN-MS-AR	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$57.92
Memphis, TN-MS-AR	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$75.95
Memphis, TN-MS-AR	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.60
Memphis, TN-MS-AR	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$56.96
Memphis, TN-MS-AR	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$97.26
Memphis, TN-MS-AR	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.73
Memphis, TN-MS-AR	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$72.95
Memphis, TN-MS-AR	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$210.00
Memphis, TN-MS-AR	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$21.00
Memphis, TN-MS-AR	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$157.50
Memphis, TN-MS-AR	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$150.00
Memphis, TN-MS-AR	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$15.00
Memphis, TN-MS-AR	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$112.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Memphis, TN-MS-AR	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.40
Memphis, TN-MS-AR	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.49
Memphis, TN-MS-AR	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$36.21
Memphis, TN-MS-AR	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$439.58
Memphis, TN-MS-AR	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$43.96
Memphis, TN-MS-AR	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$329.69
Memphis, TN-MS-AR	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$332.63
Memphis, TN-MS-AR	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$33.26
Memphis, TN-MS-AR	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$249.47
Memphis, TN-MS-AR	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$455.00
Memphis, TN-MS-AR	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.50
Memphis, TN-MS-AR	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$341.25
Memphis, TN-MS-AR	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$411.65
Memphis, TN-MS-AR	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$41.17
Memphis, TN-MS-AR	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$308.74

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Memphis, TN-MS-AR	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$699.00
Memphis, TN-MS-AR	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$69.90
Memphis, TN-MS-AR	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$524.25
Memphis, TN-MS-AR	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.22
Memphis, TN-MS-AR	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.62
Memphis, TN-MS-AR	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.17
Memphis, TN-MS-AR	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$87.98
Memphis, TN-MS-AR	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.80
Memphis, TN-MS-AR	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$65.99
Memphis, TN-MS-AR	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$90.00
Memphis, TN-MS-AR	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$9.00
Memphis, TN-MS-AR	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$67.50
Memphis, TN-MS-AR	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Memphis, TN-MS-AR	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Memphis, TN-MS-AR	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Memphis, TN-MS-AR	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$30.00
Memphis, TN-MS-AR	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.00
Memphis, TN-MS-AR	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$22.50
Memphis, TN-MS-AR	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$30.00
Memphis, TN-MS-AR	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$3.00
Memphis, TN-MS-AR	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$22.50
Memphis, TN-MS-AR	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$142.00
Memphis, TN-MS-AR	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.20
Memphis, TN-MS-AR	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$106.50
Memphis, TN-MS-AR	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
Memphis, TN-MS-AR	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
Memphis, TN-MS-AR	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
Memphis, TN-MS-AR	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$107.93
Memphis, TN-MS-AR	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.79
Memphis, TN-MS-AR	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$80.95

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Memphis, TN-MS-AR	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.09
Memphis, TN-MS-AR	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.01
Memphis, TN-MS-AR	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.57
Memphis, TN-MS-AR	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$145.00
Memphis, TN-MS-AR	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$14.50
Memphis, TN-MS-AR	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$108.75
Memphis, TN-MS-AR	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$96.53
Memphis, TN-MS-AR	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.65
Memphis, TN-MS-AR	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$72.40
Memphis, TN-MS-AR	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.00
Memphis, TN-MS-AR	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.50
Memphis, TN-MS-AR	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$56.25
Memphis, TN-MS-AR	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$163.32
Memphis, TN-MS-AR	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$16.33
Memphis, TN-MS-AR	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$122.49

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Memphis, TN-MS-AR	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$322.02
Memphis, TN-MS-AR	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$32.20
Memphis, TN-MS-AR	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$241.52
Memphis, TN-MS-AR	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$383.00
Memphis, TN-MS-AR	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$38.30
Memphis, TN-MS-AR	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$287.25
Memphis, TN-MS-AR	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$335.34
Memphis, TN-MS-AR	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$33.53
Memphis, TN-MS-AR	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$251.51
Memphis, TN-MS-AR	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$557.47
Memphis, TN-MS-AR	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$55.75
Memphis, TN-MS-AR	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$418.10
Memphis, TN-MS-AR	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$132.57
Memphis, TN-MS-AR	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$13.26
Memphis, TN-MS-AR	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$99.43

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Memphis, TN-MS-AR	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$56.42
Memphis, TN-MS-AR	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.64
Memphis, TN-MS-AR	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.32
Memphis, TN-MS-AR	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$116.71
Memphis, TN-MS-AR	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.67
Memphis, TN-MS-AR	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$87.53
Memphis, TN-MS-AR	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.00
Memphis, TN-MS-AR	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.00
Memphis, TN-MS-AR	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.00
Memphis, TN-MS-AR	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$109.72
Memphis, TN-MS-AR	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.97
Memphis, TN-MS-AR	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$82.29
Memphis, TN-MS-AR	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.98
Memphis, TN-MS-AR	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.00
Memphis, TN-MS-AR	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.49

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Memphis, TN-MS-AR	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$17.00
Memphis, TN-MS-AR	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.70
Memphis, TN-MS-AR	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.75
Memphis, TN-MS-AR	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$41.40
Memphis, TN-MS-AR	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.14
Memphis, TN-MS-AR	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.05
Memphis, TN-MS-AR	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$58.98
Memphis, TN-MS-AR	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.90
Memphis, TN-MS-AR	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$44.24
Memphis, TN-MS-AR	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.21
Memphis, TN-MS-AR	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.22
Memphis, TN-MS-AR	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.66
Memphis, TN-MS-AR	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.95
Memphis, TN-MS-AR	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.00
Memphis, TN-MS-AR	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.46

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Memphis, TN-MS-AR	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$45.29
Memphis, TN-MS-AR	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.53
Memphis, TN-MS-AR	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$33.97
Memphis, TN-MS-AR	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$88.43
Memphis, TN-MS-AR	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.84
Memphis, TN-MS-AR	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$66.32
Memphis, TN-MS-AR	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$116.48
Memphis, TN-MS-AR	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$11.65
Memphis, TN-MS-AR	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$87.36
Memphis, TN-MS-AR	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$154.23
Memphis, TN-MS-AR	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$15.42
Memphis, TN-MS-AR	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$115.67
Memphis, TN-MS-AR	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$206.84
Memphis, TN-MS-AR	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.68
Memphis, TN-MS-AR	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$155.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Memphis, TN-MS-AR	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$322.68
Memphis, TN-MS-AR	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.27
Memphis, TN-MS-AR	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$242.01
Memphis, TN-MS-AR	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$220.85
Memphis, TN-MS-AR	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$22.09
Memphis, TN-MS-AR	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$165.64
Memphis, TN-MS-AR	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$267.47
Memphis, TN-MS-AR	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$26.75
Memphis, TN-MS-AR	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$200.60
Memphis, TN-MS-AR	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$200.00
Memphis, TN-MS-AR	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$20.00
Memphis, TN-MS-AR	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$150.00
Memphis, TN-MS-AR	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$324.69
Memphis, TN-MS-AR	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$32.47
Memphis, TN-MS-AR	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$243.52

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Memphis, TN-MS-AR	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$305.65
Memphis, TN-MS-AR	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.57
Memphis, TN-MS-AR	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$229.24
Memphis, TN-MS-AR	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$417.96
Memphis, TN-MS-AR	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$41.80
Memphis, TN-MS-AR	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$313.47
Memphis, TN-MS-AR	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$362.23
Memphis, TN-MS-AR	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.22
Memphis, TN-MS-AR	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$271.67
Memphis, TN-MS-AR	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$467.64
Memphis, TN-MS-AR	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$46.76
Memphis, TN-MS-AR	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$350.73
Memphis, TN-MS-AR	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$405.64
Memphis, TN-MS-AR	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.56
Memphis, TN-MS-AR	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$304.23

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Memphis, TN-MS-AR	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$441.65
Memphis, TN-MS-AR	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$44.17
Memphis, TN-MS-AR	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$331.24
Memphis, TN-MS-AR	K0001	STANDARD WHEELCHAIR	RR			\$31.54
Memphis, TN-MS-AR	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$52.30
Memphis, TN-MS-AR	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$50.00
Memphis, TN-MS-AR	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$62.50
Memphis, TN-MS-AR	K0006	HEAVY DUTY WHEELCHAIR	RR			\$80.15
Memphis, TN-MS-AR	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$121.91
Memphis, TN-MS-AR	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$139.62
Memphis, TN-MS-AR	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$13.96
Memphis, TN-MS-AR	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$104.72
Memphis, TN-MS-AR	K0019	ARM PAD, EACH	NU			\$12.76
Memphis, TN-MS-AR	K0019	ARM PAD, EACH	RR			\$1.28
Memphis, TN-MS-AR	K0019	ARM PAD, EACH	UE			\$9.57

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Memphis, TN-MS-AR	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$55.30
Memphis, TN-MS-AR	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.53
Memphis, TN-MS-AR	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$41.48
Memphis, TN-MS-AR	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$71.00
Memphis, TN-MS-AR	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.10
Memphis, TN-MS-AR	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$53.25
Memphis, TN-MS-AR	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
Memphis, TN-MS-AR	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
Memphis, TN-MS-AR	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
Memphis, TN-MS-AR	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$84.78
Memphis, TN-MS-AR	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.48
Memphis, TN-MS-AR	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$63.59
Memphis, TN-MS-AR	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$85.87
Memphis, TN-MS-AR	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.59
Memphis, TN-MS-AR	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$64.40

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Memphis, TN-MS-AR	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$157.39
Memphis, TN-MS-AR	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.74
Memphis, TN-MS-AR	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$118.04
Memphis, TN-MS-AR	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$50.57
Memphis, TN-MS-AR	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.06
Memphis, TN-MS-AR	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$37.93
Memphis, TN-MS-AR	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$14.17
Memphis, TN-MS-AR	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$890.00
Memphis, TN-MS-AR	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$89.00
Memphis, TN-MS-AR	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$667.50
Memphis, TN-MS-AR	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,800.00
Memphis, TN-MS-AR	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$180.00
Memphis, TN-MS-AR	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,350.00
Memphis, TN-MS-AR	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,812.42
Memphis, TN-MS-AR	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$181.24

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Memphis, TN-MS-AR	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,359.32
Memphis, TN-MS-AR	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$277.50
Memphis, TN-MS-AR	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$343.07
Memphis, TN-MS-AR	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$390.60
Memphis, TN-MS-AR	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$374.11
Memphis, TN-MS-AR	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$286.26
Memphis, TN-MS-AR	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$367.47
Memphis, TN-MS-AR	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$347.40
Memphis, TN-MS-AR	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$312.92
Memphis, TN-MS-AR	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$470.74
Memphis, TN-MS-AR	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$420.00
Memphis, TN-MS-AR	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$696.50
Memphis, TN-MS-AR	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$592.23
Memphis, TN-MS-AR	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$765.00
Memphis, TN-MS-AR	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$836.91

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Milwaukee-Waukesha-West Allis, WI	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$77.71
Milwaukee-Waukesha-West Allis, WI	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.77
Milwaukee-Waukesha-West Allis, WI	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$58.28
Milwaukee-Waukesha-West Allis, WI	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$13.00
Milwaukee-Waukesha-West Allis, WI	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.30
Milwaukee-Waukesha-West Allis, WI	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.75
Milwaukee-Waukesha-West Allis, WI	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$141.70
Milwaukee-Waukesha-West Allis, WI	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$14.17
Milwaukee-Waukesha-West Allis, WI	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$106.28
Milwaukee-Waukesha-West Allis, WI	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$86.70
Milwaukee-Waukesha-West Allis, WI	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.67
Milwaukee-Waukesha-West Allis, WI	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$65.03
Milwaukee-Waukesha-West Allis, WI	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$115.22
Milwaukee-Waukesha-West Allis, WI	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.52
Milwaukee-Waukesha-West Allis, WI	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$86.42

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Milwaukee-Waukesha-West Allis, WI	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$68.98
Milwaukee-Waukesha-West Allis, WI	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$6.90
Milwaukee-Waukesha-West Allis, WI	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$51.74
Milwaukee-Waukesha-West Allis, WI	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.00
Milwaukee-Waukesha-West Allis, WI	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.90
Milwaukee-Waukesha-West Allis, WI	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.25
Milwaukee-Waukesha-West Allis, WI	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$35.28
Milwaukee-Waukesha-West Allis, WI	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.53
Milwaukee-Waukesha-West Allis, WI	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$26.46
Milwaukee-Waukesha-West Allis, WI	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$48.00
Milwaukee-Waukesha-West Allis, WI	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.80
Milwaukee-Waukesha-West Allis, WI	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$36.00
Milwaukee-Waukesha-West Allis, WI	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$26.27
Milwaukee-Waukesha-West Allis, WI	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.63
Milwaukee-Waukesha-West Allis, WI	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$19.70

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Milwaukee-Waukesha-West Allis, WI	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$66.30
Milwaukee-Waukesha-West Allis, WI	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.63
Milwaukee-Waukesha-West Allis, WI	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$49.73
Milwaukee-Waukesha-West Allis, WI	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$75.95
Milwaukee-Waukesha-West Allis, WI	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.60
Milwaukee-Waukesha-West Allis, WI	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$56.96
Milwaukee-Waukesha-West Allis, WI	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$97.00
Milwaukee-Waukesha-West Allis, WI	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.70
Milwaukee-Waukesha-West Allis, WI	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$72.75
Milwaukee-Waukesha-West Allis, WI	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$200.00
Milwaukee-Waukesha-West Allis, WI	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$20.00
Milwaukee-Waukesha-West Allis, WI	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$150.00
Milwaukee-Waukesha-West Allis, WI	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$128.00
Milwaukee-Waukesha-West Allis, WI	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.80
Milwaukee-Waukesha-West Allis, WI	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$96.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Milwaukee-Waukesha-West Allis, WI	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.50
Milwaukee-Waukesha-West Allis, WI	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.50
Milwaukee-Waukesha-West Allis, WI	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$38.80
Milwaukee-Waukesha-West Allis, WI	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$400.00
Milwaukee-Waukesha-West Allis, WI	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$40.00
Milwaukee-Waukesha-West Allis, WI	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$300.00
Milwaukee-Waukesha-West Allis, WI	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$330.00
Milwaukee-Waukesha-West Allis, WI	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$33.00
Milwaukee-Waukesha-West Allis, WI	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$247.50
Milwaukee-Waukesha-West Allis, WI	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$440.00
Milwaukee-Waukesha-West Allis, WI	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$44.00
Milwaukee-Waukesha-West Allis, WI	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$330.00
Milwaukee-Waukesha-West Allis, WI	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$430.00
Milwaukee-Waukesha-West Allis, WI	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$43.00
Milwaukee-Waukesha-West Allis, WI	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$322.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Milwaukee-Waukesha-West Allis, WI	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$699.00
Milwaukee-Waukesha-West Allis, WI	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$69.90
Milwaukee-Waukesha-West Allis, WI	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$524.25
Milwaukee-Waukesha-West Allis, WI	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.00
Milwaukee-Waukesha-West Allis, WI	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.60
Milwaukee-Waukesha-West Allis, WI	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.00
Milwaukee-Waukesha-West Allis, WI	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$81.15
Milwaukee-Waukesha-West Allis, WI	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.12
Milwaukee-Waukesha-West Allis, WI	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$60.86
Milwaukee-Waukesha-West Allis, WI	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$85.00
Milwaukee-Waukesha-West Allis, WI	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.50
Milwaukee-Waukesha-West Allis, WI	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$63.75
Milwaukee-Waukesha-West Allis, WI	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Milwaukee-Waukesha-West Allis, WI	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Milwaukee-Waukesha-West Allis, WI	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Milwaukee-Waukesha-West Allis, WI	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$31.67
Milwaukee-Waukesha-West Allis, WI	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.17
Milwaukee-Waukesha-West Allis, WI	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$23.75
Milwaukee-Waukesha-West Allis, WI	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$26.14
Milwaukee-Waukesha-West Allis, WI	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.61
Milwaukee-Waukesha-West Allis, WI	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$19.61
Milwaukee-Waukesha-West Allis, WI	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$132.05
Milwaukee-Waukesha-West Allis, WI	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.21
Milwaukee-Waukesha-West Allis, WI	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$99.04
Milwaukee-Waukesha-West Allis, WI	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.00
Milwaukee-Waukesha-West Allis, WI	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
Milwaukee-Waukesha-West Allis, WI	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.25
Milwaukee-Waukesha-West Allis, WI	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$103.30
Milwaukee-Waukesha-West Allis, WI	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.33
Milwaukee-Waukesha-West Allis, WI	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$77.48

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Milwaukee-Waukesha-West Allis, WI	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.00
Milwaukee-Waukesha-West Allis, WI	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.00
Milwaukee-Waukesha-West Allis, WI	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.50
Milwaukee-Waukesha-West Allis, WI	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
Milwaukee-Waukesha-West Allis, WI	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
Milwaukee-Waukesha-West Allis, WI	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
Milwaukee-Waukesha-West Allis, WI	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.93
Milwaukee-Waukesha-West Allis, WI	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.09
Milwaukee-Waukesha-West Allis, WI	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$68.20
Milwaukee-Waukesha-West Allis, WI	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.00
Milwaukee-Waukesha-West Allis, WI	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.50
Milwaukee-Waukesha-West Allis, WI	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$56.25
Milwaukee-Waukesha-West Allis, WI	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$146.63
Milwaukee-Waukesha-West Allis, WI	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.66
Milwaukee-Waukesha-West Allis, WI	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$109.97

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Milwaukee-Waukesha-West Allis, WI	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$325.00
Milwaukee-Waukesha-West Allis, WI	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$32.50
Milwaukee-Waukesha-West Allis, WI	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$243.75
Milwaukee-Waukesha-West Allis, WI	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$382.00
Milwaukee-Waukesha-West Allis, WI	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$38.20
Milwaukee-Waukesha-West Allis, WI	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$286.50
Milwaukee-Waukesha-West Allis, WI	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$333.24
Milwaukee-Waukesha-West Allis, WI	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$33.32
Milwaukee-Waukesha-West Allis, WI	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$249.93
Milwaukee-Waukesha-West Allis, WI	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$552.51
Milwaukee-Waukesha-West Allis, WI	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$55.25
Milwaukee-Waukesha-West Allis, WI	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$414.38
Milwaukee-Waukesha-West Allis, WI	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$125.00
Milwaukee-Waukesha-West Allis, WI	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.50
Milwaukee-Waukesha-West Allis, WI	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$93.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Milwaukee-Waukesha-West Allis, WI	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$58.00
Milwaukee-Waukesha-West Allis, WI	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.80
Milwaukee-Waukesha-West Allis, WI	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.50
Milwaukee-Waukesha-West Allis, WI	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$112.00
Milwaukee-Waukesha-West Allis, WI	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.20
Milwaukee-Waukesha-West Allis, WI	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$84.00
Milwaukee-Waukesha-West Allis, WI	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.00
Milwaukee-Waukesha-West Allis, WI	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.00
Milwaukee-Waukesha-West Allis, WI	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.00
Milwaukee-Waukesha-West Allis, WI	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$105.17
Milwaukee-Waukesha-West Allis, WI	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.52
Milwaukee-Waukesha-West Allis, WI	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$78.88
Milwaukee-Waukesha-West Allis, WI	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$47.60
Milwaukee-Waukesha-West Allis, WI	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.76
Milwaukee-Waukesha-West Allis, WI	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$35.70

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Milwaukee-Waukesha-West Allis, WI	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.00
Milwaukee-Waukesha-West Allis, WI	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.50
Milwaukee-Waukesha-West Allis, WI	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.25
Milwaukee-Waukesha-West Allis, WI	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$38.00
Milwaukee-Waukesha-West Allis, WI	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.80
Milwaukee-Waukesha-West Allis, WI	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.50
Milwaukee-Waukesha-West Allis, WI	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.00
Milwaukee-Waukesha-West Allis, WI	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.70
Milwaukee-Waukesha-West Allis, WI	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.75
Milwaukee-Waukesha-West Allis, WI	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.00
Milwaukee-Waukesha-West Allis, WI	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.00
Milwaukee-Waukesha-West Allis, WI	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.00
Milwaukee-Waukesha-West Allis, WI	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$48.08
Milwaukee-Waukesha-West Allis, WI	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.81
Milwaukee-Waukesha-West Allis, WI	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.06

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Milwaukee-Waukesha-West Allis, WI	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$41.98
Milwaukee-Waukesha-West Allis, WI	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.20
Milwaukee-Waukesha-West Allis, WI	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$31.49
Milwaukee-Waukesha-West Allis, WI	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$83.75
Milwaukee-Waukesha-West Allis, WI	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.38
Milwaukee-Waukesha-West Allis, WI	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$62.81
Milwaukee-Waukesha-West Allis, WI	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$105.76
Milwaukee-Waukesha-West Allis, WI	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.58
Milwaukee-Waukesha-West Allis, WI	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$79.32
Milwaukee-Waukesha-West Allis, WI	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$140.00
Milwaukee-Waukesha-West Allis, WI	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$14.00
Milwaukee-Waukesha-West Allis, WI	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$105.00
Milwaukee-Waukesha-West Allis, WI	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$200.00
Milwaukee-Waukesha-West Allis, WI	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.00
Milwaukee-Waukesha-West Allis, WI	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$150.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Milwaukee-Waukesha-West Allis, WI	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$325.00
Milwaukee-Waukesha-West Allis, WI	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.50
Milwaukee-Waukesha-West Allis, WI	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$243.75
Milwaukee-Waukesha-West Allis, WI	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$214.00
Milwaukee-Waukesha-West Allis, WI	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.40
Milwaukee-Waukesha-West Allis, WI	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$160.50
Milwaukee-Waukesha-West Allis, WI	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$250.00
Milwaukee-Waukesha-West Allis, WI	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$25.00
Milwaukee-Waukesha-West Allis, WI	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$187.50
Milwaukee-Waukesha-West Allis, WI	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
Milwaukee-Waukesha-West Allis, WI	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
Milwaukee-Waukesha-West Allis, WI	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
Milwaukee-Waukesha-West Allis, WI	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$312.00
Milwaukee-Waukesha-West Allis, WI	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$31.20
Milwaukee-Waukesha-West Allis, WI	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$234.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Milwaukee-Waukesha-West Allis, WI	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$305.65
Milwaukee-Waukesha-West Allis, WI	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.57
Milwaukee-Waukesha-West Allis, WI	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$229.24
Milwaukee-Waukesha-West Allis, WI	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$402.00
Milwaukee-Waukesha-West Allis, WI	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.20
Milwaukee-Waukesha-West Allis, WI	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$301.50
Milwaukee-Waukesha-West Allis, WI	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$356.99
Milwaukee-Waukesha-West Allis, WI	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.70
Milwaukee-Waukesha-West Allis, WI	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$267.74
Milwaukee-Waukesha-West Allis, WI	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$450.00
Milwaukee-Waukesha-West Allis, WI	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.00
Milwaukee-Waukesha-West Allis, WI	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$337.50
Milwaukee-Waukesha-West Allis, WI	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$387.10
Milwaukee-Waukesha-West Allis, WI	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.71
Milwaukee-Waukesha-West Allis, WI	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$290.33

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Milwaukee-Waukesha-West Allis, WI	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$412.55
Milwaukee-Waukesha-West Allis, WI	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$41.26
Milwaukee-Waukesha-West Allis, WI	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$309.41
Milwaukee-Waukesha-West Allis, WI	K0001	STANDARD WHEELCHAIR	RR			\$24.18
Milwaukee-Waukesha-West Allis, WI	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$50.95
Milwaukee-Waukesha-West Allis, WI	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$41.50
Milwaukee-Waukesha-West Allis, WI	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$46.80
Milwaukee-Waukesha-West Allis, WI	K0006	HEAVY DUTY WHEELCHAIR	RR			\$80.00
Milwaukee-Waukesha-West Allis, WI	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$99.50
Milwaukee-Waukesha-West Allis, WI	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$130.00
Milwaukee-Waukesha-West Allis, WI	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$13.00
Milwaukee-Waukesha-West Allis, WI	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$97.50
Milwaukee-Waukesha-West Allis, WI	K0019	ARM PAD, EACH	NU			\$11.58
Milwaukee-Waukesha-West Allis, WI	K0019	ARM PAD, EACH	RR			\$1.16
Milwaukee-Waukesha-West Allis, WI	K0019	ARM PAD, EACH	UE			\$8.69

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Milwaukee-Waukesha-West Allis, WI	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$50.00
Milwaukee-Waukesha-West Allis, WI	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.00
Milwaukee-Waukesha-West Allis, WI	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$37.50
Milwaukee-Waukesha-West Allis, WI	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$60.45
Milwaukee-Waukesha-West Allis, WI	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.05
Milwaukee-Waukesha-West Allis, WI	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$45.34
Milwaukee-Waukesha-West Allis, WI	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$82.15
Milwaukee-Waukesha-West Allis, WI	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.22
Milwaukee-Waukesha-West Allis, WI	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$61.61
Milwaukee-Waukesha-West Allis, WI	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$85.00
Milwaukee-Waukesha-West Allis, WI	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.50
Milwaukee-Waukesha-West Allis, WI	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$63.75
Milwaukee-Waukesha-West Allis, WI	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$85.00
Milwaukee-Waukesha-West Allis, WI	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.50
Milwaukee-Waukesha-West Allis, WI	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$63.75

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Milwaukee-Waukesha-West Allis, WI	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$157.39
Milwaukee-Waukesha-West Allis, WI	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.74
Milwaukee-Waukesha-West Allis, WI	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$118.04
Milwaukee-Waukesha-West Allis, WI	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$50.57
Milwaukee-Waukesha-West Allis, WI	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.06
Milwaukee-Waukesha-West Allis, WI	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$37.93
Milwaukee-Waukesha-West Allis, WI	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$12.68
Milwaukee-Waukesha-West Allis, WI	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$819.97
Milwaukee-Waukesha-West Allis, WI	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$82.00
Milwaukee-Waukesha-West Allis, WI	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$614.98
Milwaukee-Waukesha-West Allis, WI	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,700.00
Milwaukee-Waukesha-West Allis, WI	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$170.00
Milwaukee-Waukesha-West Allis, WI	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,275.00
Milwaukee-Waukesha-West Allis, WI	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,749.20
Milwaukee-Waukesha-West Allis, WI	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$174.92

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Milwaukee-Waukesha-West Allis, WI	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,311.90
Milwaukee-Waukesha-West Allis, WI	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$284.85
Milwaukee-Waukesha-West Allis, WI	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$315.00
Milwaukee-Waukesha-West Allis, WI	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$368.10
Milwaukee-Waukesha-West Allis, WI	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$349.08
Milwaukee-Waukesha-West Allis, WI	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.00
Milwaukee-Waukesha-West Allis, WI	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$344.24
Milwaukee-Waukesha-West Allis, WI	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$322.50
Milwaukee-Waukesha-West Allis, WI	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
Milwaukee-Waukesha-West Allis, WI	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$437.12
Milwaukee-Waukesha-West Allis, WI	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$375.00
Milwaukee-Waukesha-West Allis, WI	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$719.21
Milwaukee-Waukesha-West Allis, WI	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$569.25
Milwaukee-Waukesha-West Allis, WI	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$801.93
Milwaukee-Waukesha-West Allis, WI	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$730.65

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Minneapolis-St. Paul-Bloomington, MN-WI	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$78.83
Minneapolis-St. Paul-Bloomington, MN-WI	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.88
Minneapolis-St. Paul-Bloomington, MN-WI	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$59.12
Minneapolis-St. Paul-Bloomington, MN-WI	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$13.15
Minneapolis-St. Paul-Bloomington, MN-WI	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.32
Minneapolis-St. Paul-Bloomington, MN-WI	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.86
Minneapolis-St. Paul-Bloomington, MN-WI	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$140.55
Minneapolis-St. Paul-Bloomington, MN-WI	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$14.06
Minneapolis-St. Paul-Bloomington, MN-WI	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$105.41
Minneapolis-St. Paul-Bloomington, MN-WI	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$83.35
Minneapolis-St. Paul-Bloomington, MN-WI	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.34
Minneapolis-St. Paul-Bloomington, MN-WI	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$62.51
Minneapolis-St. Paul-Bloomington, MN-WI	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$112.61
Minneapolis-St. Paul-Bloomington, MN-WI	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.26
Minneapolis-St. Paul-Bloomington, MN-WI	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$84.46

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Minneapolis-St. Paul-Bloomington, MN-WI	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$70.35
Minneapolis-St. Paul-Bloomington, MN-WI	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.04
Minneapolis-St. Paul-Bloomington, MN-WI	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$52.76
Minneapolis-St. Paul-Bloomington, MN-WI	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$20.36
Minneapolis-St. Paul-Bloomington, MN-WI	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.04
Minneapolis-St. Paul-Bloomington, MN-WI	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$15.27
Minneapolis-St. Paul-Bloomington, MN-WI	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$32.78
Minneapolis-St. Paul-Bloomington, MN-WI	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.28
Minneapolis-St. Paul-Bloomington, MN-WI	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$24.59
Minneapolis-St. Paul-Bloomington, MN-WI	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$43.77
Minneapolis-St. Paul-Bloomington, MN-WI	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.38
Minneapolis-St. Paul-Bloomington, MN-WI	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$32.83
Minneapolis-St. Paul-Bloomington, MN-WI	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$26.03
Minneapolis-St. Paul-Bloomington, MN-WI	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.60
Minneapolis-St. Paul-Bloomington, MN-WI	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$19.52

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Minneapolis-St. Paul-Bloomington, MN-WI	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$70.70
Minneapolis-St. Paul-Bloomington, MN-WI	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.07
Minneapolis-St. Paul-Bloomington, MN-WI	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$53.03
Minneapolis-St. Paul-Bloomington, MN-WI	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$72.72
Minneapolis-St. Paul-Bloomington, MN-WI	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.27
Minneapolis-St. Paul-Bloomington, MN-WI	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$54.54
Minneapolis-St. Paul-Bloomington, MN-WI	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$94.08
Minneapolis-St. Paul-Bloomington, MN-WI	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.41
Minneapolis-St. Paul-Bloomington, MN-WI	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$70.56
Minneapolis-St. Paul-Bloomington, MN-WI	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$190.14
Minneapolis-St. Paul-Bloomington, MN-WI	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$19.01
Minneapolis-St. Paul-Bloomington, MN-WI	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$142.61
Minneapolis-St. Paul-Bloomington, MN-WI	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$126.50
Minneapolis-St. Paul-Bloomington, MN-WI	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.65
Minneapolis-St. Paul-Bloomington, MN-WI	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$94.88

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Minneapolis-St. Paul-Bloomington, MN-WI	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.95
Minneapolis-St. Paul-Bloomington, MN-WI	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.24
Minneapolis-St. Paul-Bloomington, MN-WI	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$36.90
Minneapolis-St. Paul-Bloomington, MN-WI	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$373.25
Minneapolis-St. Paul-Bloomington, MN-WI	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$37.33
Minneapolis-St. Paul-Bloomington, MN-WI	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$279.94
Minneapolis-St. Paul-Bloomington, MN-WI	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$335.30
Minneapolis-St. Paul-Bloomington, MN-WI	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$33.53
Minneapolis-St. Paul-Bloomington, MN-WI	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$251.48
Minneapolis-St. Paul-Bloomington, MN-WI	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$445.00
Minneapolis-St. Paul-Bloomington, MN-WI	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$44.50
Minneapolis-St. Paul-Bloomington, MN-WI	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$333.75
Minneapolis-St. Paul-Bloomington, MN-WI	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$411.65
Minneapolis-St. Paul-Bloomington, MN-WI	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$41.17
Minneapolis-St. Paul-Bloomington, MN-WI	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$308.74

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Minneapolis-St. Paul-Bloomington, MN-WI	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$698.98
Minneapolis-St. Paul-Bloomington, MN-WI	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$69.90
Minneapolis-St. Paul-Bloomington, MN-WI	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$524.24
Minneapolis-St. Paul-Bloomington, MN-WI	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$35.50
Minneapolis-St. Paul-Bloomington, MN-WI	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.55
Minneapolis-St. Paul-Bloomington, MN-WI	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.63
Minneapolis-St. Paul-Bloomington, MN-WI	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$84.56
Minneapolis-St. Paul-Bloomington, MN-WI	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.46
Minneapolis-St. Paul-Bloomington, MN-WI	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$63.42
Minneapolis-St. Paul-Bloomington, MN-WI	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$87.50
Minneapolis-St. Paul-Bloomington, MN-WI	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.75
Minneapolis-St. Paul-Bloomington, MN-WI	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$65.63
Minneapolis-St. Paul-Bloomington, MN-WI	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.92
Minneapolis-St. Paul-Bloomington, MN-WI	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.49
Minneapolis-St. Paul-Bloomington, MN-WI	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.69

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Minneapolis-St. Paul-Bloomington, MN-WI	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$32.84
Minneapolis-St. Paul-Bloomington, MN-WI	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.28
Minneapolis-St. Paul-Bloomington, MN-WI	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$24.63
Minneapolis-St. Paul-Bloomington, MN-WI	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$28.07
Minneapolis-St. Paul-Bloomington, MN-WI	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.81
Minneapolis-St. Paul-Bloomington, MN-WI	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$21.05
Minneapolis-St. Paul-Bloomington, MN-WI	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$136.03
Minneapolis-St. Paul-Bloomington, MN-WI	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.60
Minneapolis-St. Paul-Bloomington, MN-WI	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$102.02
Minneapolis-St. Paul-Bloomington, MN-WI	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.00
Minneapolis-St. Paul-Bloomington, MN-WI	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
Minneapolis-St. Paul-Bloomington, MN-WI	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.25
Minneapolis-St. Paul-Bloomington, MN-WI	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$104.65
Minneapolis-St. Paul-Bloomington, MN-WI	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.47
Minneapolis-St. Paul-Bloomington, MN-WI	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$78.49

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Minneapolis-St. Paul-Bloomington, MN-WI	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.04
Minneapolis-St. Paul-Bloomington, MN-WI	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.00
Minneapolis-St. Paul-Bloomington, MN-WI	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.53
Minneapolis-St. Paul-Bloomington, MN-WI	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$134.44
Minneapolis-St. Paul-Bloomington, MN-WI	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$13.44
Minneapolis-St. Paul-Bloomington, MN-WI	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$100.83
Minneapolis-St. Paul-Bloomington, MN-WI	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$89.04
Minneapolis-St. Paul-Bloomington, MN-WI	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.90
Minneapolis-St. Paul-Bloomington, MN-WI	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$66.78
Minneapolis-St. Paul-Bloomington, MN-WI	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.00
Minneapolis-St. Paul-Bloomington, MN-WI	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.50
Minneapolis-St. Paul-Bloomington, MN-WI	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$56.25
Minneapolis-St. Paul-Bloomington, MN-WI	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$140.74
Minneapolis-St. Paul-Bloomington, MN-WI	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.07
Minneapolis-St. Paul-Bloomington, MN-WI	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$105.56

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Minneapolis-St. Paul-Bloomington, MN-WI	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$327.39
Minneapolis-St. Paul-Bloomington, MN-WI	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$32.74
Minneapolis-St. Paul-Bloomington, MN-WI	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$245.54
Minneapolis-St. Paul-Bloomington, MN-WI	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$370.75
Minneapolis-St. Paul-Bloomington, MN-WI	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$37.08
Minneapolis-St. Paul-Bloomington, MN-WI	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$278.06
Minneapolis-St. Paul-Bloomington, MN-WI	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$325.90
Minneapolis-St. Paul-Bloomington, MN-WI	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$32.59
Minneapolis-St. Paul-Bloomington, MN-WI	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$244.43
Minneapolis-St. Paul-Bloomington, MN-WI	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$533.90
Minneapolis-St. Paul-Bloomington, MN-WI	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$53.39
Minneapolis-St. Paul-Bloomington, MN-WI	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$400.43
Minneapolis-St. Paul-Bloomington, MN-WI	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$130.00
Minneapolis-St. Paul-Bloomington, MN-WI	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$13.00
Minneapolis-St. Paul-Bloomington, MN-WI	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$97.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Minneapolis-St. Paul-Bloomington, MN-WI	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.21
Minneapolis-St. Paul-Bloomington, MN-WI	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.72
Minneapolis-St. Paul-Bloomington, MN-WI	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.91
Minneapolis-St. Paul-Bloomington, MN-WI	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$118.74
Minneapolis-St. Paul-Bloomington, MN-WI	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.87
Minneapolis-St. Paul-Bloomington, MN-WI	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$89.06
Minneapolis-St. Paul-Bloomington, MN-WI	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$61.00
Minneapolis-St. Paul-Bloomington, MN-WI	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.10
Minneapolis-St. Paul-Bloomington, MN-WI	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.75
Minneapolis-St. Paul-Bloomington, MN-WI	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$107.44
Minneapolis-St. Paul-Bloomington, MN-WI	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.74
Minneapolis-St. Paul-Bloomington, MN-WI	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$80.58
Minneapolis-St. Paul-Bloomington, MN-WI	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$47.72
Minneapolis-St. Paul-Bloomington, MN-WI	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.77
Minneapolis-St. Paul-Bloomington, MN-WI	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$35.79

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Minneapolis-St. Paul-Bloomington, MN-WI	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.84
Minneapolis-St. Paul-Bloomington, MN-WI	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.58
Minneapolis-St. Paul-Bloomington, MN-WI	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.88
Minneapolis-St. Paul-Bloomington, MN-WI	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$38.82
Minneapolis-St. Paul-Bloomington, MN-WI	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.88
Minneapolis-St. Paul-Bloomington, MN-WI	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$29.12
Minneapolis-St. Paul-Bloomington, MN-WI	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$58.50
Minneapolis-St. Paul-Bloomington, MN-WI	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.85
Minneapolis-St. Paul-Bloomington, MN-WI	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.88
Minneapolis-St. Paul-Bloomington, MN-WI	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$41.41
Minneapolis-St. Paul-Bloomington, MN-WI	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.14
Minneapolis-St. Paul-Bloomington, MN-WI	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.06
Minneapolis-St. Paul-Bloomington, MN-WI	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$48.63
Minneapolis-St. Paul-Bloomington, MN-WI	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.86
Minneapolis-St. Paul-Bloomington, MN-WI	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.47

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Minneapolis-St. Paul-Bloomington, MN-WI	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$43.64
Minneapolis-St. Paul-Bloomington, MN-WI	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.36
Minneapolis-St. Paul-Bloomington, MN-WI	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$32.73
Minneapolis-St. Paul-Bloomington, MN-WI	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$86.09
Minneapolis-St. Paul-Bloomington, MN-WI	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.61
Minneapolis-St. Paul-Bloomington, MN-WI	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$64.57
Minneapolis-St. Paul-Bloomington, MN-WI	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$109.02
Minneapolis-St. Paul-Bloomington, MN-WI	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.90
Minneapolis-St. Paul-Bloomington, MN-WI	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$81.77
Minneapolis-St. Paul-Bloomington, MN-WI	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$146.88
Minneapolis-St. Paul-Bloomington, MN-WI	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$14.69
Minneapolis-St. Paul-Bloomington, MN-WI	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$110.16
Minneapolis-St. Paul-Bloomington, MN-WI	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$204.68
Minneapolis-St. Paul-Bloomington, MN-WI	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.47
Minneapolis-St. Paul-Bloomington, MN-WI	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$153.51

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Minneapolis-St. Paul-Bloomington, MN-WI	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$318.01
Minneapolis-St. Paul-Bloomington, MN-WI	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$31.80
Minneapolis-St. Paul-Bloomington, MN-WI	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$238.51
Minneapolis-St. Paul-Bloomington, MN-WI	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$217.76
Minneapolis-St. Paul-Bloomington, MN-WI	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.78
Minneapolis-St. Paul-Bloomington, MN-WI	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$163.32
Minneapolis-St. Paul-Bloomington, MN-WI	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$251.80
Minneapolis-St. Paul-Bloomington, MN-WI	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$25.18
Minneapolis-St. Paul-Bloomington, MN-WI	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$188.85
Minneapolis-St. Paul-Bloomington, MN-WI	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
Minneapolis-St. Paul-Bloomington, MN-WI	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
Minneapolis-St. Paul-Bloomington, MN-WI	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
Minneapolis-St. Paul-Bloomington, MN-WI	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$305.74
Minneapolis-St. Paul-Bloomington, MN-WI	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.57
Minneapolis-St. Paul-Bloomington, MN-WI	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$229.31

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Minneapolis-St. Paul-Bloomington, MN-WI	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$298.38
Minneapolis-St. Paul-Bloomington, MN-WI	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.84
Minneapolis-St. Paul-Bloomington, MN-WI	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$223.79
Minneapolis-St. Paul-Bloomington, MN-WI	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$394.94
Minneapolis-St. Paul-Bloomington, MN-WI	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.49
Minneapolis-St. Paul-Bloomington, MN-WI	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$296.21
Minneapolis-St. Paul-Bloomington, MN-WI	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$355.24
Minneapolis-St. Paul-Bloomington, MN-WI	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.52
Minneapolis-St. Paul-Bloomington, MN-WI	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$266.43
Minneapolis-St. Paul-Bloomington, MN-WI	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$443.40
Minneapolis-St. Paul-Bloomington, MN-WI	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$44.34
Minneapolis-St. Paul-Bloomington, MN-WI	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$332.55
Minneapolis-St. Paul-Bloomington, MN-WI	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$388.25
Minneapolis-St. Paul-Bloomington, MN-WI	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.83
Minneapolis-St. Paul-Bloomington, MN-WI	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$291.19

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Minneapolis-St. Paul-Bloomington, MN-WI	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$419.12
Minneapolis-St. Paul-Bloomington, MN-WI	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$41.91
Minneapolis-St. Paul-Bloomington, MN-WI	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$314.34
Minneapolis-St. Paul-Bloomington, MN-WI	K0001	STANDARD WHEELCHAIR	RR			\$24.59
Minneapolis-St. Paul-Bloomington, MN-WI	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$44.15
Minneapolis-St. Paul-Bloomington, MN-WI	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$37.75
Minneapolis-St. Paul-Bloomington, MN-WI	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$42.54
Minneapolis-St. Paul-Bloomington, MN-WI	K0006	HEAVY DUTY WHEELCHAIR	RR			\$68.49
Minneapolis-St. Paul-Bloomington, MN-WI	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$97.05
Minneapolis-St. Paul-Bloomington, MN-WI	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$130.36
Minneapolis-St. Paul-Bloomington, MN-WI	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$13.04
Minneapolis-St. Paul-Bloomington, MN-WI	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$97.77
Minneapolis-St. Paul-Bloomington, MN-WI	K0019	ARM PAD, EACH	NU			\$11.29
Minneapolis-St. Paul-Bloomington, MN-WI	K0019	ARM PAD, EACH	RR			\$1.13
Minneapolis-St. Paul-Bloomington, MN-WI	K0019	ARM PAD, EACH	UE			\$8.47

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Minneapolis-St. Paul-Bloomington, MN-WI	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$50.70
Minneapolis-St. Paul-Bloomington, MN-WI	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.07
Minneapolis-St. Paul-Bloomington, MN-WI	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$38.03
Minneapolis-St. Paul-Bloomington, MN-WI	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$67.68
Minneapolis-St. Paul-Bloomington, MN-WI	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.77
Minneapolis-St. Paul-Bloomington, MN-WI	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$50.76
Minneapolis-St. Paul-Bloomington, MN-WI	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$83.91
Minneapolis-St. Paul-Bloomington, MN-WI	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.39
Minneapolis-St. Paul-Bloomington, MN-WI	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$62.93
Minneapolis-St. Paul-Bloomington, MN-WI	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$83.50
Minneapolis-St. Paul-Bloomington, MN-WI	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.35
Minneapolis-St. Paul-Bloomington, MN-WI	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$62.63
Minneapolis-St. Paul-Bloomington, MN-WI	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$85.87
Minneapolis-St. Paul-Bloomington, MN-WI	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.59
Minneapolis-St. Paul-Bloomington, MN-WI	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$64.40

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Minneapolis-St. Paul-Bloomington, MN-WI	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$157.39
Minneapolis-St. Paul-Bloomington, MN-WI	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.74
Minneapolis-St. Paul-Bloomington, MN-WI	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$118.04
Minneapolis-St. Paul-Bloomington, MN-WI	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$51.78
Minneapolis-St. Paul-Bloomington, MN-WI	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.18
Minneapolis-St. Paul-Bloomington, MN-WI	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$38.84
Minneapolis-St. Paul-Bloomington, MN-WI	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$13.73
Minneapolis-St. Paul-Bloomington, MN-WI	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$859.98
Minneapolis-St. Paul-Bloomington, MN-WI	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$86.00
Minneapolis-St. Paul-Bloomington, MN-WI	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$644.99
Minneapolis-St. Paul-Bloomington, MN-WI	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,625.00
Minneapolis-St. Paul-Bloomington, MN-WI	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$162.50
Minneapolis-St. Paul-Bloomington, MN-WI	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,218.75
Minneapolis-St. Paul-Bloomington, MN-WI	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,796.06
Minneapolis-St. Paul-Bloomington, MN-WI	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$179.61

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Minneapolis-St. Paul-Bloomington, MN-WI	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,347.05
Minneapolis-St. Paul-Bloomington, MN-WI	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$277.50
Minneapolis-St. Paul-Bloomington, MN-WI	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$329.03
Minneapolis-St. Paul-Bloomington, MN-WI	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$379.35
Minneapolis-St. Paul-Bloomington, MN-WI	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$361.59
Minneapolis-St. Paul-Bloomington, MN-WI	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.60
Minneapolis-St. Paul-Bloomington, MN-WI	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$337.12
Minneapolis-St. Paul-Bloomington, MN-WI	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$303.75
Minneapolis-St. Paul-Bloomington, MN-WI	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
Minneapolis-St. Paul-Bloomington, MN-WI	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$441.53
Minneapolis-St. Paul-Bloomington, MN-WI	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$369.89
Minneapolis-St. Paul-Bloomington, MN-WI	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$673.98
Minneapolis-St. Paul-Bloomington, MN-WI	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$568.69
Minneapolis-St. Paul-Bloomington, MN-WI	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$738.23
Minneapolis-St. Paul-Bloomington, MN-WI	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$742.38

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$86.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$8.60
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$64.50
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$13.50
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.35
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$10.13
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$147.87
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$14.79
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$110.90
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$82.14
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.21
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$61.61
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$116.21
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.62
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$87.16

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$79.50
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.95
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$59.63
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$21.73
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.17
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$16.30
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$37.28
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.73
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$27.96
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$69.50
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$6.95
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$52.13
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$27.67
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.77
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$20.75

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$79.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.90
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$59.25
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$81.50
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.15
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$61.13
Nashville-Davidson--Murfreeseboro--Franklin, TN	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$103.34
Nashville-Davidson--Murfreeseboro--Franklin, TN	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.33
Nashville-Davidson--Murfreeseboro--Franklin, TN	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$77.51
Nashville-Davidson--Murfreeseboro--Franklin, TN	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$200.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$20.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$150.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$152.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$15.20
Nashville-Davidson--Murfreeseboro--Franklin, TN	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$114.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nashville-Davidson--Murfreeseboro--Franklin, TN	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.50
Nashville-Davidson--Murfreeseboro--Franklin, TN	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$16.07
Nashville-Davidson--Murfreeseboro--Franklin, TN	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$39.21
Nashville-Davidson--Murfreeseboro--Franklin, TN	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$468.88
Nashville-Davidson--Murfreeseboro--Franklin, TN	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$46.89
Nashville-Davidson--Murfreeseboro--Franklin, TN	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$351.66
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$350.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$35.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$262.50
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$483.65
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$48.37
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$362.74
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$466.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$46.60
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$349.50

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$795.07
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$79.51
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$596.30
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$39.32
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.93
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$29.49
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$93.48
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$9.35
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$70.11
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$84.33
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.43
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$63.25
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.03
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.77

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$34.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.40
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$25.50
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$30.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$3.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$22.50
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$148.56
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.86
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$111.42
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$108.60
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.86
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$81.45
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$110.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$11.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$82.50

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Nashville-Davidson--Murfreeseboro--Franklin, TN	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.25
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$146.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$14.60
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$109.50
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$108.60
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.86
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$81.45
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$78.50
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.85
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$58.88
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$172.18
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$17.22
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$129.14

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Nashville-Davidson--Murfreesboro--Franklin, TN	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$329.78
Nashville-Davidson--Murfreesboro--Franklin, TN	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$32.98
Nashville-Davidson--Murfreesboro--Franklin, TN	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$247.34
Nashville-Davidson--Murfreesboro--Franklin, TN	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$406.51
Nashville-Davidson--Murfreesboro--Franklin, TN	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$40.65
Nashville-Davidson--Murfreesboro--Franklin, TN	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$304.88
Nashville-Davidson--Murfreesboro--Franklin, TN	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$365.12
Nashville-Davidson--Murfreesboro--Franklin, TN	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$36.51
Nashville-Davidson--Murfreesboro--Franklin, TN	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$273.84
Nashville-Davidson--Murfreesboro--Franklin, TN	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$584.94
Nashville-Davidson--Murfreesboro--Franklin, TN	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$58.49
Nashville-Davidson--Murfreesboro--Franklin, TN	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$438.71
Nashville-Davidson--Murfreesboro--Franklin, TN	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$130.00
Nashville-Davidson--Murfreesboro--Franklin, TN	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$13.00
Nashville-Davidson--Murfreesboro--Franklin, TN	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$97.50

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Nashville-Davidson--Murfreesboro--Franklin, TN	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$59.95
Nashville-Davidson--Murfreesboro--Franklin, TN	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.00
Nashville-Davidson--Murfreesboro--Franklin, TN	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$44.96
Nashville-Davidson--Murfreesboro--Franklin, TN	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$116.71
Nashville-Davidson--Murfreesboro--Franklin, TN	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.67
Nashville-Davidson--Murfreesboro--Franklin, TN	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$87.53
Nashville-Davidson--Murfreesboro--Franklin, TN	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$62.18
Nashville-Davidson--Murfreesboro--Franklin, TN	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.22
Nashville-Davidson--Murfreesboro--Franklin, TN	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$46.64
Nashville-Davidson--Murfreesboro--Franklin, TN	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$111.47
Nashville-Davidson--Murfreesboro--Franklin, TN	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.15
Nashville-Davidson--Murfreesboro--Franklin, TN	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$83.60
Nashville-Davidson--Murfreesboro--Franklin, TN	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$51.86
Nashville-Davidson--Murfreesboro--Franklin, TN	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.19
Nashville-Davidson--Murfreesboro--Franklin, TN	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$38.90

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Nashville-Davidson--Murfreesboro--Franklin, TN	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$17.19
Nashville-Davidson--Murfreesboro--Franklin, TN	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.72
Nashville-Davidson--Murfreesboro--Franklin, TN	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.89
Nashville-Davidson--Murfreesboro--Franklin, TN	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$41.40
Nashville-Davidson--Murfreesboro--Franklin, TN	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.14
Nashville-Davidson--Murfreesboro--Franklin, TN	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.05
Nashville-Davidson--Murfreesboro--Franklin, TN	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$63.95
Nashville-Davidson--Murfreesboro--Franklin, TN	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.40
Nashville-Davidson--Murfreesboro--Franklin, TN	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$47.96
Nashville-Davidson--Murfreesboro--Franklin, TN	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.45
Nashville-Davidson--Murfreesboro--Franklin, TN	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.55
Nashville-Davidson--Murfreesboro--Franklin, TN	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.09
Nashville-Davidson--Murfreesboro--Franklin, TN	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.41
Nashville-Davidson--Murfreesboro--Franklin, TN	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.54
Nashville-Davidson--Murfreesboro--Franklin, TN	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.56

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Nashville-Davidson--Murfreesboro--Franklin, TN	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$45.30
Nashville-Davidson--Murfreesboro--Franklin, TN	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.53
Nashville-Davidson--Murfreesboro--Franklin, TN	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$33.98
Nashville-Davidson--Murfreesboro--Franklin, TN	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$91.75
Nashville-Davidson--Murfreesboro--Franklin, TN	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$9.18
Nashville-Davidson--Murfreesboro--Franklin, TN	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$68.81
Nashville-Davidson--Murfreesboro--Franklin, TN	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$120.00
Nashville-Davidson--Murfreesboro--Franklin, TN	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$12.00
Nashville-Davidson--Murfreesboro--Franklin, TN	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$90.00
Nashville-Davidson--Murfreesboro--Franklin, TN	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$156.99
Nashville-Davidson--Murfreesboro--Franklin, TN	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$15.70
Nashville-Davidson--Murfreesboro--Franklin, TN	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$117.74
Nashville-Davidson--Murfreesboro--Franklin, TN	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$224.28
Nashville-Davidson--Murfreesboro--Franklin, TN	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$22.43
Nashville-Davidson--Murfreesboro--Franklin, TN	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$168.21

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$350.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$35.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$262.50
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$222.72
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$22.27
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$167.04
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$298.93
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$29.89
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$224.20
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$205.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$20.50
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$153.75
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$352.08
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.21
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$264.06

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$305.65
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.57
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$229.24
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$458.25
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.83
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$343.69
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$376.88
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$37.69
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$282.66
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$512.71
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$51.27
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$384.53
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$415.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$41.50
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$311.25

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Nashville-Davidson--Murfreeseboro--Franklin, TN	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$491.79
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$49.18
Nashville-Davidson--Murfreeseboro--Franklin, TN	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$368.84
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0001	STANDARD WHEELCHAIR	RR			\$32.91
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$62.01
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$58.23
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$85.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0006	HEAVY DUTY WHEELCHAIR	RR			\$98.50
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$129.88
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$140.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$14.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$105.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0019	ARM PAD, EACH	NU			\$12.76
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0019	ARM PAD, EACH	RR			\$1.28
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0019	ARM PAD, EACH	UE			\$9.57

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Nashville-Davidson--Murfreeseboro--Franklin, TN	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$57.38
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.74
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$43.04
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$71.04
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.10
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$53.28
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.10
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.51
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.83
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$95.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$9.50
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$71.25
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$96.61
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.66
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$72.46

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Nashville-Davidson--Murfreeseboro--Franklin, TN	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$177.07
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$17.71
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$132.80
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$57.52
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.75
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$43.14
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$14.04
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$957.47
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$95.75
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$718.10
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,800.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$180.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,350.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,987.11
Nashville-Davidson--Murfreeseboro--Franklin, TN	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$198.71

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Nashville-Davidson--Murfreesboro--Franklin, TN	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,490.33
Nashville-Davidson--Murfreesboro--Franklin, TN	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$292.50
Nashville-Davidson--Murfreesboro--Franklin, TN	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$343.07
Nashville-Davidson--Murfreesboro--Franklin, TN	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$390.62
Nashville-Davidson--Murfreesboro--Franklin, TN	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$386.25
Nashville-Davidson--Murfreesboro--Franklin, TN	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$300.00
Nashville-Davidson--Murfreesboro--Franklin, TN	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$367.58
Nashville-Davidson--Murfreesboro--Franklin, TN	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$360.00
Nashville-Davidson--Murfreesboro--Franklin, TN	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$340.86
Nashville-Davidson--Murfreesboro--Franklin, TN	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$487.50
Nashville-Davidson--Murfreesboro--Franklin, TN	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$449.43
Nashville-Davidson--Murfreesboro--Franklin, TN	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$750.00
Nashville-Davidson--Murfreesboro--Franklin, TN	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$645.00
Nashville-Davidson--Murfreesboro--Franklin, TN	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$863.41
Nashville-Davidson--Murfreesboro--Franklin, TN	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$801.67

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Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$63.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$6.30
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$47.25
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$11.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.10
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.25
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$120.52
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.05
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$90.39
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$70.50
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.05
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$52.88
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$102.08
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.21
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$76.56

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Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$62.70
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$6.27
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$47.03
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$16.02
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.60
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$12.02
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$27.02
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.70
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$20.27
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$52.50
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.25
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$39.38
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$22.94
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.29
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$17.21

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$65.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.50
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$48.75
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$62.91
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$6.29
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$47.18
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$84.10
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$8.41
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$63.08
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$156.12
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$15.61
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$117.09
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$127.50
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.75
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$95.63

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$40.25
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$13.28
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$31.05
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$351.66
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$35.17
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$263.75
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$257.58
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$25.76
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$193.19
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$361.50
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$36.15
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$271.13
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$337.64
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$33.76
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$253.23

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$608.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$60.80
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$456.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$33.20
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.32
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$24.90
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$67.08
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$6.71
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$50.31
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$72.05
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$7.21
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$54.04
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.80
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.48
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.60

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Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$28.93
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$2.89
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$21.70
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$25.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.50
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$18.75
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$125.44
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$12.54
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$94.08
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$91.50
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.15
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$68.63
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$98.31
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$9.83
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$73.73

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Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$79.02
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$7.90
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$59.27
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$124.74
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.47
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$93.56
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$88.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.80
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$66.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$68.50
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$6.85
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$51.38
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$150.34
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$15.03
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$112.76

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Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$260.04
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$26.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$195.03
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$336.10
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$33.61
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$252.08
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$293.12
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$29.31
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$219.84
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$461.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$46.10
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$345.75
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$111.82
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$11.18
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$83.87

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Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.34
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.93
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.01
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$96.42
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.64
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$72.32
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$53.75
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.38
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$40.31
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$89.38
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$8.94
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$67.04
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$38.36
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.84
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.77

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Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$14.42
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.44
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$10.82
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$35.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.50
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$26.25
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$50.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.50
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$35.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.50
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$26.25
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$39.43
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.94
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$29.57

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$35.50
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.55
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$26.63
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$73.42
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$7.34
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$55.07
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$93.52
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.35
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$70.14
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$121.55
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$12.16
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$91.16
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$175.40
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$17.54
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$131.55

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$268.88
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$26.89
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$201.66
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$180.81
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$18.08
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$135.61
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$225.29
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$22.53
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$168.97
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$158.86
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.89
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$119.15
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$259.31
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$25.93
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$194.48

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$264.38
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$26.44
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$198.29
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$355.83
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.58
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$266.87
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$335.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$33.50
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$251.25
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$389.96
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$292.47
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$354.97
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.50
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$266.23

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$372.24
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$37.22
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$279.18
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0001	STANDARD WHEELCHAIR	RR			\$23.91
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$51.50
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$35.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.75
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$76.08
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$106.86
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$110.60
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.06
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$82.95
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0019	ARM PAD, EACH	NU			\$11.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0019	ARM PAD, EACH	RR			\$1.10
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0019	ARM PAD, EACH	UE			\$8.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$49.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$4.90
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$36.75
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$59.10
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$5.91
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$44.33
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$74.70
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$7.47
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$56.03
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$81.86
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.19
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$61.40
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$78.93
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$7.89
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$59.20

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$144.50
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$14.45
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$108.38
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$44.60
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$4.46
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$33.45
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$9.76
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$769.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$76.90
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$576.75
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,398.58
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$139.86
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,048.94
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,650.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$165.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,237.50
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$234.55
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$279.47
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$332.94
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$327.32
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$251.55
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$306.64
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.15
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$410.22
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$369.40
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$598.34
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$528.93
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$671.48
Nassau-Brooklyn-Queens-Richmond County Metro CBA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$655.77

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Haven-Milford, CT	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$77.71
New Haven-Milford, CT	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.77
New Haven-Milford, CT	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$58.28
New Haven-Milford, CT	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$11.00
New Haven-Milford, CT	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.10
New Haven-Milford, CT	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.25
New Haven-Milford, CT	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$108.56
New Haven-Milford, CT	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.86
New Haven-Milford, CT	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$81.42
New Haven-Milford, CT	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$80.00
New Haven-Milford, CT	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.00
New Haven-Milford, CT	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$60.00
New Haven-Milford, CT	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$110.00
New Haven-Milford, CT	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.00
New Haven-Milford, CT	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$82.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Haven-Milford, CT	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$48.85
New Haven-Milford, CT	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$4.89
New Haven-Milford, CT	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$36.64
New Haven-Milford, CT	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$13.58
New Haven-Milford, CT	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.36
New Haven-Milford, CT	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$10.19
New Haven-Milford, CT	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$27.03
New Haven-Milford, CT	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.70
New Haven-Milford, CT	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$20.27
New Haven-Milford, CT	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$40.00
New Haven-Milford, CT	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.00
New Haven-Milford, CT	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$30.00
New Haven-Milford, CT	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$16.80
New Haven-Milford, CT	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$1.68
New Haven-Milford, CT	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$12.60

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Haven-Milford, CT	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$63.05
New Haven-Milford, CT	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.31
New Haven-Milford, CT	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$47.29
New Haven-Milford, CT	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$59.28
New Haven-Milford, CT	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$5.93
New Haven-Milford, CT	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$44.46
New Haven-Milford, CT	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$70.51
New Haven-Milford, CT	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$7.05
New Haven-Milford, CT	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$52.88
New Haven-Milford, CT	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$130.70
New Haven-Milford, CT	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$13.07
New Haven-Milford, CT	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$98.03
New Haven-Milford, CT	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$125.00
New Haven-Milford, CT	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.50
New Haven-Milford, CT	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$93.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Haven-Milford, CT	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$34.00
New Haven-Milford, CT	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$16.00
New Haven-Milford, CT	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$28.16
New Haven-Milford, CT	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$339.94
New Haven-Milford, CT	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$33.99
New Haven-Milford, CT	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$254.96
New Haven-Milford, CT	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$350.00
New Haven-Milford, CT	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$35.00
New Haven-Milford, CT	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$262.50
New Haven-Milford, CT	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$450.00
New Haven-Milford, CT	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.00
New Haven-Milford, CT	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$337.50
New Haven-Milford, CT	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$356.25
New Haven-Milford, CT	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$35.63
New Haven-Milford, CT	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$267.19

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Haven-Milford, CT	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$596.25
New Haven-Milford, CT	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$59.63
New Haven-Milford, CT	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$447.19
New Haven-Milford, CT	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.00
New Haven-Milford, CT	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.60
New Haven-Milford, CT	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.00
New Haven-Milford, CT	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$54.99
New Haven-Milford, CT	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$5.50
New Haven-Milford, CT	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$41.24
New Haven-Milford, CT	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$78.38
New Haven-Milford, CT	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$7.84
New Haven-Milford, CT	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$58.79
New Haven-Milford, CT	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$3.51
New Haven-Milford, CT	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.35
New Haven-Milford, CT	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$2.63

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Haven-Milford, CT	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$25.49
New Haven-Milford, CT	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$2.55
New Haven-Milford, CT	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$19.12
New Haven-Milford, CT	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$26.00
New Haven-Milford, CT	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.60
New Haven-Milford, CT	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$19.50
New Haven-Milford, CT	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$132.00
New Haven-Milford, CT	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.20
New Haven-Milford, CT	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$99.00
New Haven-Milford, CT	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$102.57
New Haven-Milford, CT	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.26
New Haven-Milford, CT	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$76.93
New Haven-Milford, CT	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$103.30
New Haven-Milford, CT	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.33
New Haven-Milford, CT	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$77.48

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Haven-Milford, CT	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.00
New Haven-Milford, CT	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.00
New Haven-Milford, CT	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.50
New Haven-Milford, CT	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$121.10
New Haven-Milford, CT	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.11
New Haven-Milford, CT	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$90.83
New Haven-Milford, CT	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$69.99
New Haven-Milford, CT	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$7.00
New Haven-Milford, CT	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$52.49
New Haven-Milford, CT	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$62.30
New Haven-Milford, CT	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$6.23
New Haven-Milford, CT	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$46.73
New Haven-Milford, CT	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$122.03
New Haven-Milford, CT	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$12.20
New Haven-Milford, CT	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$91.52

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Haven-Milford, CT	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$225.03
New Haven-Milford, CT	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$22.50
New Haven-Milford, CT	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$168.77
New Haven-Milford, CT	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$296.51
New Haven-Milford, CT	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$29.65
New Haven-Milford, CT	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$222.38
New Haven-Milford, CT	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$241.60
New Haven-Milford, CT	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$24.16
New Haven-Milford, CT	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$181.20
New Haven-Milford, CT	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$505.42
New Haven-Milford, CT	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$50.54
New Haven-Milford, CT	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$379.07
New Haven-Milford, CT	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$125.00
New Haven-Milford, CT	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.50
New Haven-Milford, CT	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$93.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Haven-Milford, CT	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.90
New Haven-Milford, CT	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.09
New Haven-Milford, CT	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.68
New Haven-Milford, CT	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$81.55
New Haven-Milford, CT	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$8.16
New Haven-Milford, CT	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$61.16
New Haven-Milford, CT	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$43.45
New Haven-Milford, CT	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.35
New Haven-Milford, CT	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.59
New Haven-Milford, CT	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$69.67
New Haven-Milford, CT	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.97
New Haven-Milford, CT	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$52.25
New Haven-Milford, CT	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$36.24
New Haven-Milford, CT	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.62
New Haven-Milford, CT	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$27.18

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Haven-Milford, CT	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$12.33
New Haven-Milford, CT	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.23
New Haven-Milford, CT	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$9.25
New Haven-Milford, CT	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$28.93
New Haven-Milford, CT	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$2.89
New Haven-Milford, CT	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$21.70
New Haven-Milford, CT	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$51.16
New Haven-Milford, CT	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.12
New Haven-Milford, CT	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$38.37
New Haven-Milford, CT	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$30.30
New Haven-Milford, CT	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.03
New Haven-Milford, CT	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$22.73
New Haven-Milford, CT	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.91
New Haven-Milford, CT	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.29
New Haven-Milford, CT	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.18

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Haven-Milford, CT	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$38.00
New Haven-Milford, CT	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.80
New Haven-Milford, CT	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$28.50
New Haven-Milford, CT	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$83.75
New Haven-Milford, CT	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.38
New Haven-Milford, CT	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$62.81
New Haven-Milford, CT	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$84.40
New Haven-Milford, CT	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$8.44
New Haven-Milford, CT	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$63.30
New Haven-Milford, CT	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$101.17
New Haven-Milford, CT	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$10.12
New Haven-Milford, CT	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$75.88
New Haven-Milford, CT	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$173.61
New Haven-Milford, CT	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$17.36
New Haven-Milford, CT	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$130.21

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Haven-Milford, CT	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$225.49
New Haven-Milford, CT	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$22.55
New Haven-Milford, CT	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$169.12
New Haven-Milford, CT	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$155.64
New Haven-Milford, CT	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$15.56
New Haven-Milford, CT	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$116.73
New Haven-Milford, CT	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$190.13
New Haven-Milford, CT	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$19.01
New Haven-Milford, CT	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$142.60
New Haven-Milford, CT	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$144.59
New Haven-Milford, CT	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$14.46
New Haven-Milford, CT	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$108.44
New Haven-Milford, CT	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$226.89
New Haven-Milford, CT	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$22.69
New Haven-Milford, CT	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$170.17

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Haven-Milford, CT	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$305.65
New Haven-Milford, CT	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.57
New Haven-Milford, CT	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$229.24
New Haven-Milford, CT	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$359.16
New Haven-Milford, CT	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.92
New Haven-Milford, CT	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$269.37
New Haven-Milford, CT	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$350.00
New Haven-Milford, CT	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.00
New Haven-Milford, CT	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$262.50
New Haven-Milford, CT	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$408.36
New Haven-Milford, CT	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.84
New Haven-Milford, CT	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$306.27
New Haven-Milford, CT	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$324.72
New Haven-Milford, CT	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$32.47
New Haven-Milford, CT	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$243.54

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Haven-Milford, CT	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$369.61
New Haven-Milford, CT	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.96
New Haven-Milford, CT	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$277.21
New Haven-Milford, CT	K0001	STANDARD WHEELCHAIR	RR			\$24.18
New Haven-Milford, CT	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$37.50
New Haven-Milford, CT	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$40.00
New Haven-Milford, CT	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$50.00
New Haven-Milford, CT	K0006	HEAVY DUTY WHEELCHAIR	RR			\$70.00
New Haven-Milford, CT	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$111.20
New Haven-Milford, CT	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$97.57
New Haven-Milford, CT	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$9.76
New Haven-Milford, CT	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$73.18
New Haven-Milford, CT	K0019	ARM PAD, EACH	NU			\$9.75
New Haven-Milford, CT	K0019	ARM PAD, EACH	RR			\$0.98
New Haven-Milford, CT	K0019	ARM PAD, EACH	UE			\$7.31

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Haven-Milford, CT	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$40.10
New Haven-Milford, CT	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$4.01
New Haven-Milford, CT	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$30.08
New Haven-Milford, CT	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$49.64
New Haven-Milford, CT	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$4.96
New Haven-Milford, CT	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$37.23
New Haven-Milford, CT	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
New Haven-Milford, CT	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
New Haven-Milford, CT	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
New Haven-Milford, CT	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$90.00
New Haven-Milford, CT	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$9.00
New Haven-Milford, CT	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$67.50
New Haven-Milford, CT	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$71.92
New Haven-Milford, CT	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$7.19
New Haven-Milford, CT	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$53.94

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Haven-Milford, CT	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$115.87
New Haven-Milford, CT	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$11.59
New Haven-Milford, CT	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$86.90
New Haven-Milford, CT	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$36.66
New Haven-Milford, CT	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$3.67
New Haven-Milford, CT	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$27.50
New Haven-Milford, CT	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$9.62
New Haven-Milford, CT	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$909.09
New Haven-Milford, CT	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$90.91
New Haven-Milford, CT	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$681.82
New Haven-Milford, CT	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,700.00
New Haven-Milford, CT	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$170.00
New Haven-Milford, CT	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,275.00
New Haven-Milford, CT	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,900.00
New Haven-Milford, CT	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$190.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Haven-Milford, CT	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,425.00
New Haven-Milford, CT	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$217.64
New Haven-Milford, CT	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$248.73
New Haven-Milford, CT	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$283.20
New Haven-Milford, CT	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$271.23
New Haven-Milford, CT	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$217.91
New Haven-Milford, CT	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$266.42
New Haven-Milford, CT	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$347.40
New Haven-Milford, CT	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
New Haven-Milford, CT	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$445.93
New Haven-Milford, CT	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$357.08
New Haven-Milford, CT	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$504.97
New Haven-Milford, CT	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$539.65
New Haven-Milford, CT	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$624.25
New Haven-Milford, CT	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$780.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Orleans-Metairie-Kenner, LA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$75.00
New Orleans-Metairie-Kenner, LA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.50
New Orleans-Metairie-Kenner, LA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$56.25
New Orleans-Metairie-Kenner, LA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.12
New Orleans-Metairie-Kenner, LA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.21
New Orleans-Metairie-Kenner, LA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.09
New Orleans-Metairie-Kenner, LA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$138.00
New Orleans-Metairie-Kenner, LA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.80
New Orleans-Metairie-Kenner, LA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$103.50
New Orleans-Metairie-Kenner, LA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$74.36
New Orleans-Metairie-Kenner, LA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.44
New Orleans-Metairie-Kenner, LA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$55.77
New Orleans-Metairie-Kenner, LA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$110.00
New Orleans-Metairie-Kenner, LA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.00
New Orleans-Metairie-Kenner, LA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$82.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Orleans-Metairie-Kenner, LA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$71.00
New Orleans-Metairie-Kenner, LA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.10
New Orleans-Metairie-Kenner, LA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$53.25
New Orleans-Metairie-Kenner, LA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$21.76
New Orleans-Metairie-Kenner, LA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.18
New Orleans-Metairie-Kenner, LA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$16.32
New Orleans-Metairie-Kenner, LA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$32.00
New Orleans-Metairie-Kenner, LA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.20
New Orleans-Metairie-Kenner, LA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$24.00
New Orleans-Metairie-Kenner, LA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$48.00
New Orleans-Metairie-Kenner, LA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.80
New Orleans-Metairie-Kenner, LA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$36.00
New Orleans-Metairie-Kenner, LA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$23.52
New Orleans-Metairie-Kenner, LA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.35
New Orleans-Metairie-Kenner, LA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$17.64

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Orleans-Metairie-Kenner, LA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$69.30
New Orleans-Metairie-Kenner, LA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.93
New Orleans-Metairie-Kenner, LA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$51.98
New Orleans-Metairie-Kenner, LA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$75.95
New Orleans-Metairie-Kenner, LA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.60
New Orleans-Metairie-Kenner, LA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$56.96
New Orleans-Metairie-Kenner, LA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$100.00
New Orleans-Metairie-Kenner, LA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.00
New Orleans-Metairie-Kenner, LA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$75.00
New Orleans-Metairie-Kenner, LA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$186.00
New Orleans-Metairie-Kenner, LA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$18.60
New Orleans-Metairie-Kenner, LA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$139.50
New Orleans-Metairie-Kenner, LA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$133.18
New Orleans-Metairie-Kenner, LA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.32
New Orleans-Metairie-Kenner, LA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$99.89

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Orleans-Metairie-Kenner, LA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$41.51
New Orleans-Metairie-Kenner, LA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$14.90
New Orleans-Metairie-Kenner, LA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$35.00
New Orleans-Metairie-Kenner, LA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$401.00
New Orleans-Metairie-Kenner, LA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$40.10
New Orleans-Metairie-Kenner, LA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$300.75
New Orleans-Metairie-Kenner, LA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$332.00
New Orleans-Metairie-Kenner, LA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$33.20
New Orleans-Metairie-Kenner, LA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$249.00
New Orleans-Metairie-Kenner, LA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$425.00
New Orleans-Metairie-Kenner, LA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$42.50
New Orleans-Metairie-Kenner, LA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$318.75
New Orleans-Metairie-Kenner, LA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$415.00
New Orleans-Metairie-Kenner, LA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$41.50
New Orleans-Metairie-Kenner, LA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$311.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Orleans-Metairie-Kenner, LA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$699.00
New Orleans-Metairie-Kenner, LA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$69.90
New Orleans-Metairie-Kenner, LA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$524.25
New Orleans-Metairie-Kenner, LA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.00
New Orleans-Metairie-Kenner, LA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.60
New Orleans-Metairie-Kenner, LA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.00
New Orleans-Metairie-Kenner, LA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$80.98
New Orleans-Metairie-Kenner, LA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.10
New Orleans-Metairie-Kenner, LA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$60.74
New Orleans-Metairie-Kenner, LA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$85.00
New Orleans-Metairie-Kenner, LA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.50
New Orleans-Metairie-Kenner, LA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$63.75
New Orleans-Metairie-Kenner, LA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
New Orleans-Metairie-Kenner, LA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
New Orleans-Metairie-Kenner, LA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Orleans-Metairie-Kenner, LA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$31.00
New Orleans-Metairie-Kenner, LA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.10
New Orleans-Metairie-Kenner, LA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$23.25
New Orleans-Metairie-Kenner, LA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$26.14
New Orleans-Metairie-Kenner, LA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.61
New Orleans-Metairie-Kenner, LA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$19.61
New Orleans-Metairie-Kenner, LA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$137.00
New Orleans-Metairie-Kenner, LA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.70
New Orleans-Metairie-Kenner, LA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$102.75
New Orleans-Metairie-Kenner, LA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.00
New Orleans-Metairie-Kenner, LA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
New Orleans-Metairie-Kenner, LA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.25
New Orleans-Metairie-Kenner, LA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$103.30
New Orleans-Metairie-Kenner, LA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.33
New Orleans-Metairie-Kenner, LA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$77.48

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Orleans-Metairie-Kenner, LA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$85.00
New Orleans-Metairie-Kenner, LA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.50
New Orleans-Metairie-Kenner, LA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$63.75
New Orleans-Metairie-Kenner, LA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
New Orleans-Metairie-Kenner, LA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
New Orleans-Metairie-Kenner, LA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
New Orleans-Metairie-Kenner, LA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.00
New Orleans-Metairie-Kenner, LA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
New Orleans-Metairie-Kenner, LA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.25
New Orleans-Metairie-Kenner, LA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$72.00
New Orleans-Metairie-Kenner, LA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.20
New Orleans-Metairie-Kenner, LA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$54.00
New Orleans-Metairie-Kenner, LA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$165.00
New Orleans-Metairie-Kenner, LA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$16.50
New Orleans-Metairie-Kenner, LA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$123.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Orleans-Metairie-Kenner, LA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$300.00
New Orleans-Metairie-Kenner, LA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$30.00
New Orleans-Metairie-Kenner, LA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$225.00
New Orleans-Metairie-Kenner, LA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$375.00
New Orleans-Metairie-Kenner, LA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$37.50
New Orleans-Metairie-Kenner, LA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$281.25
New Orleans-Metairie-Kenner, LA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$333.00
New Orleans-Metairie-Kenner, LA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$33.30
New Orleans-Metairie-Kenner, LA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$249.75
New Orleans-Metairie-Kenner, LA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$525.00
New Orleans-Metairie-Kenner, LA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$52.50
New Orleans-Metairie-Kenner, LA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$393.75
New Orleans-Metairie-Kenner, LA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$124.00
New Orleans-Metairie-Kenner, LA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.40
New Orleans-Metairie-Kenner, LA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$93.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Orleans-Metairie-Kenner, LA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.98
New Orleans-Metairie-Kenner, LA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.60
New Orleans-Metairie-Kenner, LA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.99
New Orleans-Metairie-Kenner, LA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$110.09
New Orleans-Metairie-Kenner, LA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.01
New Orleans-Metairie-Kenner, LA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$82.57
New Orleans-Metairie-Kenner, LA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.90
New Orleans-Metairie-Kenner, LA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.59
New Orleans-Metairie-Kenner, LA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.93
New Orleans-Metairie-Kenner, LA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$105.00
New Orleans-Metairie-Kenner, LA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.50
New Orleans-Metairie-Kenner, LA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$78.75
New Orleans-Metairie-Kenner, LA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.45
New Orleans-Metairie-Kenner, LA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.55
New Orleans-Metairie-Kenner, LA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.09

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Orleans-Metairie-Kenner, LA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.00
New Orleans-Metairie-Kenner, LA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.50
New Orleans-Metairie-Kenner, LA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.25
New Orleans-Metairie-Kenner, LA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$37.73
New Orleans-Metairie-Kenner, LA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.77
New Orleans-Metairie-Kenner, LA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.30
New Orleans-Metairie-Kenner, LA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$53.98
New Orleans-Metairie-Kenner, LA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.40
New Orleans-Metairie-Kenner, LA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$40.49
New Orleans-Metairie-Kenner, LA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$38.81
New Orleans-Metairie-Kenner, LA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.88
New Orleans-Metairie-Kenner, LA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$29.11
New Orleans-Metairie-Kenner, LA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$43.50
New Orleans-Metairie-Kenner, LA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.35
New Orleans-Metairie-Kenner, LA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.63

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Orleans-Metairie-Kenner, LA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$39.63
New Orleans-Metairie-Kenner, LA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.96
New Orleans-Metairie-Kenner, LA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$29.72
New Orleans-Metairie-Kenner, LA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$81.11
New Orleans-Metairie-Kenner, LA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.11
New Orleans-Metairie-Kenner, LA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$60.83
New Orleans-Metairie-Kenner, LA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$105.76
New Orleans-Metairie-Kenner, LA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.58
New Orleans-Metairie-Kenner, LA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$79.32
New Orleans-Metairie-Kenner, LA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$140.00
New Orleans-Metairie-Kenner, LA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$14.00
New Orleans-Metairie-Kenner, LA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$105.00
New Orleans-Metairie-Kenner, LA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$196.95
New Orleans-Metairie-Kenner, LA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.70
New Orleans-Metairie-Kenner, LA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$147.71

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Orleans-Metairie-Kenner, LA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$310.00
New Orleans-Metairie-Kenner, LA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$31.00
New Orleans-Metairie-Kenner, LA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$232.50
New Orleans-Metairie-Kenner, LA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$199.44
New Orleans-Metairie-Kenner, LA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.94
New Orleans-Metairie-Kenner, LA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$149.58
New Orleans-Metairie-Kenner, LA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$245.80
New Orleans-Metairie-Kenner, LA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$24.58
New Orleans-Metairie-Kenner, LA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$184.35
New Orleans-Metairie-Kenner, LA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$180.00
New Orleans-Metairie-Kenner, LA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$18.00
New Orleans-Metairie-Kenner, LA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$135.00
New Orleans-Metairie-Kenner, LA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$297.54
New Orleans-Metairie-Kenner, LA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.75
New Orleans-Metairie-Kenner, LA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$223.16

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Orleans-Metairie-Kenner, LA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$300.00
New Orleans-Metairie-Kenner, LA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.00
New Orleans-Metairie-Kenner, LA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$225.00
New Orleans-Metairie-Kenner, LA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$390.00
New Orleans-Metairie-Kenner, LA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.00
New Orleans-Metairie-Kenner, LA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$292.50
New Orleans-Metairie-Kenner, LA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$356.99
New Orleans-Metairie-Kenner, LA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.70
New Orleans-Metairie-Kenner, LA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$267.74
New Orleans-Metairie-Kenner, LA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$436.32
New Orleans-Metairie-Kenner, LA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$43.63
New Orleans-Metairie-Kenner, LA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$327.24
New Orleans-Metairie-Kenner, LA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$385.00
New Orleans-Metairie-Kenner, LA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.50
New Orleans-Metairie-Kenner, LA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$288.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Orleans-Metairie-Kenner, LA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$412.55
New Orleans-Metairie-Kenner, LA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$41.26
New Orleans-Metairie-Kenner, LA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$309.41
New Orleans-Metairie-Kenner, LA	K0001	STANDARD WHEELCHAIR	RR			\$25.10
New Orleans-Metairie-Kenner, LA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$49.60
New Orleans-Metairie-Kenner, LA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$40.90
New Orleans-Metairie-Kenner, LA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.50
New Orleans-Metairie-Kenner, LA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$76.99
New Orleans-Metairie-Kenner, LA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$121.91
New Orleans-Metairie-Kenner, LA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$126.15
New Orleans-Metairie-Kenner, LA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$12.62
New Orleans-Metairie-Kenner, LA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$94.61
New Orleans-Metairie-Kenner, LA	K0019	ARM PAD, EACH	NU			\$11.00
New Orleans-Metairie-Kenner, LA	K0019	ARM PAD, EACH	RR			\$1.10
New Orleans-Metairie-Kenner, LA	K0019	ARM PAD, EACH	UE			\$8.25

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Orleans-Metairie-Kenner, LA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$50.00
New Orleans-Metairie-Kenner, LA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.00
New Orleans-Metairie-Kenner, LA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$37.50
New Orleans-Metairie-Kenner, LA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$70.00
New Orleans-Metairie-Kenner, LA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.00
New Orleans-Metairie-Kenner, LA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$52.50
New Orleans-Metairie-Kenner, LA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
New Orleans-Metairie-Kenner, LA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
New Orleans-Metairie-Kenner, LA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
New Orleans-Metairie-Kenner, LA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$85.00
New Orleans-Metairie-Kenner, LA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.50
New Orleans-Metairie-Kenner, LA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$63.75
New Orleans-Metairie-Kenner, LA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$85.87
New Orleans-Metairie-Kenner, LA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.59
New Orleans-Metairie-Kenner, LA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$64.40

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Orleans-Metairie-Kenner, LA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$159.88
New Orleans-Metairie-Kenner, LA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.99
New Orleans-Metairie-Kenner, LA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$119.91
New Orleans-Metairie-Kenner, LA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$51.00
New Orleans-Metairie-Kenner, LA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.10
New Orleans-Metairie-Kenner, LA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$38.25
New Orleans-Metairie-Kenner, LA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$12.90
New Orleans-Metairie-Kenner, LA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$837.79
New Orleans-Metairie-Kenner, LA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$83.78
New Orleans-Metairie-Kenner, LA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$628.34
New Orleans-Metairie-Kenner, LA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,544.00
New Orleans-Metairie-Kenner, LA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$154.40
New Orleans-Metairie-Kenner, LA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,158.00
New Orleans-Metairie-Kenner, LA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,800.00
New Orleans-Metairie-Kenner, LA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$180.00

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Orleans-Metairie-Kenner, LA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,350.00
New Orleans-Metairie-Kenner, LA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
New Orleans-Metairie-Kenner, LA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$298.66
New Orleans-Metairie-Kenner, LA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$375.00
New Orleans-Metairie-Kenner, LA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$349.08
New Orleans-Metairie-Kenner, LA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$279.00
New Orleans-Metairie-Kenner, LA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$336.00
New Orleans-Metairie-Kenner, LA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$322.50
New Orleans-Metairie-Kenner, LA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$284.48
New Orleans-Metairie-Kenner, LA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$462.87
New Orleans-Metairie-Kenner, LA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$404.85
New Orleans-Metairie-Kenner, LA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$651.45
New Orleans-Metairie-Kenner, LA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$568.13
New Orleans-Metairie-Kenner, LA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$750.00
New Orleans-Metairie-Kenner, LA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$730.65

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North East NY CBA Metro	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$62.00
North East NY CBA Metro	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$6.20
North East NY CBA Metro	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$46.50
North East NY CBA Metro	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$10.95
North East NY CBA Metro	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.10
North East NY CBA Metro	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.21
North East NY CBA Metro	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$116.05
North East NY CBA Metro	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.61
North East NY CBA Metro	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$87.04
North East NY CBA Metro	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$66.91
North East NY CBA Metro	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$6.69
North East NY CBA Metro	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$50.18
North East NY CBA Metro	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$102.00
North East NY CBA Metro	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.20
North East NY CBA Metro	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$76.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North East NY CBA Metro	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$59.28
North East NY CBA Metro	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$5.93
North East NY CBA Metro	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$44.46
North East NY CBA Metro	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$15.75
North East NY CBA Metro	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.58
North East NY CBA Metro	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$11.81
North East NY CBA Metro	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$27.03
North East NY CBA Metro	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.70
North East NY CBA Metro	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$20.27
North East NY CBA Metro	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$54.00
North East NY CBA Metro	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.40
North East NY CBA Metro	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$40.50
North East NY CBA Metro	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$22.93
North East NY CBA Metro	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.29
North East NY CBA Metro	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$17.20

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North East NY CBA Metro	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$63.05
North East NY CBA Metro	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.31
North East NY CBA Metro	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$47.29
North East NY CBA Metro	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$60.82
North East NY CBA Metro	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$6.08
North East NY CBA Metro	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$45.62
North East NY CBA Metro	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$83.10
North East NY CBA Metro	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$8.31
North East NY CBA Metro	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$62.33
North East NY CBA Metro	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$158.00
North East NY CBA Metro	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$15.80
North East NY CBA Metro	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$118.50
North East NY CBA Metro	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$126.17
North East NY CBA Metro	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.62
North East NY CBA Metro	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$94.63

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North East NY CBA Metro	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$41.25
North East NY CBA Metro	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$11.62
North East NY CBA Metro	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$33.95
North East NY CBA Metro	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$351.66
North East NY CBA Metro	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$35.17
North East NY CBA Metro	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$263.75
North East NY CBA Metro	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$248.47
North East NY CBA Metro	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$24.85
North East NY CBA Metro	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$186.35
North East NY CBA Metro	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$315.65
North East NY CBA Metro	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$31.57
North East NY CBA Metro	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$236.74
North East NY CBA Metro	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$360.00
North East NY CBA Metro	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$36.00
North East NY CBA Metro	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$270.00

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North East NY CBA Metro	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$611.59
North East NY CBA Metro	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$61.16
North East NY CBA Metro	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$458.69
North East NY CBA Metro	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$30.52
North East NY CBA Metro	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.05
North East NY CBA Metro	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$22.89
North East NY CBA Metro	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$65.98
North East NY CBA Metro	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$6.60
North East NY CBA Metro	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$49.49
North East NY CBA Metro	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$71.00
North East NY CBA Metro	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$7.10
North East NY CBA Metro	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$53.25
North East NY CBA Metro	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.74
North East NY CBA Metro	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.47
North East NY CBA Metro	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.56

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North East NY CBA Metro	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$28.00
North East NY CBA Metro	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$2.80
North East NY CBA Metro	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$21.00
North East NY CBA Metro	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$25.00
North East NY CBA Metro	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.50
North East NY CBA Metro	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$18.75
North East NY CBA Metro	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$115.55
North East NY CBA Metro	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$11.56
North East NY CBA Metro	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$86.66
North East NY CBA Metro	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$84.50
North East NY CBA Metro	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.45
North East NY CBA Metro	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$63.38
North East NY CBA Metro	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$106.00
North East NY CBA Metro	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.60
North East NY CBA Metro	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$79.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North East NY CBA Metro	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$73.00
North East NY CBA Metro	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$7.30
North East NY CBA Metro	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$54.75
North East NY CBA Metro	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$121.50
North East NY CBA Metro	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.15
North East NY CBA Metro	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$91.13
North East NY CBA Metro	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$85.00
North East NY CBA Metro	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.50
North East NY CBA Metro	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$63.75
North East NY CBA Metro	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$63.00
North East NY CBA Metro	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$6.30
North East NY CBA Metro	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$47.25
North East NY CBA Metro	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$143.46
North East NY CBA Metro	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.35
North East NY CBA Metro	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$107.60

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North East NY CBA Metro	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$265.50
North East NY CBA Metro	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$26.55
North East NY CBA Metro	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$199.13
North East NY CBA Metro	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$335.00
North East NY CBA Metro	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$33.50
North East NY CBA Metro	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$251.25
North East NY CBA Metro	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$296.72
North East NY CBA Metro	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$29.67
North East NY CBA Metro	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$222.54
North East NY CBA Metro	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$460.82
North East NY CBA Metro	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$46.08
North East NY CBA Metro	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$345.62
North East NY CBA Metro	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$109.00
North East NY CBA Metro	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$10.90
North East NY CBA Metro	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$81.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North East NY CBA Metro	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.00
North East NY CBA Metro	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.90
North East NY CBA Metro	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.75
North East NY CBA Metro	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$98.00
North East NY CBA Metro	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.80
North East NY CBA Metro	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$73.50
North East NY CBA Metro	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$53.00
North East NY CBA Metro	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.30
North East NY CBA Metro	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$39.75
North East NY CBA Metro	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$86.39
North East NY CBA Metro	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$8.64
North East NY CBA Metro	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$64.79
North East NY CBA Metro	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$37.49
North East NY CBA Metro	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.75
North East NY CBA Metro	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.12

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North East NY CBA Metro	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$14.00
North East NY CBA Metro	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.40
North East NY CBA Metro	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$10.50
North East NY CBA Metro	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$35.00
North East NY CBA Metro	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.50
North East NY CBA Metro	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$26.25
North East NY CBA Metro	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$51.16
North East NY CBA Metro	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.12
North East NY CBA Metro	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$38.37
North East NY CBA Metro	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$35.00
North East NY CBA Metro	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.50
North East NY CBA Metro	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$26.25
North East NY CBA Metro	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$39.00
North East NY CBA Metro	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.90
North East NY CBA Metro	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$29.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North East NY CBA Metro	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$32.84
North East NY CBA Metro	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.28
North East NY CBA Metro	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$24.63
North East NY CBA Metro	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$69.34
North East NY CBA Metro	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$6.93
North East NY CBA Metro	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$52.01
North East NY CBA Metro	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$87.01
North East NY CBA Metro	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$8.70
North East NY CBA Metro	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$65.26
North East NY CBA Metro	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$122.00
North East NY CBA Metro	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$12.20
North East NY CBA Metro	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$91.50
North East NY CBA Metro	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$174.44
North East NY CBA Metro	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$17.44
North East NY CBA Metro	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$130.83

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North East NY CBA Metro	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$265.76
North East NY CBA Metro	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$26.58
North East NY CBA Metro	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$199.32
North East NY CBA Metro	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$183.62
North East NY CBA Metro	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$18.36
North East NY CBA Metro	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$137.72
North East NY CBA Metro	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$220.15
North East NY CBA Metro	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$22.02
North East NY CBA Metro	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$165.11
North East NY CBA Metro	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
North East NY CBA Metro	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
North East NY CBA Metro	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
North East NY CBA Metro	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$266.78
North East NY CBA Metro	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$26.68
North East NY CBA Metro	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$200.09

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North East NY CBA Metro	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$255.00
North East NY CBA Metro	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$25.50
North East NY CBA Metro	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$191.25
North East NY CBA Metro	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$350.99
North East NY CBA Metro	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.10
North East NY CBA Metro	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$263.24
North East NY CBA Metro	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$295.14
North East NY CBA Metro	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.51
North East NY CBA Metro	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$221.36
North East NY CBA Metro	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$385.53
North East NY CBA Metro	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.55
North East NY CBA Metro	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$289.15
North East NY CBA Metro	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$366.72
North East NY CBA Metro	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.67
North East NY CBA Metro	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$275.04

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North East NY CBA Metro	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$372.48
North East NY CBA Metro	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$37.25
North East NY CBA Metro	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$279.36
North East NY CBA Metro	K0001	STANDARD WHEELCHAIR	RR			\$22.16
North East NY CBA Metro	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$50.71
North East NY CBA Metro	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$35.00
North East NY CBA Metro	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$48.10
North East NY CBA Metro	K0006	HEAVY DUTY WHEELCHAIR	RR			\$76.99
North East NY CBA Metro	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$109.32
North East NY CBA Metro	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$111.10
North East NY CBA Metro	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.11
North East NY CBA Metro	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$83.33
North East NY CBA Metro	K0019	ARM PAD, EACH	NU			\$11.00
North East NY CBA Metro	K0019	ARM PAD, EACH	RR			\$1.10
North East NY CBA Metro	K0019	ARM PAD, EACH	UE			\$8.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North East NY CBA Metro	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$48.00
North East NY CBA Metro	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$4.80
North East NY CBA Metro	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$36.00
North East NY CBA Metro	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$59.20
North East NY CBA Metro	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$5.92
North East NY CBA Metro	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$44.40
North East NY CBA Metro	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$73.85
North East NY CBA Metro	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$7.39
North East NY CBA Metro	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$55.39
North East NY CBA Metro	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$80.00
North East NY CBA Metro	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.00
North East NY CBA Metro	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$60.00
North East NY CBA Metro	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$75.00
North East NY CBA Metro	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$7.50
North East NY CBA Metro	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$56.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North East NY CBA Metro	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$138.00
North East NY CBA Metro	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$13.80
North East NY CBA Metro	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$103.50
North East NY CBA Metro	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$39.19
North East NY CBA Metro	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$3.92
North East NY CBA Metro	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$29.39
North East NY CBA Metro	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$9.62
North East NY CBA Metro	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$742.04
North East NY CBA Metro	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$74.20
North East NY CBA Metro	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$556.53
North East NY CBA Metro	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,351.00
North East NY CBA Metro	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$135.10
North East NY CBA Metro	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,013.25
North East NY CBA Metro	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,530.00
North East NY CBA Metro	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$153.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North East NY CBA Metro	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,147.50
North East NY CBA Metro	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$234.60
North East NY CBA Metro	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$281.42
North East NY CBA Metro	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$332.88
North East NY CBA Metro	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$327.29
North East NY CBA Metro	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$250.50
North East NY CBA Metro	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$307.13
North East NY CBA Metro	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$324.75
North East NY CBA Metro	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$223.52
North East NY CBA Metro	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$403.49
North East NY CBA Metro	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$369.40
North East NY CBA Metro	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$599.85
North East NY CBA Metro	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$466.38
North East NY CBA Metro	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$671.40
North East NY CBA Metro	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$616.65

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North Port-Bradenton-Sarasota, FL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$75.00
North Port-Bradenton-Sarasota, FL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.50
North Port-Bradenton-Sarasota, FL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$56.25
North Port-Bradenton-Sarasota, FL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$11.00
North Port-Bradenton-Sarasota, FL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.10
North Port-Bradenton-Sarasota, FL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.25
North Port-Bradenton-Sarasota, FL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$127.00
North Port-Bradenton-Sarasota, FL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.70
North Port-Bradenton-Sarasota, FL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$95.25
North Port-Bradenton-Sarasota, FL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$66.90
North Port-Bradenton-Sarasota, FL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$6.69
North Port-Bradenton-Sarasota, FL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$50.18
North Port-Bradenton-Sarasota, FL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$102.16
North Port-Bradenton-Sarasota, FL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.22
North Port-Bradenton-Sarasota, FL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$76.62

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North Port-Bradenton-Sarasota, FL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$63.40
North Port-Bradenton-Sarasota, FL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$6.34
North Port-Bradenton-Sarasota, FL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$47.55
North Port-Bradenton-Sarasota, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$17.00
North Port-Bradenton-Sarasota, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.70
North Port-Bradenton-Sarasota, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$12.75
North Port-Bradenton-Sarasota, FL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$27.96
North Port-Bradenton-Sarasota, FL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.80
North Port-Bradenton-Sarasota, FL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$20.97
North Port-Bradenton-Sarasota, FL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$49.76
North Port-Bradenton-Sarasota, FL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.98
North Port-Bradenton-Sarasota, FL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$37.32
North Port-Bradenton-Sarasota, FL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$20.25
North Port-Bradenton-Sarasota, FL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.03
North Port-Bradenton-Sarasota, FL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$15.19

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North Port-Bradenton-Sarasota, FL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$59.79
North Port-Bradenton-Sarasota, FL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$5.98
North Port-Bradenton-Sarasota, FL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$44.84
North Port-Bradenton-Sarasota, FL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$68.43
North Port-Bradenton-Sarasota, FL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$6.84
North Port-Bradenton-Sarasota, FL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$51.32
North Port-Bradenton-Sarasota, FL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$82.00
North Port-Bradenton-Sarasota, FL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$8.20
North Port-Bradenton-Sarasota, FL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$61.50
North Port-Bradenton-Sarasota, FL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$152.71
North Port-Bradenton-Sarasota, FL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$15.27
North Port-Bradenton-Sarasota, FL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$114.53
North Port-Bradenton-Sarasota, FL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$132.89
North Port-Bradenton-Sarasota, FL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.29
North Port-Bradenton-Sarasota, FL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$99.67

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North Port-Bradenton-Sarasota, FL	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$39.20
North Port-Bradenton-Sarasota, FL	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$14.66
North Port-Bradenton-Sarasota, FL	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$28.00
North Port-Bradenton-Sarasota, FL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$330.00
North Port-Bradenton-Sarasota, FL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$33.00
North Port-Bradenton-Sarasota, FL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$247.50
North Port-Bradenton-Sarasota, FL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$265.00
North Port-Bradenton-Sarasota, FL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$26.50
North Port-Bradenton-Sarasota, FL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$198.75
North Port-Bradenton-Sarasota, FL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$379.46
North Port-Bradenton-Sarasota, FL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$37.95
North Port-Bradenton-Sarasota, FL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$284.60
North Port-Bradenton-Sarasota, FL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$360.19
North Port-Bradenton-Sarasota, FL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$36.02
North Port-Bradenton-Sarasota, FL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$270.14

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North Port-Bradenton-Sarasota, FL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$611.59
North Port-Bradenton-Sarasota, FL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$61.16
North Port-Bradenton-Sarasota, FL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$458.69
North Port-Bradenton-Sarasota, FL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$31.46
North Port-Bradenton-Sarasota, FL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.15
North Port-Bradenton-Sarasota, FL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$23.60
North Port-Bradenton-Sarasota, FL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$60.49
North Port-Bradenton-Sarasota, FL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$6.05
North Port-Bradenton-Sarasota, FL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$45.37
North Port-Bradenton-Sarasota, FL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$66.77
North Port-Bradenton-Sarasota, FL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$6.68
North Port-Bradenton-Sarasota, FL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$50.08
North Port-Bradenton-Sarasota, FL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.10
North Port-Bradenton-Sarasota, FL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.41
North Port-Bradenton-Sarasota, FL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.08

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North Port-Bradenton-Sarasota, FL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$28.99
North Port-Bradenton-Sarasota, FL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$2.90
North Port-Bradenton-Sarasota, FL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$21.74
North Port-Bradenton-Sarasota, FL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$24.56
North Port-Bradenton-Sarasota, FL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.46
North Port-Bradenton-Sarasota, FL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$18.42
North Port-Bradenton-Sarasota, FL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$132.00
North Port-Bradenton-Sarasota, FL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.20
North Port-Bradenton-Sarasota, FL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$99.00
North Port-Bradenton-Sarasota, FL	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.00
North Port-Bradenton-Sarasota, FL	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
North Port-Bradenton-Sarasota, FL	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.25
North Port-Bradenton-Sarasota, FL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$93.30
North Port-Bradenton-Sarasota, FL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$9.33
North Port-Bradenton-Sarasota, FL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$69.98

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North Port-Bradenton-Sarasota, FL	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$85.00
North Port-Bradenton-Sarasota, FL	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.50
North Port-Bradenton-Sarasota, FL	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$63.75
North Port-Bradenton-Sarasota, FL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$118.50
North Port-Bradenton-Sarasota, FL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$11.85
North Port-Bradenton-Sarasota, FL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$88.88
North Port-Bradenton-Sarasota, FL	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$84.47
North Port-Bradenton-Sarasota, FL	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.45
North Port-Bradenton-Sarasota, FL	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$63.35
North Port-Bradenton-Sarasota, FL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$69.30
North Port-Bradenton-Sarasota, FL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$6.93
North Port-Bradenton-Sarasota, FL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$51.98
North Port-Bradenton-Sarasota, FL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$146.58
North Port-Bradenton-Sarasota, FL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.66
North Port-Bradenton-Sarasota, FL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$109.94

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North Port-Bradenton-Sarasota, FL	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$254.50
North Port-Bradenton-Sarasota, FL	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$25.45
North Port-Bradenton-Sarasota, FL	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$190.88
North Port-Bradenton-Sarasota, FL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$327.00
North Port-Bradenton-Sarasota, FL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$32.70
North Port-Bradenton-Sarasota, FL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$245.25
North Port-Bradenton-Sarasota, FL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$293.24
North Port-Bradenton-Sarasota, FL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$29.32
North Port-Bradenton-Sarasota, FL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$219.93
North Port-Bradenton-Sarasota, FL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$481.92
North Port-Bradenton-Sarasota, FL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$48.19
North Port-Bradenton-Sarasota, FL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$361.44
North Port-Bradenton-Sarasota, FL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$118.62
North Port-Bradenton-Sarasota, FL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$11.86
North Port-Bradenton-Sarasota, FL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$88.97

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North Port-Bradenton-Sarasota, FL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$47.52
North Port-Bradenton-Sarasota, FL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.75
North Port-Bradenton-Sarasota, FL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$35.64
North Port-Bradenton-Sarasota, FL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$94.80
North Port-Bradenton-Sarasota, FL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.48
North Port-Bradenton-Sarasota, FL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$71.10
North Port-Bradenton-Sarasota, FL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.26
North Port-Bradenton-Sarasota, FL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.93
North Port-Bradenton-Sarasota, FL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.95
North Port-Bradenton-Sarasota, FL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$93.74
North Port-Bradenton-Sarasota, FL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.37
North Port-Bradenton-Sarasota, FL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$70.31
North Port-Bradenton-Sarasota, FL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$39.00
North Port-Bradenton-Sarasota, FL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.90
North Port-Bradenton-Sarasota, FL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$29.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North Port-Bradenton-Sarasota, FL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$13.34
North Port-Bradenton-Sarasota, FL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.33
North Port-Bradenton-Sarasota, FL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$10.01
North Port-Bradenton-Sarasota, FL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$31.50
North Port-Bradenton-Sarasota, FL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.15
North Port-Bradenton-Sarasota, FL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$23.63
North Port-Bradenton-Sarasota, FL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$48.70
North Port-Bradenton-Sarasota, FL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.87
North Port-Bradenton-Sarasota, FL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.53
North Port-Bradenton-Sarasota, FL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$34.25
North Port-Bradenton-Sarasota, FL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.43
North Port-Bradenton-Sarasota, FL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$25.69
North Port-Bradenton-Sarasota, FL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$41.86
North Port-Bradenton-Sarasota, FL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.19
North Port-Bradenton-Sarasota, FL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.40

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North Port-Bradenton-Sarasota, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$38.00
North Port-Bradenton-Sarasota, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.80
North Port-Bradenton-Sarasota, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$28.50
North Port-Bradenton-Sarasota, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$74.25
North Port-Bradenton-Sarasota, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$7.43
North Port-Bradenton-Sarasota, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$55.69
North Port-Bradenton-Sarasota, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$92.00
North Port-Bradenton-Sarasota, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.20
North Port-Bradenton-Sarasota, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$69.00
North Port-Bradenton-Sarasota, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$123.00
North Port-Bradenton-Sarasota, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$12.30
North Port-Bradenton-Sarasota, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$92.25
North Port-Bradenton-Sarasota, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$170.52
North Port-Bradenton-Sarasota, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$17.05
North Port-Bradenton-Sarasota, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$127.89

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North Port-Bradenton-Sarasota, FL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$264.36
North Port-Bradenton-Sarasota, FL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$26.44
North Port-Bradenton-Sarasota, FL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$198.27
North Port-Bradenton-Sarasota, FL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$179.95
North Port-Bradenton-Sarasota, FL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$18.00
North Port-Bradenton-Sarasota, FL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$134.96
North Port-Bradenton-Sarasota, FL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$220.50
North Port-Bradenton-Sarasota, FL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$22.05
North Port-Bradenton-Sarasota, FL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$165.38
North Port-Bradenton-Sarasota, FL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$159.05
North Port-Bradenton-Sarasota, FL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.91
North Port-Bradenton-Sarasota, FL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$119.29
North Port-Bradenton-Sarasota, FL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$264.72
North Port-Bradenton-Sarasota, FL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$26.47
North Port-Bradenton-Sarasota, FL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$198.54

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North Port-Bradenton-Sarasota, FL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$265.00
North Port-Bradenton-Sarasota, FL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$26.50
North Port-Bradenton-Sarasota, FL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$198.75
North Port-Bradenton-Sarasota, FL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$355.00
North Port-Bradenton-Sarasota, FL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.50
North Port-Bradenton-Sarasota, FL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$266.25
North Port-Bradenton-Sarasota, FL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$301.50
North Port-Bradenton-Sarasota, FL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.15
North Port-Bradenton-Sarasota, FL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$226.13
North Port-Bradenton-Sarasota, FL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$385.53
North Port-Bradenton-Sarasota, FL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.55
North Port-Bradenton-Sarasota, FL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$289.15
North Port-Bradenton-Sarasota, FL	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$340.06
North Port-Bradenton-Sarasota, FL	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$34.01
North Port-Bradenton-Sarasota, FL	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$255.05

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North Port-Bradenton-Sarasota, FL	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$365.00
North Port-Bradenton-Sarasota, FL	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.50
North Port-Bradenton-Sarasota, FL	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$273.75
North Port-Bradenton-Sarasota, FL	K0001	STANDARD WHEELCHAIR	RR			\$27.43
North Port-Bradenton-Sarasota, FL	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$37.36
North Port-Bradenton-Sarasota, FL	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$35.00
North Port-Bradenton-Sarasota, FL	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$48.80
North Port-Bradenton-Sarasota, FL	K0006	HEAVY DUTY WHEELCHAIR	RR			\$62.98
North Port-Bradenton-Sarasota, FL	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$88.96
North Port-Bradenton-Sarasota, FL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$111.00
North Port-Bradenton-Sarasota, FL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.10
North Port-Bradenton-Sarasota, FL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$83.25
North Port-Bradenton-Sarasota, FL	K0019	ARM PAD, EACH	NU			\$10.10
North Port-Bradenton-Sarasota, FL	K0019	ARM PAD, EACH	RR			\$1.01
North Port-Bradenton-Sarasota, FL	K0019	ARM PAD, EACH	UE			\$7.58

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North Port-Bradenton-Sarasota, FL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$38.81
North Port-Bradenton-Sarasota, FL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$3.88
North Port-Bradenton-Sarasota, FL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$29.11
North Port-Bradenton-Sarasota, FL	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$55.63
North Port-Bradenton-Sarasota, FL	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$5.56
North Port-Bradenton-Sarasota, FL	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$41.72
North Port-Bradenton-Sarasota, FL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$75.55
North Port-Bradenton-Sarasota, FL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$7.56
North Port-Bradenton-Sarasota, FL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$56.66
North Port-Bradenton-Sarasota, FL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$82.00
North Port-Bradenton-Sarasota, FL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.20
North Port-Bradenton-Sarasota, FL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$61.50
North Port-Bradenton-Sarasota, FL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$75.14
North Port-Bradenton-Sarasota, FL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$7.51
North Port-Bradenton-Sarasota, FL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$56.36

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North Port-Bradenton-Sarasota, FL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$137.72
North Port-Bradenton-Sarasota, FL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$13.77
North Port-Bradenton-Sarasota, FL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$103.29
North Port-Bradenton-Sarasota, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$34.77
North Port-Bradenton-Sarasota, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$3.48
North Port-Bradenton-Sarasota, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$26.08
North Port-Bradenton-Sarasota, FL	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$10.05
North Port-Bradenton-Sarasota, FL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$799.63
North Port-Bradenton-Sarasota, FL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$79.96
North Port-Bradenton-Sarasota, FL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$599.72
North Port-Bradenton-Sarasota, FL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,320.15
North Port-Bradenton-Sarasota, FL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$132.02
North Port-Bradenton-Sarasota, FL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$990.11
North Port-Bradenton-Sarasota, FL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,746.91
North Port-Bradenton-Sarasota, FL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$174.69

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North Port-Bradenton-Sarasota, FL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,310.18
North Port-Bradenton-Sarasota, FL	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$229.24
North Port-Bradenton-Sarasota, FL	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
North Port-Bradenton-Sarasota, FL	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
North Port-Bradenton-Sarasota, FL	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$317.30
North Port-Bradenton-Sarasota, FL	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$244.84
North Port-Bradenton-Sarasota, FL	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$303.75
North Port-Bradenton-Sarasota, FL	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$312.72
North Port-Bradenton-Sarasota, FL	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$307.32
North Port-Bradenton-Sarasota, FL	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$420.00
North Port-Bradenton-Sarasota, FL	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$338.61
North Port-Bradenton-Sarasota, FL	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$601.50
North Port-Bradenton-Sarasota, FL	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$551.25
North Port-Bradenton-Sarasota, FL	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$674.40
North Port-Bradenton-Sarasota, FL	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$660.43

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern NJ Metro CBA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$66.00
Northern NJ Metro CBA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$6.60
Northern NJ Metro CBA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$49.50
Northern NJ Metro CBA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$10.98
Northern NJ Metro CBA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.10
Northern NJ Metro CBA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.24
Northern NJ Metro CBA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$121.61
Northern NJ Metro CBA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.16
Northern NJ Metro CBA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$91.21
Northern NJ Metro CBA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$66.58
Northern NJ Metro CBA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$6.66
Northern NJ Metro CBA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$49.94
Northern NJ Metro CBA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$98.92
Northern NJ Metro CBA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$9.89
Northern NJ Metro CBA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$74.19

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern NJ Metro CBA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$59.14
Northern NJ Metro CBA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$5.91
Northern NJ Metro CBA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$44.36
Northern NJ Metro CBA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$16.02
Northern NJ Metro CBA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.60
Northern NJ Metro CBA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$12.02
Northern NJ Metro CBA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$27.50
Northern NJ Metro CBA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.75
Northern NJ Metro CBA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$20.63
Northern NJ Metro CBA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$52.47
Northern NJ Metro CBA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.25
Northern NJ Metro CBA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$39.35
Northern NJ Metro CBA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$23.34
Northern NJ Metro CBA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.33
Northern NJ Metro CBA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$17.51

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern NJ Metro CBA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$62.83
Northern NJ Metro CBA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.28
Northern NJ Metro CBA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$47.12
Northern NJ Metro CBA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$57.34
Northern NJ Metro CBA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$5.73
Northern NJ Metro CBA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$43.01
Northern NJ Metro CBA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$81.60
Northern NJ Metro CBA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$8.16
Northern NJ Metro CBA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$61.20
Northern NJ Metro CBA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$158.20
Northern NJ Metro CBA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$15.82
Northern NJ Metro CBA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$118.65
Northern NJ Metro CBA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$126.08
Northern NJ Metro CBA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.61
Northern NJ Metro CBA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$94.56

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern NJ Metro CBA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$40.88
Northern NJ Metro CBA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$12.78
Northern NJ Metro CBA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$33.97
Northern NJ Metro CBA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$350.20
Northern NJ Metro CBA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$35.02
Northern NJ Metro CBA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$262.65
Northern NJ Metro CBA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$252.73
Northern NJ Metro CBA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$25.27
Northern NJ Metro CBA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$189.55
Northern NJ Metro CBA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$312.62
Northern NJ Metro CBA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$31.26
Northern NJ Metro CBA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$234.47
Northern NJ Metro CBA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$355.34
Northern NJ Metro CBA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$35.53
Northern NJ Metro CBA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$266.51

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern NJ Metro CBA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$611.30
Northern NJ Metro CBA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$61.13
Northern NJ Metro CBA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$458.48
Northern NJ Metro CBA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$33.20
Northern NJ Metro CBA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.32
Northern NJ Metro CBA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$24.90
Northern NJ Metro CBA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$66.74
Northern NJ Metro CBA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$6.67
Northern NJ Metro CBA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$50.06
Northern NJ Metro CBA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$74.49
Northern NJ Metro CBA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$7.45
Northern NJ Metro CBA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$55.87
Northern NJ Metro CBA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.87
Northern NJ Metro CBA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.49
Northern NJ Metro CBA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.65

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern NJ Metro CBA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$29.20
Northern NJ Metro CBA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$2.92
Northern NJ Metro CBA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$21.90
Northern NJ Metro CBA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$25.50
Northern NJ Metro CBA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.55
Northern NJ Metro CBA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$19.13
Northern NJ Metro CBA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$128.54
Northern NJ Metro CBA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$12.85
Northern NJ Metro CBA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$96.41
Northern NJ Metro CBA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$88.79
Northern NJ Metro CBA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.88
Northern NJ Metro CBA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$66.59
Northern NJ Metro CBA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$101.64
Northern NJ Metro CBA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.16
Northern NJ Metro CBA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$76.23

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern NJ Metro CBA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$79.02
Northern NJ Metro CBA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$7.90
Northern NJ Metro CBA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$59.27
Northern NJ Metro CBA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$124.74
Northern NJ Metro CBA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.47
Northern NJ Metro CBA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$93.56
Northern NJ Metro CBA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$86.50
Northern NJ Metro CBA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.65
Northern NJ Metro CBA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$64.88
Northern NJ Metro CBA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$68.50
Northern NJ Metro CBA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$6.85
Northern NJ Metro CBA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$51.38
Northern NJ Metro CBA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$146.57
Northern NJ Metro CBA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.66
Northern NJ Metro CBA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$109.93

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern NJ Metro CBA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$268.25
Northern NJ Metro CBA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$26.83
Northern NJ Metro CBA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$201.19
Northern NJ Metro CBA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$334.88
Northern NJ Metro CBA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$33.49
Northern NJ Metro CBA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$251.16
Northern NJ Metro CBA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$292.62
Northern NJ Metro CBA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$29.26
Northern NJ Metro CBA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$219.47
Northern NJ Metro CBA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$450.00
Northern NJ Metro CBA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$45.00
Northern NJ Metro CBA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$337.50
Northern NJ Metro CBA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$109.51
Northern NJ Metro CBA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$10.95
Northern NJ Metro CBA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$82.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern NJ Metro CBA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.50
Northern NJ Metro CBA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.95
Northern NJ Metro CBA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.13
Northern NJ Metro CBA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$98.72
Northern NJ Metro CBA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.87
Northern NJ Metro CBA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$74.04
Northern NJ Metro CBA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.45
Northern NJ Metro CBA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.55
Northern NJ Metro CBA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.59
Northern NJ Metro CBA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$90.70
Northern NJ Metro CBA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.07
Northern NJ Metro CBA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$68.03
Northern NJ Metro CBA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$38.12
Northern NJ Metro CBA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.81
Northern NJ Metro CBA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.59

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern NJ Metro CBA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$14.42
Northern NJ Metro CBA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.44
Northern NJ Metro CBA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$10.82
Northern NJ Metro CBA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$35.00
Northern NJ Metro CBA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.50
Northern NJ Metro CBA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$26.25
Northern NJ Metro CBA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$50.58
Northern NJ Metro CBA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.06
Northern NJ Metro CBA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.94
Northern NJ Metro CBA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$35.00
Northern NJ Metro CBA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.50
Northern NJ Metro CBA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$26.25
Northern NJ Metro CBA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$41.46
Northern NJ Metro CBA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.15
Northern NJ Metro CBA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.10

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern NJ Metro CBA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$34.50
Northern NJ Metro CBA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.45
Northern NJ Metro CBA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$25.88
Northern NJ Metro CBA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$72.17
Northern NJ Metro CBA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$7.22
Northern NJ Metro CBA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$54.13
Northern NJ Metro CBA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$86.72
Northern NJ Metro CBA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$8.67
Northern NJ Metro CBA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$65.04
Northern NJ Metro CBA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$122.00
Northern NJ Metro CBA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$12.20
Northern NJ Metro CBA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$91.50
Northern NJ Metro CBA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$174.72
Northern NJ Metro CBA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$17.47
Northern NJ Metro CBA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$131.04

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern NJ Metro CBA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$268.88
Northern NJ Metro CBA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$26.89
Northern NJ Metro CBA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$201.66
Northern NJ Metro CBA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$179.59
Northern NJ Metro CBA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$17.96
Northern NJ Metro CBA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$134.69
Northern NJ Metro CBA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$225.29
Northern NJ Metro CBA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$22.53
Northern NJ Metro CBA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$168.97
Northern NJ Metro CBA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
Northern NJ Metro CBA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
Northern NJ Metro CBA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
Northern NJ Metro CBA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$263.01
Northern NJ Metro CBA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$26.30
Northern NJ Metro CBA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$197.26

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern NJ Metro CBA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$266.76
Northern NJ Metro CBA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$26.68
Northern NJ Metro CBA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$200.07
Northern NJ Metro CBA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$352.25
Northern NJ Metro CBA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.23
Northern NJ Metro CBA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$264.19
Northern NJ Metro CBA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$337.50
Northern NJ Metro CBA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$33.75
Northern NJ Metro CBA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$253.13
Northern NJ Metro CBA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$389.96
Northern NJ Metro CBA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.00
Northern NJ Metro CBA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$292.47
Northern NJ Metro CBA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$367.36
Northern NJ Metro CBA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.74
Northern NJ Metro CBA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$275.52

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern NJ Metro CBA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$372.74
Northern NJ Metro CBA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$37.27
Northern NJ Metro CBA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$279.56
Northern NJ Metro CBA	K0001	STANDARD WHEELCHAIR	RR			\$23.36
Northern NJ Metro CBA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$51.64
Northern NJ Metro CBA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$35.25
Northern NJ Metro CBA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$46.55
Northern NJ Metro CBA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$76.62
Northern NJ Metro CBA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$107.15
Northern NJ Metro CBA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$110.90
Northern NJ Metro CBA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.09
Northern NJ Metro CBA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$83.18
Northern NJ Metro CBA	K0019	ARM PAD, EACH	NU			\$10.75
Northern NJ Metro CBA	K0019	ARM PAD, EACH	RR			\$1.08
Northern NJ Metro CBA	K0019	ARM PAD, EACH	UE			\$8.06

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern NJ Metro CBA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$46.98
Northern NJ Metro CBA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$4.70
Northern NJ Metro CBA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$35.24
Northern NJ Metro CBA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$56.55
Northern NJ Metro CBA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$5.66
Northern NJ Metro CBA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$42.41
Northern NJ Metro CBA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$72.24
Northern NJ Metro CBA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$7.22
Northern NJ Metro CBA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$54.18
Northern NJ Metro CBA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$81.86
Northern NJ Metro CBA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.19
Northern NJ Metro CBA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$61.40
Northern NJ Metro CBA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$77.43
Northern NJ Metro CBA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$7.74
Northern NJ Metro CBA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$58.07

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern NJ Metro CBA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$143.15
Northern NJ Metro CBA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$14.32
Northern NJ Metro CBA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$107.36
Northern NJ Metro CBA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$41.60
Northern NJ Metro CBA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$4.16
Northern NJ Metro CBA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$31.20
Northern NJ Metro CBA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$9.76
Northern NJ Metro CBA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$794.00
Northern NJ Metro CBA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$79.40
Northern NJ Metro CBA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$595.50
Northern NJ Metro CBA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,424.03
Northern NJ Metro CBA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$142.40
Northern NJ Metro CBA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,068.02
Northern NJ Metro CBA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,587.50
Northern NJ Metro CBA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$158.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern NJ Metro CBA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,190.63
Northern NJ Metro CBA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$234.55
Northern NJ Metro CBA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$276.38
Northern NJ Metro CBA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$331.93
Northern NJ Metro CBA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$323.64
Northern NJ Metro CBA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$251.18
Northern NJ Metro CBA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$306.64
Northern NJ Metro CBA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$327.38
Northern NJ Metro CBA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$277.24
Northern NJ Metro CBA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$410.22
Northern NJ Metro CBA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$372.20
Northern NJ Metro CBA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$604.65
Northern NJ Metro CBA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$518.19
Northern NJ Metro CBA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$671.48
Northern NJ Metro CBA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$655.77

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern-Chicago Metro CBA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$77.71
Northern-Chicago Metro CBA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.77
Northern-Chicago Metro CBA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$58.28
Northern-Chicago Metro CBA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$13.00
Northern-Chicago Metro CBA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.30
Northern-Chicago Metro CBA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.75
Northern-Chicago Metro CBA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$139.40
Northern-Chicago Metro CBA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.94
Northern-Chicago Metro CBA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$104.55
Northern-Chicago Metro CBA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$86.70
Northern-Chicago Metro CBA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.67
Northern-Chicago Metro CBA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$65.03
Northern-Chicago Metro CBA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$110.00
Northern-Chicago Metro CBA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.00
Northern-Chicago Metro CBA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$82.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern-Chicago Metro CBA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$70.53
Northern-Chicago Metro CBA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.05
Northern-Chicago Metro CBA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$52.90
Northern-Chicago Metro CBA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.00
Northern-Chicago Metro CBA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.90
Northern-Chicago Metro CBA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.25
Northern-Chicago Metro CBA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$32.00
Northern-Chicago Metro CBA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.20
Northern-Chicago Metro CBA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$24.00
Northern-Chicago Metro CBA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$46.94
Northern-Chicago Metro CBA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.69
Northern-Chicago Metro CBA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$35.21
Northern-Chicago Metro CBA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$25.00
Northern-Chicago Metro CBA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.50
Northern-Chicago Metro CBA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$18.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern-Chicago Metro CBA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$65.00
Northern-Chicago Metro CBA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.50
Northern-Chicago Metro CBA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$48.75
Northern-Chicago Metro CBA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$81.00
Northern-Chicago Metro CBA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.10
Northern-Chicago Metro CBA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$60.75
Northern-Chicago Metro CBA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$100.00
Northern-Chicago Metro CBA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.00
Northern-Chicago Metro CBA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$75.00
Northern-Chicago Metro CBA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$186.00
Northern-Chicago Metro CBA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$18.60
Northern-Chicago Metro CBA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$139.50
Northern-Chicago Metro CBA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$125.00
Northern-Chicago Metro CBA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.50
Northern-Chicago Metro CBA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$93.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern-Chicago Metro CBA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.50
Northern-Chicago Metro CBA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.49
Northern-Chicago Metro CBA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$35.00
Northern-Chicago Metro CBA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$346.50
Northern-Chicago Metro CBA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$34.65
Northern-Chicago Metro CBA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$259.88
Northern-Chicago Metro CBA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$321.00
Northern-Chicago Metro CBA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$32.10
Northern-Chicago Metro CBA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$240.75
Northern-Chicago Metro CBA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$425.00
Northern-Chicago Metro CBA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$42.50
Northern-Chicago Metro CBA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$318.75
Northern-Chicago Metro CBA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$411.65
Northern-Chicago Metro CBA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$41.17
Northern-Chicago Metro CBA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$308.74

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern-Chicago Metro CBA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$698.96
Northern-Chicago Metro CBA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$69.90
Northern-Chicago Metro CBA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$524.22
Northern-Chicago Metro CBA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$35.00
Northern-Chicago Metro CBA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.50
Northern-Chicago Metro CBA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.25
Northern-Chicago Metro CBA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$71.48
Northern-Chicago Metro CBA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.15
Northern-Chicago Metro CBA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$53.61
Northern-Chicago Metro CBA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$85.00
Northern-Chicago Metro CBA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.50
Northern-Chicago Metro CBA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$63.75
Northern-Chicago Metro CBA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.76
Northern-Chicago Metro CBA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.48
Northern-Chicago Metro CBA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.57

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern-Chicago Metro CBA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$29.00
Northern-Chicago Metro CBA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$2.90
Northern-Chicago Metro CBA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$21.75
Northern-Chicago Metro CBA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$26.25
Northern-Chicago Metro CBA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.63
Northern-Chicago Metro CBA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$19.69
Northern-Chicago Metro CBA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$133.95
Northern-Chicago Metro CBA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.40
Northern-Chicago Metro CBA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$100.46
Northern-Chicago Metro CBA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$92.31
Northern-Chicago Metro CBA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.23
Northern-Chicago Metro CBA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$69.23
Northern-Chicago Metro CBA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$106.00
Northern-Chicago Metro CBA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.60
Northern-Chicago Metro CBA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$79.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern-Chicago Metro CBA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$88.92
Northern-Chicago Metro CBA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.89
Northern-Chicago Metro CBA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$66.69
Northern-Chicago Metro CBA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
Northern-Chicago Metro CBA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
Northern-Chicago Metro CBA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
Northern-Chicago Metro CBA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$92.31
Northern-Chicago Metro CBA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.23
Northern-Chicago Metro CBA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$69.23
Northern-Chicago Metro CBA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.00
Northern-Chicago Metro CBA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.50
Northern-Chicago Metro CBA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$56.25
Northern-Chicago Metro CBA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$139.00
Northern-Chicago Metro CBA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$13.90
Northern-Chicago Metro CBA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$104.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern-Chicago Metro CBA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$325.00
Northern-Chicago Metro CBA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$32.50
Northern-Chicago Metro CBA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$243.75
Northern-Chicago Metro CBA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$358.50
Northern-Chicago Metro CBA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$35.85
Northern-Chicago Metro CBA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$268.88
Northern-Chicago Metro CBA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$299.00
Northern-Chicago Metro CBA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$29.90
Northern-Chicago Metro CBA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$224.25
Northern-Chicago Metro CBA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$505.42
Northern-Chicago Metro CBA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$50.54
Northern-Chicago Metro CBA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$379.07
Northern-Chicago Metro CBA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$125.00
Northern-Chicago Metro CBA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.50
Northern-Chicago Metro CBA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$93.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern-Chicago Metro CBA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.98
Northern-Chicago Metro CBA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.60
Northern-Chicago Metro CBA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.99
Northern-Chicago Metro CBA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$109.82
Northern-Chicago Metro CBA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.98
Northern-Chicago Metro CBA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$82.37
Northern-Chicago Metro CBA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.90
Northern-Chicago Metro CBA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.59
Northern-Chicago Metro CBA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.93
Northern-Chicago Metro CBA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$101.00
Northern-Chicago Metro CBA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.10
Northern-Chicago Metro CBA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$75.75
Northern-Chicago Metro CBA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.34
Northern-Chicago Metro CBA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.53
Northern-Chicago Metro CBA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.01

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern-Chicago Metro CBA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.30
Northern-Chicago Metro CBA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.53
Northern-Chicago Metro CBA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.48
Northern-Chicago Metro CBA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$38.00
Northern-Chicago Metro CBA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.80
Northern-Chicago Metro CBA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.50
Northern-Chicago Metro CBA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$58.06
Northern-Chicago Metro CBA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.81
Northern-Chicago Metro CBA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.55
Northern-Chicago Metro CBA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.17
Northern-Chicago Metro CBA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.22
Northern-Chicago Metro CBA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.63
Northern-Chicago Metro CBA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.00
Northern-Chicago Metro CBA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.50
Northern-Chicago Metro CBA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern-Chicago Metro CBA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$36.80
Northern-Chicago Metro CBA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.68
Northern-Chicago Metro CBA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$27.60
Northern-Chicago Metro CBA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$81.00
Northern-Chicago Metro CBA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.10
Northern-Chicago Metro CBA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$60.75
Northern-Chicago Metro CBA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$105.76
Northern-Chicago Metro CBA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.58
Northern-Chicago Metro CBA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$79.32
Northern-Chicago Metro CBA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$134.79
Northern-Chicago Metro CBA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$13.48
Northern-Chicago Metro CBA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$101.09
Northern-Chicago Metro CBA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$210.00
Northern-Chicago Metro CBA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.00
Northern-Chicago Metro CBA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$157.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern-Chicago Metro CBA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$299.00
Northern-Chicago Metro CBA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$29.90
Northern-Chicago Metro CBA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$224.25
Northern-Chicago Metro CBA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$209.21
Northern-Chicago Metro CBA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.92
Northern-Chicago Metro CBA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$156.91
Northern-Chicago Metro CBA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$245.80
Northern-Chicago Metro CBA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$24.58
Northern-Chicago Metro CBA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$184.35
Northern-Chicago Metro CBA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.53
Northern-Chicago Metro CBA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.05
Northern-Chicago Metro CBA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.90
Northern-Chicago Metro CBA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$313.00
Northern-Chicago Metro CBA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$31.30
Northern-Chicago Metro CBA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$234.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern-Chicago Metro CBA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$295.00
Northern-Chicago Metro CBA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.50
Northern-Chicago Metro CBA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$221.25
Northern-Chicago Metro CBA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$387.01
Northern-Chicago Metro CBA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.70
Northern-Chicago Metro CBA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$290.26
Northern-Chicago Metro CBA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$350.00
Northern-Chicago Metro CBA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.00
Northern-Chicago Metro CBA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$262.50
Northern-Chicago Metro CBA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$432.92
Northern-Chicago Metro CBA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$43.29
Northern-Chicago Metro CBA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$324.69
Northern-Chicago Metro CBA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$385.00
Northern-Chicago Metro CBA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.50
Northern-Chicago Metro CBA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$288.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern-Chicago Metro CBA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$412.55
Northern-Chicago Metro CBA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$41.26
Northern-Chicago Metro CBA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$309.41
Northern-Chicago Metro CBA	K0001	STANDARD WHEELCHAIR	RR			\$25.00
Northern-Chicago Metro CBA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$50.28
Northern-Chicago Metro CBA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$40.00
Northern-Chicago Metro CBA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.50
Northern-Chicago Metro CBA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$76.99
Northern-Chicago Metro CBA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$99.50
Northern-Chicago Metro CBA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$125.00
Northern-Chicago Metro CBA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$12.50
Northern-Chicago Metro CBA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$93.75
Northern-Chicago Metro CBA	K0019	ARM PAD, EACH	NU			\$10.13
Northern-Chicago Metro CBA	K0019	ARM PAD, EACH	RR			\$1.01
Northern-Chicago Metro CBA	K0019	ARM PAD, EACH	UE			\$7.60

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern-Chicago Metro CBA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$50.00
Northern-Chicago Metro CBA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.00
Northern-Chicago Metro CBA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$37.50
Northern-Chicago Metro CBA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$66.88
Northern-Chicago Metro CBA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.69
Northern-Chicago Metro CBA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$50.16
Northern-Chicago Metro CBA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$82.62
Northern-Chicago Metro CBA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.26
Northern-Chicago Metro CBA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$61.97
Northern-Chicago Metro CBA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$81.72
Northern-Chicago Metro CBA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.17
Northern-Chicago Metro CBA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$61.29
Northern-Chicago Metro CBA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$81.00
Northern-Chicago Metro CBA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.10
Northern-Chicago Metro CBA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$60.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern-Chicago Metro CBA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$157.39
Northern-Chicago Metro CBA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.74
Northern-Chicago Metro CBA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$118.04
Northern-Chicago Metro CBA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$50.57
Northern-Chicago Metro CBA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.06
Northern-Chicago Metro CBA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$37.93
Northern-Chicago Metro CBA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$10.19
Northern-Chicago Metro CBA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$819.97
Northern-Chicago Metro CBA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$82.00
Northern-Chicago Metro CBA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$614.98
Northern-Chicago Metro CBA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,550.00
Northern-Chicago Metro CBA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$155.00
Northern-Chicago Metro CBA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,162.50
Northern-Chicago Metro CBA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,773.20
Northern-Chicago Metro CBA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$177.32

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern-Chicago Metro CBA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,329.90
Northern-Chicago Metro CBA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
Northern-Chicago Metro CBA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$297.86
Northern-Chicago Metro CBA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$337.01
Northern-Chicago Metro CBA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Northern-Chicago Metro CBA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$278.66
Northern-Chicago Metro CBA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Northern-Chicago Metro CBA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$324.75
Northern-Chicago Metro CBA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$284.48
Northern-Chicago Metro CBA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$462.87
Northern-Chicago Metro CBA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$375.00
Northern-Chicago Metro CBA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$650.72
Northern-Chicago Metro CBA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$568.10
Northern-Chicago Metro CBA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$809.25
Northern-Chicago Metro CBA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$730.65

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Ocala, FL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$70.00
Ocala, FL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.00
Ocala, FL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$52.50
Ocala, FL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$11.43
Ocala, FL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.14
Ocala, FL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.57
Ocala, FL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$127.15
Ocala, FL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.72
Ocala, FL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$95.36
Ocala, FL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$66.90
Ocala, FL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$6.69
Ocala, FL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$50.18
Ocala, FL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$100.00
Ocala, FL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.00
Ocala, FL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$75.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Ocala, FL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$68.98
Ocala, FL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$6.90
Ocala, FL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$51.74
Ocala, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$17.66
Ocala, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.77
Ocala, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$13.25
Ocala, FL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$30.29
Ocala, FL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.03
Ocala, FL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$22.72
Ocala, FL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$49.76
Ocala, FL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.98
Ocala, FL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$37.32
Ocala, FL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$21.84
Ocala, FL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.18
Ocala, FL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$16.38

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Ocala, FL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$70.67
Ocala, FL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.07
Ocala, FL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$53.00
Ocala, FL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$65.00
Ocala, FL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$6.50
Ocala, FL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$48.75
Ocala, FL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$83.10
Ocala, FL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$8.31
Ocala, FL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$62.33
Ocala, FL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$164.29
Ocala, FL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$16.43
Ocala, FL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$123.22
Ocala, FL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$132.90
Ocala, FL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.29
Ocala, FL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$99.68

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Ocala, FL	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$40.59
Ocala, FL	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$14.66
Ocala, FL	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$26.93
Ocala, FL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$323.83
Ocala, FL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$32.38
Ocala, FL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$242.87
Ocala, FL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$260.50
Ocala, FL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$26.05
Ocala, FL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$195.38
Ocala, FL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$400.00
Ocala, FL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$40.00
Ocala, FL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$300.00
Ocala, FL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$379.46
Ocala, FL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$37.95
Ocala, FL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$284.60

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Ocala, FL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$611.59
Ocala, FL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$61.16
Ocala, FL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$458.69
Ocala, FL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$34.95
Ocala, FL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.50
Ocala, FL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.21
Ocala, FL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$72.00
Ocala, FL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.20
Ocala, FL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$54.00
Ocala, FL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$70.00
Ocala, FL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$7.00
Ocala, FL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$52.50
Ocala, FL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.10
Ocala, FL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.41
Ocala, FL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.08

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Ocala, FL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$28.57
Ocala, FL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$2.86
Ocala, FL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$21.43
Ocala, FL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$26.14
Ocala, FL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.61
Ocala, FL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$19.61
Ocala, FL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$132.05
Ocala, FL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.21
Ocala, FL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$99.04
Ocala, FL	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$93.30
Ocala, FL	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.33
Ocala, FL	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$69.98
Ocala, FL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$93.30
Ocala, FL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$9.33
Ocala, FL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$69.98

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Ocala, FL	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$85.00
Ocala, FL	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.50
Ocala, FL	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$63.75
Ocala, FL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$120.00
Ocala, FL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.00
Ocala, FL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$90.00
Ocala, FL	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$82.06
Ocala, FL	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.21
Ocala, FL	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$61.55
Ocala, FL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$69.30
Ocala, FL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$6.93
Ocala, FL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$51.98
Ocala, FL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$158.64
Ocala, FL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$15.86
Ocala, FL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$118.98

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Ocala, FL	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$262.54
Ocala, FL	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$26.25
Ocala, FL	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$196.91
Ocala, FL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$327.10
Ocala, FL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$32.71
Ocala, FL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$245.33
Ocala, FL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$293.24
Ocala, FL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$29.32
Ocala, FL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$219.93
Ocala, FL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$505.42
Ocala, FL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$50.54
Ocala, FL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$379.07
Ocala, FL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$118.11
Ocala, FL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$11.81
Ocala, FL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$88.58

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Ocala, FL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.80
Ocala, FL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.98
Ocala, FL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.35
Ocala, FL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$101.90
Ocala, FL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.19
Ocala, FL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$76.43
Ocala, FL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$54.20
Ocala, FL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.42
Ocala, FL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$40.65
Ocala, FL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$94.00
Ocala, FL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.40
Ocala, FL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$70.50
Ocala, FL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.00
Ocala, FL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.00
Ocala, FL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Ocala, FL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$13.95
Ocala, FL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.40
Ocala, FL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$10.46
Ocala, FL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$34.00
Ocala, FL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.40
Ocala, FL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$25.50
Ocala, FL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$50.00
Ocala, FL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.00
Ocala, FL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.50
Ocala, FL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$34.50
Ocala, FL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.45
Ocala, FL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$25.88
Ocala, FL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.91
Ocala, FL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.29
Ocala, FL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.18

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Ocala, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$38.00
Ocala, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.80
Ocala, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$28.50
Ocala, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$81.11
Ocala, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.11
Ocala, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$60.83
Ocala, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$96.03
Ocala, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.60
Ocala, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$72.02
Ocala, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$125.39
Ocala, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$12.54
Ocala, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$94.04
Ocala, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$175.36
Ocala, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$17.54
Ocala, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$131.52

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Ocala, FL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$290.43
Ocala, FL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$29.04
Ocala, FL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$217.82
Ocala, FL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$195.86
Ocala, FL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.59
Ocala, FL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$146.90
Ocala, FL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$220.50
Ocala, FL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$22.05
Ocala, FL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$165.38
Ocala, FL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$159.05
Ocala, FL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.91
Ocala, FL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$119.29
Ocala, FL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$258.62
Ocala, FL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$25.86
Ocala, FL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$193.97

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Ocala, FL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$270.60
Ocala, FL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$27.06
Ocala, FL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$202.95
Ocala, FL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$361.83
Ocala, FL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.18
Ocala, FL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$271.37
Ocala, FL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$327.04
Ocala, FL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$32.70
Ocala, FL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$245.28
Ocala, FL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$395.24
Ocala, FL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.52
Ocala, FL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$296.43
Ocala, FL	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$340.06
Ocala, FL	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$34.01
Ocala, FL	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$255.05

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Ocala, FL	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$369.42
Ocala, FL	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.94
Ocala, FL	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$277.07
Ocala, FL	K0001	STANDARD WHEELCHAIR	RR			\$29.45
Ocala, FL	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$41.09
Ocala, FL	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$42.50
Ocala, FL	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$48.80
Ocala, FL	K0006	HEAVY DUTY WHEELCHAIR	RR			\$62.98
Ocala, FL	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$97.86
Ocala, FL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$112.10
Ocala, FL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.21
Ocala, FL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$84.08
Ocala, FL	K0019	ARM PAD, EACH	NU			\$10.50
Ocala, FL	K0019	ARM PAD, EACH	RR			\$1.05
Ocala, FL	K0019	ARM PAD, EACH	UE			\$7.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Ocala, FL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$45.25
Ocala, FL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$4.53
Ocala, FL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$33.94
Ocala, FL	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$59.20
Ocala, FL	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$5.92
Ocala, FL	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$44.40
Ocala, FL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$78.21
Ocala, FL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$7.82
Ocala, FL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$58.66
Ocala, FL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$81.72
Ocala, FL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.17
Ocala, FL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$61.29
Ocala, FL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$79.86
Ocala, FL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$7.99
Ocala, FL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$59.90

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Ocala, FL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$150.00
Ocala, FL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.00
Ocala, FL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$112.50
Ocala, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$50.00
Ocala, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.00
Ocala, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$37.50
Ocala, FL	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$11.88
Ocala, FL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$819.97
Ocala, FL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$82.00
Ocala, FL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$614.98
Ocala, FL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,422.21
Ocala, FL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$142.22
Ocala, FL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,066.66
Ocala, FL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,750.00
Ocala, FL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$175.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Ocala, FL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,312.50
Ocala, FL	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$239.38
Ocala, FL	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$278.75
Ocala, FL	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$332.88
Ocala, FL	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$318.09
Ocala, FL	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$252.75
Ocala, FL	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$303.82
Ocala, FL	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$324.75
Ocala, FL	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$307.32
Ocala, FL	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$431.07
Ocala, FL	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$400.18
Ocala, FL	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$601.50
Ocala, FL	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$568.10
Ocala, FL	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$674.40
Ocala, FL	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$660.43

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oklahoma City, OK	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$78.98
Oklahoma City, OK	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.90
Oklahoma City, OK	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$59.24
Oklahoma City, OK	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.88
Oklahoma City, OK	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.29
Oklahoma City, OK	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.66
Oklahoma City, OK	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$139.20
Oklahoma City, OK	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.92
Oklahoma City, OK	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$104.40
Oklahoma City, OK	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$83.35
Oklahoma City, OK	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.34
Oklahoma City, OK	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$62.51
Oklahoma City, OK	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$117.61
Oklahoma City, OK	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.76
Oklahoma City, OK	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$88.21

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oklahoma City, OK	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$71.15
Oklahoma City, OK	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.12
Oklahoma City, OK	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$53.36
Oklahoma City, OK	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.08
Oklahoma City, OK	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.91
Oklahoma City, OK	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.31
Oklahoma City, OK	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$30.50
Oklahoma City, OK	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.05
Oklahoma City, OK	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$22.88
Oklahoma City, OK	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$46.86
Oklahoma City, OK	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.69
Oklahoma City, OK	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$35.15
Oklahoma City, OK	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$21.12
Oklahoma City, OK	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.11
Oklahoma City, OK	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$15.84

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oklahoma City, OK	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$67.12
Oklahoma City, OK	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.71
Oklahoma City, OK	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$50.34
Oklahoma City, OK	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$80.72
Oklahoma City, OK	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.07
Oklahoma City, OK	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$60.54
Oklahoma City, OK	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$102.00
Oklahoma City, OK	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.20
Oklahoma City, OK	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$76.50
Oklahoma City, OK	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$193.00
Oklahoma City, OK	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$19.30
Oklahoma City, OK	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$144.75
Oklahoma City, OK	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$127.00
Oklahoma City, OK	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.70
Oklahoma City, OK	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$95.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oklahoma City, OK	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.45
Oklahoma City, OK	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.24
Oklahoma City, OK	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$35.00
Oklahoma City, OK	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$399.50
Oklahoma City, OK	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$39.95
Oklahoma City, OK	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$299.63
Oklahoma City, OK	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$340.50
Oklahoma City, OK	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$34.05
Oklahoma City, OK	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$255.38
Oklahoma City, OK	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$437.50
Oklahoma City, OK	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$43.75
Oklahoma City, OK	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$328.13
Oklahoma City, OK	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$413.32
Oklahoma City, OK	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$41.33
Oklahoma City, OK	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$309.99

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oklahoma City, OK	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$699.50
Oklahoma City, OK	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$69.95
Oklahoma City, OK	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$524.63
Oklahoma City, OK	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.11
Oklahoma City, OK	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.61
Oklahoma City, OK	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.08
Oklahoma City, OK	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$80.08
Oklahoma City, OK	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.01
Oklahoma City, OK	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$60.06
Oklahoma City, OK	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$87.00
Oklahoma City, OK	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.70
Oklahoma City, OK	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$65.25
Oklahoma City, OK	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Oklahoma City, OK	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Oklahoma City, OK	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oklahoma City, OK	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$31.34
Oklahoma City, OK	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.13
Oklahoma City, OK	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$23.51
Oklahoma City, OK	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$27.12
Oklahoma City, OK	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.71
Oklahoma City, OK	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$20.34
Oklahoma City, OK	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$138.50
Oklahoma City, OK	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.85
Oklahoma City, OK	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$103.88
Oklahoma City, OK	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
Oklahoma City, OK	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
Oklahoma City, OK	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
Oklahoma City, OK	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$104.65
Oklahoma City, OK	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.47
Oklahoma City, OK	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$78.49

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oklahoma City, OK	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.04
Oklahoma City, OK	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.00
Oklahoma City, OK	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.53
Oklahoma City, OK	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
Oklahoma City, OK	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
Oklahoma City, OK	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
Oklahoma City, OK	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$96.16
Oklahoma City, OK	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.62
Oklahoma City, OK	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$72.12
Oklahoma City, OK	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$71.20
Oklahoma City, OK	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.12
Oklahoma City, OK	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$53.40
Oklahoma City, OK	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$142.82
Oklahoma City, OK	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.28
Oklahoma City, OK	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$107.12

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oklahoma City, OK	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$295.34
Oklahoma City, OK	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$29.53
Oklahoma City, OK	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$221.51
Oklahoma City, OK	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$380.50
Oklahoma City, OK	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$38.05
Oklahoma City, OK	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$285.38
Oklahoma City, OK	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$334.00
Oklahoma City, OK	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$33.40
Oklahoma City, OK	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$250.50
Oklahoma City, OK	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$519.90
Oklahoma City, OK	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$51.99
Oklahoma City, OK	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$389.93
Oklahoma City, OK	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$130.28
Oklahoma City, OK	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$13.03
Oklahoma City, OK	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$97.71

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oklahoma City, OK	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.99
Oklahoma City, OK	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.60
Oklahoma City, OK	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.99
Oklahoma City, OK	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$116.50
Oklahoma City, OK	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.65
Oklahoma City, OK	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$87.38
Oklahoma City, OK	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.95
Oklahoma City, OK	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.80
Oklahoma City, OK	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.46
Oklahoma City, OK	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$105.08
Oklahoma City, OK	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.51
Oklahoma City, OK	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$78.81
Oklahoma City, OK	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$46.20
Oklahoma City, OK	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.62
Oklahoma City, OK	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.65

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oklahoma City, OK	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$16.15
Oklahoma City, OK	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.62
Oklahoma City, OK	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.11
Oklahoma City, OK	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$38.50
Oklahoma City, OK	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.85
Oklahoma City, OK	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.88
Oklahoma City, OK	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.53
Oklahoma City, OK	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.75
Oklahoma City, OK	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.15
Oklahoma City, OK	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.49
Oklahoma City, OK	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.05
Oklahoma City, OK	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.37
Oklahoma City, OK	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$44.25
Oklahoma City, OK	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.43
Oklahoma City, OK	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.19

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oklahoma City, OK	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$43.99
Oklahoma City, OK	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.40
Oklahoma City, OK	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$32.99
Oklahoma City, OK	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$82.06
Oklahoma City, OK	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.21
Oklahoma City, OK	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$61.55
Oklahoma City, OK	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$107.80
Oklahoma City, OK	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.78
Oklahoma City, OK	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$80.85
Oklahoma City, OK	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$147.12
Oklahoma City, OK	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$14.71
Oklahoma City, OK	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$110.34
Oklahoma City, OK	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$205.00
Oklahoma City, OK	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.50
Oklahoma City, OK	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$153.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oklahoma City, OK	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$317.50
Oklahoma City, OK	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$31.75
Oklahoma City, OK	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$238.13
Oklahoma City, OK	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$199.22
Oklahoma City, OK	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.92
Oklahoma City, OK	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$149.42
Oklahoma City, OK	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$247.90
Oklahoma City, OK	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$24.79
Oklahoma City, OK	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$185.93
Oklahoma City, OK	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
Oklahoma City, OK	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
Oklahoma City, OK	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
Oklahoma City, OK	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$305.27
Oklahoma City, OK	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.53
Oklahoma City, OK	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$228.95

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oklahoma City, OK	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$305.32
Oklahoma City, OK	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.53
Oklahoma City, OK	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$228.99
Oklahoma City, OK	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$404.28
Oklahoma City, OK	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.43
Oklahoma City, OK	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$303.21
Oklahoma City, OK	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$353.50
Oklahoma City, OK	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.35
Oklahoma City, OK	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$265.13
Oklahoma City, OK	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$441.96
Oklahoma City, OK	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$44.20
Oklahoma City, OK	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$331.47
Oklahoma City, OK	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$389.50
Oklahoma City, OK	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.95
Oklahoma City, OK	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$292.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oklahoma City, OK	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$431.28
Oklahoma City, OK	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$43.13
Oklahoma City, OK	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$323.46
Oklahoma City, OK	K0001	STANDARD WHEELCHAIR	RR			\$26.35
Oklahoma City, OK	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$49.80
Oklahoma City, OK	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$41.05
Oklahoma City, OK	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.70
Oklahoma City, OK	K0006	HEAVY DUTY WHEELCHAIR	RR			\$68.49
Oklahoma City, OK	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$100.40
Oklahoma City, OK	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$128.08
Oklahoma City, OK	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$12.81
Oklahoma City, OK	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$96.06
Oklahoma City, OK	K0019	ARM PAD, EACH	NU			\$10.50
Oklahoma City, OK	K0019	ARM PAD, EACH	RR			\$1.05
Oklahoma City, OK	K0019	ARM PAD, EACH	UE			\$7.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oklahoma City, OK	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$52.20
Oklahoma City, OK	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.22
Oklahoma City, OK	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$39.15
Oklahoma City, OK	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$68.44
Oklahoma City, OK	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.84
Oklahoma City, OK	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$51.33
Oklahoma City, OK	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$83.58
Oklahoma City, OK	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.36
Oklahoma City, OK	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$62.69
Oklahoma City, OK	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$83.50
Oklahoma City, OK	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.35
Oklahoma City, OK	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$62.63
Oklahoma City, OK	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$89.67
Oklahoma City, OK	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.97
Oklahoma City, OK	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$67.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oklahoma City, OK	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$158.64
Oklahoma City, OK	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.86
Oklahoma City, OK	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$118.98
Oklahoma City, OK	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$50.78
Oklahoma City, OK	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.08
Oklahoma City, OK	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$38.09
Oklahoma City, OK	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$11.14
Oklahoma City, OK	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$873.65
Oklahoma City, OK	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$87.37
Oklahoma City, OK	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$655.24
Oklahoma City, OK	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,587.50
Oklahoma City, OK	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$158.75
Oklahoma City, OK	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,190.63
Oklahoma City, OK	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,806.26
Oklahoma City, OK	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$180.63

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oklahoma City, OK	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,354.70
Oklahoma City, OK	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$283.52
Oklahoma City, OK	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$306.43
Oklahoma City, OK	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$356.18
Oklahoma City, OK	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$353.51
Oklahoma City, OK	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.60
Oklahoma City, OK	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$318.56
Oklahoma City, OK	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$329.63
Oklahoma City, OK	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$284.74
Oklahoma City, OK	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$464.09
Oklahoma City, OK	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$382.50
Oklahoma City, OK	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$640.36
Oklahoma City, OK	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$555.47
Oklahoma City, OK	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$808.06
Oklahoma City, OK	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$793.43

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Omaha-Council Bluffs, NE-IA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$78.83
Omaha-Council Bluffs, NE-IA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.88
Omaha-Council Bluffs, NE-IA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$59.12
Omaha-Council Bluffs, NE-IA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$13.00
Omaha-Council Bluffs, NE-IA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.30
Omaha-Council Bluffs, NE-IA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.75
Omaha-Council Bluffs, NE-IA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$139.20
Omaha-Council Bluffs, NE-IA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.92
Omaha-Council Bluffs, NE-IA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$104.40
Omaha-Council Bluffs, NE-IA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$83.35
Omaha-Council Bluffs, NE-IA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.34
Omaha-Council Bluffs, NE-IA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$62.51
Omaha-Council Bluffs, NE-IA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$118.27
Omaha-Council Bluffs, NE-IA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.83
Omaha-Council Bluffs, NE-IA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$88.70

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Omaha-Council Bluffs, NE-IA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$70.00
Omaha-Council Bluffs, NE-IA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.00
Omaha-Council Bluffs, NE-IA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$52.50
Omaha-Council Bluffs, NE-IA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$20.50
Omaha-Council Bluffs, NE-IA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.05
Omaha-Council Bluffs, NE-IA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$15.38
Omaha-Council Bluffs, NE-IA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$33.00
Omaha-Council Bluffs, NE-IA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.30
Omaha-Council Bluffs, NE-IA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$24.75
Omaha-Council Bluffs, NE-IA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$46.62
Omaha-Council Bluffs, NE-IA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.66
Omaha-Council Bluffs, NE-IA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$34.97
Omaha-Council Bluffs, NE-IA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$25.61
Omaha-Council Bluffs, NE-IA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.56
Omaha-Council Bluffs, NE-IA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$19.21

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Omaha-Council Bluffs, NE-IA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$65.65
Omaha-Council Bluffs, NE-IA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.57
Omaha-Council Bluffs, NE-IA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$49.24
Omaha-Council Bluffs, NE-IA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$78.69
Omaha-Council Bluffs, NE-IA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.87
Omaha-Council Bluffs, NE-IA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$59.02
Omaha-Council Bluffs, NE-IA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$94.99
Omaha-Council Bluffs, NE-IA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.50
Omaha-Council Bluffs, NE-IA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$71.24
Omaha-Council Bluffs, NE-IA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$193.00
Omaha-Council Bluffs, NE-IA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$19.30
Omaha-Council Bluffs, NE-IA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$144.75
Omaha-Council Bluffs, NE-IA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$125.50
Omaha-Council Bluffs, NE-IA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.55
Omaha-Council Bluffs, NE-IA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$94.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Omaha-Council Bluffs, NE-IA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.95
Omaha-Council Bluffs, NE-IA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.24
Omaha-Council Bluffs, NE-IA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$38.82
Omaha-Council Bluffs, NE-IA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$412.00
Omaha-Council Bluffs, NE-IA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$41.20
Omaha-Council Bluffs, NE-IA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$309.00
Omaha-Council Bluffs, NE-IA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$341.00
Omaha-Council Bluffs, NE-IA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$34.10
Omaha-Council Bluffs, NE-IA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$255.75
Omaha-Council Bluffs, NE-IA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$445.00
Omaha-Council Bluffs, NE-IA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$44.50
Omaha-Council Bluffs, NE-IA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$333.75
Omaha-Council Bluffs, NE-IA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$420.82
Omaha-Council Bluffs, NE-IA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$42.08
Omaha-Council Bluffs, NE-IA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$315.62

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Omaha-Council Bluffs, NE-IA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$725.00
Omaha-Council Bluffs, NE-IA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$72.50
Omaha-Council Bluffs, NE-IA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$543.75
Omaha-Council Bluffs, NE-IA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.00
Omaha-Council Bluffs, NE-IA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.60
Omaha-Council Bluffs, NE-IA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.00
Omaha-Council Bluffs, NE-IA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$80.08
Omaha-Council Bluffs, NE-IA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.01
Omaha-Council Bluffs, NE-IA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$60.06
Omaha-Council Bluffs, NE-IA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$87.50
Omaha-Council Bluffs, NE-IA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.75
Omaha-Council Bluffs, NE-IA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$65.63
Omaha-Council Bluffs, NE-IA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Omaha-Council Bluffs, NE-IA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Omaha-Council Bluffs, NE-IA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Omaha-Council Bluffs, NE-IA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$31.34
Omaha-Council Bluffs, NE-IA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.13
Omaha-Council Bluffs, NE-IA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$23.51
Omaha-Council Bluffs, NE-IA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$30.26
Omaha-Council Bluffs, NE-IA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$3.03
Omaha-Council Bluffs, NE-IA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$22.70
Omaha-Council Bluffs, NE-IA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$142.50
Omaha-Council Bluffs, NE-IA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.25
Omaha-Council Bluffs, NE-IA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$106.88
Omaha-Council Bluffs, NE-IA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$97.50
Omaha-Council Bluffs, NE-IA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.75
Omaha-Council Bluffs, NE-IA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$73.13
Omaha-Council Bluffs, NE-IA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$104.65
Omaha-Council Bluffs, NE-IA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.47
Omaha-Council Bluffs, NE-IA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$78.49

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Omaha-Council Bluffs, NE-IA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$91.19
Omaha-Council Bluffs, NE-IA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.12
Omaha-Council Bluffs, NE-IA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$68.39
Omaha-Council Bluffs, NE-IA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$130.06
Omaha-Council Bluffs, NE-IA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$13.01
Omaha-Council Bluffs, NE-IA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$97.55
Omaha-Council Bluffs, NE-IA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
Omaha-Council Bluffs, NE-IA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
Omaha-Council Bluffs, NE-IA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
Omaha-Council Bluffs, NE-IA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.00
Omaha-Council Bluffs, NE-IA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.50
Omaha-Council Bluffs, NE-IA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$56.25
Omaha-Council Bluffs, NE-IA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$153.32
Omaha-Council Bluffs, NE-IA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$15.33
Omaha-Council Bluffs, NE-IA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$114.99

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Omaha-Council Bluffs, NE-IA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$327.39
Omaha-Council Bluffs, NE-IA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$32.74
Omaha-Council Bluffs, NE-IA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$245.54
Omaha-Council Bluffs, NE-IA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$381.50
Omaha-Council Bluffs, NE-IA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$38.15
Omaha-Council Bluffs, NE-IA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$286.13
Omaha-Council Bluffs, NE-IA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$347.00
Omaha-Council Bluffs, NE-IA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$34.70
Omaha-Council Bluffs, NE-IA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$260.25
Omaha-Council Bluffs, NE-IA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$519.90
Omaha-Council Bluffs, NE-IA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$51.99
Omaha-Council Bluffs, NE-IA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$389.93
Omaha-Council Bluffs, NE-IA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$133.78
Omaha-Council Bluffs, NE-IA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$13.38
Omaha-Council Bluffs, NE-IA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$100.34

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Omaha-Council Bluffs, NE-IA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$59.00
Omaha-Council Bluffs, NE-IA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.90
Omaha-Council Bluffs, NE-IA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$44.25
Omaha-Council Bluffs, NE-IA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$116.50
Omaha-Council Bluffs, NE-IA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.65
Omaha-Council Bluffs, NE-IA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$87.38
Omaha-Council Bluffs, NE-IA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$61.00
Omaha-Council Bluffs, NE-IA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.10
Omaha-Council Bluffs, NE-IA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.75
Omaha-Council Bluffs, NE-IA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$103.58
Omaha-Council Bluffs, NE-IA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.36
Omaha-Council Bluffs, NE-IA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$77.69
Omaha-Council Bluffs, NE-IA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$46.20
Omaha-Council Bluffs, NE-IA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.62
Omaha-Council Bluffs, NE-IA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.65

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Omaha-Council Bluffs, NE-IA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.75
Omaha-Council Bluffs, NE-IA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.58
Omaha-Council Bluffs, NE-IA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.81
Omaha-Council Bluffs, NE-IA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$39.00
Omaha-Council Bluffs, NE-IA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.90
Omaha-Council Bluffs, NE-IA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$29.25
Omaha-Council Bluffs, NE-IA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$63.50
Omaha-Council Bluffs, NE-IA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.35
Omaha-Council Bluffs, NE-IA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$47.63
Omaha-Council Bluffs, NE-IA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$38.40
Omaha-Council Bluffs, NE-IA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.84
Omaha-Council Bluffs, NE-IA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.80
Omaha-Council Bluffs, NE-IA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$46.50
Omaha-Council Bluffs, NE-IA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.65
Omaha-Council Bluffs, NE-IA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Omaha-Council Bluffs, NE-IA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$43.49
Omaha-Council Bluffs, NE-IA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.35
Omaha-Council Bluffs, NE-IA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$32.62
Omaha-Council Bluffs, NE-IA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$89.38
Omaha-Council Bluffs, NE-IA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.94
Omaha-Council Bluffs, NE-IA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$67.04
Omaha-Council Bluffs, NE-IA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$105.38
Omaha-Council Bluffs, NE-IA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.54
Omaha-Council Bluffs, NE-IA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$79.04
Omaha-Council Bluffs, NE-IA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$147.12
Omaha-Council Bluffs, NE-IA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$14.71
Omaha-Council Bluffs, NE-IA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$110.34
Omaha-Council Bluffs, NE-IA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$205.00
Omaha-Council Bluffs, NE-IA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.50
Omaha-Council Bluffs, NE-IA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$153.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Omaha-Council Bluffs, NE-IA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$325.04
Omaha-Council Bluffs, NE-IA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.50
Omaha-Council Bluffs, NE-IA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$243.78
Omaha-Council Bluffs, NE-IA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$210.14
Omaha-Council Bluffs, NE-IA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.01
Omaha-Council Bluffs, NE-IA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$157.61
Omaha-Council Bluffs, NE-IA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$275.00
Omaha-Council Bluffs, NE-IA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$27.50
Omaha-Council Bluffs, NE-IA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$206.25
Omaha-Council Bluffs, NE-IA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
Omaha-Council Bluffs, NE-IA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
Omaha-Council Bluffs, NE-IA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
Omaha-Council Bluffs, NE-IA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$319.00
Omaha-Council Bluffs, NE-IA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$31.90
Omaha-Council Bluffs, NE-IA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$239.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Omaha-Council Bluffs, NE-IA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$300.32
Omaha-Council Bluffs, NE-IA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.03
Omaha-Council Bluffs, NE-IA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$225.24
Omaha-Council Bluffs, NE-IA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$427.50
Omaha-Council Bluffs, NE-IA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$42.75
Omaha-Council Bluffs, NE-IA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$320.63
Omaha-Council Bluffs, NE-IA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$353.50
Omaha-Council Bluffs, NE-IA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.35
Omaha-Council Bluffs, NE-IA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$265.13
Omaha-Council Bluffs, NE-IA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$475.50
Omaha-Council Bluffs, NE-IA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$47.55
Omaha-Council Bluffs, NE-IA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$356.63
Omaha-Council Bluffs, NE-IA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$383.75
Omaha-Council Bluffs, NE-IA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.38
Omaha-Council Bluffs, NE-IA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$287.81

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Omaha-Council Bluffs, NE-IA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$406.28
Omaha-Council Bluffs, NE-IA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.63
Omaha-Council Bluffs, NE-IA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$304.71
Omaha-Council Bluffs, NE-IA	K0001	STANDARD WHEELCHAIR	RR			\$24.59
Omaha-Council Bluffs, NE-IA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$44.15
Omaha-Council Bluffs, NE-IA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$37.75
Omaha-Council Bluffs, NE-IA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$43.85
Omaha-Council Bluffs, NE-IA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$68.49
Omaha-Council Bluffs, NE-IA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$97.05
Omaha-Council Bluffs, NE-IA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$128.08
Omaha-Council Bluffs, NE-IA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$12.81
Omaha-Council Bluffs, NE-IA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$96.06
Omaha-Council Bluffs, NE-IA	K0019	ARM PAD, EACH	NU			\$11.29
Omaha-Council Bluffs, NE-IA	K0019	ARM PAD, EACH	RR			\$1.13
Omaha-Council Bluffs, NE-IA	K0019	ARM PAD, EACH	UE			\$8.47

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Omaha-Council Bluffs, NE-IA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$52.20
Omaha-Council Bluffs, NE-IA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.22
Omaha-Council Bluffs, NE-IA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$39.15
Omaha-Council Bluffs, NE-IA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$63.44
Omaha-Council Bluffs, NE-IA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.34
Omaha-Council Bluffs, NE-IA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$47.58
Omaha-Council Bluffs, NE-IA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$83.58
Omaha-Council Bluffs, NE-IA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.36
Omaha-Council Bluffs, NE-IA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$62.69
Omaha-Council Bluffs, NE-IA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$85.00
Omaha-Council Bluffs, NE-IA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.50
Omaha-Council Bluffs, NE-IA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$63.75
Omaha-Council Bluffs, NE-IA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$93.50
Omaha-Council Bluffs, NE-IA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.35
Omaha-Council Bluffs, NE-IA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$70.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Omaha-Council Bluffs, NE-IA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$159.94
Omaha-Council Bluffs, NE-IA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.99
Omaha-Council Bluffs, NE-IA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$119.96
Omaha-Council Bluffs, NE-IA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$52.00
Omaha-Council Bluffs, NE-IA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.20
Omaha-Council Bluffs, NE-IA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$39.00
Omaha-Council Bluffs, NE-IA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$10.59
Omaha-Council Bluffs, NE-IA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$859.98
Omaha-Council Bluffs, NE-IA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$86.00
Omaha-Council Bluffs, NE-IA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$644.99
Omaha-Council Bluffs, NE-IA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,625.00
Omaha-Council Bluffs, NE-IA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$162.50
Omaha-Council Bluffs, NE-IA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,218.75
Omaha-Council Bluffs, NE-IA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,857.26
Omaha-Council Bluffs, NE-IA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$185.73

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Omaha-Council Bluffs, NE-IA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,392.95
Omaha-Council Bluffs, NE-IA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.00
Omaha-Council Bluffs, NE-IA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$306.43
Omaha-Council Bluffs, NE-IA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$379.35
Omaha-Council Bluffs, NE-IA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$374.55
Omaha-Council Bluffs, NE-IA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.60
Omaha-Council Bluffs, NE-IA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$337.12
Omaha-Council Bluffs, NE-IA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$329.63
Omaha-Council Bluffs, NE-IA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$277.24
Omaha-Council Bluffs, NE-IA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$456.44
Omaha-Council Bluffs, NE-IA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$382.50
Omaha-Council Bluffs, NE-IA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$753.75
Omaha-Council Bluffs, NE-IA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$599.55
Omaha-Council Bluffs, NE-IA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$824.63
Omaha-Council Bluffs, NE-IA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$808.46

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orange County CBA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$64.00
Orange County CBA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$6.40
Orange County CBA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$48.00
Orange County CBA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$11.00
Orange County CBA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.10
Orange County CBA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.25
Orange County CBA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$119.00
Orange County CBA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.90
Orange County CBA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$89.25
Orange County CBA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$73.50
Orange County CBA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.35
Orange County CBA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$55.13
Orange County CBA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$107.00
Orange County CBA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.70
Orange County CBA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$80.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orange County CBA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$65.95
Orange County CBA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$6.60
Orange County CBA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$49.46
Orange County CBA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$18.97
Orange County CBA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.90
Orange County CBA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.23
Orange County CBA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$26.00
Orange County CBA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.60
Orange County CBA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$19.50
Orange County CBA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$54.00
Orange County CBA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.40
Orange County CBA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$40.50
Orange County CBA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$18.76
Orange County CBA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$1.88
Orange County CBA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$14.07

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orange County CBA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$55.20
Orange County CBA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$5.52
Orange County CBA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$41.40
Orange County CBA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$75.95
Orange County CBA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.60
Orange County CBA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$56.96
Orange County CBA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$86.31
Orange County CBA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$8.63
Orange County CBA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$64.73
Orange County CBA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$160.00
Orange County CBA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$16.00
Orange County CBA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$120.00
Orange County CBA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$124.29
Orange County CBA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.43
Orange County CBA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$93.22

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orange County CBA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$41.91
Orange County CBA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$12.50
Orange County CBA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$30.00
Orange County CBA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$348.74
Orange County CBA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$34.87
Orange County CBA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$261.56
Orange County CBA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$280.54
Orange County CBA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$28.05
Orange County CBA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$210.41
Orange County CBA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$361.47
Orange County CBA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$36.15
Orange County CBA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$271.10
Orange County CBA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$360.20
Orange County CBA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$36.02
Orange County CBA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$270.15

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orange County CBA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$644.20
Orange County CBA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$64.42
Orange County CBA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$483.15
Orange County CBA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$35.00
Orange County CBA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.50
Orange County CBA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.25
Orange County CBA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$70.28
Orange County CBA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.03
Orange County CBA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$52.71
Orange County CBA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$78.00
Orange County CBA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$7.80
Orange County CBA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$58.50
Orange County CBA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Orange County CBA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Orange County CBA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orange County CBA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$30.77
Orange County CBA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.08
Orange County CBA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$23.08
Orange County CBA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$26.00
Orange County CBA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.60
Orange County CBA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$19.50
Orange County CBA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$117.20
Orange County CBA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$11.72
Orange County CBA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$87.90
Orange County CBA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.00
Orange County CBA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
Orange County CBA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.25
Orange County CBA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$101.50
Orange County CBA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.15
Orange County CBA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$76.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orange County CBA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$87.00
Orange County CBA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.70
Orange County CBA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$65.25
Orange County CBA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$118.53
Orange County CBA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$11.85
Orange County CBA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$88.90
Orange County CBA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$97.00
Orange County CBA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.70
Orange County CBA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$72.75
Orange County CBA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$63.00
Orange County CBA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$6.30
Orange County CBA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$47.25
Orange County CBA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$146.00
Orange County CBA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.60
Orange County CBA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$109.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orange County CBA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$329.78
Orange County CBA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$32.98
Orange County CBA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$247.34
Orange County CBA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$383.00
Orange County CBA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$38.30
Orange County CBA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$287.25
Orange County CBA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$333.00
Orange County CBA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$33.30
Orange County CBA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$249.75
Orange County CBA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$505.42
Orange County CBA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$50.54
Orange County CBA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$379.07
Orange County CBA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$118.62
Orange County CBA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$11.86
Orange County CBA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$88.97

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orange County CBA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$56.00
Orange County CBA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.60
Orange County CBA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.00
Orange County CBA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$98.00
Orange County CBA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.80
Orange County CBA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$73.50
Orange County CBA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$51.57
Orange County CBA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.16
Orange County CBA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$38.68
Orange County CBA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$91.00
Orange County CBA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.10
Orange County CBA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$68.25
Orange County CBA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$41.95
Orange County CBA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.20
Orange County CBA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.46

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orange County CBA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$14.88
Orange County CBA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.49
Orange County CBA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.16
Orange County CBA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$35.00
Orange County CBA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.50
Orange County CBA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$26.25
Orange County CBA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$51.16
Orange County CBA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.12
Orange County CBA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$38.37
Orange County CBA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$37.00
Orange County CBA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.70
Orange County CBA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$27.75
Orange County CBA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$43.71
Orange County CBA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.37
Orange County CBA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.78

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orange County CBA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$34.95
Orange County CBA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.50
Orange County CBA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$26.21
Orange County CBA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$71.85
Orange County CBA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$7.19
Orange County CBA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$53.89
Orange County CBA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$94.83
Orange County CBA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.48
Orange County CBA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$71.12
Orange County CBA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$123.85
Orange County CBA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$12.39
Orange County CBA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$92.89
Orange County CBA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$176.93
Orange County CBA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$17.69
Orange County CBA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$132.70

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orange County CBA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$272.14
Orange County CBA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$27.21
Orange County CBA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$204.11
Orange County CBA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$187.00
Orange County CBA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$18.70
Orange County CBA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$140.25
Orange County CBA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$225.58
Orange County CBA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$22.56
Orange County CBA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$169.19
Orange County CBA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$140.98
Orange County CBA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$14.10
Orange County CBA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$105.74
Orange County CBA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$258.00
Orange County CBA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$25.80
Orange County CBA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$193.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orange County CBA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$240.12
Orange County CBA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$24.01
Orange County CBA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$180.09
Orange County CBA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$350.99
Orange County CBA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.10
Orange County CBA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$263.24
Orange County CBA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$293.13
Orange County CBA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.31
Orange County CBA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$219.85
Orange County CBA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$400.03
Orange County CBA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.00
Orange County CBA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$300.02
Orange County CBA	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
Orange County CBA	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
Orange County CBA	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

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orange County CBA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$372.48
Orange County CBA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$37.25
Orange County CBA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$279.36
Orange County CBA	K0001	STANDARD WHEELCHAIR	RR			\$19.40
Orange County CBA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$48.39
Orange County CBA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$35.50
Orange County CBA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$39.88
Orange County CBA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$57.25
Orange County CBA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$88.00
Orange County CBA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$110.00
Orange County CBA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.00
Orange County CBA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$82.50
Orange County CBA	K0019	ARM PAD, EACH	NU			\$10.37
Orange County CBA	K0019	ARM PAD, EACH	RR			\$1.04
Orange County CBA	K0019	ARM PAD, EACH	UE			\$7.78

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orange County CBA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$47.00
Orange County CBA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$4.70
Orange County CBA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$35.25
Orange County CBA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$57.00
Orange County CBA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$5.70
Orange County CBA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$42.75
Orange County CBA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$68.09
Orange County CBA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$6.81
Orange County CBA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$51.07
Orange County CBA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$82.00
Orange County CBA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.20
Orange County CBA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$61.50
Orange County CBA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$79.86
Orange County CBA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$7.99
Orange County CBA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$59.90

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orange County CBA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$135.43
Orange County CBA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$13.54
Orange County CBA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$101.57
Orange County CBA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$44.11
Orange County CBA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$4.41
Orange County CBA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$33.08
Orange County CBA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$9.50
Orange County CBA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$818.99
Orange County CBA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$81.90
Orange County CBA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$614.24
Orange County CBA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,544.00
Orange County CBA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$154.40
Orange County CBA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,158.00
Orange County CBA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,770.00
Orange County CBA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$177.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orange County CBA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,327.50
Orange County CBA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
Orange County CBA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$280.50
Orange County CBA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$341.80
Orange County CBA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$327.35
Orange County CBA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.15
Orange County CBA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$322.05
Orange County CBA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$299.55
Orange County CBA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$268.50
Orange County CBA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$416.55
Orange County CBA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$384.40
Orange County CBA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$599.85
Orange County CBA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$525.43
Orange County CBA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$715.80
Orange County CBA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$674.22

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oxnard-Thousand Oaks-Ventura, CA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$72.26
Oxnard-Thousand Oaks-Ventura, CA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.23
Oxnard-Thousand Oaks-Ventura, CA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$54.20
Oxnard-Thousand Oaks-Ventura, CA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$11.00
Oxnard-Thousand Oaks-Ventura, CA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.10
Oxnard-Thousand Oaks-Ventura, CA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.25
Oxnard-Thousand Oaks-Ventura, CA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$118.36
Oxnard-Thousand Oaks-Ventura, CA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.84
Oxnard-Thousand Oaks-Ventura, CA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$88.77
Oxnard-Thousand Oaks-Ventura, CA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$72.00
Oxnard-Thousand Oaks-Ventura, CA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.20
Oxnard-Thousand Oaks-Ventura, CA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$54.00
Oxnard-Thousand Oaks-Ventura, CA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$111.25
Oxnard-Thousand Oaks-Ventura, CA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.13
Oxnard-Thousand Oaks-Ventura, CA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$83.44

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oxnard-Thousand Oaks-Ventura, CA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$64.90
Oxnard-Thousand Oaks-Ventura, CA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$6.49
Oxnard-Thousand Oaks-Ventura, CA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$48.68
Oxnard-Thousand Oaks-Ventura, CA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.08
Oxnard-Thousand Oaks-Ventura, CA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.91
Oxnard-Thousand Oaks-Ventura, CA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.31
Oxnard-Thousand Oaks-Ventura, CA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$26.98
Oxnard-Thousand Oaks-Ventura, CA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.70
Oxnard-Thousand Oaks-Ventura, CA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$20.24
Oxnard-Thousand Oaks-Ventura, CA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$49.50
Oxnard-Thousand Oaks-Ventura, CA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.95
Oxnard-Thousand Oaks-Ventura, CA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$37.13
Oxnard-Thousand Oaks-Ventura, CA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$19.46
Oxnard-Thousand Oaks-Ventura, CA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$1.95
Oxnard-Thousand Oaks-Ventura, CA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$14.60

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oxnard-Thousand Oaks-Ventura, CA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$60.89
Oxnard-Thousand Oaks-Ventura, CA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.09
Oxnard-Thousand Oaks-Ventura, CA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$45.67
Oxnard-Thousand Oaks-Ventura, CA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$71.20
Oxnard-Thousand Oaks-Ventura, CA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.12
Oxnard-Thousand Oaks-Ventura, CA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$53.40
Oxnard-Thousand Oaks-Ventura, CA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$82.66
Oxnard-Thousand Oaks-Ventura, CA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$8.27
Oxnard-Thousand Oaks-Ventura, CA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$62.00
Oxnard-Thousand Oaks-Ventura, CA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$175.92
Oxnard-Thousand Oaks-Ventura, CA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$17.59
Oxnard-Thousand Oaks-Ventura, CA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$131.94
Oxnard-Thousand Oaks-Ventura, CA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$124.64
Oxnard-Thousand Oaks-Ventura, CA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.46
Oxnard-Thousand Oaks-Ventura, CA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$93.48

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oxnard-Thousand Oaks-Ventura, CA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.45
Oxnard-Thousand Oaks-Ventura, CA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$13.13
Oxnard-Thousand Oaks-Ventura, CA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$32.15
Oxnard-Thousand Oaks-Ventura, CA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$357.52
Oxnard-Thousand Oaks-Ventura, CA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$35.75
Oxnard-Thousand Oaks-Ventura, CA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$268.14
Oxnard-Thousand Oaks-Ventura, CA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$312.37
Oxnard-Thousand Oaks-Ventura, CA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$31.24
Oxnard-Thousand Oaks-Ventura, CA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$234.28
Oxnard-Thousand Oaks-Ventura, CA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$425.00
Oxnard-Thousand Oaks-Ventura, CA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$42.50
Oxnard-Thousand Oaks-Ventura, CA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$318.75
Oxnard-Thousand Oaks-Ventura, CA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$360.80
Oxnard-Thousand Oaks-Ventura, CA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$36.08
Oxnard-Thousand Oaks-Ventura, CA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$270.60

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oxnard-Thousand Oaks-Ventura, CA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$671.60
Oxnard-Thousand Oaks-Ventura, CA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$67.16
Oxnard-Thousand Oaks-Ventura, CA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$503.70
Oxnard-Thousand Oaks-Ventura, CA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.11
Oxnard-Thousand Oaks-Ventura, CA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.61
Oxnard-Thousand Oaks-Ventura, CA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.08
Oxnard-Thousand Oaks-Ventura, CA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$72.08
Oxnard-Thousand Oaks-Ventura, CA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.21
Oxnard-Thousand Oaks-Ventura, CA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$54.06
Oxnard-Thousand Oaks-Ventura, CA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$78.94
Oxnard-Thousand Oaks-Ventura, CA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$7.89
Oxnard-Thousand Oaks-Ventura, CA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$59.21
Oxnard-Thousand Oaks-Ventura, CA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.65
Oxnard-Thousand Oaks-Ventura, CA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.47
Oxnard-Thousand Oaks-Ventura, CA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.49

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oxnard-Thousand Oaks-Ventura, CA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$30.60
Oxnard-Thousand Oaks-Ventura, CA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.06
Oxnard-Thousand Oaks-Ventura, CA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$22.95
Oxnard-Thousand Oaks-Ventura, CA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$26.20
Oxnard-Thousand Oaks-Ventura, CA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.62
Oxnard-Thousand Oaks-Ventura, CA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$19.65
Oxnard-Thousand Oaks-Ventura, CA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$132.00
Oxnard-Thousand Oaks-Ventura, CA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.20
Oxnard-Thousand Oaks-Ventura, CA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$99.00
Oxnard-Thousand Oaks-Ventura, CA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$98.43
Oxnard-Thousand Oaks-Ventura, CA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.84
Oxnard-Thousand Oaks-Ventura, CA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$73.82
Oxnard-Thousand Oaks-Ventura, CA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$102.40
Oxnard-Thousand Oaks-Ventura, CA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.24
Oxnard-Thousand Oaks-Ventura, CA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$76.80

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oxnard-Thousand Oaks-Ventura, CA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.00
Oxnard-Thousand Oaks-Ventura, CA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.00
Oxnard-Thousand Oaks-Ventura, CA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.50
Oxnard-Thousand Oaks-Ventura, CA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$120.66
Oxnard-Thousand Oaks-Ventura, CA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.07
Oxnard-Thousand Oaks-Ventura, CA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$90.50
Oxnard-Thousand Oaks-Ventura, CA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$94.96
Oxnard-Thousand Oaks-Ventura, CA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
Oxnard-Thousand Oaks-Ventura, CA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.22
Oxnard-Thousand Oaks-Ventura, CA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$67.50
Oxnard-Thousand Oaks-Ventura, CA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$6.75
Oxnard-Thousand Oaks-Ventura, CA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$50.63
Oxnard-Thousand Oaks-Ventura, CA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$146.22
Oxnard-Thousand Oaks-Ventura, CA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.62
Oxnard-Thousand Oaks-Ventura, CA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$109.67

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oxnard-Thousand Oaks-Ventura, CA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$327.39
Oxnard-Thousand Oaks-Ventura, CA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$32.74
Oxnard-Thousand Oaks-Ventura, CA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$245.54
Oxnard-Thousand Oaks-Ventura, CA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$361.28
Oxnard-Thousand Oaks-Ventura, CA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$36.13
Oxnard-Thousand Oaks-Ventura, CA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$270.96
Oxnard-Thousand Oaks-Ventura, CA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$314.86
Oxnard-Thousand Oaks-Ventura, CA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$31.49
Oxnard-Thousand Oaks-Ventura, CA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$236.15
Oxnard-Thousand Oaks-Ventura, CA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$516.56
Oxnard-Thousand Oaks-Ventura, CA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$51.66
Oxnard-Thousand Oaks-Ventura, CA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$387.42
Oxnard-Thousand Oaks-Ventura, CA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$121.81
Oxnard-Thousand Oaks-Ventura, CA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.18
Oxnard-Thousand Oaks-Ventura, CA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$91.36

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oxnard-Thousand Oaks-Ventura, CA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.99
Oxnard-Thousand Oaks-Ventura, CA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.60
Oxnard-Thousand Oaks-Ventura, CA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.99
Oxnard-Thousand Oaks-Ventura, CA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$98.08
Oxnard-Thousand Oaks-Ventura, CA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.81
Oxnard-Thousand Oaks-Ventura, CA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$73.56
Oxnard-Thousand Oaks-Ventura, CA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$54.10
Oxnard-Thousand Oaks-Ventura, CA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.41
Oxnard-Thousand Oaks-Ventura, CA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$40.58
Oxnard-Thousand Oaks-Ventura, CA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$93.16
Oxnard-Thousand Oaks-Ventura, CA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.32
Oxnard-Thousand Oaks-Ventura, CA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$69.87
Oxnard-Thousand Oaks-Ventura, CA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$39.31
Oxnard-Thousand Oaks-Ventura, CA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.93
Oxnard-Thousand Oaks-Ventura, CA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$29.48

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oxnard-Thousand Oaks-Ventura, CA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$14.92
Oxnard-Thousand Oaks-Ventura, CA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.49
Oxnard-Thousand Oaks-Ventura, CA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.19
Oxnard-Thousand Oaks-Ventura, CA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$35.00
Oxnard-Thousand Oaks-Ventura, CA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.50
Oxnard-Thousand Oaks-Ventura, CA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$26.25
Oxnard-Thousand Oaks-Ventura, CA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$54.08
Oxnard-Thousand Oaks-Ventura, CA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.41
Oxnard-Thousand Oaks-Ventura, CA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$40.56
Oxnard-Thousand Oaks-Ventura, CA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$35.43
Oxnard-Thousand Oaks-Ventura, CA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.54
Oxnard-Thousand Oaks-Ventura, CA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$26.57
Oxnard-Thousand Oaks-Ventura, CA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.86
Oxnard-Thousand Oaks-Ventura, CA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.59
Oxnard-Thousand Oaks-Ventura, CA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.40

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oxnard-Thousand Oaks-Ventura, CA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$35.38
Oxnard-Thousand Oaks-Ventura, CA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.54
Oxnard-Thousand Oaks-Ventura, CA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$26.54
Oxnard-Thousand Oaks-Ventura, CA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$75.16
Oxnard-Thousand Oaks-Ventura, CA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$7.52
Oxnard-Thousand Oaks-Ventura, CA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$56.37
Oxnard-Thousand Oaks-Ventura, CA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$87.71
Oxnard-Thousand Oaks-Ventura, CA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$8.77
Oxnard-Thousand Oaks-Ventura, CA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$65.78
Oxnard-Thousand Oaks-Ventura, CA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$123.52
Oxnard-Thousand Oaks-Ventura, CA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$12.35
Oxnard-Thousand Oaks-Ventura, CA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$92.64
Oxnard-Thousand Oaks-Ventura, CA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$179.08
Oxnard-Thousand Oaks-Ventura, CA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$17.91
Oxnard-Thousand Oaks-Ventura, CA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$134.31

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oxnard-Thousand Oaks-Ventura, CA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$269.56
Oxnard-Thousand Oaks-Ventura, CA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$26.96
Oxnard-Thousand Oaks-Ventura, CA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$202.17
Oxnard-Thousand Oaks-Ventura, CA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$182.20
Oxnard-Thousand Oaks-Ventura, CA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$18.22
Oxnard-Thousand Oaks-Ventura, CA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$136.65
Oxnard-Thousand Oaks-Ventura, CA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$260.00
Oxnard-Thousand Oaks-Ventura, CA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$26.00
Oxnard-Thousand Oaks-Ventura, CA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$195.00
Oxnard-Thousand Oaks-Ventura, CA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$145.17
Oxnard-Thousand Oaks-Ventura, CA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$14.52
Oxnard-Thousand Oaks-Ventura, CA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$108.88
Oxnard-Thousand Oaks-Ventura, CA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$256.44
Oxnard-Thousand Oaks-Ventura, CA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$25.64
Oxnard-Thousand Oaks-Ventura, CA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$192.33

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oxnard-Thousand Oaks-Ventura, CA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$249.24
Oxnard-Thousand Oaks-Ventura, CA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$24.92
Oxnard-Thousand Oaks-Ventura, CA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$186.93
Oxnard-Thousand Oaks-Ventura, CA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$358.34
Oxnard-Thousand Oaks-Ventura, CA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.83
Oxnard-Thousand Oaks-Ventura, CA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$268.76
Oxnard-Thousand Oaks-Ventura, CA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$350.00
Oxnard-Thousand Oaks-Ventura, CA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.00
Oxnard-Thousand Oaks-Ventura, CA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$262.50
Oxnard-Thousand Oaks-Ventura, CA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$404.20
Oxnard-Thousand Oaks-Ventura, CA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.42
Oxnard-Thousand Oaks-Ventura, CA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$303.15
Oxnard-Thousand Oaks-Ventura, CA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$367.36
Oxnard-Thousand Oaks-Ventura, CA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.74
Oxnard-Thousand Oaks-Ventura, CA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$275.52

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oxnard-Thousand Oaks-Ventura, CA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$374.30
Oxnard-Thousand Oaks-Ventura, CA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$37.43
Oxnard-Thousand Oaks-Ventura, CA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$280.73
Oxnard-Thousand Oaks-Ventura, CA	K0001	STANDARD WHEELCHAIR	RR			\$21.15
Oxnard-Thousand Oaks-Ventura, CA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$50.71
Oxnard-Thousand Oaks-Ventura, CA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$35.25
Oxnard-Thousand Oaks-Ventura, CA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$39.04
Oxnard-Thousand Oaks-Ventura, CA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$64.35
Oxnard-Thousand Oaks-Ventura, CA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$81.98
Oxnard-Thousand Oaks-Ventura, CA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$108.86
Oxnard-Thousand Oaks-Ventura, CA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$10.89
Oxnard-Thousand Oaks-Ventura, CA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$81.65
Oxnard-Thousand Oaks-Ventura, CA	K0019	ARM PAD, EACH	NU			\$10.18
Oxnard-Thousand Oaks-Ventura, CA	K0019	ARM PAD, EACH	RR			\$1.02
Oxnard-Thousand Oaks-Ventura, CA	K0019	ARM PAD, EACH	UE			\$7.64

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oxnard-Thousand Oaks-Ventura, CA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$44.59
Oxnard-Thousand Oaks-Ventura, CA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$4.46
Oxnard-Thousand Oaks-Ventura, CA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$33.44
Oxnard-Thousand Oaks-Ventura, CA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$57.22
Oxnard-Thousand Oaks-Ventura, CA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$5.72
Oxnard-Thousand Oaks-Ventura, CA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$42.92
Oxnard-Thousand Oaks-Ventura, CA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$74.32
Oxnard-Thousand Oaks-Ventura, CA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$7.43
Oxnard-Thousand Oaks-Ventura, CA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$55.74
Oxnard-Thousand Oaks-Ventura, CA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$82.00
Oxnard-Thousand Oaks-Ventura, CA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.20
Oxnard-Thousand Oaks-Ventura, CA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$61.50
Oxnard-Thousand Oaks-Ventura, CA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$79.93
Oxnard-Thousand Oaks-Ventura, CA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$7.99
Oxnard-Thousand Oaks-Ventura, CA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$59.95

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oxnard-Thousand Oaks-Ventura, CA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$143.68
Oxnard-Thousand Oaks-Ventura, CA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$14.37
Oxnard-Thousand Oaks-Ventura, CA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$107.76
Oxnard-Thousand Oaks-Ventura, CA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$47.06
Oxnard-Thousand Oaks-Ventura, CA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$4.71
Oxnard-Thousand Oaks-Ventura, CA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$35.30
Oxnard-Thousand Oaks-Ventura, CA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$11.41
Oxnard-Thousand Oaks-Ventura, CA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$875.00
Oxnard-Thousand Oaks-Ventura, CA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$87.50
Oxnard-Thousand Oaks-Ventura, CA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$656.25
Oxnard-Thousand Oaks-Ventura, CA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,651.00
Oxnard-Thousand Oaks-Ventura, CA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$165.10
Oxnard-Thousand Oaks-Ventura, CA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,238.25
Oxnard-Thousand Oaks-Ventura, CA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,792.31
Oxnard-Thousand Oaks-Ventura, CA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$179.23

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oxnard-Thousand Oaks-Ventura, CA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,344.23
Oxnard-Thousand Oaks-Ventura, CA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$277.50
Oxnard-Thousand Oaks-Ventura, CA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$298.28
Oxnard-Thousand Oaks-Ventura, CA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$350.19
Oxnard-Thousand Oaks-Ventura, CA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$322.43
Oxnard-Thousand Oaks-Ventura, CA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.08
Oxnard-Thousand Oaks-Ventura, CA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$314.10
Oxnard-Thousand Oaks-Ventura, CA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$323.63
Oxnard-Thousand Oaks-Ventura, CA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$277.24
Oxnard-Thousand Oaks-Ventura, CA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$436.62
Oxnard-Thousand Oaks-Ventura, CA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$395.82
Oxnard-Thousand Oaks-Ventura, CA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$592.05
Oxnard-Thousand Oaks-Ventura, CA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$532.54
Oxnard-Thousand Oaks-Ventura, CA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$727.28
Oxnard-Thousand Oaks-Ventura, CA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$695.85

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Palm Bay-Melbourne-Titusville, FL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$75.00
Palm Bay-Melbourne-Titusville, FL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.50
Palm Bay-Melbourne-Titusville, FL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$56.25
Palm Bay-Melbourne-Titusville, FL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$11.00
Palm Bay-Melbourne-Titusville, FL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.10
Palm Bay-Melbourne-Titusville, FL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.25
Palm Bay-Melbourne-Titusville, FL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$120.00
Palm Bay-Melbourne-Titusville, FL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.00
Palm Bay-Melbourne-Titusville, FL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$90.00
Palm Bay-Melbourne-Titusville, FL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$66.90
Palm Bay-Melbourne-Titusville, FL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$6.69
Palm Bay-Melbourne-Titusville, FL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$50.18
Palm Bay-Melbourne-Titusville, FL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$102.14
Palm Bay-Melbourne-Titusville, FL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.21
Palm Bay-Melbourne-Titusville, FL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$76.61

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Palm Bay-Melbourne-Titusville, FL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$63.40
Palm Bay-Melbourne-Titusville, FL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$6.34
Palm Bay-Melbourne-Titusville, FL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$47.55
Palm Bay-Melbourne-Titusville, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.00
Palm Bay-Melbourne-Titusville, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.90
Palm Bay-Melbourne-Titusville, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.25
Palm Bay-Melbourne-Titusville, FL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$30.00
Palm Bay-Melbourne-Titusville, FL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.00
Palm Bay-Melbourne-Titusville, FL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$22.50
Palm Bay-Melbourne-Titusville, FL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$54.00
Palm Bay-Melbourne-Titusville, FL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.40
Palm Bay-Melbourne-Titusville, FL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$40.50
Palm Bay-Melbourne-Titusville, FL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$20.00
Palm Bay-Melbourne-Titusville, FL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.00
Palm Bay-Melbourne-Titusville, FL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$15.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Palm Bay-Melbourne-Titusville, FL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$72.00
Palm Bay-Melbourne-Titusville, FL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.20
Palm Bay-Melbourne-Titusville, FL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$54.00
Palm Bay-Melbourne-Titusville, FL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$70.00
Palm Bay-Melbourne-Titusville, FL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.00
Palm Bay-Melbourne-Titusville, FL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$52.50
Palm Bay-Melbourne-Titusville, FL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$80.00
Palm Bay-Melbourne-Titusville, FL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$8.00
Palm Bay-Melbourne-Titusville, FL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$60.00
Palm Bay-Melbourne-Titusville, FL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$152.71
Palm Bay-Melbourne-Titusville, FL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$15.27
Palm Bay-Melbourne-Titusville, FL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$114.53
Palm Bay-Melbourne-Titusville, FL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$132.90
Palm Bay-Melbourne-Titusville, FL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.29
Palm Bay-Melbourne-Titusville, FL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$99.68

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Palm Bay-Melbourne-Titusville, FL	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$40.59
Palm Bay-Melbourne-Titusville, FL	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.00
Palm Bay-Melbourne-Titusville, FL	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$28.89
Palm Bay-Melbourne-Titusville, FL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$350.00
Palm Bay-Melbourne-Titusville, FL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$35.00
Palm Bay-Melbourne-Titusville, FL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$262.50
Palm Bay-Melbourne-Titusville, FL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$300.00
Palm Bay-Melbourne-Titusville, FL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$30.00
Palm Bay-Melbourne-Titusville, FL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$225.00
Palm Bay-Melbourne-Titusville, FL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$400.00
Palm Bay-Melbourne-Titusville, FL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$40.00
Palm Bay-Melbourne-Titusville, FL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$300.00
Palm Bay-Melbourne-Titusville, FL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$390.00
Palm Bay-Melbourne-Titusville, FL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$39.00
Palm Bay-Melbourne-Titusville, FL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$292.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Palm Bay-Melbourne-Titusville, FL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$611.59
Palm Bay-Melbourne-Titusville, FL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$61.16
Palm Bay-Melbourne-Titusville, FL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$458.69
Palm Bay-Melbourne-Titusville, FL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$35.00
Palm Bay-Melbourne-Titusville, FL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.50
Palm Bay-Melbourne-Titusville, FL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.25
Palm Bay-Melbourne-Titusville, FL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$60.49
Palm Bay-Melbourne-Titusville, FL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$6.05
Palm Bay-Melbourne-Titusville, FL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$45.37
Palm Bay-Melbourne-Titusville, FL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$74.10
Palm Bay-Melbourne-Titusville, FL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$7.41
Palm Bay-Melbourne-Titusville, FL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$55.58
Palm Bay-Melbourne-Titusville, FL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.28
Palm Bay-Melbourne-Titusville, FL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.43
Palm Bay-Melbourne-Titusville, FL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.21

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Palm Bay-Melbourne-Titusville, FL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$28.99
Palm Bay-Melbourne-Titusville, FL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$2.90
Palm Bay-Melbourne-Titusville, FL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$21.74
Palm Bay-Melbourne-Titusville, FL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$26.14
Palm Bay-Melbourne-Titusville, FL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.61
Palm Bay-Melbourne-Titusville, FL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$19.61
Palm Bay-Melbourne-Titusville, FL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$132.05
Palm Bay-Melbourne-Titusville, FL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.21
Palm Bay-Melbourne-Titusville, FL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$99.04
Palm Bay-Melbourne-Titusville, FL	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$93.30
Palm Bay-Melbourne-Titusville, FL	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.33
Palm Bay-Melbourne-Titusville, FL	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$69.98
Palm Bay-Melbourne-Titusville, FL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$98.13
Palm Bay-Melbourne-Titusville, FL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$9.81
Palm Bay-Melbourne-Titusville, FL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$73.60

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Palm Bay-Melbourne-Titusville, FL	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$85.00
Palm Bay-Melbourne-Titusville, FL	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.50
Palm Bay-Melbourne-Titusville, FL	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$63.75
Palm Bay-Melbourne-Titusville, FL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$118.50
Palm Bay-Melbourne-Titusville, FL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$11.85
Palm Bay-Melbourne-Titusville, FL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$88.88
Palm Bay-Melbourne-Titusville, FL	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$82.06
Palm Bay-Melbourne-Titusville, FL	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.21
Palm Bay-Melbourne-Titusville, FL	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$61.55
Palm Bay-Melbourne-Titusville, FL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$70.00
Palm Bay-Melbourne-Titusville, FL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.00
Palm Bay-Melbourne-Titusville, FL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$52.50
Palm Bay-Melbourne-Titusville, FL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$146.58
Palm Bay-Melbourne-Titusville, FL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.66
Palm Bay-Melbourne-Titusville, FL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$109.94

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Palm Bay-Melbourne-Titusville, FL	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$254.50
Palm Bay-Melbourne-Titusville, FL	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$25.45
Palm Bay-Melbourne-Titusville, FL	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$190.88
Palm Bay-Melbourne-Titusville, FL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$323.99
Palm Bay-Melbourne-Titusville, FL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$32.40
Palm Bay-Melbourne-Titusville, FL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$242.99
Palm Bay-Melbourne-Titusville, FL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$293.24
Palm Bay-Melbourne-Titusville, FL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$29.32
Palm Bay-Melbourne-Titusville, FL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$219.93
Palm Bay-Melbourne-Titusville, FL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$505.42
Palm Bay-Melbourne-Titusville, FL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$50.54
Palm Bay-Melbourne-Titusville, FL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$379.07
Palm Bay-Melbourne-Titusville, FL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$118.11
Palm Bay-Melbourne-Titusville, FL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$11.81
Palm Bay-Melbourne-Titusville, FL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$88.58

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Palm Bay-Melbourne-Titusville, FL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$48.00
Palm Bay-Melbourne-Titusville, FL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.80
Palm Bay-Melbourne-Titusville, FL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.00
Palm Bay-Melbourne-Titusville, FL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$94.80
Palm Bay-Melbourne-Titusville, FL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.48
Palm Bay-Melbourne-Titusville, FL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$71.10
Palm Bay-Melbourne-Titusville, FL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.26
Palm Bay-Melbourne-Titusville, FL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.93
Palm Bay-Melbourne-Titusville, FL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.95
Palm Bay-Melbourne-Titusville, FL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$95.00
Palm Bay-Melbourne-Titusville, FL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.50
Palm Bay-Melbourne-Titusville, FL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$71.25
Palm Bay-Melbourne-Titusville, FL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.00
Palm Bay-Melbourne-Titusville, FL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.00
Palm Bay-Melbourne-Titusville, FL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Palm Bay-Melbourne-Titusville, FL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$13.34
Palm Bay-Melbourne-Titusville, FL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.33
Palm Bay-Melbourne-Titusville, FL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$10.01
Palm Bay-Melbourne-Titusville, FL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$32.00
Palm Bay-Melbourne-Titusville, FL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.20
Palm Bay-Melbourne-Titusville, FL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$24.00
Palm Bay-Melbourne-Titusville, FL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$48.70
Palm Bay-Melbourne-Titusville, FL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.87
Palm Bay-Melbourne-Titusville, FL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.53
Palm Bay-Melbourne-Titusville, FL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$32.00
Palm Bay-Melbourne-Titusville, FL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.20
Palm Bay-Melbourne-Titusville, FL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$24.00
Palm Bay-Melbourne-Titusville, FL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.91
Palm Bay-Melbourne-Titusville, FL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.29
Palm Bay-Melbourne-Titusville, FL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.18

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Palm Bay-Melbourne-Titusville, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$38.00
Palm Bay-Melbourne-Titusville, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.80
Palm Bay-Melbourne-Titusville, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$28.50
Palm Bay-Melbourne-Titusville, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$74.25
Palm Bay-Melbourne-Titusville, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$7.43
Palm Bay-Melbourne-Titusville, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$55.69
Palm Bay-Melbourne-Titusville, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$90.00
Palm Bay-Melbourne-Titusville, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.00
Palm Bay-Melbourne-Titusville, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$67.50
Palm Bay-Melbourne-Titusville, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$125.00
Palm Bay-Melbourne-Titusville, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$12.50
Palm Bay-Melbourne-Titusville, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$93.75
Palm Bay-Melbourne-Titusville, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$173.61
Palm Bay-Melbourne-Titusville, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$17.36
Palm Bay-Melbourne-Titusville, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$130.21

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Palm Bay-Melbourne-Titusville, FL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$265.76
Palm Bay-Melbourne-Titusville, FL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$26.58
Palm Bay-Melbourne-Titusville, FL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$199.32
Palm Bay-Melbourne-Titusville, FL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$179.95
Palm Bay-Melbourne-Titusville, FL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$18.00
Palm Bay-Melbourne-Titusville, FL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$134.96
Palm Bay-Melbourne-Titusville, FL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$220.50
Palm Bay-Melbourne-Titusville, FL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$22.05
Palm Bay-Melbourne-Titusville, FL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$165.38
Palm Bay-Melbourne-Titusville, FL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$159.05
Palm Bay-Melbourne-Titusville, FL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.91
Palm Bay-Melbourne-Titusville, FL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$119.29
Palm Bay-Melbourne-Titusville, FL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$260.00
Palm Bay-Melbourne-Titusville, FL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$26.00
Palm Bay-Melbourne-Titusville, FL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$195.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Palm Bay-Melbourne-Titusville, FL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$269.10
Palm Bay-Melbourne-Titusville, FL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$26.91
Palm Bay-Melbourne-Titusville, FL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$201.83
Palm Bay-Melbourne-Titusville, FL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$360.00
Palm Bay-Melbourne-Titusville, FL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.00
Palm Bay-Melbourne-Titusville, FL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$270.00
Palm Bay-Melbourne-Titusville, FL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$327.04
Palm Bay-Melbourne-Titusville, FL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$32.70
Palm Bay-Melbourne-Titusville, FL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$245.28
Palm Bay-Melbourne-Titusville, FL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$385.53
Palm Bay-Melbourne-Titusville, FL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.55
Palm Bay-Melbourne-Titusville, FL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$289.15
Palm Bay-Melbourne-Titusville, FL	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$366.72
Palm Bay-Melbourne-Titusville, FL	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.67
Palm Bay-Melbourne-Titusville, FL	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$275.04

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Palm Bay-Melbourne-Titusville, FL	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$369.61
Palm Bay-Melbourne-Titusville, FL	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.96
Palm Bay-Melbourne-Titusville, FL	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$277.21
Palm Bay-Melbourne-Titusville, FL	K0001	STANDARD WHEELCHAIR	RR			\$27.43
Palm Bay-Melbourne-Titusville, FL	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$41.09
Palm Bay-Melbourne-Titusville, FL	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$44.99
Palm Bay-Melbourne-Titusville, FL	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.50
Palm Bay-Melbourne-Titusville, FL	K0006	HEAVY DUTY WHEELCHAIR	RR			\$62.98
Palm Bay-Melbourne-Titusville, FL	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$97.86
Palm Bay-Melbourne-Titusville, FL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$110.20
Palm Bay-Melbourne-Titusville, FL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.02
Palm Bay-Melbourne-Titusville, FL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$82.65
Palm Bay-Melbourne-Titusville, FL	K0019	ARM PAD, EACH	NU			\$10.50
Palm Bay-Melbourne-Titusville, FL	K0019	ARM PAD, EACH	RR			\$1.05
Palm Bay-Melbourne-Titusville, FL	K0019	ARM PAD, EACH	UE			\$7.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Palm Bay-Melbourne-Titusville, FL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$42.00
Palm Bay-Melbourne-Titusville, FL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$4.20
Palm Bay-Melbourne-Titusville, FL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$31.50
Palm Bay-Melbourne-Titusville, FL	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$56.00
Palm Bay-Melbourne-Titusville, FL	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$5.60
Palm Bay-Melbourne-Titusville, FL	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$42.00
Palm Bay-Melbourne-Titusville, FL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$78.21
Palm Bay-Melbourne-Titusville, FL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$7.82
Palm Bay-Melbourne-Titusville, FL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$58.66
Palm Bay-Melbourne-Titusville, FL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$81.72
Palm Bay-Melbourne-Titusville, FL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.17
Palm Bay-Melbourne-Titusville, FL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$61.29
Palm Bay-Melbourne-Titusville, FL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$79.86
Palm Bay-Melbourne-Titusville, FL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$7.99
Palm Bay-Melbourne-Titusville, FL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$59.90

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Palm Bay-Melbourne-Titusville, FL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$150.00
Palm Bay-Melbourne-Titusville, FL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.00
Palm Bay-Melbourne-Titusville, FL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$112.50
Palm Bay-Melbourne-Titusville, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$50.00
Palm Bay-Melbourne-Titusville, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.00
Palm Bay-Melbourne-Titusville, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$37.50
Palm Bay-Melbourne-Titusville, FL	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$11.88
Palm Bay-Melbourne-Titusville, FL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$800.00
Palm Bay-Melbourne-Titusville, FL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$80.00
Palm Bay-Melbourne-Titusville, FL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$600.00
Palm Bay-Melbourne-Titusville, FL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,422.21
Palm Bay-Melbourne-Titusville, FL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$142.22
Palm Bay-Melbourne-Titusville, FL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,066.66
Palm Bay-Melbourne-Titusville, FL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,749.20
Palm Bay-Melbourne-Titusville, FL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$174.92

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Palm Bay-Melbourne-Titusville, FL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,311.90
Palm Bay-Melbourne-Titusville, FL	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$232.50
Palm Bay-Melbourne-Titusville, FL	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
Palm Bay-Melbourne-Titusville, FL	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Palm Bay-Melbourne-Titusville, FL	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$317.30
Palm Bay-Melbourne-Titusville, FL	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$251.85
Palm Bay-Melbourne-Titusville, FL	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$300.00
Palm Bay-Melbourne-Titusville, FL	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$322.50
Palm Bay-Melbourne-Titusville, FL	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$307.34
Palm Bay-Melbourne-Titusville, FL	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$431.07
Palm Bay-Melbourne-Titusville, FL	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$390.00
Palm Bay-Melbourne-Titusville, FL	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$600.00
Palm Bay-Melbourne-Titusville, FL	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$568.10
Palm Bay-Melbourne-Titusville, FL	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$674.40
Palm Bay-Melbourne-Titusville, FL	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$660.43

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$71.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.10
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$53.25
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$11.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.10
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.25
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$129.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.90
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$96.75
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$75.38
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.54
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$56.54
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$102.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.20
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$76.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$69.90
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$6.99
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$52.43
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$15.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.50
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$11.25
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$25.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.50
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$18.75
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$50.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$37.50
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$19.77
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$1.98
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$14.83

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$63.05
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.31
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$47.29
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$56.08
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$5.61
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$42.06
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$83.10
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$8.31
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$62.33
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$175.84
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$17.58
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$131.88
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$125.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.50
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$93.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.50
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$12.76
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$32.16
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$300.58
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$30.06
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$225.44
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$256.99
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$25.70
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$192.74
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$318.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$31.80
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$238.50
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$354.43
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$35.44
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$265.82

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$623.35
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$62.34
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$467.51
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$35.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.50
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.25
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$63.78
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$6.38
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$47.84
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$79.80
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$7.98
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$59.85
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$29.89
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$2.99
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$22.42
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$29.67
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.97
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$22.25
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$132.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.20
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$99.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.25
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$103.30
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.33
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$77.48

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.50
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$89.58
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.96
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.19
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$73.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.30
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$54.75
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$133.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$13.30
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$99.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$294.36
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$29.44
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$220.77
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$330.75
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$33.08
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$248.06
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$296.72
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$29.67
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$222.54
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$505.42
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$50.54
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$379.07
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$118.62
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$11.86
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$88.97

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.92
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.59
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.94
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$109.21
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.92
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$81.91
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$58.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.80
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.50
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$102.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.20
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$76.50
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.23
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.52
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.92

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.50
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.25
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$35.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.50
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$26.25
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.15
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.52
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.36
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$39.85
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.99
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$29.89
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$43.90
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.39
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.93

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$34.61
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.46
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$25.96
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$75.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$7.50
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$56.25
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$84.22
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$8.42
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$63.17
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$135.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$13.50
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$101.25
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$195.98
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.60
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$146.99

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$300.43
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$30.04
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$225.32
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$208.69
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.87
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$156.52
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$239.19
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$23.92
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$179.39
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$144.94
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$14.49
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$108.71
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$267.40
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$26.74
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$200.55

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$287.22
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$28.72
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$215.42
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$385.53
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.55
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$289.15
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$350.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$262.50
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$408.36
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.84
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$306.27
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$379.90
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$37.99
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$284.93

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$379.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$37.90
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$284.25
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0001	STANDARD WHEELCHAIR	RR			\$25.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$37.36
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$35.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$38.20
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0006	HEAVY DUTY WHEELCHAIR	RR			\$65.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$88.96
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$110.70
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.07
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$83.03
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0019	ARM PAD, EACH	NU			\$10.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0019	ARM PAD, EACH	RR			\$1.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0019	ARM PAD, EACH	UE			\$7.50

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$42.18
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$4.22
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$31.64
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$59.20
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$5.92
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$44.40
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$82.15
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.22
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$61.61
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$81.72
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.17
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$61.29
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$80.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$60.00

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$150.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$112.50
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$50.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$37.50
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$9.93
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$879.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$87.90
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$659.25
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,544.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$154.40
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,158.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,768.80
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$176.88

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,326.60
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$262.50
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$281.45
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$334.14
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$329.85
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$307.13
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$322.50
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$284.48
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$435.42
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$380.25
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$648.23
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$565.31
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$688.17
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$704.70

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Phoenix-Mesa-Glendale, AZ	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$77.71
Phoenix-Mesa-Glendale, AZ	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.77
Phoenix-Mesa-Glendale, AZ	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$58.28
Phoenix-Mesa-Glendale, AZ	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.75
Phoenix-Mesa-Glendale, AZ	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.28
Phoenix-Mesa-Glendale, AZ	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.56
Phoenix-Mesa-Glendale, AZ	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$139.00
Phoenix-Mesa-Glendale, AZ	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.90
Phoenix-Mesa-Glendale, AZ	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$104.25
Phoenix-Mesa-Glendale, AZ	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$80.00
Phoenix-Mesa-Glendale, AZ	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.00
Phoenix-Mesa-Glendale, AZ	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$60.00
Phoenix-Mesa-Glendale, AZ	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$115.22
Phoenix-Mesa-Glendale, AZ	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.52
Phoenix-Mesa-Glendale, AZ	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$86.42

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Phoenix-Mesa-Glendale, AZ	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$80.00
Phoenix-Mesa-Glendale, AZ	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$8.00
Phoenix-Mesa-Glendale, AZ	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$60.00
Phoenix-Mesa-Glendale, AZ	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.00
Phoenix-Mesa-Glendale, AZ	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.90
Phoenix-Mesa-Glendale, AZ	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.25
Phoenix-Mesa-Glendale, AZ	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$32.00
Phoenix-Mesa-Glendale, AZ	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.20
Phoenix-Mesa-Glendale, AZ	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$24.00
Phoenix-Mesa-Glendale, AZ	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$48.00
Phoenix-Mesa-Glendale, AZ	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.80
Phoenix-Mesa-Glendale, AZ	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$36.00
Phoenix-Mesa-Glendale, AZ	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$25.00
Phoenix-Mesa-Glendale, AZ	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.50
Phoenix-Mesa-Glendale, AZ	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$18.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Phoenix-Mesa-Glendale, AZ	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$69.00
Phoenix-Mesa-Glendale, AZ	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.90
Phoenix-Mesa-Glendale, AZ	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$51.75
Phoenix-Mesa-Glendale, AZ	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$80.00
Phoenix-Mesa-Glendale, AZ	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.00
Phoenix-Mesa-Glendale, AZ	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$60.00
Phoenix-Mesa-Glendale, AZ	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$109.00
Phoenix-Mesa-Glendale, AZ	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.90
Phoenix-Mesa-Glendale, AZ	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$81.75
Phoenix-Mesa-Glendale, AZ	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$200.00
Phoenix-Mesa-Glendale, AZ	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$20.00
Phoenix-Mesa-Glendale, AZ	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$150.00
Phoenix-Mesa-Glendale, AZ	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$137.42
Phoenix-Mesa-Glendale, AZ	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.74
Phoenix-Mesa-Glendale, AZ	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$103.07

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Phoenix-Mesa-Glendale, AZ	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.50
Phoenix-Mesa-Glendale, AZ	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.00
Phoenix-Mesa-Glendale, AZ	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$38.84
Phoenix-Mesa-Glendale, AZ	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$400.00
Phoenix-Mesa-Glendale, AZ	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$40.00
Phoenix-Mesa-Glendale, AZ	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$300.00
Phoenix-Mesa-Glendale, AZ	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$349.00
Phoenix-Mesa-Glendale, AZ	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$34.90
Phoenix-Mesa-Glendale, AZ	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$261.75
Phoenix-Mesa-Glendale, AZ	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$450.00
Phoenix-Mesa-Glendale, AZ	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.00
Phoenix-Mesa-Glendale, AZ	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$337.50
Phoenix-Mesa-Glendale, AZ	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$415.00
Phoenix-Mesa-Glendale, AZ	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$41.50
Phoenix-Mesa-Glendale, AZ	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$311.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Phoenix-Mesa-Glendale, AZ	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$750.00
Phoenix-Mesa-Glendale, AZ	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$75.00
Phoenix-Mesa-Glendale, AZ	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$562.50
Phoenix-Mesa-Glendale, AZ	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.00
Phoenix-Mesa-Glendale, AZ	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.60
Phoenix-Mesa-Glendale, AZ	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.00
Phoenix-Mesa-Glendale, AZ	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$81.15
Phoenix-Mesa-Glendale, AZ	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.12
Phoenix-Mesa-Glendale, AZ	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$60.86
Phoenix-Mesa-Glendale, AZ	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$88.40
Phoenix-Mesa-Glendale, AZ	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.84
Phoenix-Mesa-Glendale, AZ	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$66.30
Phoenix-Mesa-Glendale, AZ	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Phoenix-Mesa-Glendale, AZ	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Phoenix-Mesa-Glendale, AZ	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Phoenix-Mesa-Glendale, AZ	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$31.67
Phoenix-Mesa-Glendale, AZ	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.17
Phoenix-Mesa-Glendale, AZ	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$23.75
Phoenix-Mesa-Glendale, AZ	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$28.00
Phoenix-Mesa-Glendale, AZ	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.80
Phoenix-Mesa-Glendale, AZ	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$21.00
Phoenix-Mesa-Glendale, AZ	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$140.00
Phoenix-Mesa-Glendale, AZ	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.00
Phoenix-Mesa-Glendale, AZ	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$105.00
Phoenix-Mesa-Glendale, AZ	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.00
Phoenix-Mesa-Glendale, AZ	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
Phoenix-Mesa-Glendale, AZ	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.25
Phoenix-Mesa-Glendale, AZ	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$106.00
Phoenix-Mesa-Glendale, AZ	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.60
Phoenix-Mesa-Glendale, AZ	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$79.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Phoenix-Mesa-Glendale, AZ	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.00
Phoenix-Mesa-Glendale, AZ	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.00
Phoenix-Mesa-Glendale, AZ	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.50
Phoenix-Mesa-Glendale, AZ	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
Phoenix-Mesa-Glendale, AZ	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
Phoenix-Mesa-Glendale, AZ	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
Phoenix-Mesa-Glendale, AZ	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$98.00
Phoenix-Mesa-Glendale, AZ	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.80
Phoenix-Mesa-Glendale, AZ	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$73.50
Phoenix-Mesa-Glendale, AZ	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$72.00
Phoenix-Mesa-Glendale, AZ	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.20
Phoenix-Mesa-Glendale, AZ	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$54.00
Phoenix-Mesa-Glendale, AZ	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$146.63
Phoenix-Mesa-Glendale, AZ	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.66
Phoenix-Mesa-Glendale, AZ	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$109.97

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Phoenix-Mesa-Glendale, AZ	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$300.00
Phoenix-Mesa-Glendale, AZ	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$30.00
Phoenix-Mesa-Glendale, AZ	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$225.00
Phoenix-Mesa-Glendale, AZ	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$378.00
Phoenix-Mesa-Glendale, AZ	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$37.80
Phoenix-Mesa-Glendale, AZ	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$283.50
Phoenix-Mesa-Glendale, AZ	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$335.00
Phoenix-Mesa-Glendale, AZ	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$33.50
Phoenix-Mesa-Glendale, AZ	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$251.25
Phoenix-Mesa-Glendale, AZ	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$525.00
Phoenix-Mesa-Glendale, AZ	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$52.50
Phoenix-Mesa-Glendale, AZ	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$393.75
Phoenix-Mesa-Glendale, AZ	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$130.00
Phoenix-Mesa-Glendale, AZ	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$13.00
Phoenix-Mesa-Glendale, AZ	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$97.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Phoenix-Mesa-Glendale, AZ	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$56.00
Phoenix-Mesa-Glendale, AZ	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.60
Phoenix-Mesa-Glendale, AZ	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.00
Phoenix-Mesa-Glendale, AZ	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$129.50
Phoenix-Mesa-Glendale, AZ	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$12.95
Phoenix-Mesa-Glendale, AZ	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$97.13
Phoenix-Mesa-Glendale, AZ	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.00
Phoenix-Mesa-Glendale, AZ	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.00
Phoenix-Mesa-Glendale, AZ	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.00
Phoenix-Mesa-Glendale, AZ	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$105.17
Phoenix-Mesa-Glendale, AZ	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.52
Phoenix-Mesa-Glendale, AZ	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$78.88
Phoenix-Mesa-Glendale, AZ	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$47.00
Phoenix-Mesa-Glendale, AZ	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.70
Phoenix-Mesa-Glendale, AZ	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$35.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Phoenix-Mesa-Glendale, AZ	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.00
Phoenix-Mesa-Glendale, AZ	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.50
Phoenix-Mesa-Glendale, AZ	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.25
Phoenix-Mesa-Glendale, AZ	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$39.00
Phoenix-Mesa-Glendale, AZ	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.90
Phoenix-Mesa-Glendale, AZ	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$29.25
Phoenix-Mesa-Glendale, AZ	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.00
Phoenix-Mesa-Glendale, AZ	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.70
Phoenix-Mesa-Glendale, AZ	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.75
Phoenix-Mesa-Glendale, AZ	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$41.64
Phoenix-Mesa-Glendale, AZ	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.16
Phoenix-Mesa-Glendale, AZ	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.23
Phoenix-Mesa-Glendale, AZ	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.00
Phoenix-Mesa-Glendale, AZ	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.50
Phoenix-Mesa-Glendale, AZ	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Phoenix-Mesa-Glendale, AZ	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$41.98
Phoenix-Mesa-Glendale, AZ	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.20
Phoenix-Mesa-Glendale, AZ	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$31.49
Phoenix-Mesa-Glendale, AZ	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$83.00
Phoenix-Mesa-Glendale, AZ	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.30
Phoenix-Mesa-Glendale, AZ	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$62.25
Phoenix-Mesa-Glendale, AZ	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$105.76
Phoenix-Mesa-Glendale, AZ	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.58
Phoenix-Mesa-Glendale, AZ	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$79.32
Phoenix-Mesa-Glendale, AZ	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$154.23
Phoenix-Mesa-Glendale, AZ	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$15.42
Phoenix-Mesa-Glendale, AZ	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$115.67
Phoenix-Mesa-Glendale, AZ	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$200.00
Phoenix-Mesa-Glendale, AZ	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.00
Phoenix-Mesa-Glendale, AZ	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$150.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Phoenix-Mesa-Glendale, AZ	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$325.09
Phoenix-Mesa-Glendale, AZ	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.51
Phoenix-Mesa-Glendale, AZ	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$243.82
Phoenix-Mesa-Glendale, AZ	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$199.44
Phoenix-Mesa-Glendale, AZ	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.94
Phoenix-Mesa-Glendale, AZ	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$149.58
Phoenix-Mesa-Glendale, AZ	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$295.00
Phoenix-Mesa-Glendale, AZ	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$29.50
Phoenix-Mesa-Glendale, AZ	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$221.25
Phoenix-Mesa-Glendale, AZ	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
Phoenix-Mesa-Glendale, AZ	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
Phoenix-Mesa-Glendale, AZ	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
Phoenix-Mesa-Glendale, AZ	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$297.54
Phoenix-Mesa-Glendale, AZ	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.75
Phoenix-Mesa-Glendale, AZ	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$223.16

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Phoenix-Mesa-Glendale, AZ	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$305.65
Phoenix-Mesa-Glendale, AZ	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.57
Phoenix-Mesa-Glendale, AZ	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$229.24
Phoenix-Mesa-Glendale, AZ	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$420.00
Phoenix-Mesa-Glendale, AZ	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$42.00
Phoenix-Mesa-Glendale, AZ	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$315.00
Phoenix-Mesa-Glendale, AZ	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$362.23
Phoenix-Mesa-Glendale, AZ	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.22
Phoenix-Mesa-Glendale, AZ	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$271.67
Phoenix-Mesa-Glendale, AZ	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$499.00
Phoenix-Mesa-Glendale, AZ	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$49.90
Phoenix-Mesa-Glendale, AZ	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$374.25
Phoenix-Mesa-Glendale, AZ	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$394.00
Phoenix-Mesa-Glendale, AZ	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.40
Phoenix-Mesa-Glendale, AZ	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$295.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Phoenix-Mesa-Glendale, AZ	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$450.00
Phoenix-Mesa-Glendale, AZ	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.00
Phoenix-Mesa-Glendale, AZ	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$337.50
Phoenix-Mesa-Glendale, AZ	K0001	STANDARD WHEELCHAIR	RR			\$25.10
Phoenix-Mesa-Glendale, AZ	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$51.86
Phoenix-Mesa-Glendale, AZ	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$40.00
Phoenix-Mesa-Glendale, AZ	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$50.00
Phoenix-Mesa-Glendale, AZ	K0006	HEAVY DUTY WHEELCHAIR	RR			\$79.48
Phoenix-Mesa-Glendale, AZ	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$109.50
Phoenix-Mesa-Glendale, AZ	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$130.00
Phoenix-Mesa-Glendale, AZ	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$13.00
Phoenix-Mesa-Glendale, AZ	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$97.50
Phoenix-Mesa-Glendale, AZ	K0019	ARM PAD, EACH	NU			\$11.00
Phoenix-Mesa-Glendale, AZ	K0019	ARM PAD, EACH	RR			\$1.10
Phoenix-Mesa-Glendale, AZ	K0019	ARM PAD, EACH	UE			\$8.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Phoenix-Mesa-Glendale, AZ	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$53.00
Phoenix-Mesa-Glendale, AZ	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.30
Phoenix-Mesa-Glendale, AZ	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$39.75
Phoenix-Mesa-Glendale, AZ	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$70.00
Phoenix-Mesa-Glendale, AZ	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.00
Phoenix-Mesa-Glendale, AZ	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$52.50
Phoenix-Mesa-Glendale, AZ	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
Phoenix-Mesa-Glendale, AZ	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
Phoenix-Mesa-Glendale, AZ	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
Phoenix-Mesa-Glendale, AZ	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$90.00
Phoenix-Mesa-Glendale, AZ	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$9.00
Phoenix-Mesa-Glendale, AZ	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$67.50
Phoenix-Mesa-Glendale, AZ	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$92.00
Phoenix-Mesa-Glendale, AZ	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.20
Phoenix-Mesa-Glendale, AZ	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$69.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Phoenix-Mesa-Glendale, AZ	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$160.00
Phoenix-Mesa-Glendale, AZ	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$16.00
Phoenix-Mesa-Glendale, AZ	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$120.00
Phoenix-Mesa-Glendale, AZ	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$53.00
Phoenix-Mesa-Glendale, AZ	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.30
Phoenix-Mesa-Glendale, AZ	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$39.75
Phoenix-Mesa-Glendale, AZ	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$11.50
Phoenix-Mesa-Glendale, AZ	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$899.00
Phoenix-Mesa-Glendale, AZ	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$89.90
Phoenix-Mesa-Glendale, AZ	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$674.25
Phoenix-Mesa-Glendale, AZ	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,575.00
Phoenix-Mesa-Glendale, AZ	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$157.50
Phoenix-Mesa-Glendale, AZ	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,181.25
Phoenix-Mesa-Glendale, AZ	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,900.00
Phoenix-Mesa-Glendale, AZ	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$190.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Phoenix-Mesa-Glendale, AZ	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,425.00
Phoenix-Mesa-Glendale, AZ	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$284.85
Phoenix-Mesa-Glendale, AZ	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Phoenix-Mesa-Glendale, AZ	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$375.00
Phoenix-Mesa-Glendale, AZ	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$375.00
Phoenix-Mesa-Glendale, AZ	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$315.00
Phoenix-Mesa-Glendale, AZ	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$352.50
Phoenix-Mesa-Glendale, AZ	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$324.75
Phoenix-Mesa-Glendale, AZ	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
Phoenix-Mesa-Glendale, AZ	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$462.87
Phoenix-Mesa-Glendale, AZ	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$390.00
Phoenix-Mesa-Glendale, AZ	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$735.00
Phoenix-Mesa-Glendale, AZ	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$600.00
Phoenix-Mesa-Glendale, AZ	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$794.25
Phoenix-Mesa-Glendale, AZ	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$780.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Portland-Vancouver-Hillsboro, OR-WA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$79.95
Portland-Vancouver-Hillsboro, OR-WA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$8.00
Portland-Vancouver-Hillsboro, OR-WA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$59.96
Portland-Vancouver-Hillsboro, OR-WA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$13.00
Portland-Vancouver-Hillsboro, OR-WA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.30
Portland-Vancouver-Hillsboro, OR-WA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.75
Portland-Vancouver-Hillsboro, OR-WA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$139.40
Portland-Vancouver-Hillsboro, OR-WA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.94
Portland-Vancouver-Hillsboro, OR-WA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$104.55
Portland-Vancouver-Hillsboro, OR-WA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$86.70
Portland-Vancouver-Hillsboro, OR-WA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.67
Portland-Vancouver-Hillsboro, OR-WA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$65.03
Portland-Vancouver-Hillsboro, OR-WA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$121.32
Portland-Vancouver-Hillsboro, OR-WA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.13
Portland-Vancouver-Hillsboro, OR-WA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$90.99

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Portland-Vancouver-Hillsboro, OR-WA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$79.50
Portland-Vancouver-Hillsboro, OR-WA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.95
Portland-Vancouver-Hillsboro, OR-WA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$59.63
Portland-Vancouver-Hillsboro, OR-WA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$22.00
Portland-Vancouver-Hillsboro, OR-WA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.20
Portland-Vancouver-Hillsboro, OR-WA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$16.50
Portland-Vancouver-Hillsboro, OR-WA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$35.28
Portland-Vancouver-Hillsboro, OR-WA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.53
Portland-Vancouver-Hillsboro, OR-WA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$26.46
Portland-Vancouver-Hillsboro, OR-WA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$45.24
Portland-Vancouver-Hillsboro, OR-WA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.52
Portland-Vancouver-Hillsboro, OR-WA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$33.93
Portland-Vancouver-Hillsboro, OR-WA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$32.00
Portland-Vancouver-Hillsboro, OR-WA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$3.20
Portland-Vancouver-Hillsboro, OR-WA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$24.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Portland-Vancouver-Hillsboro, OR-WA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$69.00
Portland-Vancouver-Hillsboro, OR-WA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.90
Portland-Vancouver-Hillsboro, OR-WA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$51.75
Portland-Vancouver-Hillsboro, OR-WA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$85.00
Portland-Vancouver-Hillsboro, OR-WA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.50
Portland-Vancouver-Hillsboro, OR-WA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$63.75
Portland-Vancouver-Hillsboro, OR-WA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$110.00
Portland-Vancouver-Hillsboro, OR-WA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$11.00
Portland-Vancouver-Hillsboro, OR-WA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$82.50
Portland-Vancouver-Hillsboro, OR-WA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$210.00
Portland-Vancouver-Hillsboro, OR-WA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$21.00
Portland-Vancouver-Hillsboro, OR-WA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$157.50
Portland-Vancouver-Hillsboro, OR-WA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$128.00
Portland-Vancouver-Hillsboro, OR-WA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.80
Portland-Vancouver-Hillsboro, OR-WA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$96.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Portland-Vancouver-Hillsboro, OR-WA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$43.41
Portland-Vancouver-Hillsboro, OR-WA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.49
Portland-Vancouver-Hillsboro, OR-WA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$38.84
Portland-Vancouver-Hillsboro, OR-WA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$424.00
Portland-Vancouver-Hillsboro, OR-WA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$42.40
Portland-Vancouver-Hillsboro, OR-WA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$318.00
Portland-Vancouver-Hillsboro, OR-WA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$350.00
Portland-Vancouver-Hillsboro, OR-WA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$35.00
Portland-Vancouver-Hillsboro, OR-WA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$262.50
Portland-Vancouver-Hillsboro, OR-WA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$455.00
Portland-Vancouver-Hillsboro, OR-WA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.50
Portland-Vancouver-Hillsboro, OR-WA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$341.25
Portland-Vancouver-Hillsboro, OR-WA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$450.00
Portland-Vancouver-Hillsboro, OR-WA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$45.00
Portland-Vancouver-Hillsboro, OR-WA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$337.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Portland-Vancouver-Hillsboro, OR-WA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$720.00
Portland-Vancouver-Hillsboro, OR-WA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$72.00
Portland-Vancouver-Hillsboro, OR-WA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$540.00
Portland-Vancouver-Hillsboro, OR-WA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.22
Portland-Vancouver-Hillsboro, OR-WA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.62
Portland-Vancouver-Hillsboro, OR-WA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.17
Portland-Vancouver-Hillsboro, OR-WA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$90.00
Portland-Vancouver-Hillsboro, OR-WA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$9.00
Portland-Vancouver-Hillsboro, OR-WA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$67.50
Portland-Vancouver-Hillsboro, OR-WA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$90.00
Portland-Vancouver-Hillsboro, OR-WA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$9.00
Portland-Vancouver-Hillsboro, OR-WA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$67.50
Portland-Vancouver-Hillsboro, OR-WA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Portland-Vancouver-Hillsboro, OR-WA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Portland-Vancouver-Hillsboro, OR-WA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Portland-Vancouver-Hillsboro, OR-WA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$34.00
Portland-Vancouver-Hillsboro, OR-WA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.40
Portland-Vancouver-Hillsboro, OR-WA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$25.50
Portland-Vancouver-Hillsboro, OR-WA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$30.52
Portland-Vancouver-Hillsboro, OR-WA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$3.05
Portland-Vancouver-Hillsboro, OR-WA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$22.89
Portland-Vancouver-Hillsboro, OR-WA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$145.00
Portland-Vancouver-Hillsboro, OR-WA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.50
Portland-Vancouver-Hillsboro, OR-WA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$108.75
Portland-Vancouver-Hillsboro, OR-WA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$101.54
Portland-Vancouver-Hillsboro, OR-WA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.15
Portland-Vancouver-Hillsboro, OR-WA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$76.16
Portland-Vancouver-Hillsboro, OR-WA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$106.00
Portland-Vancouver-Hillsboro, OR-WA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.60
Portland-Vancouver-Hillsboro, OR-WA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$79.50

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Portland-Vancouver-Hillsboro, OR-WA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.09
Portland-Vancouver-Hillsboro, OR-WA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.01
Portland-Vancouver-Hillsboro, OR-WA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.57
Portland-Vancouver-Hillsboro, OR-WA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
Portland-Vancouver-Hillsboro, OR-WA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
Portland-Vancouver-Hillsboro, OR-WA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
Portland-Vancouver-Hillsboro, OR-WA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
Portland-Vancouver-Hillsboro, OR-WA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
Portland-Vancouver-Hillsboro, OR-WA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
Portland-Vancouver-Hillsboro, OR-WA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.00
Portland-Vancouver-Hillsboro, OR-WA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.50
Portland-Vancouver-Hillsboro, OR-WA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$56.25
Portland-Vancouver-Hillsboro, OR-WA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$160.28
Portland-Vancouver-Hillsboro, OR-WA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$16.03
Portland-Vancouver-Hillsboro, OR-WA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$120.21

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Portland-Vancouver-Hillsboro, OR-WA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$329.78
Portland-Vancouver-Hillsboro, OR-WA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$32.98
Portland-Vancouver-Hillsboro, OR-WA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$247.34
Portland-Vancouver-Hillsboro, OR-WA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$425.00
Portland-Vancouver-Hillsboro, OR-WA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$42.50
Portland-Vancouver-Hillsboro, OR-WA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$318.75
Portland-Vancouver-Hillsboro, OR-WA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$375.00
Portland-Vancouver-Hillsboro, OR-WA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$37.50
Portland-Vancouver-Hillsboro, OR-WA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$281.25
Portland-Vancouver-Hillsboro, OR-WA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$553.00
Portland-Vancouver-Hillsboro, OR-WA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$55.30
Portland-Vancouver-Hillsboro, OR-WA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$414.75
Portland-Vancouver-Hillsboro, OR-WA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$132.57
Portland-Vancouver-Hillsboro, OR-WA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$13.26
Portland-Vancouver-Hillsboro, OR-WA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$99.43

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Portland-Vancouver-Hillsboro, OR-WA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$58.00
Portland-Vancouver-Hillsboro, OR-WA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.80
Portland-Vancouver-Hillsboro, OR-WA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.50
Portland-Vancouver-Hillsboro, OR-WA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$129.50
Portland-Vancouver-Hillsboro, OR-WA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$12.95
Portland-Vancouver-Hillsboro, OR-WA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$97.13
Portland-Vancouver-Hillsboro, OR-WA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$62.00
Portland-Vancouver-Hillsboro, OR-WA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.20
Portland-Vancouver-Hillsboro, OR-WA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$46.50
Portland-Vancouver-Hillsboro, OR-WA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$109.72
Portland-Vancouver-Hillsboro, OR-WA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.97
Portland-Vancouver-Hillsboro, OR-WA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$82.29
Portland-Vancouver-Hillsboro, OR-WA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$50.00
Portland-Vancouver-Hillsboro, OR-WA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.00
Portland-Vancouver-Hillsboro, OR-WA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Portland-Vancouver-Hillsboro, OR-WA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$17.00
Portland-Vancouver-Hillsboro, OR-WA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.70
Portland-Vancouver-Hillsboro, OR-WA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.75
Portland-Vancouver-Hillsboro, OR-WA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.00
Portland-Vancouver-Hillsboro, OR-WA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.50
Portland-Vancouver-Hillsboro, OR-WA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.75
Portland-Vancouver-Hillsboro, OR-WA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.00
Portland-Vancouver-Hillsboro, OR-WA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.00
Portland-Vancouver-Hillsboro, OR-WA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.00
Portland-Vancouver-Hillsboro, OR-WA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.00
Portland-Vancouver-Hillsboro, OR-WA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.50
Portland-Vancouver-Hillsboro, OR-WA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.75
Portland-Vancouver-Hillsboro, OR-WA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.71
Portland-Vancouver-Hillsboro, OR-WA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.97
Portland-Vancouver-Hillsboro, OR-WA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.28

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Portland-Vancouver-Hillsboro, OR-WA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$50.00
Portland-Vancouver-Hillsboro, OR-WA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$5.00
Portland-Vancouver-Hillsboro, OR-WA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$37.50
Portland-Vancouver-Hillsboro, OR-WA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$95.00
Portland-Vancouver-Hillsboro, OR-WA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$9.50
Portland-Vancouver-Hillsboro, OR-WA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$71.25
Portland-Vancouver-Hillsboro, OR-WA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$120.00
Portland-Vancouver-Hillsboro, OR-WA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$12.00
Portland-Vancouver-Hillsboro, OR-WA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$90.00
Portland-Vancouver-Hillsboro, OR-WA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$160.00
Portland-Vancouver-Hillsboro, OR-WA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$16.00
Portland-Vancouver-Hillsboro, OR-WA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$120.00
Portland-Vancouver-Hillsboro, OR-WA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$225.66
Portland-Vancouver-Hillsboro, OR-WA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$22.57
Portland-Vancouver-Hillsboro, OR-WA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$169.25

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Portland-Vancouver-Hillsboro, OR-WA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$325.09
Portland-Vancouver-Hillsboro, OR-WA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.51
Portland-Vancouver-Hillsboro, OR-WA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$243.82
Portland-Vancouver-Hillsboro, OR-WA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$230.00
Portland-Vancouver-Hillsboro, OR-WA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$23.00
Portland-Vancouver-Hillsboro, OR-WA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$172.50
Portland-Vancouver-Hillsboro, OR-WA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$300.00
Portland-Vancouver-Hillsboro, OR-WA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$30.00
Portland-Vancouver-Hillsboro, OR-WA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$225.00
Portland-Vancouver-Hillsboro, OR-WA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
Portland-Vancouver-Hillsboro, OR-WA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
Portland-Vancouver-Hillsboro, OR-WA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
Portland-Vancouver-Hillsboro, OR-WA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$325.00
Portland-Vancouver-Hillsboro, OR-WA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$32.50
Portland-Vancouver-Hillsboro, OR-WA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$243.75

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Portland-Vancouver-Hillsboro, OR-WA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$325.00
Portland-Vancouver-Hillsboro, OR-WA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$32.50
Portland-Vancouver-Hillsboro, OR-WA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$243.75
Portland-Vancouver-Hillsboro, OR-WA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$450.00
Portland-Vancouver-Hillsboro, OR-WA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.00
Portland-Vancouver-Hillsboro, OR-WA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$337.50
Portland-Vancouver-Hillsboro, OR-WA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$362.23
Portland-Vancouver-Hillsboro, OR-WA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.22
Portland-Vancouver-Hillsboro, OR-WA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$271.67
Portland-Vancouver-Hillsboro, OR-WA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$500.00
Portland-Vancouver-Hillsboro, OR-WA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$50.00
Portland-Vancouver-Hillsboro, OR-WA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$375.00
Portland-Vancouver-Hillsboro, OR-WA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$394.00
Portland-Vancouver-Hillsboro, OR-WA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.40
Portland-Vancouver-Hillsboro, OR-WA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$295.50

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Portland-Vancouver-Hillsboro, OR-WA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$450.00
Portland-Vancouver-Hillsboro, OR-WA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.00
Portland-Vancouver-Hillsboro, OR-WA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$337.50
Portland-Vancouver-Hillsboro, OR-WA	K0001	STANDARD WHEELCHAIR	RR			\$25.00
Portland-Vancouver-Hillsboro, OR-WA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$51.86
Portland-Vancouver-Hillsboro, OR-WA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$40.00
Portland-Vancouver-Hillsboro, OR-WA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.50
Portland-Vancouver-Hillsboro, OR-WA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$76.99
Portland-Vancouver-Hillsboro, OR-WA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$99.50
Portland-Vancouver-Hillsboro, OR-WA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$145.00
Portland-Vancouver-Hillsboro, OR-WA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$14.50
Portland-Vancouver-Hillsboro, OR-WA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$108.75
Portland-Vancouver-Hillsboro, OR-WA	K0019	ARM PAD, EACH	NU			\$11.58
Portland-Vancouver-Hillsboro, OR-WA	K0019	ARM PAD, EACH	RR			\$1.16
Portland-Vancouver-Hillsboro, OR-WA	K0019	ARM PAD, EACH	UE			\$8.69

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Portland-Vancouver-Hillsboro, OR-WA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$53.00
Portland-Vancouver-Hillsboro, OR-WA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.30
Portland-Vancouver-Hillsboro, OR-WA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$39.75
Portland-Vancouver-Hillsboro, OR-WA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$70.00
Portland-Vancouver-Hillsboro, OR-WA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.00
Portland-Vancouver-Hillsboro, OR-WA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$52.50
Portland-Vancouver-Hillsboro, OR-WA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
Portland-Vancouver-Hillsboro, OR-WA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
Portland-Vancouver-Hillsboro, OR-WA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
Portland-Vancouver-Hillsboro, OR-WA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$90.00
Portland-Vancouver-Hillsboro, OR-WA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$9.00
Portland-Vancouver-Hillsboro, OR-WA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$67.50
Portland-Vancouver-Hillsboro, OR-WA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$95.00
Portland-Vancouver-Hillsboro, OR-WA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.50
Portland-Vancouver-Hillsboro, OR-WA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$71.25

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Portland-Vancouver-Hillsboro, OR-WA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$160.00
Portland-Vancouver-Hillsboro, OR-WA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$16.00
Portland-Vancouver-Hillsboro, OR-WA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$120.00
Portland-Vancouver-Hillsboro, OR-WA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$53.00
Portland-Vancouver-Hillsboro, OR-WA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.30
Portland-Vancouver-Hillsboro, OR-WA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$39.75
Portland-Vancouver-Hillsboro, OR-WA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$11.18
Portland-Vancouver-Hillsboro, OR-WA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$900.00
Portland-Vancouver-Hillsboro, OR-WA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$90.00
Portland-Vancouver-Hillsboro, OR-WA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$675.00
Portland-Vancouver-Hillsboro, OR-WA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,800.00
Portland-Vancouver-Hillsboro, OR-WA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$180.00
Portland-Vancouver-Hillsboro, OR-WA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,350.00
Portland-Vancouver-Hillsboro, OR-WA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,900.00
Portland-Vancouver-Hillsboro, OR-WA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$190.00

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Portland-Vancouver-Hillsboro, OR-WA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,425.00
Portland-Vancouver-Hillsboro, OR-WA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.00
Portland-Vancouver-Hillsboro, OR-WA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$343.05
Portland-Vancouver-Hillsboro, OR-WA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$390.60
Portland-Vancouver-Hillsboro, OR-WA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$382.35
Portland-Vancouver-Hillsboro, OR-WA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$286.20
Portland-Vancouver-Hillsboro, OR-WA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$359.85
Portland-Vancouver-Hillsboro, OR-WA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$329.25
Portland-Vancouver-Hillsboro, OR-WA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
Portland-Vancouver-Hillsboro, OR-WA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$462.87
Portland-Vancouver-Hillsboro, OR-WA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$374.25
Portland-Vancouver-Hillsboro, OR-WA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$780.00
Portland-Vancouver-Hillsboro, OR-WA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$629.85
Portland-Vancouver-Hillsboro, OR-WA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$840.00
Portland-Vancouver-Hillsboro, OR-WA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$836.91

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Poughkeepsie-Newburgh-Middletown, NY	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$69.50
Poughkeepsie-Newburgh-Middletown, NY	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$6.95
Poughkeepsie-Newburgh-Middletown, NY	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$52.13
Poughkeepsie-Newburgh-Middletown, NY	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$10.98
Poughkeepsie-Newburgh-Middletown, NY	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.10
Poughkeepsie-Newburgh-Middletown, NY	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.24
Poughkeepsie-Newburgh-Middletown, NY	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$121.61
Poughkeepsie-Newburgh-Middletown, NY	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.16
Poughkeepsie-Newburgh-Middletown, NY	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$91.21
Poughkeepsie-Newburgh-Middletown, NY	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$70.50
Poughkeepsie-Newburgh-Middletown, NY	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.05
Poughkeepsie-Newburgh-Middletown, NY	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$52.88
Poughkeepsie-Newburgh-Middletown, NY	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$108.25
Poughkeepsie-Newburgh-Middletown, NY	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.83
Poughkeepsie-Newburgh-Middletown, NY	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$81.19

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Poughkeepsie-Newburgh-Middletown, NY	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$64.64
Poughkeepsie-Newburgh-Middletown, NY	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$6.46
Poughkeepsie-Newburgh-Middletown, NY	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$48.48
Poughkeepsie-Newburgh-Middletown, NY	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$15.46
Poughkeepsie-Newburgh-Middletown, NY	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.55
Poughkeepsie-Newburgh-Middletown, NY	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$11.60
Poughkeepsie-Newburgh-Middletown, NY	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$27.02
Poughkeepsie-Newburgh-Middletown, NY	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.70
Poughkeepsie-Newburgh-Middletown, NY	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$20.27
Poughkeepsie-Newburgh-Middletown, NY	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$52.00
Poughkeepsie-Newburgh-Middletown, NY	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.20
Poughkeepsie-Newburgh-Middletown, NY	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$39.00
Poughkeepsie-Newburgh-Middletown, NY	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$22.50
Poughkeepsie-Newburgh-Middletown, NY	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.25
Poughkeepsie-Newburgh-Middletown, NY	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$16.88

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Poughkeepsie-Newburgh-Middletown, NY	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$61.86
Poughkeepsie-Newburgh-Middletown, NY	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.19
Poughkeepsie-Newburgh-Middletown, NY	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$46.40
Poughkeepsie-Newburgh-Middletown, NY	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$62.91
Poughkeepsie-Newburgh-Middletown, NY	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$6.29
Poughkeepsie-Newburgh-Middletown, NY	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$47.18
Poughkeepsie-Newburgh-Middletown, NY	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$84.10
Poughkeepsie-Newburgh-Middletown, NY	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$8.41
Poughkeepsie-Newburgh-Middletown, NY	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$63.08
Poughkeepsie-Newburgh-Middletown, NY	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$167.20
Poughkeepsie-Newburgh-Middletown, NY	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$16.72
Poughkeepsie-Newburgh-Middletown, NY	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$125.40
Poughkeepsie-Newburgh-Middletown, NY	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$127.08
Poughkeepsie-Newburgh-Middletown, NY	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.71
Poughkeepsie-Newburgh-Middletown, NY	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$95.31

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Poughkeepsie-Newburgh-Middletown, NY	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.45
Poughkeepsie-Newburgh-Middletown, NY	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$11.81
Poughkeepsie-Newburgh-Middletown, NY	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$34.49
Poughkeepsie-Newburgh-Middletown, NY	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$345.80
Poughkeepsie-Newburgh-Middletown, NY	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$34.58
Poughkeepsie-Newburgh-Middletown, NY	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$259.35
Poughkeepsie-Newburgh-Middletown, NY	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$252.73
Poughkeepsie-Newburgh-Middletown, NY	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$25.27
Poughkeepsie-Newburgh-Middletown, NY	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$189.55
Poughkeepsie-Newburgh-Middletown, NY	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$357.82
Poughkeepsie-Newburgh-Middletown, NY	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$35.78
Poughkeepsie-Newburgh-Middletown, NY	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$268.37
Poughkeepsie-Newburgh-Middletown, NY	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$380.10
Poughkeepsie-Newburgh-Middletown, NY	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$38.01
Poughkeepsie-Newburgh-Middletown, NY	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$285.08

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Poughkeepsie-Newburgh-Middletown, NY	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$671.60
Poughkeepsie-Newburgh-Middletown, NY	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$67.16
Poughkeepsie-Newburgh-Middletown, NY	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$503.70
Poughkeepsie-Newburgh-Middletown, NY	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$33.23
Poughkeepsie-Newburgh-Middletown, NY	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.32
Poughkeepsie-Newburgh-Middletown, NY	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$24.92
Poughkeepsie-Newburgh-Middletown, NY	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$64.88
Poughkeepsie-Newburgh-Middletown, NY	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$6.49
Poughkeepsie-Newburgh-Middletown, NY	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$48.66
Poughkeepsie-Newburgh-Middletown, NY	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$76.63
Poughkeepsie-Newburgh-Middletown, NY	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$7.66
Poughkeepsie-Newburgh-Middletown, NY	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$57.47
Poughkeepsie-Newburgh-Middletown, NY	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.87
Poughkeepsie-Newburgh-Middletown, NY	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.49
Poughkeepsie-Newburgh-Middletown, NY	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.65

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Poughkeepsie-Newburgh-Middletown, NY	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$29.25
Poughkeepsie-Newburgh-Middletown, NY	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$2.93
Poughkeepsie-Newburgh-Middletown, NY	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$21.94
Poughkeepsie-Newburgh-Middletown, NY	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$28.00
Poughkeepsie-Newburgh-Middletown, NY	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.80
Poughkeepsie-Newburgh-Middletown, NY	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$21.00
Poughkeepsie-Newburgh-Middletown, NY	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$136.00
Poughkeepsie-Newburgh-Middletown, NY	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.60
Poughkeepsie-Newburgh-Middletown, NY	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$102.00
Poughkeepsie-Newburgh-Middletown, NY	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$91.50
Poughkeepsie-Newburgh-Middletown, NY	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.15
Poughkeepsie-Newburgh-Middletown, NY	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$68.63
Poughkeepsie-Newburgh-Middletown, NY	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$109.32
Poughkeepsie-Newburgh-Middletown, NY	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.93
Poughkeepsie-Newburgh-Middletown, NY	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$81.99

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Poughkeepsie-Newburgh-Middletown, NY	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$82.00
Poughkeepsie-Newburgh-Middletown, NY	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.20
Poughkeepsie-Newburgh-Middletown, NY	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$61.50
Poughkeepsie-Newburgh-Middletown, NY	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
Poughkeepsie-Newburgh-Middletown, NY	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
Poughkeepsie-Newburgh-Middletown, NY	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
Poughkeepsie-Newburgh-Middletown, NY	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$89.04
Poughkeepsie-Newburgh-Middletown, NY	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.90
Poughkeepsie-Newburgh-Middletown, NY	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$66.78
Poughkeepsie-Newburgh-Middletown, NY	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$65.00
Poughkeepsie-Newburgh-Middletown, NY	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$6.50
Poughkeepsie-Newburgh-Middletown, NY	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$48.75
Poughkeepsie-Newburgh-Middletown, NY	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$148.08
Poughkeepsie-Newburgh-Middletown, NY	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.81
Poughkeepsie-Newburgh-Middletown, NY	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$111.06

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Poughkeepsie-Newburgh-Middletown, NY	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$280.25
Poughkeepsie-Newburgh-Middletown, NY	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$28.03
Poughkeepsie-Newburgh-Middletown, NY	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$210.19
Poughkeepsie-Newburgh-Middletown, NY	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$355.30
Poughkeepsie-Newburgh-Middletown, NY	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$35.53
Poughkeepsie-Newburgh-Middletown, NY	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$266.48
Poughkeepsie-Newburgh-Middletown, NY	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$307.36
Poughkeepsie-Newburgh-Middletown, NY	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$30.74
Poughkeepsie-Newburgh-Middletown, NY	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$230.52
Poughkeepsie-Newburgh-Middletown, NY	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$483.12
Poughkeepsie-Newburgh-Middletown, NY	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$48.31
Poughkeepsie-Newburgh-Middletown, NY	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$362.34
Poughkeepsie-Newburgh-Middletown, NY	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$110.57
Poughkeepsie-Newburgh-Middletown, NY	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$11.06
Poughkeepsie-Newburgh-Middletown, NY	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$82.93

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Poughkeepsie-Newburgh-Middletown, NY	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$53.84
Poughkeepsie-Newburgh-Middletown, NY	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.38
Poughkeepsie-Newburgh-Middletown, NY	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$40.38
Poughkeepsie-Newburgh-Middletown, NY	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$100.72
Poughkeepsie-Newburgh-Middletown, NY	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.07
Poughkeepsie-Newburgh-Middletown, NY	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$75.54
Poughkeepsie-Newburgh-Middletown, NY	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$56.95
Poughkeepsie-Newburgh-Middletown, NY	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.70
Poughkeepsie-Newburgh-Middletown, NY	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.71
Poughkeepsie-Newburgh-Middletown, NY	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$90.70
Poughkeepsie-Newburgh-Middletown, NY	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.07
Poughkeepsie-Newburgh-Middletown, NY	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$68.03
Poughkeepsie-Newburgh-Middletown, NY	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$38.12
Poughkeepsie-Newburgh-Middletown, NY	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.81
Poughkeepsie-Newburgh-Middletown, NY	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.59

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Poughkeepsie-Newburgh-Middletown, NY	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$14.92
Poughkeepsie-Newburgh-Middletown, NY	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.49
Poughkeepsie-Newburgh-Middletown, NY	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.19
Poughkeepsie-Newburgh-Middletown, NY	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$39.00
Poughkeepsie-Newburgh-Middletown, NY	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.90
Poughkeepsie-Newburgh-Middletown, NY	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$29.25
Poughkeepsie-Newburgh-Middletown, NY	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.07
Poughkeepsie-Newburgh-Middletown, NY	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.51
Poughkeepsie-Newburgh-Middletown, NY	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.30
Poughkeepsie-Newburgh-Middletown, NY	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$35.50
Poughkeepsie-Newburgh-Middletown, NY	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.55
Poughkeepsie-Newburgh-Middletown, NY	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$26.63
Poughkeepsie-Newburgh-Middletown, NY	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$41.46
Poughkeepsie-Newburgh-Middletown, NY	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.15
Poughkeepsie-Newburgh-Middletown, NY	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.10

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Poughkeepsie-Newburgh-Middletown, NY	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$31.42
Poughkeepsie-Newburgh-Middletown, NY	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.14
Poughkeepsie-Newburgh-Middletown, NY	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$23.57
Poughkeepsie-Newburgh-Middletown, NY	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$72.17
Poughkeepsie-Newburgh-Middletown, NY	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$7.22
Poughkeepsie-Newburgh-Middletown, NY	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$54.13
Poughkeepsie-Newburgh-Middletown, NY	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$91.52
Poughkeepsie-Newburgh-Middletown, NY	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.15
Poughkeepsie-Newburgh-Middletown, NY	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$68.64
Poughkeepsie-Newburgh-Middletown, NY	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$123.55
Poughkeepsie-Newburgh-Middletown, NY	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$12.36
Poughkeepsie-Newburgh-Middletown, NY	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$92.66
Poughkeepsie-Newburgh-Middletown, NY	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$186.16
Poughkeepsie-Newburgh-Middletown, NY	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$18.62
Poughkeepsie-Newburgh-Middletown, NY	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$139.62

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Poughkeepsie-Newburgh-Middletown, NY	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$268.95
Poughkeepsie-Newburgh-Middletown, NY	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$26.90
Poughkeepsie-Newburgh-Middletown, NY	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$201.71
Poughkeepsie-Newburgh-Middletown, NY	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$185.73
Poughkeepsie-Newburgh-Middletown, NY	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$18.57
Poughkeepsie-Newburgh-Middletown, NY	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$139.30
Poughkeepsie-Newburgh-Middletown, NY	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$225.29
Poughkeepsie-Newburgh-Middletown, NY	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$22.53
Poughkeepsie-Newburgh-Middletown, NY	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$168.97
Poughkeepsie-Newburgh-Middletown, NY	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
Poughkeepsie-Newburgh-Middletown, NY	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
Poughkeepsie-Newburgh-Middletown, NY	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
Poughkeepsie-Newburgh-Middletown, NY	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$263.01
Poughkeepsie-Newburgh-Middletown, NY	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$26.30
Poughkeepsie-Newburgh-Middletown, NY	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$197.26

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Poughkeepsie-Newburgh-Middletown, NY	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$266.76
Poughkeepsie-Newburgh-Middletown, NY	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$26.68
Poughkeepsie-Newburgh-Middletown, NY	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$200.07
Poughkeepsie-Newburgh-Middletown, NY	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$351.74
Poughkeepsie-Newburgh-Middletown, NY	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.17
Poughkeepsie-Newburgh-Middletown, NY	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$263.81
Poughkeepsie-Newburgh-Middletown, NY	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$345.00
Poughkeepsie-Newburgh-Middletown, NY	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$34.50
Poughkeepsie-Newburgh-Middletown, NY	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$258.75
Poughkeepsie-Newburgh-Middletown, NY	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$383.26
Poughkeepsie-Newburgh-Middletown, NY	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.33
Poughkeepsie-Newburgh-Middletown, NY	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$287.45
Poughkeepsie-Newburgh-Middletown, NY	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$381.00
Poughkeepsie-Newburgh-Middletown, NY	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.10
Poughkeepsie-Newburgh-Middletown, NY	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$285.75

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Poughkeepsie-Newburgh-Middletown, NY	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$371.24
Poughkeepsie-Newburgh-Middletown, NY	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$37.12
Poughkeepsie-Newburgh-Middletown, NY	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$278.43
Poughkeepsie-Newburgh-Middletown, NY	K0001	STANDARD WHEELCHAIR	RR			\$20.78
Poughkeepsie-Newburgh-Middletown, NY	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$50.35
Poughkeepsie-Newburgh-Middletown, NY	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$35.25
Poughkeepsie-Newburgh-Middletown, NY	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$41.60
Poughkeepsie-Newburgh-Middletown, NY	K0006	HEAVY DUTY WHEELCHAIR	RR			\$76.08
Poughkeepsie-Newburgh-Middletown, NY	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$107.25
Poughkeepsie-Newburgh-Middletown, NY	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$113.60
Poughkeepsie-Newburgh-Middletown, NY	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.36
Poughkeepsie-Newburgh-Middletown, NY	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$85.20
Poughkeepsie-Newburgh-Middletown, NY	K0019	ARM PAD, EACH	NU			\$11.00
Poughkeepsie-Newburgh-Middletown, NY	K0019	ARM PAD, EACH	RR			\$1.10
Poughkeepsie-Newburgh-Middletown, NY	K0019	ARM PAD, EACH	UE			\$8.25

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Poughkeepsie-Newburgh-Middletown, NY	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$49.00
Poughkeepsie-Newburgh-Middletown, NY	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$4.90
Poughkeepsie-Newburgh-Middletown, NY	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$36.75
Poughkeepsie-Newburgh-Middletown, NY	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$59.60
Poughkeepsie-Newburgh-Middletown, NY	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$5.96
Poughkeepsie-Newburgh-Middletown, NY	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$44.70
Poughkeepsie-Newburgh-Middletown, NY	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$80.44
Poughkeepsie-Newburgh-Middletown, NY	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.04
Poughkeepsie-Newburgh-Middletown, NY	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$60.33
Poughkeepsie-Newburgh-Middletown, NY	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$82.00
Poughkeepsie-Newburgh-Middletown, NY	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.20
Poughkeepsie-Newburgh-Middletown, NY	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$61.50
Poughkeepsie-Newburgh-Middletown, NY	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$79.93
Poughkeepsie-Newburgh-Middletown, NY	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$7.99
Poughkeepsie-Newburgh-Middletown, NY	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$59.95

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Poughkeepsie-Newburgh-Middletown, NY	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$153.50
Poughkeepsie-Newburgh-Middletown, NY	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.35
Poughkeepsie-Newburgh-Middletown, NY	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$115.13
Poughkeepsie-Newburgh-Middletown, NY	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$44.60
Poughkeepsie-Newburgh-Middletown, NY	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$4.46
Poughkeepsie-Newburgh-Middletown, NY	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$33.45
Poughkeepsie-Newburgh-Middletown, NY	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$9.38
Poughkeepsie-Newburgh-Middletown, NY	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$765.02
Poughkeepsie-Newburgh-Middletown, NY	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$76.50
Poughkeepsie-Newburgh-Middletown, NY	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$573.77
Poughkeepsie-Newburgh-Middletown, NY	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,522.00
Poughkeepsie-Newburgh-Middletown, NY	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$152.20
Poughkeepsie-Newburgh-Middletown, NY	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,141.50
Poughkeepsie-Newburgh-Middletown, NY	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,673.50
Poughkeepsie-Newburgh-Middletown, NY	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$167.35

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Poughkeepsie-Newburgh-Middletown, NY	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,255.13
Poughkeepsie-Newburgh-Middletown, NY	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$251.10
Poughkeepsie-Newburgh-Middletown, NY	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$290.82
Poughkeepsie-Newburgh-Middletown, NY	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$333.51
Poughkeepsie-Newburgh-Middletown, NY	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$328.60
Poughkeepsie-Newburgh-Middletown, NY	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$268.43
Poughkeepsie-Newburgh-Middletown, NY	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$318.56
Poughkeepsie-Newburgh-Middletown, NY	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$323.63
Poughkeepsie-Newburgh-Middletown, NY	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$255.00
Poughkeepsie-Newburgh-Middletown, NY	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$396.77
Poughkeepsie-Newburgh-Middletown, NY	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$363.24
Poughkeepsie-Newburgh-Middletown, NY	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$604.65
Poughkeepsie-Newburgh-Middletown, NY	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$492.29
Poughkeepsie-Newburgh-Middletown, NY	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$672.15
Poughkeepsie-Newburgh-Middletown, NY	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$655.77

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Providence-New Bedford-Fall River, RI-MA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$79.95
Providence-New Bedford-Fall River, RI-MA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$8.00
Providence-New Bedford-Fall River, RI-MA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$59.96
Providence-New Bedford-Fall River, RI-MA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$13.18
Providence-New Bedford-Fall River, RI-MA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.32
Providence-New Bedford-Fall River, RI-MA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.89
Providence-New Bedford-Fall River, RI-MA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$141.70
Providence-New Bedford-Fall River, RI-MA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$14.17
Providence-New Bedford-Fall River, RI-MA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$106.28
Providence-New Bedford-Fall River, RI-MA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$80.31
Providence-New Bedford-Fall River, RI-MA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.03
Providence-New Bedford-Fall River, RI-MA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$60.23
Providence-New Bedford-Fall River, RI-MA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$115.22
Providence-New Bedford-Fall River, RI-MA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.52
Providence-New Bedford-Fall River, RI-MA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$86.42

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Providence-New Bedford-Fall River, RI-MA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$72.61
Providence-New Bedford-Fall River, RI-MA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.26
Providence-New Bedford-Fall River, RI-MA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$54.46
Providence-New Bedford-Fall River, RI-MA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.00
Providence-New Bedford-Fall River, RI-MA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.90
Providence-New Bedford-Fall River, RI-MA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.25
Providence-New Bedford-Fall River, RI-MA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$32.62
Providence-New Bedford-Fall River, RI-MA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.26
Providence-New Bedford-Fall River, RI-MA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$24.47
Providence-New Bedford-Fall River, RI-MA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$54.00
Providence-New Bedford-Fall River, RI-MA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.40
Providence-New Bedford-Fall River, RI-MA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$40.50
Providence-New Bedford-Fall River, RI-MA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$24.95
Providence-New Bedford-Fall River, RI-MA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.50
Providence-New Bedford-Fall River, RI-MA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$18.71

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Providence-New Bedford-Fall River, RI-MA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$66.30
Providence-New Bedford-Fall River, RI-MA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.63
Providence-New Bedford-Fall River, RI-MA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$49.73
Providence-New Bedford-Fall River, RI-MA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$75.95
Providence-New Bedford-Fall River, RI-MA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.60
Providence-New Bedford-Fall River, RI-MA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$56.96
Providence-New Bedford-Fall River, RI-MA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$110.00
Providence-New Bedford-Fall River, RI-MA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$11.00
Providence-New Bedford-Fall River, RI-MA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$82.50
Providence-New Bedford-Fall River, RI-MA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$200.00
Providence-New Bedford-Fall River, RI-MA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$20.00
Providence-New Bedford-Fall River, RI-MA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$150.00
Providence-New Bedford-Fall River, RI-MA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$130.18
Providence-New Bedford-Fall River, RI-MA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.02
Providence-New Bedford-Fall River, RI-MA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$97.64

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Providence-New Bedford-Fall River, RI-MA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$43.61
Providence-New Bedford-Fall River, RI-MA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.00
Providence-New Bedford-Fall River, RI-MA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$38.80
Providence-New Bedford-Fall River, RI-MA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$377.14
Providence-New Bedford-Fall River, RI-MA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$37.71
Providence-New Bedford-Fall River, RI-MA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$282.86
Providence-New Bedford-Fall River, RI-MA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$350.00
Providence-New Bedford-Fall River, RI-MA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$35.00
Providence-New Bedford-Fall River, RI-MA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$262.50
Providence-New Bedford-Fall River, RI-MA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$450.00
Providence-New Bedford-Fall River, RI-MA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.00
Providence-New Bedford-Fall River, RI-MA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$337.50
Providence-New Bedford-Fall River, RI-MA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$450.00
Providence-New Bedford-Fall River, RI-MA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$45.00
Providence-New Bedford-Fall River, RI-MA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$337.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Providence-New Bedford-Fall River, RI-MA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$700.00
Providence-New Bedford-Fall River, RI-MA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$70.00
Providence-New Bedford-Fall River, RI-MA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$525.00
Providence-New Bedford-Fall River, RI-MA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.00
Providence-New Bedford-Fall River, RI-MA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.60
Providence-New Bedford-Fall River, RI-MA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.00
Providence-New Bedford-Fall River, RI-MA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$76.98
Providence-New Bedford-Fall River, RI-MA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.70
Providence-New Bedford-Fall River, RI-MA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$57.74
Providence-New Bedford-Fall River, RI-MA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$89.25
Providence-New Bedford-Fall River, RI-MA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.93
Providence-New Bedford-Fall River, RI-MA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$66.94
Providence-New Bedford-Fall River, RI-MA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Providence-New Bedford-Fall River, RI-MA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Providence-New Bedford-Fall River, RI-MA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Providence-New Bedford-Fall River, RI-MA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$34.00
Providence-New Bedford-Fall River, RI-MA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.40
Providence-New Bedford-Fall River, RI-MA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$25.50
Providence-New Bedford-Fall River, RI-MA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$30.00
Providence-New Bedford-Fall River, RI-MA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$3.00
Providence-New Bedford-Fall River, RI-MA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$22.50
Providence-New Bedford-Fall River, RI-MA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$145.00
Providence-New Bedford-Fall River, RI-MA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.50
Providence-New Bedford-Fall River, RI-MA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$108.75
Providence-New Bedford-Fall River, RI-MA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$102.57
Providence-New Bedford-Fall River, RI-MA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.26
Providence-New Bedford-Fall River, RI-MA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$76.93
Providence-New Bedford-Fall River, RI-MA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$106.00
Providence-New Bedford-Fall River, RI-MA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.60
Providence-New Bedford-Fall River, RI-MA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$79.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Providence-New Bedford-Fall River, RI-MA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$96.00
Providence-New Bedford-Fall River, RI-MA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.60
Providence-New Bedford-Fall River, RI-MA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$72.00
Providence-New Bedford-Fall River, RI-MA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$148.52
Providence-New Bedford-Fall River, RI-MA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$14.85
Providence-New Bedford-Fall River, RI-MA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$111.39
Providence-New Bedford-Fall River, RI-MA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
Providence-New Bedford-Fall River, RI-MA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
Providence-New Bedford-Fall River, RI-MA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
Providence-New Bedford-Fall River, RI-MA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.00
Providence-New Bedford-Fall River, RI-MA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.50
Providence-New Bedford-Fall River, RI-MA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$56.25
Providence-New Bedford-Fall River, RI-MA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$151.84
Providence-New Bedford-Fall River, RI-MA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$15.18
Providence-New Bedford-Fall River, RI-MA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$113.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Providence-New Bedford-Fall River, RI-MA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$329.78
Providence-New Bedford-Fall River, RI-MA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$32.98
Providence-New Bedford-Fall River, RI-MA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$247.34
Providence-New Bedford-Fall River, RI-MA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$383.00
Providence-New Bedford-Fall River, RI-MA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$38.30
Providence-New Bedford-Fall River, RI-MA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$287.25
Providence-New Bedford-Fall River, RI-MA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$375.00
Providence-New Bedford-Fall River, RI-MA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$37.50
Providence-New Bedford-Fall River, RI-MA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$281.25
Providence-New Bedford-Fall River, RI-MA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$576.66
Providence-New Bedford-Fall River, RI-MA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$57.67
Providence-New Bedford-Fall River, RI-MA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$432.50
Providence-New Bedford-Fall River, RI-MA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$135.00
Providence-New Bedford-Fall River, RI-MA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$13.50
Providence-New Bedford-Fall River, RI-MA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$101.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Providence-New Bedford-Fall River, RI-MA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$62.00
Providence-New Bedford-Fall River, RI-MA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.20
Providence-New Bedford-Fall River, RI-MA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$46.50
Providence-New Bedford-Fall River, RI-MA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$126.55
Providence-New Bedford-Fall River, RI-MA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$12.66
Providence-New Bedford-Fall River, RI-MA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$94.91
Providence-New Bedford-Fall River, RI-MA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$62.00
Providence-New Bedford-Fall River, RI-MA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.20
Providence-New Bedford-Fall River, RI-MA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$46.50
Providence-New Bedford-Fall River, RI-MA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$102.00
Providence-New Bedford-Fall River, RI-MA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.20
Providence-New Bedford-Fall River, RI-MA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$76.50
Providence-New Bedford-Fall River, RI-MA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$43.01
Providence-New Bedford-Fall River, RI-MA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.30
Providence-New Bedford-Fall River, RI-MA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.26

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Providence-New Bedford-Fall River, RI-MA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$16.50
Providence-New Bedford-Fall River, RI-MA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.65
Providence-New Bedford-Fall River, RI-MA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.38
Providence-New Bedford-Fall River, RI-MA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$35.28
Providence-New Bedford-Fall River, RI-MA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.53
Providence-New Bedford-Fall River, RI-MA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$26.46
Providence-New Bedford-Fall River, RI-MA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.00
Providence-New Bedford-Fall River, RI-MA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.00
Providence-New Bedford-Fall River, RI-MA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.00
Providence-New Bedford-Fall River, RI-MA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$44.58
Providence-New Bedford-Fall River, RI-MA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.46
Providence-New Bedford-Fall River, RI-MA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.44
Providence-New Bedford-Fall River, RI-MA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$48.00
Providence-New Bedford-Fall River, RI-MA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.80
Providence-New Bedford-Fall River, RI-MA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Providence-New Bedford-Fall River, RI-MA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$42.21
Providence-New Bedford-Fall River, RI-MA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.22
Providence-New Bedford-Fall River, RI-MA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$31.66
Providence-New Bedford-Fall River, RI-MA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$83.75
Providence-New Bedford-Fall River, RI-MA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.38
Providence-New Bedford-Fall River, RI-MA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$62.81
Providence-New Bedford-Fall River, RI-MA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$102.54
Providence-New Bedford-Fall River, RI-MA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.25
Providence-New Bedford-Fall River, RI-MA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$76.91
Providence-New Bedford-Fall River, RI-MA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$154.23
Providence-New Bedford-Fall River, RI-MA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$15.42
Providence-New Bedford-Fall River, RI-MA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$115.67
Providence-New Bedford-Fall River, RI-MA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$210.00
Providence-New Bedford-Fall River, RI-MA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.00
Providence-New Bedford-Fall River, RI-MA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$157.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Providence-New Bedford-Fall River, RI-MA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$325.00
Providence-New Bedford-Fall River, RI-MA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.50
Providence-New Bedford-Fall River, RI-MA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$243.75
Providence-New Bedford-Fall River, RI-MA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$229.57
Providence-New Bedford-Fall River, RI-MA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$22.96
Providence-New Bedford-Fall River, RI-MA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$172.18
Providence-New Bedford-Fall River, RI-MA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$248.86
Providence-New Bedford-Fall River, RI-MA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$24.89
Providence-New Bedford-Fall River, RI-MA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$186.65
Providence-New Bedford-Fall River, RI-MA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
Providence-New Bedford-Fall River, RI-MA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
Providence-New Bedford-Fall River, RI-MA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
Providence-New Bedford-Fall River, RI-MA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$291.58
Providence-New Bedford-Fall River, RI-MA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.16
Providence-New Bedford-Fall River, RI-MA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$218.69

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Providence-New Bedford-Fall River, RI-MA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$305.65
Providence-New Bedford-Fall River, RI-MA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.57
Providence-New Bedford-Fall River, RI-MA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$229.24
Providence-New Bedford-Fall River, RI-MA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$391.27
Providence-New Bedford-Fall River, RI-MA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.13
Providence-New Bedford-Fall River, RI-MA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$293.45
Providence-New Bedford-Fall River, RI-MA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$355.94
Providence-New Bedford-Fall River, RI-MA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.59
Providence-New Bedford-Fall River, RI-MA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$266.96
Providence-New Bedford-Fall River, RI-MA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$410.13
Providence-New Bedford-Fall River, RI-MA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$41.01
Providence-New Bedford-Fall River, RI-MA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$307.60
Providence-New Bedford-Fall River, RI-MA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$394.00
Providence-New Bedford-Fall River, RI-MA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.40
Providence-New Bedford-Fall River, RI-MA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$295.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Providence-New Bedford-Fall River, RI-MA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$390.83
Providence-New Bedford-Fall River, RI-MA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.08
Providence-New Bedford-Fall River, RI-MA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$293.12
Providence-New Bedford-Fall River, RI-MA	K0001	STANDARD WHEELCHAIR	RR			\$28.00
Providence-New Bedford-Fall River, RI-MA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$41.85
Providence-New Bedford-Fall River, RI-MA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$40.43
Providence-New Bedford-Fall River, RI-MA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.50
Providence-New Bedford-Fall River, RI-MA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$76.99
Providence-New Bedford-Fall River, RI-MA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$124.63
Providence-New Bedford-Fall River, RI-MA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$117.75
Providence-New Bedford-Fall River, RI-MA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.78
Providence-New Bedford-Fall River, RI-MA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$88.31
Providence-New Bedford-Fall River, RI-MA	K0019	ARM PAD, EACH	NU			\$11.00
Providence-New Bedford-Fall River, RI-MA	K0019	ARM PAD, EACH	RR			\$1.10
Providence-New Bedford-Fall River, RI-MA	K0019	ARM PAD, EACH	UE			\$8.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Providence-New Bedford-Fall River, RI-MA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$48.68
Providence-New Bedford-Fall River, RI-MA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$4.87
Providence-New Bedford-Fall River, RI-MA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$36.51
Providence-New Bedford-Fall River, RI-MA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$62.58
Providence-New Bedford-Fall River, RI-MA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.26
Providence-New Bedford-Fall River, RI-MA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$46.94
Providence-New Bedford-Fall River, RI-MA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
Providence-New Bedford-Fall River, RI-MA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
Providence-New Bedford-Fall River, RI-MA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
Providence-New Bedford-Fall River, RI-MA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$89.56
Providence-New Bedford-Fall River, RI-MA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.96
Providence-New Bedford-Fall River, RI-MA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$67.17
Providence-New Bedford-Fall River, RI-MA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$92.00
Providence-New Bedford-Fall River, RI-MA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.20
Providence-New Bedford-Fall River, RI-MA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$69.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Providence-New Bedford-Fall River, RI-MA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$160.00
Providence-New Bedford-Fall River, RI-MA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$16.00
Providence-New Bedford-Fall River, RI-MA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$120.00
Providence-New Bedford-Fall River, RI-MA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$53.00
Providence-New Bedford-Fall River, RI-MA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.30
Providence-New Bedford-Fall River, RI-MA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$39.75
Providence-New Bedford-Fall River, RI-MA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$12.55
Providence-New Bedford-Fall River, RI-MA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$871.52
Providence-New Bedford-Fall River, RI-MA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$87.15
Providence-New Bedford-Fall River, RI-MA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$653.64
Providence-New Bedford-Fall River, RI-MA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,550.00
Providence-New Bedford-Fall River, RI-MA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$155.00
Providence-New Bedford-Fall River, RI-MA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,162.50
Providence-New Bedford-Fall River, RI-MA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,812.99
Providence-New Bedford-Fall River, RI-MA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$181.30

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Providence-New Bedford-Fall River, RI-MA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,359.74
Providence-New Bedford-Fall River, RI-MA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.00
Providence-New Bedford-Fall River, RI-MA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$321.63
Providence-New Bedford-Fall River, RI-MA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$359.82
Providence-New Bedford-Fall River, RI-MA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$335.03
Providence-New Bedford-Fall River, RI-MA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$286.31
Providence-New Bedford-Fall River, RI-MA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Providence-New Bedford-Fall River, RI-MA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$324.75
Providence-New Bedford-Fall River, RI-MA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$284.48
Providence-New Bedford-Fall River, RI-MA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$445.93
Providence-New Bedford-Fall River, RI-MA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$398.44
Providence-New Bedford-Fall River, RI-MA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$696.45
Providence-New Bedford-Fall River, RI-MA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$592.22
Providence-New Bedford-Fall River, RI-MA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$819.19
Providence-New Bedford-Fall River, RI-MA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$780.09

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Raleigh-Cary, NC	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$77.94
Raleigh-Cary, NC	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.79
Raleigh-Cary, NC	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$58.46
Raleigh-Cary, NC	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.96
Raleigh-Cary, NC	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.30
Raleigh-Cary, NC	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.72
Raleigh-Cary, NC	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$139.70
Raleigh-Cary, NC	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.97
Raleigh-Cary, NC	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$104.78
Raleigh-Cary, NC	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$75.70
Raleigh-Cary, NC	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.57
Raleigh-Cary, NC	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$56.78
Raleigh-Cary, NC	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$111.06
Raleigh-Cary, NC	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.11
Raleigh-Cary, NC	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$83.30

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Raleigh-Cary, NC	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$70.59
Raleigh-Cary, NC	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.06
Raleigh-Cary, NC	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$52.94
Raleigh-Cary, NC	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.70
Raleigh-Cary, NC	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.97
Raleigh-Cary, NC	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.78
Raleigh-Cary, NC	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$33.28
Raleigh-Cary, NC	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.33
Raleigh-Cary, NC	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$24.96
Raleigh-Cary, NC	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$57.50
Raleigh-Cary, NC	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.75
Raleigh-Cary, NC	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$43.13
Raleigh-Cary, NC	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$26.13
Raleigh-Cary, NC	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.61
Raleigh-Cary, NC	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$19.60

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Raleigh-Cary, NC	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$75.05
Raleigh-Cary, NC	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.51
Raleigh-Cary, NC	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$56.29
Raleigh-Cary, NC	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$78.69
Raleigh-Cary, NC	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.87
Raleigh-Cary, NC	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$59.02
Raleigh-Cary, NC	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$90.10
Raleigh-Cary, NC	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.01
Raleigh-Cary, NC	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$67.58
Raleigh-Cary, NC	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$178.88
Raleigh-Cary, NC	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$17.89
Raleigh-Cary, NC	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$134.16
Raleigh-Cary, NC	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$138.71
Raleigh-Cary, NC	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.87
Raleigh-Cary, NC	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$104.03

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Raleigh-Cary, NC	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.45
Raleigh-Cary, NC	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.00
Raleigh-Cary, NC	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$35.04
Raleigh-Cary, NC	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$377.62
Raleigh-Cary, NC	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$37.76
Raleigh-Cary, NC	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$283.22
Raleigh-Cary, NC	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$300.57
Raleigh-Cary, NC	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$30.06
Raleigh-Cary, NC	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$225.43
Raleigh-Cary, NC	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$403.64
Raleigh-Cary, NC	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$40.36
Raleigh-Cary, NC	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$302.73
Raleigh-Cary, NC	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$405.82
Raleigh-Cary, NC	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$40.58
Raleigh-Cary, NC	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$304.37

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Raleigh-Cary, NC	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$686.98
Raleigh-Cary, NC	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$68.70
Raleigh-Cary, NC	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$515.24
Raleigh-Cary, NC	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$34.98
Raleigh-Cary, NC	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.50
Raleigh-Cary, NC	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.24
Raleigh-Cary, NC	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$76.73
Raleigh-Cary, NC	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.67
Raleigh-Cary, NC	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$57.55
Raleigh-Cary, NC	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$78.69
Raleigh-Cary, NC	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$7.87
Raleigh-Cary, NC	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$59.02
Raleigh-Cary, NC	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Raleigh-Cary, NC	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Raleigh-Cary, NC	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Raleigh-Cary, NC	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$31.22
Raleigh-Cary, NC	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.12
Raleigh-Cary, NC	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$23.42
Raleigh-Cary, NC	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$26.96
Raleigh-Cary, NC	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.70
Raleigh-Cary, NC	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$20.22
Raleigh-Cary, NC	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$136.18
Raleigh-Cary, NC	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.62
Raleigh-Cary, NC	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$102.14
Raleigh-Cary, NC	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$91.50
Raleigh-Cary, NC	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.15
Raleigh-Cary, NC	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$68.63
Raleigh-Cary, NC	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$104.08
Raleigh-Cary, NC	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.41
Raleigh-Cary, NC	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$78.06

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Raleigh-Cary, NC	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$85.00
Raleigh-Cary, NC	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.50
Raleigh-Cary, NC	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$63.75
Raleigh-Cary, NC	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$133.42
Raleigh-Cary, NC	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$13.34
Raleigh-Cary, NC	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$100.07
Raleigh-Cary, NC	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$89.04
Raleigh-Cary, NC	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.90
Raleigh-Cary, NC	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$66.78
Raleigh-Cary, NC	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$71.34
Raleigh-Cary, NC	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.13
Raleigh-Cary, NC	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$53.51
Raleigh-Cary, NC	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$152.42
Raleigh-Cary, NC	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$15.24
Raleigh-Cary, NC	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$114.32

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Raleigh-Cary, NC	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$320.55
Raleigh-Cary, NC	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$32.06
Raleigh-Cary, NC	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$240.41
Raleigh-Cary, NC	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$372.55
Raleigh-Cary, NC	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$37.26
Raleigh-Cary, NC	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$279.41
Raleigh-Cary, NC	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$333.50
Raleigh-Cary, NC	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$33.35
Raleigh-Cary, NC	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$250.13
Raleigh-Cary, NC	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$547.00
Raleigh-Cary, NC	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$54.70
Raleigh-Cary, NC	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$410.25
Raleigh-Cary, NC	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$124.50
Raleigh-Cary, NC	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.45
Raleigh-Cary, NC	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$93.38

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Raleigh-Cary, NC	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$56.49
Raleigh-Cary, NC	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.65
Raleigh-Cary, NC	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.37
Raleigh-Cary, NC	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$112.00
Raleigh-Cary, NC	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.20
Raleigh-Cary, NC	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$84.00
Raleigh-Cary, NC	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.95
Raleigh-Cary, NC	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.80
Raleigh-Cary, NC	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.46
Raleigh-Cary, NC	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$107.44
Raleigh-Cary, NC	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.74
Raleigh-Cary, NC	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$80.58
Raleigh-Cary, NC	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.23
Raleigh-Cary, NC	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.92
Raleigh-Cary, NC	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.92

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Raleigh-Cary, NC	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.21
Raleigh-Cary, NC	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.52
Raleigh-Cary, NC	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.41
Raleigh-Cary, NC	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$37.70
Raleigh-Cary, NC	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.77
Raleigh-Cary, NC	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.28
Raleigh-Cary, NC	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.77
Raleigh-Cary, NC	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.58
Raleigh-Cary, NC	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.83
Raleigh-Cary, NC	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.50
Raleigh-Cary, NC	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.05
Raleigh-Cary, NC	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.38
Raleigh-Cary, NC	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$46.28
Raleigh-Cary, NC	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.63
Raleigh-Cary, NC	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.71

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Raleigh-Cary, NC	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$40.52
Raleigh-Cary, NC	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.05
Raleigh-Cary, NC	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$30.39
Raleigh-Cary, NC	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$82.43
Raleigh-Cary, NC	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.24
Raleigh-Cary, NC	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$61.82
Raleigh-Cary, NC	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$105.38
Raleigh-Cary, NC	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.54
Raleigh-Cary, NC	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$79.04
Raleigh-Cary, NC	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$145.83
Raleigh-Cary, NC	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$14.58
Raleigh-Cary, NC	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$109.37
Raleigh-Cary, NC	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$200.70
Raleigh-Cary, NC	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.07
Raleigh-Cary, NC	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$150.53

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Raleigh-Cary, NC	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$322.04
Raleigh-Cary, NC	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.20
Raleigh-Cary, NC	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$241.53
Raleigh-Cary, NC	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$208.48
Raleigh-Cary, NC	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.85
Raleigh-Cary, NC	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$156.36
Raleigh-Cary, NC	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$262.10
Raleigh-Cary, NC	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$26.21
Raleigh-Cary, NC	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$196.58
Raleigh-Cary, NC	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$199.50
Raleigh-Cary, NC	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$19.95
Raleigh-Cary, NC	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$149.63
Raleigh-Cary, NC	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$315.28
Raleigh-Cary, NC	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$31.53
Raleigh-Cary, NC	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$236.46

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Raleigh-Cary, NC	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$298.26
Raleigh-Cary, NC	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.83
Raleigh-Cary, NC	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$223.70
Raleigh-Cary, NC	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$414.43
Raleigh-Cary, NC	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$41.44
Raleigh-Cary, NC	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$310.82
Raleigh-Cary, NC	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$352.94
Raleigh-Cary, NC	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.29
Raleigh-Cary, NC	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$264.71
Raleigh-Cary, NC	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$459.86
Raleigh-Cary, NC	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.99
Raleigh-Cary, NC	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$344.90
Raleigh-Cary, NC	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$379.69
Raleigh-Cary, NC	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$37.97
Raleigh-Cary, NC	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$284.77

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Raleigh-Cary, NC	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$428.88
Raleigh-Cary, NC	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$42.89
Raleigh-Cary, NC	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$321.66
Raleigh-Cary, NC	K0001	STANDARD WHEELCHAIR	RR			\$29.21
Raleigh-Cary, NC	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$34.68
Raleigh-Cary, NC	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$37.75
Raleigh-Cary, NC	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$47.60
Raleigh-Cary, NC	K0006	HEAVY DUTY WHEELCHAIR	RR			\$60.00
Raleigh-Cary, NC	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$91.78
Raleigh-Cary, NC	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$133.90
Raleigh-Cary, NC	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$13.39
Raleigh-Cary, NC	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$100.43
Raleigh-Cary, NC	K0019	ARM PAD, EACH	NU			\$12.16
Raleigh-Cary, NC	K0019	ARM PAD, EACH	RR			\$1.22
Raleigh-Cary, NC	K0019	ARM PAD, EACH	UE			\$9.12

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Raleigh-Cary, NC	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$49.78
Raleigh-Cary, NC	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$4.98
Raleigh-Cary, NC	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$37.34
Raleigh-Cary, NC	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$69.75
Raleigh-Cary, NC	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.98
Raleigh-Cary, NC	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$52.31
Raleigh-Cary, NC	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$83.60
Raleigh-Cary, NC	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.36
Raleigh-Cary, NC	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$62.70
Raleigh-Cary, NC	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$82.00
Raleigh-Cary, NC	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.20
Raleigh-Cary, NC	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$61.50
Raleigh-Cary, NC	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$82.94
Raleigh-Cary, NC	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.29
Raleigh-Cary, NC	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$62.21

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Raleigh-Cary, NC	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$157.20
Raleigh-Cary, NC	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.72
Raleigh-Cary, NC	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$117.90
Raleigh-Cary, NC	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$50.00
Raleigh-Cary, NC	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.00
Raleigh-Cary, NC	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$37.50
Raleigh-Cary, NC	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$11.10
Raleigh-Cary, NC	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$818.98
Raleigh-Cary, NC	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$81.90
Raleigh-Cary, NC	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$614.24
Raleigh-Cary, NC	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,547.00
Raleigh-Cary, NC	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$154.70
Raleigh-Cary, NC	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,160.25
Raleigh-Cary, NC	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,824.96
Raleigh-Cary, NC	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$182.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Raleigh-Cary, NC	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,368.72
Raleigh-Cary, NC	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.47
Raleigh-Cary, NC	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$300.19
Raleigh-Cary, NC	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$372.90
Raleigh-Cary, NC	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$352.31
Raleigh-Cary, NC	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$284.64
Raleigh-Cary, NC	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$337.12
Raleigh-Cary, NC	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$327.00
Raleigh-Cary, NC	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$293.63
Raleigh-Cary, NC	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$447.97
Raleigh-Cary, NC	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$395.63
Raleigh-Cary, NC	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$670.36
Raleigh-Cary, NC	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$568.12
Raleigh-Cary, NC	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$710.81
Raleigh-Cary, NC	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$714.17

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Richmond, VA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$77.71
Richmond, VA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.77
Richmond, VA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$58.28
Richmond, VA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$13.00
Richmond, VA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.30
Richmond, VA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.75
Richmond, VA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$139.00
Richmond, VA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.90
Richmond, VA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$104.25
Richmond, VA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$75.38
Richmond, VA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.54
Richmond, VA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$56.54
Richmond, VA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$110.00
Richmond, VA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.00
Richmond, VA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$82.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Richmond, VA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$70.35
Richmond, VA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.04
Richmond, VA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$52.76
Richmond, VA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.00
Richmond, VA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.90
Richmond, VA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.25
Richmond, VA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$30.29
Richmond, VA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.03
Richmond, VA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$22.72
Richmond, VA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$42.09
Richmond, VA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.21
Richmond, VA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$31.57
Richmond, VA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$25.66
Richmond, VA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.57
Richmond, VA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$19.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Richmond, VA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$66.30
Richmond, VA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.63
Richmond, VA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$49.73
Richmond, VA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$80.00
Richmond, VA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.00
Richmond, VA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$60.00
Richmond, VA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$94.00
Richmond, VA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.40
Richmond, VA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$70.50
Richmond, VA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$185.00
Richmond, VA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$18.50
Richmond, VA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$138.75
Richmond, VA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$126.00
Richmond, VA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.60
Richmond, VA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$94.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Richmond, VA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$43.41
Richmond, VA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.00
Richmond, VA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$38.00
Richmond, VA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$400.00
Richmond, VA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$40.00
Richmond, VA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$300.00
Richmond, VA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$349.00
Richmond, VA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$34.90
Richmond, VA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$261.75
Richmond, VA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$450.00
Richmond, VA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.00
Richmond, VA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$337.50
Richmond, VA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$411.65
Richmond, VA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$41.17
Richmond, VA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$308.74

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Richmond, VA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$700.00
Richmond, VA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$70.00
Richmond, VA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$525.00
Richmond, VA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.00
Richmond, VA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.60
Richmond, VA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.00
Richmond, VA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$80.00
Richmond, VA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.00
Richmond, VA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$60.00
Richmond, VA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$85.00
Richmond, VA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.50
Richmond, VA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$63.75
Richmond, VA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Richmond, VA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Richmond, VA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Richmond, VA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$31.67
Richmond, VA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.17
Richmond, VA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$23.75
Richmond, VA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$28.00
Richmond, VA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.80
Richmond, VA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$21.00
Richmond, VA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$140.00
Richmond, VA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.00
Richmond, VA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$105.00
Richmond, VA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.00
Richmond, VA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
Richmond, VA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.25
Richmond, VA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$103.30
Richmond, VA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.33
Richmond, VA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$77.48

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Richmond, VA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.09
Richmond, VA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.01
Richmond, VA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.57
Richmond, VA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$131.11
Richmond, VA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$13.11
Richmond, VA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$98.33
Richmond, VA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
Richmond, VA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
Richmond, VA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
Richmond, VA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.00
Richmond, VA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.50
Richmond, VA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$56.25
Richmond, VA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$139.00
Richmond, VA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$13.90
Richmond, VA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$104.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Richmond, VA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$303.00
Richmond, VA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$30.30
Richmond, VA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$227.25
Richmond, VA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$375.00
Richmond, VA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$37.50
Richmond, VA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$281.25
Richmond, VA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$333.00
Richmond, VA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$33.30
Richmond, VA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$249.75
Richmond, VA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$505.42
Richmond, VA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$50.54
Richmond, VA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$379.07
Richmond, VA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$125.00
Richmond, VA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.50
Richmond, VA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$93.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Richmond, VA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$56.00
Richmond, VA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.60
Richmond, VA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.00
Richmond, VA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$109.55
Richmond, VA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.96
Richmond, VA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$82.16
Richmond, VA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.00
Richmond, VA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.00
Richmond, VA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.00
Richmond, VA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$105.00
Richmond, VA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.50
Richmond, VA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$78.75
Richmond, VA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.40
Richmond, VA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.54
Richmond, VA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.05

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Richmond, VA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$16.00
Richmond, VA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.60
Richmond, VA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.00
Richmond, VA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$38.00
Richmond, VA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.80
Richmond, VA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.50
Richmond, VA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.00
Richmond, VA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.70
Richmond, VA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.75
Richmond, VA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.00
Richmond, VA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.20
Richmond, VA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.50
Richmond, VA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$44.00
Richmond, VA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.40
Richmond, VA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Richmond, VA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$41.98
Richmond, VA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.20
Richmond, VA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$31.49
Richmond, VA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$83.00
Richmond, VA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.30
Richmond, VA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$62.25
Richmond, VA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$105.76
Richmond, VA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.58
Richmond, VA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$79.32
Richmond, VA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$154.23
Richmond, VA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$15.42
Richmond, VA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$115.67
Richmond, VA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$200.00
Richmond, VA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.00
Richmond, VA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$150.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Richmond, VA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$310.00
Richmond, VA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$31.00
Richmond, VA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$232.50
Richmond, VA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$208.69
Richmond, VA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.87
Richmond, VA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$156.52
Richmond, VA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$250.00
Richmond, VA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$25.00
Richmond, VA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$187.50
Richmond, VA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
Richmond, VA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
Richmond, VA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
Richmond, VA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$297.54
Richmond, VA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.75
Richmond, VA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$223.16

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Richmond, VA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$295.00
Richmond, VA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.50
Richmond, VA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$221.25
Richmond, VA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$393.00
Richmond, VA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.30
Richmond, VA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$294.75
Richmond, VA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$351.75
Richmond, VA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.18
Richmond, VA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$263.81
Richmond, VA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$450.00
Richmond, VA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.00
Richmond, VA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$337.50
Richmond, VA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$385.00
Richmond, VA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.50
Richmond, VA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$288.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Richmond, VA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$412.55
Richmond, VA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$41.26
Richmond, VA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$309.41
Richmond, VA	K0001	STANDARD WHEELCHAIR	RR			\$25.00
Richmond, VA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$37.36
Richmond, VA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$40.00
Richmond, VA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$46.40
Richmond, VA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$70.00
Richmond, VA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$94.60
Richmond, VA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$130.00
Richmond, VA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$13.00
Richmond, VA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$97.50
Richmond, VA	K0019	ARM PAD, EACH	NU			\$11.00
Richmond, VA	K0019	ARM PAD, EACH	RR			\$1.10
Richmond, VA	K0019	ARM PAD, EACH	UE			\$8.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Richmond, VA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$50.00
Richmond, VA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.00
Richmond, VA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$37.50
Richmond, VA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$66.88
Richmond, VA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.69
Richmond, VA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$50.16
Richmond, VA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$82.41
Richmond, VA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.24
Richmond, VA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$61.81
Richmond, VA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$85.00
Richmond, VA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.50
Richmond, VA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$63.75
Richmond, VA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$92.00
Richmond, VA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.20
Richmond, VA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$69.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Richmond, VA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$159.88
Richmond, VA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.99
Richmond, VA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$119.91
Richmond, VA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$53.00
Richmond, VA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.30
Richmond, VA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$39.75
Richmond, VA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$12.68
Richmond, VA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$819.97
Richmond, VA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$82.00
Richmond, VA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$614.98
Richmond, VA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,544.00
Richmond, VA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$154.40
Richmond, VA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,158.00
Richmond, VA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,798.00
Richmond, VA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$179.80

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Richmond, VA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,348.50
Richmond, VA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$284.10
Richmond, VA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$278.75
Richmond, VA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$336.17
Richmond, VA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Richmond, VA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.00
Richmond, VA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$308.66
Richmond, VA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$322.50
Richmond, VA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
Richmond, VA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$445.93
Richmond, VA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$390.00
Richmond, VA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$648.23
Richmond, VA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$565.31
Richmond, VA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$750.00
Richmond, VA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$710.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Rochester, NY	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$79.95
Rochester, NY	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$8.00
Rochester, NY	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$59.96
Rochester, NY	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$13.00
Rochester, NY	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.30
Rochester, NY	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.75
Rochester, NY	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$139.40
Rochester, NY	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.94
Rochester, NY	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$104.55
Rochester, NY	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$86.70
Rochester, NY	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.67
Rochester, NY	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$65.03
Rochester, NY	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$121.32
Rochester, NY	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.13
Rochester, NY	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$90.99

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Rochester, NY	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$79.50
Rochester, NY	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.95
Rochester, NY	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$59.63
Rochester, NY	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.00
Rochester, NY	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.90
Rochester, NY	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.25
Rochester, NY	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$33.00
Rochester, NY	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.30
Rochester, NY	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$24.75
Rochester, NY	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$45.24
Rochester, NY	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.52
Rochester, NY	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$33.93
Rochester, NY	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$32.00
Rochester, NY	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$3.20
Rochester, NY	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$24.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Rochester, NY	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$69.00
Rochester, NY	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.90
Rochester, NY	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$51.75
Rochester, NY	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$85.00
Rochester, NY	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.50
Rochester, NY	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$63.75
Rochester, NY	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$110.00
Rochester, NY	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$11.00
Rochester, NY	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$82.50
Rochester, NY	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$210.00
Rochester, NY	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$21.00
Rochester, NY	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$157.50
Rochester, NY	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$128.00
Rochester, NY	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.80
Rochester, NY	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$96.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Rochester, NY	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$43.61
Rochester, NY	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$16.00
Rochester, NY	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$44.50
Rochester, NY	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$400.00
Rochester, NY	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$40.00
Rochester, NY	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$300.00
Rochester, NY	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$370.00
Rochester, NY	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$37.00
Rochester, NY	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$277.50
Rochester, NY	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$480.00
Rochester, NY	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$48.00
Rochester, NY	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$360.00
Rochester, NY	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$466.00
Rochester, NY	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$46.60
Rochester, NY	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$349.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Rochester, NY	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$750.00
Rochester, NY	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$75.00
Rochester, NY	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$562.50
Rochester, NY	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.22
Rochester, NY	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.62
Rochester, NY	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.17
Rochester, NY	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$90.00
Rochester, NY	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$9.00
Rochester, NY	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$67.50
Rochester, NY	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$90.00
Rochester, NY	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$9.00
Rochester, NY	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$67.50
Rochester, NY	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Rochester, NY	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Rochester, NY	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Rochester, NY	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$37.00
Rochester, NY	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.70
Rochester, NY	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$27.75
Rochester, NY	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$31.03
Rochester, NY	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$3.10
Rochester, NY	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$23.27
Rochester, NY	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$145.00
Rochester, NY	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.50
Rochester, NY	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$108.75
Rochester, NY	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$102.57
Rochester, NY	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.26
Rochester, NY	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$76.93
Rochester, NY	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$106.00
Rochester, NY	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.60
Rochester, NY	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$79.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Rochester, NY	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.09
Rochester, NY	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.01
Rochester, NY	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.57
Rochester, NY	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
Rochester, NY	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
Rochester, NY	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
Rochester, NY	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
Rochester, NY	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
Rochester, NY	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
Rochester, NY	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.00
Rochester, NY	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.50
Rochester, NY	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$56.25
Rochester, NY	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$160.28
Rochester, NY	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$16.03
Rochester, NY	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$120.21

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Rochester, NY	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$365.00
Rochester, NY	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$36.50
Rochester, NY	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$273.75
Rochester, NY	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$425.00
Rochester, NY	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$42.50
Rochester, NY	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$318.75
Rochester, NY	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$380.00
Rochester, NY	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$38.00
Rochester, NY	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$285.00
Rochester, NY	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$553.00
Rochester, NY	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$55.30
Rochester, NY	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$414.75
Rochester, NY	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$135.00
Rochester, NY	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$13.50
Rochester, NY	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$101.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Rochester, NY	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$58.00
Rochester, NY	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.80
Rochester, NY	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.50
Rochester, NY	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$129.50
Rochester, NY	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$12.95
Rochester, NY	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$97.13
Rochester, NY	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$62.00
Rochester, NY	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.20
Rochester, NY	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$46.50
Rochester, NY	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$109.72
Rochester, NY	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.97
Rochester, NY	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$82.29
Rochester, NY	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$50.00
Rochester, NY	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.00
Rochester, NY	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Rochester, NY	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$17.66
Rochester, NY	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.77
Rochester, NY	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$13.25
Rochester, NY	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.00
Rochester, NY	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.50
Rochester, NY	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.75
Rochester, NY	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.00
Rochester, NY	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.00
Rochester, NY	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.00
Rochester, NY	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.00
Rochester, NY	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.50
Rochester, NY	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.75
Rochester, NY	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.95
Rochester, NY	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.00
Rochester, NY	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.46

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Rochester, NY	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$50.00
Rochester, NY	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$5.00
Rochester, NY	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$37.50
Rochester, NY	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$95.00
Rochester, NY	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$9.50
Rochester, NY	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$71.25
Rochester, NY	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$120.00
Rochester, NY	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$12.00
Rochester, NY	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$90.00
Rochester, NY	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$160.00
Rochester, NY	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$16.00
Rochester, NY	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$120.00
Rochester, NY	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$225.66
Rochester, NY	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$22.57
Rochester, NY	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$169.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Rochester, NY	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$325.09
Rochester, NY	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.51
Rochester, NY	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$243.82
Rochester, NY	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$230.00
Rochester, NY	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$23.00
Rochester, NY	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$172.50
Rochester, NY	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$300.00
Rochester, NY	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$30.00
Rochester, NY	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$225.00
Rochester, NY	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
Rochester, NY	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
Rochester, NY	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
Rochester, NY	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$325.00
Rochester, NY	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$32.50
Rochester, NY	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$243.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Rochester, NY	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$325.00
Rochester, NY	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$32.50
Rochester, NY	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$243.75
Rochester, NY	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$475.00
Rochester, NY	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$47.50
Rochester, NY	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$356.25
Rochester, NY	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$362.23
Rochester, NY	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.22
Rochester, NY	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$271.67
Rochester, NY	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$500.00
Rochester, NY	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$50.00
Rochester, NY	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$375.00
Rochester, NY	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$394.00
Rochester, NY	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.40
Rochester, NY	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$295.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Rochester, NY	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$450.00
Rochester, NY	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.00
Rochester, NY	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$337.50
Rochester, NY	K0001	STANDARD WHEELCHAIR	RR			\$24.18
Rochester, NY	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$60.00
Rochester, NY	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$35.50
Rochester, NY	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.50
Rochester, NY	K0006	HEAVY DUTY WHEELCHAIR	RR			\$80.00
Rochester, NY	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$122.51
Rochester, NY	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$145.00
Rochester, NY	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$14.50
Rochester, NY	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$108.75
Rochester, NY	K0019	ARM PAD, EACH	NU			\$11.58
Rochester, NY	K0019	ARM PAD, EACH	RR			\$1.16
Rochester, NY	K0019	ARM PAD, EACH	UE			\$8.69

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Rochester, NY	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$55.00
Rochester, NY	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.50
Rochester, NY	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$41.25
Rochester, NY	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$70.00
Rochester, NY	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.00
Rochester, NY	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$52.50
Rochester, NY	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
Rochester, NY	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
Rochester, NY	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
Rochester, NY	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$95.00
Rochester, NY	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$9.50
Rochester, NY	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$71.25
Rochester, NY	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$100.00
Rochester, NY	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$10.00
Rochester, NY	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$75.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Rochester, NY	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$160.00
Rochester, NY	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$16.00
Rochester, NY	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$120.00
Rochester, NY	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$53.00
Rochester, NY	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.30
Rochester, NY	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$39.75
Rochester, NY	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$11.10
Rochester, NY	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$895.00
Rochester, NY	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$89.50
Rochester, NY	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$671.25
Rochester, NY	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,800.00
Rochester, NY	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$180.00
Rochester, NY	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,350.00
Rochester, NY	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,900.00
Rochester, NY	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$190.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Rochester, NY	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,425.00
Rochester, NY	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.00
Rochester, NY	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$343.05
Rochester, NY	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$390.60
Rochester, NY	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$382.35
Rochester, NY	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$286.20
Rochester, NY	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$359.85
Rochester, NY	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Rochester, NY	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$272.98
Rochester, NY	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$462.87
Rochester, NY	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$404.85
Rochester, NY	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$780.00
Rochester, NY	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$629.85
Rochester, NY	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$840.00
Rochester, NY	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$847.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Sacramento--Arden-Arcade--Roseville, CA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$78.37
Sacramento--Arden-Arcade--Roseville, CA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.84
Sacramento--Arden-Arcade--Roseville, CA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$58.78
Sacramento--Arden-Arcade--Roseville, CA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$15.13
Sacramento--Arden-Arcade--Roseville, CA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.51
Sacramento--Arden-Arcade--Roseville, CA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$11.35
Sacramento--Arden-Arcade--Roseville, CA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$141.86
Sacramento--Arden-Arcade--Roseville, CA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$14.19
Sacramento--Arden-Arcade--Roseville, CA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$106.40
Sacramento--Arden-Arcade--Roseville, CA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$80.00
Sacramento--Arden-Arcade--Roseville, CA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.00
Sacramento--Arden-Arcade--Roseville, CA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$60.00
Sacramento--Arden-Arcade--Roseville, CA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$115.50
Sacramento--Arden-Arcade--Roseville, CA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.55
Sacramento--Arden-Arcade--Roseville, CA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$86.63

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Sacramento--Arden-Arcade--Roseville, CA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$71.11
Sacramento--Arden-Arcade--Roseville, CA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.11
Sacramento--Arden-Arcade--Roseville, CA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$53.33
Sacramento--Arden-Arcade--Roseville, CA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$24.72
Sacramento--Arden-Arcade--Roseville, CA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.47
Sacramento--Arden-Arcade--Roseville, CA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$18.54
Sacramento--Arden-Arcade--Roseville, CA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$38.00
Sacramento--Arden-Arcade--Roseville, CA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.80
Sacramento--Arden-Arcade--Roseville, CA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$28.50
Sacramento--Arden-Arcade--Roseville, CA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$54.00
Sacramento--Arden-Arcade--Roseville, CA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.40
Sacramento--Arden-Arcade--Roseville, CA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$40.50
Sacramento--Arden-Arcade--Roseville, CA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$25.83
Sacramento--Arden-Arcade--Roseville, CA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.58
Sacramento--Arden-Arcade--Roseville, CA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$19.37

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Sacramento--Arden-Arcade--Roseville, CA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$66.27
Sacramento--Arden-Arcade--Roseville, CA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.63
Sacramento--Arden-Arcade--Roseville, CA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$49.70
Sacramento--Arden-Arcade--Roseville, CA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$75.95
Sacramento--Arden-Arcade--Roseville, CA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.60
Sacramento--Arden-Arcade--Roseville, CA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$56.96
Sacramento--Arden-Arcade--Roseville, CA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$110.00
Sacramento--Arden-Arcade--Roseville, CA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$11.00
Sacramento--Arden-Arcade--Roseville, CA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$82.50
Sacramento--Arden-Arcade--Roseville, CA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$200.00
Sacramento--Arden-Arcade--Roseville, CA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$20.00
Sacramento--Arden-Arcade--Roseville, CA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$150.00
Sacramento--Arden-Arcade--Roseville, CA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$140.00
Sacramento--Arden-Arcade--Roseville, CA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$14.00
Sacramento--Arden-Arcade--Roseville, CA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$105.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Sacramento--Arden-Arcade--Roseville, CA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.64
Sacramento--Arden-Arcade--Roseville, CA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$13.55
Sacramento--Arden-Arcade--Roseville, CA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$35.00
Sacramento--Arden-Arcade--Roseville, CA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$348.78
Sacramento--Arden-Arcade--Roseville, CA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$34.88
Sacramento--Arden-Arcade--Roseville, CA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$261.59
Sacramento--Arden-Arcade--Roseville, CA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$350.00
Sacramento--Arden-Arcade--Roseville, CA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$35.00
Sacramento--Arden-Arcade--Roseville, CA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$262.50
Sacramento--Arden-Arcade--Roseville, CA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$450.00
Sacramento--Arden-Arcade--Roseville, CA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.00
Sacramento--Arden-Arcade--Roseville, CA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$337.50
Sacramento--Arden-Arcade--Roseville, CA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$450.00
Sacramento--Arden-Arcade--Roseville, CA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$45.00
Sacramento--Arden-Arcade--Roseville, CA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$337.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Sacramento--Arden-Arcade--Roseville, CA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$700.00
Sacramento--Arden-Arcade--Roseville, CA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$70.00
Sacramento--Arden-Arcade--Roseville, CA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$525.00
Sacramento--Arden-Arcade--Roseville, CA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.00
Sacramento--Arden-Arcade--Roseville, CA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.60
Sacramento--Arden-Arcade--Roseville, CA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.00
Sacramento--Arden-Arcade--Roseville, CA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$92.85
Sacramento--Arden-Arcade--Roseville, CA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$9.29
Sacramento--Arden-Arcade--Roseville, CA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$69.64
Sacramento--Arden-Arcade--Roseville, CA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$90.00
Sacramento--Arden-Arcade--Roseville, CA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$9.00
Sacramento--Arden-Arcade--Roseville, CA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$67.50
Sacramento--Arden-Arcade--Roseville, CA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.05
Sacramento--Arden-Arcade--Roseville, CA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.51
Sacramento--Arden-Arcade--Roseville, CA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.79

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Sacramento--Arden-Arcade--Roseville, CA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$35.49
Sacramento--Arden-Arcade--Roseville, CA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.55
Sacramento--Arden-Arcade--Roseville, CA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$26.62
Sacramento--Arden-Arcade--Roseville, CA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$29.24
Sacramento--Arden-Arcade--Roseville, CA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.92
Sacramento--Arden-Arcade--Roseville, CA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$21.93
Sacramento--Arden-Arcade--Roseville, CA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$150.00
Sacramento--Arden-Arcade--Roseville, CA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$15.00
Sacramento--Arden-Arcade--Roseville, CA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$112.50
Sacramento--Arden-Arcade--Roseville, CA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$101.54
Sacramento--Arden-Arcade--Roseville, CA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.15
Sacramento--Arden-Arcade--Roseville, CA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$76.16
Sacramento--Arden-Arcade--Roseville, CA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$107.93
Sacramento--Arden-Arcade--Roseville, CA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.79
Sacramento--Arden-Arcade--Roseville, CA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$80.95

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Sacramento--Arden-Arcade--Roseville, CA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.78
Sacramento--Arden-Arcade--Roseville, CA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.08
Sacramento--Arden-Arcade--Roseville, CA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$68.09
Sacramento--Arden-Arcade--Roseville, CA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$152.97
Sacramento--Arden-Arcade--Roseville, CA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$15.30
Sacramento--Arden-Arcade--Roseville, CA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$114.73
Sacramento--Arden-Arcade--Roseville, CA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
Sacramento--Arden-Arcade--Roseville, CA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
Sacramento--Arden-Arcade--Roseville, CA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
Sacramento--Arden-Arcade--Roseville, CA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.00
Sacramento--Arden-Arcade--Roseville, CA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.50
Sacramento--Arden-Arcade--Roseville, CA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$56.25
Sacramento--Arden-Arcade--Roseville, CA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$153.76
Sacramento--Arden-Arcade--Roseville, CA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$15.38
Sacramento--Arden-Arcade--Roseville, CA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$115.32

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Sacramento--Arden-Arcade--Roseville, CA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$327.38
Sacramento--Arden-Arcade--Roseville, CA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$32.74
Sacramento--Arden-Arcade--Roseville, CA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$245.54
Sacramento--Arden-Arcade--Roseville, CA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$403.68
Sacramento--Arden-Arcade--Roseville, CA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$40.37
Sacramento--Arden-Arcade--Roseville, CA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$302.76
Sacramento--Arden-Arcade--Roseville, CA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$375.00
Sacramento--Arden-Arcade--Roseville, CA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$37.50
Sacramento--Arden-Arcade--Roseville, CA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$281.25
Sacramento--Arden-Arcade--Roseville, CA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$505.42
Sacramento--Arden-Arcade--Roseville, CA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$50.54
Sacramento--Arden-Arcade--Roseville, CA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$379.07
Sacramento--Arden-Arcade--Roseville, CA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$126.99
Sacramento--Arden-Arcade--Roseville, CA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.70
Sacramento--Arden-Arcade--Roseville, CA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$95.24

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Sacramento--Arden-Arcade--Roseville, CA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$58.76
Sacramento--Arden-Arcade--Roseville, CA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.88
Sacramento--Arden-Arcade--Roseville, CA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$44.07
Sacramento--Arden-Arcade--Roseville, CA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$125.81
Sacramento--Arden-Arcade--Roseville, CA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$12.58
Sacramento--Arden-Arcade--Roseville, CA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$94.36
Sacramento--Arden-Arcade--Roseville, CA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$62.51
Sacramento--Arden-Arcade--Roseville, CA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.25
Sacramento--Arden-Arcade--Roseville, CA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$46.88
Sacramento--Arden-Arcade--Roseville, CA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$102.00
Sacramento--Arden-Arcade--Roseville, CA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.20
Sacramento--Arden-Arcade--Roseville, CA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$76.50
Sacramento--Arden-Arcade--Roseville, CA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$51.16
Sacramento--Arden-Arcade--Roseville, CA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.12
Sacramento--Arden-Arcade--Roseville, CA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$38.37

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Sacramento--Arden-Arcade--Roseville, CA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$16.47
Sacramento--Arden-Arcade--Roseville, CA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.65
Sacramento--Arden-Arcade--Roseville, CA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.35
Sacramento--Arden-Arcade--Roseville, CA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.54
Sacramento--Arden-Arcade--Roseville, CA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.25
Sacramento--Arden-Arcade--Roseville, CA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.91
Sacramento--Arden-Arcade--Roseville, CA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.15
Sacramento--Arden-Arcade--Roseville, CA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.02
Sacramento--Arden-Arcade--Roseville, CA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.11
Sacramento--Arden-Arcade--Roseville, CA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.00
Sacramento--Arden-Arcade--Roseville, CA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.50
Sacramento--Arden-Arcade--Roseville, CA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.75
Sacramento--Arden-Arcade--Roseville, CA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.95
Sacramento--Arden-Arcade--Roseville, CA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.00
Sacramento--Arden-Arcade--Roseville, CA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.46

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Sacramento--Arden-Arcade--Roseville, CA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$50.00
Sacramento--Arden-Arcade--Roseville, CA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$5.00
Sacramento--Arden-Arcade--Roseville, CA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$37.50
Sacramento--Arden-Arcade--Roseville, CA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$92.67
Sacramento--Arden-Arcade--Roseville, CA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$9.27
Sacramento--Arden-Arcade--Roseville, CA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$69.50
Sacramento--Arden-Arcade--Roseville, CA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$118.82
Sacramento--Arden-Arcade--Roseville, CA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$11.88
Sacramento--Arden-Arcade--Roseville, CA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$89.12
Sacramento--Arden-Arcade--Roseville, CA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$158.73
Sacramento--Arden-Arcade--Roseville, CA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$15.87
Sacramento--Arden-Arcade--Roseville, CA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$119.05
Sacramento--Arden-Arcade--Roseville, CA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$211.11
Sacramento--Arden-Arcade--Roseville, CA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.11
Sacramento--Arden-Arcade--Roseville, CA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$158.33

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Sacramento--Arden-Arcade--Roseville, CA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$328.18
Sacramento--Arden-Arcade--Roseville, CA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.82
Sacramento--Arden-Arcade--Roseville, CA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$246.14
Sacramento--Arden-Arcade--Roseville, CA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$226.97
Sacramento--Arden-Arcade--Roseville, CA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$22.70
Sacramento--Arden-Arcade--Roseville, CA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$170.23
Sacramento--Arden-Arcade--Roseville, CA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$293.25
Sacramento--Arden-Arcade--Roseville, CA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$29.33
Sacramento--Arden-Arcade--Roseville, CA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$219.94
Sacramento--Arden-Arcade--Roseville, CA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
Sacramento--Arden-Arcade--Roseville, CA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
Sacramento--Arden-Arcade--Roseville, CA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
Sacramento--Arden-Arcade--Roseville, CA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$332.09
Sacramento--Arden-Arcade--Roseville, CA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$33.21
Sacramento--Arden-Arcade--Roseville, CA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$249.07

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Sacramento--Arden-Arcade--Roseville, CA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$308.45
Sacramento--Arden-Arcade--Roseville, CA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.85
Sacramento--Arden-Arcade--Roseville, CA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$231.34
Sacramento--Arden-Arcade--Roseville, CA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$414.54
Sacramento--Arden-Arcade--Roseville, CA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$41.45
Sacramento--Arden-Arcade--Roseville, CA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$310.91
Sacramento--Arden-Arcade--Roseville, CA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$362.23
Sacramento--Arden-Arcade--Roseville, CA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.22
Sacramento--Arden-Arcade--Roseville, CA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$271.67
Sacramento--Arden-Arcade--Roseville, CA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$474.18
Sacramento--Arden-Arcade--Roseville, CA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$47.42
Sacramento--Arden-Arcade--Roseville, CA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$355.64
Sacramento--Arden-Arcade--Roseville, CA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$428.42
Sacramento--Arden-Arcade--Roseville, CA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$42.84
Sacramento--Arden-Arcade--Roseville, CA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$321.32

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Sacramento--Arden-Arcade--Roseville, CA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$449.14
Sacramento--Arden-Arcade--Roseville, CA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$44.91
Sacramento--Arden-Arcade--Roseville, CA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$336.86
Sacramento--Arden-Arcade--Roseville, CA	K0001	STANDARD WHEELCHAIR	RR			\$27.50
Sacramento--Arden-Arcade--Roseville, CA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$49.17
Sacramento--Arden-Arcade--Roseville, CA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$45.00
Sacramento--Arden-Arcade--Roseville, CA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$54.30
Sacramento--Arden-Arcade--Roseville, CA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$72.14
Sacramento--Arden-Arcade--Roseville, CA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$109.24
Sacramento--Arden-Arcade--Roseville, CA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$119.56
Sacramento--Arden-Arcade--Roseville, CA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.96
Sacramento--Arden-Arcade--Roseville, CA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$89.67
Sacramento--Arden-Arcade--Roseville, CA	K0019	ARM PAD, EACH	NU			\$14.20
Sacramento--Arden-Arcade--Roseville, CA	K0019	ARM PAD, EACH	RR			\$1.42
Sacramento--Arden-Arcade--Roseville, CA	K0019	ARM PAD, EACH	UE			\$10.65

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Sacramento--Arden-Arcade--Roseville, CA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$55.00
Sacramento--Arden-Arcade--Roseville, CA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.50
Sacramento--Arden-Arcade--Roseville, CA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$41.25
Sacramento--Arden-Arcade--Roseville, CA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$70.81
Sacramento--Arden-Arcade--Roseville, CA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.08
Sacramento--Arden-Arcade--Roseville, CA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$53.11
Sacramento--Arden-Arcade--Roseville, CA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$84.51
Sacramento--Arden-Arcade--Roseville, CA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.45
Sacramento--Arden-Arcade--Roseville, CA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.38
Sacramento--Arden-Arcade--Roseville, CA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$91.40
Sacramento--Arden-Arcade--Roseville, CA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$9.14
Sacramento--Arden-Arcade--Roseville, CA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$68.55
Sacramento--Arden-Arcade--Roseville, CA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$92.00
Sacramento--Arden-Arcade--Roseville, CA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.20
Sacramento--Arden-Arcade--Roseville, CA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$69.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Sacramento--Arden-Arcade--Roseville, CA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$157.00
Sacramento--Arden-Arcade--Roseville, CA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.70
Sacramento--Arden-Arcade--Roseville, CA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$117.75
Sacramento--Arden-Arcade--Roseville, CA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$53.00
Sacramento--Arden-Arcade--Roseville, CA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.30
Sacramento--Arden-Arcade--Roseville, CA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$39.75
Sacramento--Arden-Arcade--Roseville, CA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$11.85
Sacramento--Arden-Arcade--Roseville, CA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$807.00
Sacramento--Arden-Arcade--Roseville, CA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$80.70
Sacramento--Arden-Arcade--Roseville, CA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$605.25
Sacramento--Arden-Arcade--Roseville, CA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,700.00
Sacramento--Arden-Arcade--Roseville, CA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$170.00
Sacramento--Arden-Arcade--Roseville, CA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,275.00
Sacramento--Arden-Arcade--Roseville, CA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,900.00
Sacramento--Arden-Arcade--Roseville, CA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$190.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Sacramento--Arden-Arcade--Roseville, CA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,425.00
Sacramento--Arden-Arcade--Roseville, CA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.00
Sacramento--Arden-Arcade--Roseville, CA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$343.05
Sacramento--Arden-Arcade--Roseville, CA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$403.80
Sacramento--Arden-Arcade--Roseville, CA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$388.50
Sacramento--Arden-Arcade--Roseville, CA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$297.30
Sacramento--Arden-Arcade--Roseville, CA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Sacramento--Arden-Arcade--Roseville, CA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Sacramento--Arden-Arcade--Roseville, CA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$300.00
Sacramento--Arden-Arcade--Roseville, CA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$423.67
Sacramento--Arden-Arcade--Roseville, CA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$369.23
Sacramento--Arden-Arcade--Roseville, CA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$780.00
Sacramento--Arden-Arcade--Roseville, CA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$599.10
Sacramento--Arden-Arcade--Roseville, CA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$840.00
Sacramento--Arden-Arcade--Roseville, CA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$801.67

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Salt Lake City, UT	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$77.71
Salt Lake City, UT	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.77
Salt Lake City, UT	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$58.28
Salt Lake City, UT	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$14.00
Salt Lake City, UT	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.40
Salt Lake City, UT	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$10.50
Salt Lake City, UT	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$139.00
Salt Lake City, UT	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.90
Salt Lake City, UT	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$104.25
Salt Lake City, UT	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$77.57
Salt Lake City, UT	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.76
Salt Lake City, UT	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$58.18
Salt Lake City, UT	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$115.22
Salt Lake City, UT	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.52
Salt Lake City, UT	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$86.42

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Salt Lake City, UT	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$79.50
Salt Lake City, UT	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.95
Salt Lake City, UT	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$59.63
Salt Lake City, UT	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$25.53
Salt Lake City, UT	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.55
Salt Lake City, UT	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$19.15
Salt Lake City, UT	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$35.28
Salt Lake City, UT	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.53
Salt Lake City, UT	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$26.46
Salt Lake City, UT	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$48.00
Salt Lake City, UT	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.80
Salt Lake City, UT	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$36.00
Salt Lake City, UT	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$31.62
Salt Lake City, UT	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$3.16
Salt Lake City, UT	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$23.72

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Salt Lake City, UT	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$69.00
Salt Lake City, UT	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.90
Salt Lake City, UT	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$51.75
Salt Lake City, UT	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$75.95
Salt Lake City, UT	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.60
Salt Lake City, UT	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$56.96
Salt Lake City, UT	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$100.00
Salt Lake City, UT	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.00
Salt Lake City, UT	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$75.00
Salt Lake City, UT	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$186.00
Salt Lake City, UT	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$18.60
Salt Lake City, UT	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$139.50
Salt Lake City, UT	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$133.00
Salt Lake City, UT	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.30
Salt Lake City, UT	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$99.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Salt Lake City, UT	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$40.50
Salt Lake City, UT	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.49
Salt Lake City, UT	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$38.84
Salt Lake City, UT	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$377.14
Salt Lake City, UT	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$37.71
Salt Lake City, UT	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$282.86
Salt Lake City, UT	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$332.00
Salt Lake City, UT	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$33.20
Salt Lake City, UT	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$249.00
Salt Lake City, UT	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$425.00
Salt Lake City, UT	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$42.50
Salt Lake City, UT	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$318.75
Salt Lake City, UT	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$430.00
Salt Lake City, UT	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$43.00
Salt Lake City, UT	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$322.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Salt Lake City, UT	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$699.00
Salt Lake City, UT	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$69.90
Salt Lake City, UT	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$524.25
Salt Lake City, UT	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.00
Salt Lake City, UT	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.60
Salt Lake City, UT	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.00
Salt Lake City, UT	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$79.00
Salt Lake City, UT	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.90
Salt Lake City, UT	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$59.25
Salt Lake City, UT	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$90.00
Salt Lake City, UT	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$9.00
Salt Lake City, UT	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$67.50
Salt Lake City, UT	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Salt Lake City, UT	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Salt Lake City, UT	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Salt Lake City, UT	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$31.00
Salt Lake City, UT	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.10
Salt Lake City, UT	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$23.25
Salt Lake City, UT	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$30.00
Salt Lake City, UT	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$3.00
Salt Lake City, UT	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$22.50
Salt Lake City, UT	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$137.00
Salt Lake City, UT	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.70
Salt Lake City, UT	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$102.75
Salt Lake City, UT	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
Salt Lake City, UT	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
Salt Lake City, UT	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
Salt Lake City, UT	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$103.30
Salt Lake City, UT	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.33
Salt Lake City, UT	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$77.48

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Salt Lake City, UT	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$85.00
Salt Lake City, UT	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.50
Salt Lake City, UT	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$63.75
Salt Lake City, UT	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
Salt Lake City, UT	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
Salt Lake City, UT	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
Salt Lake City, UT	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$96.54
Salt Lake City, UT	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.65
Salt Lake City, UT	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$72.41
Salt Lake City, UT	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.00
Salt Lake City, UT	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.50
Salt Lake City, UT	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$56.25
Salt Lake City, UT	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$146.63
Salt Lake City, UT	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.66
Salt Lake City, UT	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$109.97

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Salt Lake City, UT	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$310.38
Salt Lake City, UT	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$31.04
Salt Lake City, UT	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$232.79
Salt Lake City, UT	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$382.59
Salt Lake City, UT	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$38.26
Salt Lake City, UT	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$286.94
Salt Lake City, UT	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$333.24
Salt Lake City, UT	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$33.32
Salt Lake City, UT	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$249.93
Salt Lake City, UT	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$553.00
Salt Lake City, UT	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$55.30
Salt Lake City, UT	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$414.75
Salt Lake City, UT	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$124.00
Salt Lake City, UT	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.40
Salt Lake City, UT	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$93.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Salt Lake City, UT	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$56.00
Salt Lake City, UT	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.60
Salt Lake City, UT	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.00
Salt Lake City, UT	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$112.49
Salt Lake City, UT	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.25
Salt Lake City, UT	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$84.37
Salt Lake City, UT	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$59.93
Salt Lake City, UT	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.99
Salt Lake City, UT	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$44.95
Salt Lake City, UT	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$105.00
Salt Lake City, UT	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.50
Salt Lake City, UT	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$78.75
Salt Lake City, UT	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$47.00
Salt Lake City, UT	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.70
Salt Lake City, UT	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$35.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Salt Lake City, UT	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.18
Salt Lake City, UT	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.52
Salt Lake City, UT	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.39
Salt Lake City, UT	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$38.00
Salt Lake City, UT	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.80
Salt Lake City, UT	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.50
Salt Lake City, UT	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$56.85
Salt Lake City, UT	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.69
Salt Lake City, UT	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.64
Salt Lake City, UT	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.40
Salt Lake City, UT	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.04
Salt Lake City, UT	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.30
Salt Lake City, UT	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$48.00
Salt Lake City, UT	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.80
Salt Lake City, UT	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Salt Lake City, UT	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$45.00
Salt Lake City, UT	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.50
Salt Lake City, UT	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$33.75
Salt Lake City, UT	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$88.43
Salt Lake City, UT	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.84
Salt Lake City, UT	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$66.32
Salt Lake City, UT	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$105.25
Salt Lake City, UT	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.53
Salt Lake City, UT	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$78.94
Salt Lake City, UT	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$140.00
Salt Lake City, UT	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$14.00
Salt Lake City, UT	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$105.00
Salt Lake City, UT	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$200.00
Salt Lake City, UT	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.00
Salt Lake City, UT	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$150.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Salt Lake City, UT	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$311.02
Salt Lake City, UT	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$31.10
Salt Lake City, UT	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$233.27
Salt Lake City, UT	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$214.67
Salt Lake City, UT	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.47
Salt Lake City, UT	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$161.00
Salt Lake City, UT	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$250.00
Salt Lake City, UT	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$25.00
Salt Lake City, UT	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$187.50
Salt Lake City, UT	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$177.84
Salt Lake City, UT	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$17.78
Salt Lake City, UT	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$133.38
Salt Lake City, UT	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$312.95
Salt Lake City, UT	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$31.30
Salt Lake City, UT	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$234.71

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Salt Lake City, UT	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$295.00
Salt Lake City, UT	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.50
Salt Lake City, UT	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$221.25
Salt Lake City, UT	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$402.86
Salt Lake City, UT	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.29
Salt Lake City, UT	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$302.15
Salt Lake City, UT	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$362.23
Salt Lake City, UT	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.22
Salt Lake City, UT	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$271.67
Salt Lake City, UT	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$450.74
Salt Lake City, UT	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.07
Salt Lake City, UT	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$338.06
Salt Lake City, UT	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$394.00
Salt Lake City, UT	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.40
Salt Lake City, UT	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$295.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Salt Lake City, UT	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$425.68
Salt Lake City, UT	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
Salt Lake City, UT	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$319.26
Salt Lake City, UT	K0001	STANDARD WHEELCHAIR	RR			\$30.00
Salt Lake City, UT	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$57.13
Salt Lake City, UT	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$50.00
Salt Lake City, UT	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$59.80
Salt Lake City, UT	K0006	HEAVY DUTY WHEELCHAIR	RR			\$79.48
Salt Lake City, UT	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$129.88
Salt Lake City, UT	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$130.00
Salt Lake City, UT	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$13.00
Salt Lake City, UT	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$97.50
Salt Lake City, UT	K0019	ARM PAD, EACH	NU			\$12.76
Salt Lake City, UT	K0019	ARM PAD, EACH	RR			\$1.28
Salt Lake City, UT	K0019	ARM PAD, EACH	UE			\$9.57

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Salt Lake City, UT	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$51.83
Salt Lake City, UT	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.18
Salt Lake City, UT	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$38.87
Salt Lake City, UT	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$70.00
Salt Lake City, UT	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.00
Salt Lake City, UT	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$52.50
Salt Lake City, UT	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
Salt Lake City, UT	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
Salt Lake City, UT	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
Salt Lake City, UT	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$91.00
Salt Lake City, UT	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$9.10
Salt Lake City, UT	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$68.25
Salt Lake City, UT	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$85.87
Salt Lake City, UT	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.59
Salt Lake City, UT	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$64.40

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Salt Lake City, UT	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$159.88
Salt Lake City, UT	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.99
Salt Lake City, UT	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$119.91
Salt Lake City, UT	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$59.02
Salt Lake City, UT	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.90
Salt Lake City, UT	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$44.27
Salt Lake City, UT	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$11.18
Salt Lake City, UT	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$861.72
Salt Lake City, UT	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$86.17
Salt Lake City, UT	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$646.29
Salt Lake City, UT	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,550.00
Salt Lake City, UT	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$155.00
Salt Lake City, UT	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,162.50
Salt Lake City, UT	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,856.09
Salt Lake City, UT	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$185.61

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Salt Lake City, UT	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,392.07
Salt Lake City, UT	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
Salt Lake City, UT	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Salt Lake City, UT	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$387.47
Salt Lake City, UT	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$374.11
Salt Lake City, UT	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$286.20
Salt Lake City, UT	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$359.85
Salt Lake City, UT	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Salt Lake City, UT	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$284.48
Salt Lake City, UT	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$470.70
Salt Lake City, UT	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$400.18
Salt Lake City, UT	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$727.50
Salt Lake City, UT	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$592.23
Salt Lake City, UT	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$767.47
Salt Lake City, UT	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$750.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Antonio-New Braunfels, TX	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$77.71
San Antonio-New Braunfels, TX	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.77
San Antonio-New Braunfels, TX	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$58.28
San Antonio-New Braunfels, TX	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$10.95
San Antonio-New Braunfels, TX	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.10
San Antonio-New Braunfels, TX	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.21
San Antonio-New Braunfels, TX	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$132.50
San Antonio-New Braunfels, TX	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.25
San Antonio-New Braunfels, TX	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$99.38
San Antonio-New Braunfels, TX	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$80.00
San Antonio-New Braunfels, TX	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.00
San Antonio-New Braunfels, TX	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$60.00
San Antonio-New Braunfels, TX	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$115.22
San Antonio-New Braunfels, TX	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.52
San Antonio-New Braunfels, TX	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$86.42

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Antonio-New Braunfels, TX	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$72.30
San Antonio-New Braunfels, TX	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.23
San Antonio-New Braunfels, TX	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$54.23
San Antonio-New Braunfels, TX	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$22.45
San Antonio-New Braunfels, TX	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.25
San Antonio-New Braunfels, TX	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$16.84
San Antonio-New Braunfels, TX	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$28.00
San Antonio-New Braunfels, TX	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.80
San Antonio-New Braunfels, TX	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$21.00
San Antonio-New Braunfels, TX	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$54.00
San Antonio-New Braunfels, TX	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.40
San Antonio-New Braunfels, TX	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$40.50
San Antonio-New Braunfels, TX	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$21.39
San Antonio-New Braunfels, TX	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.14
San Antonio-New Braunfels, TX	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$16.04

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Antonio-New Braunfels, TX	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$65.00
San Antonio-New Braunfels, TX	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.50
San Antonio-New Braunfels, TX	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$48.75
San Antonio-New Braunfels, TX	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$80.00
San Antonio-New Braunfels, TX	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.00
San Antonio-New Braunfels, TX	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$60.00
San Antonio-New Braunfels, TX	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$103.99
San Antonio-New Braunfels, TX	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.40
San Antonio-New Braunfels, TX	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$77.99
San Antonio-New Braunfels, TX	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$200.00
San Antonio-New Braunfels, TX	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$20.00
San Antonio-New Braunfels, TX	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$150.00
San Antonio-New Braunfels, TX	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$128.00
San Antonio-New Braunfels, TX	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.80
San Antonio-New Braunfels, TX	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$96.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Antonio-New Braunfels, TX	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$40.00
San Antonio-New Braunfels, TX	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.49
San Antonio-New Braunfels, TX	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$35.00
San Antonio-New Braunfels, TX	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$398.55
San Antonio-New Braunfels, TX	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$39.86
San Antonio-New Braunfels, TX	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$298.91
San Antonio-New Braunfels, TX	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$349.00
San Antonio-New Braunfels, TX	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$34.90
San Antonio-New Braunfels, TX	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$261.75
San Antonio-New Braunfels, TX	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$450.00
San Antonio-New Braunfels, TX	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.00
San Antonio-New Braunfels, TX	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$337.50
San Antonio-New Braunfels, TX	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$415.00
San Antonio-New Braunfels, TX	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$41.50
San Antonio-New Braunfels, TX	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$311.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Antonio-New Braunfels, TX	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$700.00
San Antonio-New Braunfels, TX	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$70.00
San Antonio-New Braunfels, TX	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$525.00
San Antonio-New Braunfels, TX	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.00
San Antonio-New Braunfels, TX	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.60
San Antonio-New Braunfels, TX	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.00
San Antonio-New Braunfels, TX	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$75.00
San Antonio-New Braunfels, TX	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.50
San Antonio-New Braunfels, TX	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$56.25
San Antonio-New Braunfels, TX	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$85.00
San Antonio-New Braunfels, TX	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.50
San Antonio-New Braunfels, TX	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$63.75
San Antonio-New Braunfels, TX	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
San Antonio-New Braunfels, TX	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
San Antonio-New Braunfels, TX	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Antonio-New Braunfels, TX	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$34.00
San Antonio-New Braunfels, TX	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.40
San Antonio-New Braunfels, TX	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$25.50
San Antonio-New Braunfels, TX	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$30.00
San Antonio-New Braunfels, TX	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$3.00
San Antonio-New Braunfels, TX	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$22.50
San Antonio-New Braunfels, TX	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$145.00
San Antonio-New Braunfels, TX	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.50
San Antonio-New Braunfels, TX	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$108.75
San Antonio-New Braunfels, TX	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$102.00
San Antonio-New Braunfels, TX	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.20
San Antonio-New Braunfels, TX	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$76.50
San Antonio-New Braunfels, TX	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$107.00
San Antonio-New Braunfels, TX	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.70
San Antonio-New Braunfels, TX	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$80.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Antonio-New Braunfels, TX	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.09
San Antonio-New Braunfels, TX	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.01
San Antonio-New Braunfels, TX	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.57
San Antonio-New Braunfels, TX	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
San Antonio-New Braunfels, TX	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
San Antonio-New Braunfels, TX	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
San Antonio-New Braunfels, TX	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
San Antonio-New Braunfels, TX	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
San Antonio-New Braunfels, TX	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
San Antonio-New Braunfels, TX	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$68.56
San Antonio-New Braunfels, TX	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$6.86
San Antonio-New Braunfels, TX	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$51.42
San Antonio-New Braunfels, TX	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$155.00
San Antonio-New Braunfels, TX	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$15.50
San Antonio-New Braunfels, TX	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$116.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Antonio-New Braunfels, TX	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$277.30
San Antonio-New Braunfels, TX	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$27.73
San Antonio-New Braunfels, TX	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$207.98
San Antonio-New Braunfels, TX	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$378.00
San Antonio-New Braunfels, TX	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$37.80
San Antonio-New Braunfels, TX	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$283.50
San Antonio-New Braunfels, TX	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$300.09
San Antonio-New Braunfels, TX	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$30.01
San Antonio-New Braunfels, TX	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$225.07
San Antonio-New Braunfels, TX	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$505.42
San Antonio-New Braunfels, TX	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$50.54
San Antonio-New Braunfels, TX	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$379.07
San Antonio-New Braunfels, TX	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$125.00
San Antonio-New Braunfels, TX	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.50
San Antonio-New Braunfels, TX	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$93.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Antonio-New Braunfels, TX	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.98
San Antonio-New Braunfels, TX	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.60
San Antonio-New Braunfels, TX	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.99
San Antonio-New Braunfels, TX	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$125.00
San Antonio-New Braunfels, TX	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$12.50
San Antonio-New Braunfels, TX	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$93.75
San Antonio-New Braunfels, TX	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$58.57
San Antonio-New Braunfels, TX	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.86
San Antonio-New Braunfels, TX	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.93
San Antonio-New Braunfels, TX	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$98.85
San Antonio-New Braunfels, TX	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.89
San Antonio-New Braunfels, TX	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$74.14
San Antonio-New Braunfels, TX	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.54
San Antonio-New Braunfels, TX	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.05
San Antonio-New Braunfels, TX	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.41

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Antonio-New Braunfels, TX	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.30
San Antonio-New Braunfels, TX	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.53
San Antonio-New Braunfels, TX	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.48
San Antonio-New Braunfels, TX	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$39.00
San Antonio-New Braunfels, TX	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.90
San Antonio-New Braunfels, TX	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$29.25
San Antonio-New Braunfels, TX	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$58.06
San Antonio-New Braunfels, TX	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.81
San Antonio-New Braunfels, TX	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.55
San Antonio-New Braunfels, TX	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.17
San Antonio-New Braunfels, TX	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.22
San Antonio-New Braunfels, TX	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.63
San Antonio-New Braunfels, TX	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.91
San Antonio-New Braunfels, TX	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.29
San Antonio-New Braunfels, TX	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.18

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Antonio-New Braunfels, TX	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$38.20
San Antonio-New Braunfels, TX	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.82
San Antonio-New Braunfels, TX	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$28.65
San Antonio-New Braunfels, TX	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$75.00
San Antonio-New Braunfels, TX	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$7.50
San Antonio-New Braunfels, TX	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$56.25
San Antonio-New Braunfels, TX	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$98.00
San Antonio-New Braunfels, TX	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.80
San Antonio-New Braunfels, TX	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$73.50
San Antonio-New Braunfels, TX	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$154.23
San Antonio-New Braunfels, TX	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$15.42
San Antonio-New Braunfels, TX	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$115.67
San Antonio-New Braunfels, TX	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$210.00
San Antonio-New Braunfels, TX	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.00
San Antonio-New Braunfels, TX	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$157.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Antonio-New Braunfels, TX	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$325.00
San Antonio-New Braunfels, TX	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.50
San Antonio-New Braunfels, TX	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$243.75
San Antonio-New Braunfels, TX	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$185.00
San Antonio-New Braunfels, TX	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$18.50
San Antonio-New Braunfels, TX	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$138.75
San Antonio-New Braunfels, TX	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$235.65
San Antonio-New Braunfels, TX	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$23.57
San Antonio-New Braunfels, TX	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$176.74
San Antonio-New Braunfels, TX	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$165.10
San Antonio-New Braunfels, TX	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$16.51
San Antonio-New Braunfels, TX	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$123.83
San Antonio-New Braunfels, TX	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$285.20
San Antonio-New Braunfels, TX	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$28.52
San Antonio-New Braunfels, TX	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$213.90

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Antonio-New Braunfels, TX	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$305.00
San Antonio-New Braunfels, TX	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.50
San Antonio-New Braunfels, TX	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$228.75
San Antonio-New Braunfels, TX	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$403.57
San Antonio-New Braunfels, TX	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.36
San Antonio-New Braunfels, TX	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$302.68
San Antonio-New Braunfels, TX	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$350.00
San Antonio-New Braunfels, TX	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.00
San Antonio-New Braunfels, TX	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$262.50
San Antonio-New Braunfels, TX	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$440.21
San Antonio-New Braunfels, TX	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$44.02
San Antonio-New Braunfels, TX	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$330.16
San Antonio-New Braunfels, TX	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$384.00
San Antonio-New Braunfels, TX	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.40
San Antonio-New Braunfels, TX	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$288.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Antonio-New Braunfels, TX	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$450.00
San Antonio-New Braunfels, TX	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.00
San Antonio-New Braunfels, TX	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$337.50
San Antonio-New Braunfels, TX	K0001	STANDARD WHEELCHAIR	RR			\$28.50
San Antonio-New Braunfels, TX	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$47.30
San Antonio-New Braunfels, TX	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$39.90
San Antonio-New Braunfels, TX	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$46.50
San Antonio-New Braunfels, TX	K0006	HEAVY DUTY WHEELCHAIR	RR			\$60.00
San Antonio-New Braunfels, TX	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$95.23
San Antonio-New Braunfels, TX	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$128.59
San Antonio-New Braunfels, TX	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$12.86
San Antonio-New Braunfels, TX	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$96.44
San Antonio-New Braunfels, TX	K0019	ARM PAD, EACH	NU			\$10.00
San Antonio-New Braunfels, TX	K0019	ARM PAD, EACH	RR			\$1.00
San Antonio-New Braunfels, TX	K0019	ARM PAD, EACH	UE			\$7.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Antonio-New Braunfels, TX	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$50.00
San Antonio-New Braunfels, TX	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.00
San Antonio-New Braunfels, TX	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$37.50
San Antonio-New Braunfels, TX	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$65.26
San Antonio-New Braunfels, TX	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.53
San Antonio-New Braunfels, TX	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$48.95
San Antonio-New Braunfels, TX	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
San Antonio-New Braunfels, TX	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
San Antonio-New Braunfels, TX	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
San Antonio-New Braunfels, TX	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$82.00
San Antonio-New Braunfels, TX	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.20
San Antonio-New Braunfels, TX	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$61.50
San Antonio-New Braunfels, TX	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$87.34
San Antonio-New Braunfels, TX	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.73
San Antonio-New Braunfels, TX	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$65.51

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Antonio-New Braunfels, TX	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$159.88
San Antonio-New Braunfels, TX	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.99
San Antonio-New Braunfels, TX	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$119.91
San Antonio-New Braunfels, TX	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$58.20
San Antonio-New Braunfels, TX	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.82
San Antonio-New Braunfels, TX	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$43.65
San Antonio-New Braunfels, TX	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$10.19
San Antonio-New Braunfels, TX	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$806.00
San Antonio-New Braunfels, TX	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$80.60
San Antonio-New Braunfels, TX	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$604.50
San Antonio-New Braunfels, TX	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,550.00
San Antonio-New Braunfels, TX	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$155.00
San Antonio-New Braunfels, TX	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,162.50
San Antonio-New Braunfels, TX	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,798.00
San Antonio-New Braunfels, TX	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$179.80

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Antonio-New Braunfels, TX	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,348.50
San Antonio-New Braunfels, TX	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$247.50
San Antonio-New Braunfels, TX	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$263.25
San Antonio-New Braunfels, TX	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$332.23
San Antonio-New Braunfels, TX	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$329.85
San Antonio-New Braunfels, TX	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$281.25
San Antonio-New Braunfels, TX	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$307.13
San Antonio-New Braunfels, TX	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$306.91
San Antonio-New Braunfels, TX	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$284.48
San Antonio-New Braunfels, TX	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$402.02
San Antonio-New Braunfels, TX	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$393.53
San Antonio-New Braunfels, TX	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$581.10
San Antonio-New Braunfels, TX	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$520.15
San Antonio-New Braunfels, TX	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$750.00
San Antonio-New Braunfels, TX	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$710.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Diego-Carlsbad-San Marcos, CA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$73.78
San Diego-Carlsbad-San Marcos, CA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.38
San Diego-Carlsbad-San Marcos, CA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$55.34
San Diego-Carlsbad-San Marcos, CA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$13.25
San Diego-Carlsbad-San Marcos, CA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.33
San Diego-Carlsbad-San Marcos, CA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.94
San Diego-Carlsbad-San Marcos, CA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$137.20
San Diego-Carlsbad-San Marcos, CA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.72
San Diego-Carlsbad-San Marcos, CA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$102.90
San Diego-Carlsbad-San Marcos, CA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$76.92
San Diego-Carlsbad-San Marcos, CA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.69
San Diego-Carlsbad-San Marcos, CA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$57.69
San Diego-Carlsbad-San Marcos, CA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$111.25
San Diego-Carlsbad-San Marcos, CA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.13
San Diego-Carlsbad-San Marcos, CA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$83.44

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Diego-Carlsbad-San Marcos, CA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$71.11
San Diego-Carlsbad-San Marcos, CA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.11
San Diego-Carlsbad-San Marcos, CA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$53.33
San Diego-Carlsbad-San Marcos, CA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$20.06
San Diego-Carlsbad-San Marcos, CA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.01
San Diego-Carlsbad-San Marcos, CA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$15.05
San Diego-Carlsbad-San Marcos, CA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$29.68
San Diego-Carlsbad-San Marcos, CA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.97
San Diego-Carlsbad-San Marcos, CA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$22.26
San Diego-Carlsbad-San Marcos, CA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$54.04
San Diego-Carlsbad-San Marcos, CA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.40
San Diego-Carlsbad-San Marcos, CA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$40.53
San Diego-Carlsbad-San Marcos, CA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$23.50
San Diego-Carlsbad-San Marcos, CA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.35
San Diego-Carlsbad-San Marcos, CA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$17.63

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Diego-Carlsbad-San Marcos, CA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$65.00
San Diego-Carlsbad-San Marcos, CA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.50
San Diego-Carlsbad-San Marcos, CA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$48.75
San Diego-Carlsbad-San Marcos, CA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$79.50
San Diego-Carlsbad-San Marcos, CA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.95
San Diego-Carlsbad-San Marcos, CA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$59.63
San Diego-Carlsbad-San Marcos, CA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$104.57
San Diego-Carlsbad-San Marcos, CA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.46
San Diego-Carlsbad-San Marcos, CA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$78.43
San Diego-Carlsbad-San Marcos, CA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$183.50
San Diego-Carlsbad-San Marcos, CA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$18.35
San Diego-Carlsbad-San Marcos, CA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$137.63
San Diego-Carlsbad-San Marcos, CA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$124.50
San Diego-Carlsbad-San Marcos, CA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.45
San Diego-Carlsbad-San Marcos, CA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$93.38

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Diego-Carlsbad-San Marcos, CA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$40.58
San Diego-Carlsbad-San Marcos, CA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$13.55
San Diego-Carlsbad-San Marcos, CA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$35.00
San Diego-Carlsbad-San Marcos, CA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$380.94
San Diego-Carlsbad-San Marcos, CA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$38.09
San Diego-Carlsbad-San Marcos, CA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$285.71
San Diego-Carlsbad-San Marcos, CA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$338.60
San Diego-Carlsbad-San Marcos, CA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$33.86
San Diego-Carlsbad-San Marcos, CA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$253.95
San Diego-Carlsbad-San Marcos, CA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$450.00
San Diego-Carlsbad-San Marcos, CA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.00
San Diego-Carlsbad-San Marcos, CA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$337.50
San Diego-Carlsbad-San Marcos, CA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$405.50
San Diego-Carlsbad-San Marcos, CA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$40.55
San Diego-Carlsbad-San Marcos, CA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$304.13

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Diego-Carlsbad-San Marcos, CA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$699.50
San Diego-Carlsbad-San Marcos, CA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$69.95
San Diego-Carlsbad-San Marcos, CA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$524.63
San Diego-Carlsbad-San Marcos, CA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$35.50
San Diego-Carlsbad-San Marcos, CA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.55
San Diego-Carlsbad-San Marcos, CA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.63
San Diego-Carlsbad-San Marcos, CA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$82.61
San Diego-Carlsbad-San Marcos, CA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.26
San Diego-Carlsbad-San Marcos, CA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$61.96
San Diego-Carlsbad-San Marcos, CA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$83.90
San Diego-Carlsbad-San Marcos, CA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.39
San Diego-Carlsbad-San Marcos, CA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$62.93
San Diego-Carlsbad-San Marcos, CA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.01
San Diego-Carlsbad-San Marcos, CA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
San Diego-Carlsbad-San Marcos, CA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.76

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Diego-Carlsbad-San Marcos, CA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$35.24
San Diego-Carlsbad-San Marcos, CA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.52
San Diego-Carlsbad-San Marcos, CA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$26.43
San Diego-Carlsbad-San Marcos, CA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$26.70
San Diego-Carlsbad-San Marcos, CA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.67
San Diego-Carlsbad-San Marcos, CA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$20.03
San Diego-Carlsbad-San Marcos, CA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$136.00
San Diego-Carlsbad-San Marcos, CA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.60
San Diego-Carlsbad-San Marcos, CA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$102.00
San Diego-Carlsbad-San Marcos, CA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$97.63
San Diego-Carlsbad-San Marcos, CA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.76
San Diego-Carlsbad-San Marcos, CA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$73.22
San Diego-Carlsbad-San Marcos, CA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$104.40
San Diego-Carlsbad-San Marcos, CA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.44
San Diego-Carlsbad-San Marcos, CA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$78.30

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Diego-Carlsbad-San Marcos, CA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.04
San Diego-Carlsbad-San Marcos, CA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.00
San Diego-Carlsbad-San Marcos, CA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.53
San Diego-Carlsbad-San Marcos, CA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
San Diego-Carlsbad-San Marcos, CA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
San Diego-Carlsbad-San Marcos, CA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
San Diego-Carlsbad-San Marcos, CA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$97.32
San Diego-Carlsbad-San Marcos, CA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.73
San Diego-Carlsbad-San Marcos, CA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$72.99
San Diego-Carlsbad-San Marcos, CA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$66.70
San Diego-Carlsbad-San Marcos, CA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$6.67
San Diego-Carlsbad-San Marcos, CA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$50.03
San Diego-Carlsbad-San Marcos, CA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$155.88
San Diego-Carlsbad-San Marcos, CA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$15.59
San Diego-Carlsbad-San Marcos, CA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$116.91

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Diego-Carlsbad-San Marcos, CA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$328.58
San Diego-Carlsbad-San Marcos, CA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$32.86
San Diego-Carlsbad-San Marcos, CA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$246.44
San Diego-Carlsbad-San Marcos, CA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$402.61
San Diego-Carlsbad-San Marcos, CA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$40.26
San Diego-Carlsbad-San Marcos, CA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$301.96
San Diego-Carlsbad-San Marcos, CA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$344.96
San Diego-Carlsbad-San Marcos, CA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$34.50
San Diego-Carlsbad-San Marcos, CA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$258.72
San Diego-Carlsbad-San Marcos, CA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$494.21
San Diego-Carlsbad-San Marcos, CA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$49.42
San Diego-Carlsbad-San Marcos, CA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$370.66
San Diego-Carlsbad-San Marcos, CA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$126.03
San Diego-Carlsbad-San Marcos, CA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.60
San Diego-Carlsbad-San Marcos, CA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$94.52

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Diego-Carlsbad-San Marcos, CA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$58.38
San Diego-Carlsbad-San Marcos, CA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.84
San Diego-Carlsbad-San Marcos, CA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.79
San Diego-Carlsbad-San Marcos, CA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$114.56
San Diego-Carlsbad-San Marcos, CA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.46
San Diego-Carlsbad-San Marcos, CA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$85.92
San Diego-Carlsbad-San Marcos, CA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$59.00
San Diego-Carlsbad-San Marcos, CA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.90
San Diego-Carlsbad-San Marcos, CA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$44.25
San Diego-Carlsbad-San Marcos, CA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$101.77
San Diego-Carlsbad-San Marcos, CA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.18
San Diego-Carlsbad-San Marcos, CA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$76.33
San Diego-Carlsbad-San Marcos, CA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$46.70
San Diego-Carlsbad-San Marcos, CA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.67
San Diego-Carlsbad-San Marcos, CA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$35.03

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Diego-Carlsbad-San Marcos, CA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.92
San Diego-Carlsbad-San Marcos, CA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.59
San Diego-Carlsbad-San Marcos, CA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.94
San Diego-Carlsbad-San Marcos, CA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.22
San Diego-Carlsbad-San Marcos, CA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.02
San Diego-Carlsbad-San Marcos, CA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.17
San Diego-Carlsbad-San Marcos, CA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$59.12
San Diego-Carlsbad-San Marcos, CA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.91
San Diego-Carlsbad-San Marcos, CA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$44.34
San Diego-Carlsbad-San Marcos, CA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.87
San Diego-Carlsbad-San Marcos, CA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.29
San Diego-Carlsbad-San Marcos, CA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.15
San Diego-Carlsbad-San Marcos, CA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.02
San Diego-Carlsbad-San Marcos, CA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.90
San Diego-Carlsbad-San Marcos, CA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.77

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Diego-Carlsbad-San Marcos, CA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$35.84
San Diego-Carlsbad-San Marcos, CA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.58
San Diego-Carlsbad-San Marcos, CA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$26.88
San Diego-Carlsbad-San Marcos, CA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$81.36
San Diego-Carlsbad-San Marcos, CA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.14
San Diego-Carlsbad-San Marcos, CA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$61.02
San Diego-Carlsbad-San Marcos, CA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$100.01
San Diego-Carlsbad-San Marcos, CA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.00
San Diego-Carlsbad-San Marcos, CA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$75.01
San Diego-Carlsbad-San Marcos, CA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$149.59
San Diego-Carlsbad-San Marcos, CA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$14.96
San Diego-Carlsbad-San Marcos, CA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$112.19
San Diego-Carlsbad-San Marcos, CA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$208.18
San Diego-Carlsbad-San Marcos, CA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.82
San Diego-Carlsbad-San Marcos, CA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$156.14

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Diego-Carlsbad-San Marcos, CA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$326.64
San Diego-Carlsbad-San Marcos, CA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.66
San Diego-Carlsbad-San Marcos, CA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$244.98
San Diego-Carlsbad-San Marcos, CA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$205.14
San Diego-Carlsbad-San Marcos, CA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.51
San Diego-Carlsbad-San Marcos, CA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$153.86
San Diego-Carlsbad-San Marcos, CA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$272.78
San Diego-Carlsbad-San Marcos, CA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$27.28
San Diego-Carlsbad-San Marcos, CA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$204.59
San Diego-Carlsbad-San Marcos, CA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
San Diego-Carlsbad-San Marcos, CA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
San Diego-Carlsbad-San Marcos, CA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
San Diego-Carlsbad-San Marcos, CA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$306.50
San Diego-Carlsbad-San Marcos, CA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.65
San Diego-Carlsbad-San Marcos, CA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$229.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Diego-Carlsbad-San Marcos, CA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$297.58
San Diego-Carlsbad-San Marcos, CA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.76
San Diego-Carlsbad-San Marcos, CA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$223.19
San Diego-Carlsbad-San Marcos, CA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$414.54
San Diego-Carlsbad-San Marcos, CA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$41.45
San Diego-Carlsbad-San Marcos, CA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$310.91
San Diego-Carlsbad-San Marcos, CA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$354.76
San Diego-Carlsbad-San Marcos, CA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.48
San Diego-Carlsbad-San Marcos, CA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$266.07
San Diego-Carlsbad-San Marcos, CA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$464.22
San Diego-Carlsbad-San Marcos, CA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$46.42
San Diego-Carlsbad-San Marcos, CA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$348.17
San Diego-Carlsbad-San Marcos, CA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$381.00
San Diego-Carlsbad-San Marcos, CA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.10
San Diego-Carlsbad-San Marcos, CA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$285.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Diego-Carlsbad-San Marcos, CA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$406.83
San Diego-Carlsbad-San Marcos, CA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.68
San Diego-Carlsbad-San Marcos, CA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$305.12
San Diego-Carlsbad-San Marcos, CA	K0001	STANDARD WHEELCHAIR	RR			\$26.25
San Diego-Carlsbad-San Marcos, CA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$53.23
San Diego-Carlsbad-San Marcos, CA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$42.50
San Diego-Carlsbad-San Marcos, CA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.75
San Diego-Carlsbad-San Marcos, CA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$67.80
San Diego-Carlsbad-San Marcos, CA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$106.21
San Diego-Carlsbad-San Marcos, CA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$119.56
San Diego-Carlsbad-San Marcos, CA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.96
San Diego-Carlsbad-San Marcos, CA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$89.67
San Diego-Carlsbad-San Marcos, CA	K0019	ARM PAD, EACH	NU			\$11.50
San Diego-Carlsbad-San Marcos, CA	K0019	ARM PAD, EACH	RR			\$1.15
San Diego-Carlsbad-San Marcos, CA	K0019	ARM PAD, EACH	UE			\$8.63

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Diego-Carlsbad-San Marcos, CA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$51.55
San Diego-Carlsbad-San Marcos, CA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.16
San Diego-Carlsbad-San Marcos, CA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$38.66
San Diego-Carlsbad-San Marcos, CA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$60.11
San Diego-Carlsbad-San Marcos, CA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.01
San Diego-Carlsbad-San Marcos, CA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$45.08
San Diego-Carlsbad-San Marcos, CA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$79.27
San Diego-Carlsbad-San Marcos, CA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$7.93
San Diego-Carlsbad-San Marcos, CA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$59.45
San Diego-Carlsbad-San Marcos, CA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$85.98
San Diego-Carlsbad-San Marcos, CA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.60
San Diego-Carlsbad-San Marcos, CA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$64.49
San Diego-Carlsbad-San Marcos, CA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$88.00
San Diego-Carlsbad-San Marcos, CA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.80
San Diego-Carlsbad-San Marcos, CA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$66.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Diego-Carlsbad-San Marcos, CA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$152.00
San Diego-Carlsbad-San Marcos, CA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.20
San Diego-Carlsbad-San Marcos, CA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$114.00
San Diego-Carlsbad-San Marcos, CA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$54.40
San Diego-Carlsbad-San Marcos, CA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.44
San Diego-Carlsbad-San Marcos, CA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$40.80
San Diego-Carlsbad-San Marcos, CA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$11.10
San Diego-Carlsbad-San Marcos, CA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$812.26
San Diego-Carlsbad-San Marcos, CA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$81.23
San Diego-Carlsbad-San Marcos, CA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$609.20
San Diego-Carlsbad-San Marcos, CA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,547.00
San Diego-Carlsbad-San Marcos, CA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$154.70
San Diego-Carlsbad-San Marcos, CA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,160.25
San Diego-Carlsbad-San Marcos, CA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,853.50
San Diego-Carlsbad-San Marcos, CA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$185.35

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Diego-Carlsbad-San Marcos, CA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,390.13
San Diego-Carlsbad-San Marcos, CA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$282.09
San Diego-Carlsbad-San Marcos, CA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$298.28
San Diego-Carlsbad-San Marcos, CA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$374.75
San Diego-Carlsbad-San Marcos, CA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$329.93
San Diego-Carlsbad-San Marcos, CA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$291.75
San Diego-Carlsbad-San Marcos, CA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$345.00
San Diego-Carlsbad-San Marcos, CA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$328.76
San Diego-Carlsbad-San Marcos, CA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$292.24
San Diego-Carlsbad-San Marcos, CA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$436.19
San Diego-Carlsbad-San Marcos, CA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$386.13
San Diego-Carlsbad-San Marcos, CA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$638.33
San Diego-Carlsbad-San Marcos, CA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$537.58
San Diego-Carlsbad-San Marcos, CA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$779.70
San Diego-Carlsbad-San Marcos, CA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$695.96

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Francisco-Oakland-Fremont, CA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$78.37
San Francisco-Oakland-Fremont, CA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.84
San Francisco-Oakland-Fremont, CA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$58.78
San Francisco-Oakland-Fremont, CA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$15.13
San Francisco-Oakland-Fremont, CA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.51
San Francisco-Oakland-Fremont, CA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$11.35
San Francisco-Oakland-Fremont, CA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$141.86
San Francisco-Oakland-Fremont, CA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$14.19
San Francisco-Oakland-Fremont, CA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$106.40
San Francisco-Oakland-Fremont, CA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$80.00
San Francisco-Oakland-Fremont, CA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.00
San Francisco-Oakland-Fremont, CA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$60.00
San Francisco-Oakland-Fremont, CA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$115.50
San Francisco-Oakland-Fremont, CA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.55
San Francisco-Oakland-Fremont, CA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$86.63

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Francisco-Oakland-Fremont, CA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$71.11
San Francisco-Oakland-Fremont, CA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.11
San Francisco-Oakland-Fremont, CA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$53.33
San Francisco-Oakland-Fremont, CA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$24.72
San Francisco-Oakland-Fremont, CA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.47
San Francisco-Oakland-Fremont, CA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$18.54
San Francisco-Oakland-Fremont, CA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$38.00
San Francisco-Oakland-Fremont, CA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.80
San Francisco-Oakland-Fremont, CA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$28.50
San Francisco-Oakland-Fremont, CA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$54.66
San Francisco-Oakland-Fremont, CA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.47
San Francisco-Oakland-Fremont, CA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$41.00
San Francisco-Oakland-Fremont, CA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$25.83
San Francisco-Oakland-Fremont, CA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.58
San Francisco-Oakland-Fremont, CA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$19.37

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Francisco-Oakland-Fremont, CA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$65.85
San Francisco-Oakland-Fremont, CA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.59
San Francisco-Oakland-Fremont, CA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$49.39
San Francisco-Oakland-Fremont, CA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$75.95
San Francisco-Oakland-Fremont, CA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.60
San Francisco-Oakland-Fremont, CA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$56.96
San Francisco-Oakland-Fremont, CA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$110.00
San Francisco-Oakland-Fremont, CA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$11.00
San Francisco-Oakland-Fremont, CA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$82.50
San Francisco-Oakland-Fremont, CA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$200.00
San Francisco-Oakland-Fremont, CA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$20.00
San Francisco-Oakland-Fremont, CA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$150.00
San Francisco-Oakland-Fremont, CA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$140.00
San Francisco-Oakland-Fremont, CA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$14.00
San Francisco-Oakland-Fremont, CA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$105.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Francisco-Oakland-Fremont, CA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.64
San Francisco-Oakland-Fremont, CA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$13.55
San Francisco-Oakland-Fremont, CA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$35.00
San Francisco-Oakland-Fremont, CA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$377.14
San Francisco-Oakland-Fremont, CA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$37.71
San Francisco-Oakland-Fremont, CA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$282.86
San Francisco-Oakland-Fremont, CA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$350.00
San Francisco-Oakland-Fremont, CA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$35.00
San Francisco-Oakland-Fremont, CA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$262.50
San Francisco-Oakland-Fremont, CA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$450.00
San Francisco-Oakland-Fremont, CA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.00
San Francisco-Oakland-Fremont, CA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$337.50
San Francisco-Oakland-Fremont, CA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$450.00
San Francisco-Oakland-Fremont, CA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$45.00
San Francisco-Oakland-Fremont, CA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$337.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Francisco-Oakland-Fremont, CA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$700.00
San Francisco-Oakland-Fremont, CA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$70.00
San Francisco-Oakland-Fremont, CA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$525.00
San Francisco-Oakland-Fremont, CA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.00
San Francisco-Oakland-Fremont, CA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.60
San Francisco-Oakland-Fremont, CA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.00
San Francisco-Oakland-Fremont, CA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$92.85
San Francisco-Oakland-Fremont, CA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$9.29
San Francisco-Oakland-Fremont, CA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$69.64
San Francisco-Oakland-Fremont, CA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$90.00
San Francisco-Oakland-Fremont, CA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$9.00
San Francisco-Oakland-Fremont, CA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$67.50
San Francisco-Oakland-Fremont, CA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.05
San Francisco-Oakland-Fremont, CA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.51
San Francisco-Oakland-Fremont, CA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.79

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Francisco-Oakland-Fremont, CA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$35.49
San Francisco-Oakland-Fremont, CA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.55
San Francisco-Oakland-Fremont, CA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$26.62
San Francisco-Oakland-Fremont, CA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$29.24
San Francisco-Oakland-Fremont, CA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.92
San Francisco-Oakland-Fremont, CA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$21.93
San Francisco-Oakland-Fremont, CA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$150.00
San Francisco-Oakland-Fremont, CA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$15.00
San Francisco-Oakland-Fremont, CA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$112.50
San Francisco-Oakland-Fremont, CA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$101.54
San Francisco-Oakland-Fremont, CA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.15
San Francisco-Oakland-Fremont, CA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$76.16
San Francisco-Oakland-Fremont, CA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$107.93
San Francisco-Oakland-Fremont, CA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.79
San Francisco-Oakland-Fremont, CA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$80.95

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Francisco-Oakland-Fremont, CA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.78
San Francisco-Oakland-Fremont, CA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.08
San Francisco-Oakland-Fremont, CA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$68.09
San Francisco-Oakland-Fremont, CA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$152.97
San Francisco-Oakland-Fremont, CA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$15.30
San Francisco-Oakland-Fremont, CA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$114.73
San Francisco-Oakland-Fremont, CA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
San Francisco-Oakland-Fremont, CA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
San Francisco-Oakland-Fremont, CA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
San Francisco-Oakland-Fremont, CA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.00
San Francisco-Oakland-Fremont, CA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.50
San Francisco-Oakland-Fremont, CA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$56.25
San Francisco-Oakland-Fremont, CA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$158.64
San Francisco-Oakland-Fremont, CA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$15.86
San Francisco-Oakland-Fremont, CA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$118.98

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Francisco-Oakland-Fremont, CA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$327.38
San Francisco-Oakland-Fremont, CA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$32.74
San Francisco-Oakland-Fremont, CA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$245.54
San Francisco-Oakland-Fremont, CA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$403.68
San Francisco-Oakland-Fremont, CA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$40.37
San Francisco-Oakland-Fremont, CA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$302.76
San Francisco-Oakland-Fremont, CA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$375.00
San Francisco-Oakland-Fremont, CA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$37.50
San Francisco-Oakland-Fremont, CA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$281.25
San Francisco-Oakland-Fremont, CA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$505.42
San Francisco-Oakland-Fremont, CA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$50.54
San Francisco-Oakland-Fremont, CA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$379.07
San Francisco-Oakland-Fremont, CA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$126.99
San Francisco-Oakland-Fremont, CA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.70
San Francisco-Oakland-Fremont, CA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$95.24

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Francisco-Oakland-Fremont, CA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$58.76
San Francisco-Oakland-Fremont, CA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.88
San Francisco-Oakland-Fremont, CA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$44.07
San Francisco-Oakland-Fremont, CA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$125.81
San Francisco-Oakland-Fremont, CA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$12.58
San Francisco-Oakland-Fremont, CA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$94.36
San Francisco-Oakland-Fremont, CA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$62.51
San Francisco-Oakland-Fremont, CA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.25
San Francisco-Oakland-Fremont, CA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$46.88
San Francisco-Oakland-Fremont, CA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$102.00
San Francisco-Oakland-Fremont, CA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.20
San Francisco-Oakland-Fremont, CA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$76.50
San Francisco-Oakland-Fremont, CA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$51.16
San Francisco-Oakland-Fremont, CA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.12
San Francisco-Oakland-Fremont, CA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$38.37

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Francisco-Oakland-Fremont, CA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$16.47
San Francisco-Oakland-Fremont, CA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.65
San Francisco-Oakland-Fremont, CA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.35
San Francisco-Oakland-Fremont, CA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.54
San Francisco-Oakland-Fremont, CA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.25
San Francisco-Oakland-Fremont, CA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.91
San Francisco-Oakland-Fremont, CA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.15
San Francisco-Oakland-Fremont, CA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.02
San Francisco-Oakland-Fremont, CA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.11
San Francisco-Oakland-Fremont, CA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.00
San Francisco-Oakland-Fremont, CA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.50
San Francisco-Oakland-Fremont, CA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.75
San Francisco-Oakland-Fremont, CA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.95
San Francisco-Oakland-Fremont, CA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.00
San Francisco-Oakland-Fremont, CA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.46

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Francisco-Oakland-Fremont, CA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$50.00
San Francisco-Oakland-Fremont, CA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$5.00
San Francisco-Oakland-Fremont, CA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$37.50
San Francisco-Oakland-Fremont, CA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$92.67
San Francisco-Oakland-Fremont, CA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$9.27
San Francisco-Oakland-Fremont, CA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$69.50
San Francisco-Oakland-Fremont, CA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$118.82
San Francisco-Oakland-Fremont, CA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$11.88
San Francisco-Oakland-Fremont, CA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$89.12
San Francisco-Oakland-Fremont, CA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$158.73
San Francisco-Oakland-Fremont, CA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$15.87
San Francisco-Oakland-Fremont, CA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$119.05
San Francisco-Oakland-Fremont, CA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$211.11
San Francisco-Oakland-Fremont, CA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.11
San Francisco-Oakland-Fremont, CA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$158.33

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Francisco-Oakland-Fremont, CA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$328.18
San Francisco-Oakland-Fremont, CA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.82
San Francisco-Oakland-Fremont, CA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$246.14
San Francisco-Oakland-Fremont, CA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$226.97
San Francisco-Oakland-Fremont, CA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$22.70
San Francisco-Oakland-Fremont, CA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$170.23
San Francisco-Oakland-Fremont, CA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$293.25
San Francisco-Oakland-Fremont, CA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$29.33
San Francisco-Oakland-Fremont, CA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$219.94
San Francisco-Oakland-Fremont, CA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
San Francisco-Oakland-Fremont, CA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
San Francisco-Oakland-Fremont, CA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
San Francisco-Oakland-Fremont, CA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$332.09
San Francisco-Oakland-Fremont, CA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$33.21
San Francisco-Oakland-Fremont, CA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$249.07

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Francisco-Oakland-Fremont, CA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$308.45
San Francisco-Oakland-Fremont, CA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.85
San Francisco-Oakland-Fremont, CA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$231.34
San Francisco-Oakland-Fremont, CA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$414.54
San Francisco-Oakland-Fremont, CA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$41.45
San Francisco-Oakland-Fremont, CA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$310.91
San Francisco-Oakland-Fremont, CA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$362.23
San Francisco-Oakland-Fremont, CA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.22
San Francisco-Oakland-Fremont, CA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$271.67
San Francisco-Oakland-Fremont, CA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$474.18
San Francisco-Oakland-Fremont, CA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$47.42
San Francisco-Oakland-Fremont, CA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$355.64
San Francisco-Oakland-Fremont, CA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$428.42
San Francisco-Oakland-Fremont, CA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$42.84
San Francisco-Oakland-Fremont, CA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$321.32

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Francisco-Oakland-Fremont, CA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$449.14
San Francisco-Oakland-Fremont, CA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$44.91
San Francisco-Oakland-Fremont, CA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$336.86
San Francisco-Oakland-Fremont, CA	K0001	STANDARD WHEELCHAIR	RR			\$28.03
San Francisco-Oakland-Fremont, CA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$50.73
San Francisco-Oakland-Fremont, CA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$45.00
San Francisco-Oakland-Fremont, CA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$59.79
San Francisco-Oakland-Fremont, CA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$72.14
San Francisco-Oakland-Fremont, CA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$109.24
San Francisco-Oakland-Fremont, CA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$119.56
San Francisco-Oakland-Fremont, CA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.96
San Francisco-Oakland-Fremont, CA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$89.67
San Francisco-Oakland-Fremont, CA	K0019	ARM PAD, EACH	NU			\$14.20
San Francisco-Oakland-Fremont, CA	K0019	ARM PAD, EACH	RR			\$1.42
San Francisco-Oakland-Fremont, CA	K0019	ARM PAD, EACH	UE			\$10.65

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Francisco-Oakland-Fremont, CA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$55.00
San Francisco-Oakland-Fremont, CA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.50
San Francisco-Oakland-Fremont, CA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$41.25
San Francisco-Oakland-Fremont, CA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$70.81
San Francisco-Oakland-Fremont, CA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.08
San Francisco-Oakland-Fremont, CA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$53.11
San Francisco-Oakland-Fremont, CA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$84.51
San Francisco-Oakland-Fremont, CA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.45
San Francisco-Oakland-Fremont, CA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.38
San Francisco-Oakland-Fremont, CA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$91.40
San Francisco-Oakland-Fremont, CA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$9.14
San Francisco-Oakland-Fremont, CA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$68.55
San Francisco-Oakland-Fremont, CA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$92.00
San Francisco-Oakland-Fremont, CA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.20
San Francisco-Oakland-Fremont, CA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$69.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Francisco-Oakland-Fremont, CA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$157.00
San Francisco-Oakland-Fremont, CA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.70
San Francisco-Oakland-Fremont, CA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$117.75
San Francisco-Oakland-Fremont, CA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$53.00
San Francisco-Oakland-Fremont, CA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.30
San Francisco-Oakland-Fremont, CA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$39.75
San Francisco-Oakland-Fremont, CA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$11.99
San Francisco-Oakland-Fremont, CA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$807.00
San Francisco-Oakland-Fremont, CA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$80.70
San Francisco-Oakland-Fremont, CA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$605.25
San Francisco-Oakland-Fremont, CA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,700.00
San Francisco-Oakland-Fremont, CA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$170.00
San Francisco-Oakland-Fremont, CA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,275.00
San Francisco-Oakland-Fremont, CA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,900.00
San Francisco-Oakland-Fremont, CA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$190.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Francisco-Oakland-Fremont, CA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,425.00
San Francisco-Oakland-Fremont, CA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.00
San Francisco-Oakland-Fremont, CA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$343.05
San Francisco-Oakland-Fremont, CA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$403.80
San Francisco-Oakland-Fremont, CA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$388.50
San Francisco-Oakland-Fremont, CA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$297.30
San Francisco-Oakland-Fremont, CA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
San Francisco-Oakland-Fremont, CA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$337.50
San Francisco-Oakland-Fremont, CA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$300.00
San Francisco-Oakland-Fremont, CA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$437.12
San Francisco-Oakland-Fremont, CA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$374.25
San Francisco-Oakland-Fremont, CA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$780.00
San Francisco-Oakland-Fremont, CA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$599.10
San Francisco-Oakland-Fremont, CA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$840.00
San Francisco-Oakland-Fremont, CA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$801.67

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Jose-Sunnyvale-Santa Clara, CA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$78.37
San Jose-Sunnyvale-Santa Clara, CA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.84
San Jose-Sunnyvale-Santa Clara, CA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$58.78
San Jose-Sunnyvale-Santa Clara, CA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$15.13
San Jose-Sunnyvale-Santa Clara, CA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.51
San Jose-Sunnyvale-Santa Clara, CA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$11.35
San Jose-Sunnyvale-Santa Clara, CA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$146.00
San Jose-Sunnyvale-Santa Clara, CA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$14.60
San Jose-Sunnyvale-Santa Clara, CA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$109.50
San Jose-Sunnyvale-Santa Clara, CA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$80.00
San Jose-Sunnyvale-Santa Clara, CA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.00
San Jose-Sunnyvale-Santa Clara, CA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$60.00
San Jose-Sunnyvale-Santa Clara, CA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$115.50
San Jose-Sunnyvale-Santa Clara, CA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.55
San Jose-Sunnyvale-Santa Clara, CA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$86.63

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Jose-Sunnyvale-Santa Clara, CA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$71.11
San Jose-Sunnyvale-Santa Clara, CA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.11
San Jose-Sunnyvale-Santa Clara, CA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$53.33
San Jose-Sunnyvale-Santa Clara, CA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$24.72
San Jose-Sunnyvale-Santa Clara, CA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.47
San Jose-Sunnyvale-Santa Clara, CA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$18.54
San Jose-Sunnyvale-Santa Clara, CA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$35.28
San Jose-Sunnyvale-Santa Clara, CA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.53
San Jose-Sunnyvale-Santa Clara, CA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$26.46
San Jose-Sunnyvale-Santa Clara, CA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$56.00
San Jose-Sunnyvale-Santa Clara, CA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.60
San Jose-Sunnyvale-Santa Clara, CA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$42.00
San Jose-Sunnyvale-Santa Clara, CA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$25.83
San Jose-Sunnyvale-Santa Clara, CA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.58
San Jose-Sunnyvale-Santa Clara, CA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$19.37

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Jose-Sunnyvale-Santa Clara, CA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$66.86
San Jose-Sunnyvale-Santa Clara, CA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.69
San Jose-Sunnyvale-Santa Clara, CA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$50.15
San Jose-Sunnyvale-Santa Clara, CA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$79.06
San Jose-Sunnyvale-Santa Clara, CA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.91
San Jose-Sunnyvale-Santa Clara, CA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$59.30
San Jose-Sunnyvale-Santa Clara, CA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$110.00
San Jose-Sunnyvale-Santa Clara, CA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$11.00
San Jose-Sunnyvale-Santa Clara, CA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$82.50
San Jose-Sunnyvale-Santa Clara, CA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$200.00
San Jose-Sunnyvale-Santa Clara, CA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$20.00
San Jose-Sunnyvale-Santa Clara, CA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$150.00
San Jose-Sunnyvale-Santa Clara, CA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$143.58
San Jose-Sunnyvale-Santa Clara, CA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$14.36
San Jose-Sunnyvale-Santa Clara, CA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$107.69

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Jose-Sunnyvale-Santa Clara, CA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.50
San Jose-Sunnyvale-Santa Clara, CA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$14.66
San Jose-Sunnyvale-Santa Clara, CA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$35.00
San Jose-Sunnyvale-Santa Clara, CA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$384.74
San Jose-Sunnyvale-Santa Clara, CA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$38.47
San Jose-Sunnyvale-Santa Clara, CA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$288.56
San Jose-Sunnyvale-Santa Clara, CA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$350.00
San Jose-Sunnyvale-Santa Clara, CA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$35.00
San Jose-Sunnyvale-Santa Clara, CA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$262.50
San Jose-Sunnyvale-Santa Clara, CA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$450.00
San Jose-Sunnyvale-Santa Clara, CA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.00
San Jose-Sunnyvale-Santa Clara, CA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$337.50
San Jose-Sunnyvale-Santa Clara, CA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$450.00
San Jose-Sunnyvale-Santa Clara, CA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$45.00
San Jose-Sunnyvale-Santa Clara, CA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$337.50

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Jose-Sunnyvale-Santa Clara, CA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$700.00
San Jose-Sunnyvale-Santa Clara, CA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$70.00
San Jose-Sunnyvale-Santa Clara, CA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$525.00
San Jose-Sunnyvale-Santa Clara, CA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.00
San Jose-Sunnyvale-Santa Clara, CA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.60
San Jose-Sunnyvale-Santa Clara, CA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.00
San Jose-Sunnyvale-Santa Clara, CA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$92.85
San Jose-Sunnyvale-Santa Clara, CA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$9.29
San Jose-Sunnyvale-Santa Clara, CA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$69.64
San Jose-Sunnyvale-Santa Clara, CA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$90.00
San Jose-Sunnyvale-Santa Clara, CA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$9.00
San Jose-Sunnyvale-Santa Clara, CA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$67.50
San Jose-Sunnyvale-Santa Clara, CA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.05
San Jose-Sunnyvale-Santa Clara, CA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.51
San Jose-Sunnyvale-Santa Clara, CA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.79

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Jose-Sunnyvale-Santa Clara, CA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$35.49
San Jose-Sunnyvale-Santa Clara, CA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.55
San Jose-Sunnyvale-Santa Clara, CA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$26.62
San Jose-Sunnyvale-Santa Clara, CA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$29.24
San Jose-Sunnyvale-Santa Clara, CA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.92
San Jose-Sunnyvale-Santa Clara, CA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$21.93
San Jose-Sunnyvale-Santa Clara, CA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$145.00
San Jose-Sunnyvale-Santa Clara, CA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.50
San Jose-Sunnyvale-Santa Clara, CA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$108.75
San Jose-Sunnyvale-Santa Clara, CA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$97.63
San Jose-Sunnyvale-Santa Clara, CA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.76
San Jose-Sunnyvale-Santa Clara, CA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$73.22
San Jose-Sunnyvale-Santa Clara, CA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$110.00
San Jose-Sunnyvale-Santa Clara, CA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$11.00
San Jose-Sunnyvale-Santa Clara, CA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$82.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Jose-Sunnyvale-Santa Clara, CA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.78
San Jose-Sunnyvale-Santa Clara, CA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.08
San Jose-Sunnyvale-Santa Clara, CA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$68.09
San Jose-Sunnyvale-Santa Clara, CA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$152.97
San Jose-Sunnyvale-Santa Clara, CA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$15.30
San Jose-Sunnyvale-Santa Clara, CA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$114.73
San Jose-Sunnyvale-Santa Clara, CA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$97.63
San Jose-Sunnyvale-Santa Clara, CA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.76
San Jose-Sunnyvale-Santa Clara, CA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$73.22
San Jose-Sunnyvale-Santa Clara, CA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.00
San Jose-Sunnyvale-Santa Clara, CA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.50
San Jose-Sunnyvale-Santa Clara, CA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$56.25
San Jose-Sunnyvale-Santa Clara, CA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$190.31
San Jose-Sunnyvale-Santa Clara, CA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$19.03
San Jose-Sunnyvale-Santa Clara, CA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$142.73

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Jose-Sunnyvale-Santa Clara, CA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$327.38
San Jose-Sunnyvale-Santa Clara, CA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$32.74
San Jose-Sunnyvale-Santa Clara, CA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$245.54
San Jose-Sunnyvale-Santa Clara, CA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$403.68
San Jose-Sunnyvale-Santa Clara, CA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$40.37
San Jose-Sunnyvale-Santa Clara, CA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$302.76
San Jose-Sunnyvale-Santa Clara, CA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$375.00
San Jose-Sunnyvale-Santa Clara, CA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$37.50
San Jose-Sunnyvale-Santa Clara, CA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$281.25
San Jose-Sunnyvale-Santa Clara, CA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$553.00
San Jose-Sunnyvale-Santa Clara, CA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$55.30
San Jose-Sunnyvale-Santa Clara, CA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$414.75
San Jose-Sunnyvale-Santa Clara, CA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$126.99
San Jose-Sunnyvale-Santa Clara, CA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.70
San Jose-Sunnyvale-Santa Clara, CA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$95.24

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Jose-Sunnyvale-Santa Clara, CA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$58.76
San Jose-Sunnyvale-Santa Clara, CA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.88
San Jose-Sunnyvale-Santa Clara, CA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$44.07
San Jose-Sunnyvale-Santa Clara, CA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$125.81
San Jose-Sunnyvale-Santa Clara, CA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$12.58
San Jose-Sunnyvale-Santa Clara, CA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$94.36
San Jose-Sunnyvale-Santa Clara, CA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$62.51
San Jose-Sunnyvale-Santa Clara, CA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.25
San Jose-Sunnyvale-Santa Clara, CA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$46.88
San Jose-Sunnyvale-Santa Clara, CA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$106.86
San Jose-Sunnyvale-Santa Clara, CA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.69
San Jose-Sunnyvale-Santa Clara, CA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$80.15
San Jose-Sunnyvale-Santa Clara, CA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$51.16
San Jose-Sunnyvale-Santa Clara, CA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.12
San Jose-Sunnyvale-Santa Clara, CA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$38.37

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Jose-Sunnyvale-Santa Clara, CA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$16.47
San Jose-Sunnyvale-Santa Clara, CA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.65
San Jose-Sunnyvale-Santa Clara, CA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.35
San Jose-Sunnyvale-Santa Clara, CA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.54
San Jose-Sunnyvale-Santa Clara, CA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.25
San Jose-Sunnyvale-Santa Clara, CA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.91
San Jose-Sunnyvale-Santa Clara, CA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.15
San Jose-Sunnyvale-Santa Clara, CA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.02
San Jose-Sunnyvale-Santa Clara, CA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.11
San Jose-Sunnyvale-Santa Clara, CA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.00
San Jose-Sunnyvale-Santa Clara, CA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.50
San Jose-Sunnyvale-Santa Clara, CA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.75
San Jose-Sunnyvale-Santa Clara, CA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.95
San Jose-Sunnyvale-Santa Clara, CA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.00
San Jose-Sunnyvale-Santa Clara, CA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.46

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Jose-Sunnyvale-Santa Clara, CA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$50.00
San Jose-Sunnyvale-Santa Clara, CA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$5.00
San Jose-Sunnyvale-Santa Clara, CA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$37.50
San Jose-Sunnyvale-Santa Clara, CA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$92.67
San Jose-Sunnyvale-Santa Clara, CA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$9.27
San Jose-Sunnyvale-Santa Clara, CA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$69.50
San Jose-Sunnyvale-Santa Clara, CA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$118.82
San Jose-Sunnyvale-Santa Clara, CA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$11.88
San Jose-Sunnyvale-Santa Clara, CA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$89.12
San Jose-Sunnyvale-Santa Clara, CA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$158.73
San Jose-Sunnyvale-Santa Clara, CA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$15.87
San Jose-Sunnyvale-Santa Clara, CA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$119.05
San Jose-Sunnyvale-Santa Clara, CA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$211.11
San Jose-Sunnyvale-Santa Clara, CA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.11
San Jose-Sunnyvale-Santa Clara, CA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$158.33

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Jose-Sunnyvale-Santa Clara, CA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$328.18
San Jose-Sunnyvale-Santa Clara, CA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.82
San Jose-Sunnyvale-Santa Clara, CA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$246.14
San Jose-Sunnyvale-Santa Clara, CA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$226.97
San Jose-Sunnyvale-Santa Clara, CA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$22.70
San Jose-Sunnyvale-Santa Clara, CA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$170.23
San Jose-Sunnyvale-Santa Clara, CA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$293.25
San Jose-Sunnyvale-Santa Clara, CA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$29.33
San Jose-Sunnyvale-Santa Clara, CA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$219.94
San Jose-Sunnyvale-Santa Clara, CA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
San Jose-Sunnyvale-Santa Clara, CA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
San Jose-Sunnyvale-Santa Clara, CA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
San Jose-Sunnyvale-Santa Clara, CA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$332.09
San Jose-Sunnyvale-Santa Clara, CA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$33.21
San Jose-Sunnyvale-Santa Clara, CA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$249.07

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Jose-Sunnyvale-Santa Clara, CA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$308.45
San Jose-Sunnyvale-Santa Clara, CA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.85
San Jose-Sunnyvale-Santa Clara, CA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$231.34
San Jose-Sunnyvale-Santa Clara, CA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$414.54
San Jose-Sunnyvale-Santa Clara, CA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$41.45
San Jose-Sunnyvale-Santa Clara, CA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$310.91
San Jose-Sunnyvale-Santa Clara, CA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$362.23
San Jose-Sunnyvale-Santa Clara, CA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.22
San Jose-Sunnyvale-Santa Clara, CA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$271.67
San Jose-Sunnyvale-Santa Clara, CA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$474.18
San Jose-Sunnyvale-Santa Clara, CA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$47.42
San Jose-Sunnyvale-Santa Clara, CA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$355.64
San Jose-Sunnyvale-Santa Clara, CA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$428.42
San Jose-Sunnyvale-Santa Clara, CA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$42.84
San Jose-Sunnyvale-Santa Clara, CA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$321.32

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Jose-Sunnyvale-Santa Clara, CA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$449.14
San Jose-Sunnyvale-Santa Clara, CA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$44.91
San Jose-Sunnyvale-Santa Clara, CA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$336.86
San Jose-Sunnyvale-Santa Clara, CA	K0001	STANDARD WHEELCHAIR	RR			\$31.54
San Jose-Sunnyvale-Santa Clara, CA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$51.86
San Jose-Sunnyvale-Santa Clara, CA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$50.00
San Jose-Sunnyvale-Santa Clara, CA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$60.00
San Jose-Sunnyvale-Santa Clara, CA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$75.57
San Jose-Sunnyvale-Santa Clara, CA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$114.70
San Jose-Sunnyvale-Santa Clara, CA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$129.03
San Jose-Sunnyvale-Santa Clara, CA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$12.90
San Jose-Sunnyvale-Santa Clara, CA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$96.77
San Jose-Sunnyvale-Santa Clara, CA	K0019	ARM PAD, EACH	NU			\$14.20
San Jose-Sunnyvale-Santa Clara, CA	K0019	ARM PAD, EACH	RR			\$1.42
San Jose-Sunnyvale-Santa Clara, CA	K0019	ARM PAD, EACH	UE			\$10.65

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Jose-Sunnyvale-Santa Clara, CA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$55.00
San Jose-Sunnyvale-Santa Clara, CA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.50
San Jose-Sunnyvale-Santa Clara, CA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$41.25
San Jose-Sunnyvale-Santa Clara, CA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$70.81
San Jose-Sunnyvale-Santa Clara, CA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.08
San Jose-Sunnyvale-Santa Clara, CA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$53.11
San Jose-Sunnyvale-Santa Clara, CA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$84.51
San Jose-Sunnyvale-Santa Clara, CA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.45
San Jose-Sunnyvale-Santa Clara, CA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.38
San Jose-Sunnyvale-Santa Clara, CA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$90.00
San Jose-Sunnyvale-Santa Clara, CA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$9.00
San Jose-Sunnyvale-Santa Clara, CA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$67.50
San Jose-Sunnyvale-Santa Clara, CA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$92.00
San Jose-Sunnyvale-Santa Clara, CA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.20
San Jose-Sunnyvale-Santa Clara, CA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$69.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Jose-Sunnyvale-Santa Clara, CA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$157.00
San Jose-Sunnyvale-Santa Clara, CA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.70
San Jose-Sunnyvale-Santa Clara, CA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$117.75
San Jose-Sunnyvale-Santa Clara, CA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$53.00
San Jose-Sunnyvale-Santa Clara, CA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.30
San Jose-Sunnyvale-Santa Clara, CA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$39.75
San Jose-Sunnyvale-Santa Clara, CA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$11.99
San Jose-Sunnyvale-Santa Clara, CA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$900.00
San Jose-Sunnyvale-Santa Clara, CA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$90.00
San Jose-Sunnyvale-Santa Clara, CA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$675.00
San Jose-Sunnyvale-Santa Clara, CA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,700.00
San Jose-Sunnyvale-Santa Clara, CA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$170.00
San Jose-Sunnyvale-Santa Clara, CA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,275.00
San Jose-Sunnyvale-Santa Clara, CA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,900.00
San Jose-Sunnyvale-Santa Clara, CA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$190.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Jose-Sunnyvale-Santa Clara, CA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,425.00
San Jose-Sunnyvale-Santa Clara, CA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.00
San Jose-Sunnyvale-Santa Clara, CA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$343.05
San Jose-Sunnyvale-Santa Clara, CA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$390.60
San Jose-Sunnyvale-Santa Clara, CA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$374.10
San Jose-Sunnyvale-Santa Clara, CA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$286.20
San Jose-Sunnyvale-Santa Clara, CA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$358.29
San Jose-Sunnyvale-Santa Clara, CA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$337.50
San Jose-Sunnyvale-Santa Clara, CA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$300.00
San Jose-Sunnyvale-Santa Clara, CA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$445.93
San Jose-Sunnyvale-Santa Clara, CA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$374.25
San Jose-Sunnyvale-Santa Clara, CA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$780.00
San Jose-Sunnyvale-Santa Clara, CA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$599.10
San Jose-Sunnyvale-Santa Clara, CA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$840.00
San Jose-Sunnyvale-Santa Clara, CA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$801.67

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Scranton--Wilkes-Barre, PA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$76.36
Scranton--Wilkes-Barre, PA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.64
Scranton--Wilkes-Barre, PA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$57.27
Scranton--Wilkes-Barre, PA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$11.88
Scranton--Wilkes-Barre, PA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.19
Scranton--Wilkes-Barre, PA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.91
Scranton--Wilkes-Barre, PA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$133.50
Scranton--Wilkes-Barre, PA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.35
Scranton--Wilkes-Barre, PA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$100.13
Scranton--Wilkes-Barre, PA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$74.18
Scranton--Wilkes-Barre, PA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.42
Scranton--Wilkes-Barre, PA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$55.64
Scranton--Wilkes-Barre, PA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$112.61
Scranton--Wilkes-Barre, PA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.26
Scranton--Wilkes-Barre, PA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$84.46

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Scranton--Wilkes-Barre, PA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$70.00
Scranton--Wilkes-Barre, PA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.00
Scranton--Wilkes-Barre, PA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$52.50
Scranton--Wilkes-Barre, PA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$16.49
Scranton--Wilkes-Barre, PA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.65
Scranton--Wilkes-Barre, PA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$12.37
Scranton--Wilkes-Barre, PA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$27.52
Scranton--Wilkes-Barre, PA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.75
Scranton--Wilkes-Barre, PA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$20.64
Scranton--Wilkes-Barre, PA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$46.62
Scranton--Wilkes-Barre, PA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.66
Scranton--Wilkes-Barre, PA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$34.97
Scranton--Wilkes-Barre, PA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$21.96
Scranton--Wilkes-Barre, PA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.20
Scranton--Wilkes-Barre, PA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$16.47

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Scranton--Wilkes-Barre, PA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$67.00
Scranton--Wilkes-Barre, PA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.70
Scranton--Wilkes-Barre, PA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$50.25
Scranton--Wilkes-Barre, PA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$80.72
Scranton--Wilkes-Barre, PA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.07
Scranton--Wilkes-Barre, PA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$60.54
Scranton--Wilkes-Barre, PA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$94.99
Scranton--Wilkes-Barre, PA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.50
Scranton--Wilkes-Barre, PA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$71.24
Scranton--Wilkes-Barre, PA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$193.00
Scranton--Wilkes-Barre, PA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$19.30
Scranton--Wilkes-Barre, PA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$144.75
Scranton--Wilkes-Barre, PA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$127.00
Scranton--Wilkes-Barre, PA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.70
Scranton--Wilkes-Barre, PA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$95.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Scranton--Wilkes-Barre, PA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.95
Scranton--Wilkes-Barre, PA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.74
Scranton--Wilkes-Barre, PA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$36.90
Scranton--Wilkes-Barre, PA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$373.25
Scranton--Wilkes-Barre, PA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$37.33
Scranton--Wilkes-Barre, PA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$279.94
Scranton--Wilkes-Barre, PA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$349.50
Scranton--Wilkes-Barre, PA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$34.95
Scranton--Wilkes-Barre, PA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$262.13
Scranton--Wilkes-Barre, PA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$452.50
Scranton--Wilkes-Barre, PA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.25
Scranton--Wilkes-Barre, PA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$339.38
Scranton--Wilkes-Barre, PA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$422.50
Scranton--Wilkes-Barre, PA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$42.25
Scranton--Wilkes-Barre, PA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$316.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Scranton--Wilkes-Barre, PA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$725.00
Scranton--Wilkes-Barre, PA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$72.50
Scranton--Wilkes-Barre, PA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$543.75
Scranton--Wilkes-Barre, PA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.11
Scranton--Wilkes-Barre, PA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.61
Scranton--Wilkes-Barre, PA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.08
Scranton--Wilkes-Barre, PA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$80.08
Scranton--Wilkes-Barre, PA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.01
Scranton--Wilkes-Barre, PA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$60.06
Scranton--Wilkes-Barre, PA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$81.69
Scranton--Wilkes-Barre, PA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.17
Scranton--Wilkes-Barre, PA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$61.27
Scranton--Wilkes-Barre, PA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Scranton--Wilkes-Barre, PA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Scranton--Wilkes-Barre, PA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Scranton--Wilkes-Barre, PA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$32.84
Scranton--Wilkes-Barre, PA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.28
Scranton--Wilkes-Barre, PA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$24.63
Scranton--Wilkes-Barre, PA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$29.00
Scranton--Wilkes-Barre, PA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.90
Scranton--Wilkes-Barre, PA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$21.75
Scranton--Wilkes-Barre, PA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$142.50
Scranton--Wilkes-Barre, PA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.25
Scranton--Wilkes-Barre, PA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$106.88
Scranton--Wilkes-Barre, PA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$101.00
Scranton--Wilkes-Barre, PA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.10
Scranton--Wilkes-Barre, PA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.75
Scranton--Wilkes-Barre, PA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$100.72
Scranton--Wilkes-Barre, PA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.07
Scranton--Wilkes-Barre, PA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$75.54

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Scranton--Wilkes-Barre, PA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.04
Scranton--Wilkes-Barre, PA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.00
Scranton--Wilkes-Barre, PA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.53
Scranton--Wilkes-Barre, PA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$125.25
Scranton--Wilkes-Barre, PA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.53
Scranton--Wilkes-Barre, PA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$93.94
Scranton--Wilkes-Barre, PA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
Scranton--Wilkes-Barre, PA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
Scranton--Wilkes-Barre, PA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
Scranton--Wilkes-Barre, PA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$72.50
Scranton--Wilkes-Barre, PA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.25
Scranton--Wilkes-Barre, PA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$54.38
Scranton--Wilkes-Barre, PA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$142.82
Scranton--Wilkes-Barre, PA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.28
Scranton--Wilkes-Barre, PA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$107.12

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Scranton--Wilkes-Barre, PA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$295.34
Scranton--Wilkes-Barre, PA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$29.53
Scranton--Wilkes-Barre, PA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$221.51
Scranton--Wilkes-Barre, PA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$376.50
Scranton--Wilkes-Barre, PA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$37.65
Scranton--Wilkes-Barre, PA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$282.38
Scranton--Wilkes-Barre, PA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$334.00
Scranton--Wilkes-Barre, PA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$33.40
Scranton--Wilkes-Barre, PA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$250.50
Scranton--Wilkes-Barre, PA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$510.12
Scranton--Wilkes-Barre, PA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$51.01
Scranton--Wilkes-Barre, PA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$382.59
Scranton--Wilkes-Barre, PA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$124.50
Scranton--Wilkes-Barre, PA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.45
Scranton--Wilkes-Barre, PA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$93.38

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Scranton--Wilkes-Barre, PA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.99
Scranton--Wilkes-Barre, PA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.60
Scranton--Wilkes-Barre, PA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.99
Scranton--Wilkes-Barre, PA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$116.50
Scranton--Wilkes-Barre, PA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.65
Scranton--Wilkes-Barre, PA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$87.38
Scranton--Wilkes-Barre, PA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.95
Scranton--Wilkes-Barre, PA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.80
Scranton--Wilkes-Barre, PA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.46
Scranton--Wilkes-Barre, PA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$105.08
Scranton--Wilkes-Barre, PA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.51
Scranton--Wilkes-Barre, PA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$78.81
Scranton--Wilkes-Barre, PA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$46.20
Scranton--Wilkes-Barre, PA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.62
Scranton--Wilkes-Barre, PA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.65

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Scranton--Wilkes-Barre, PA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.00
Scranton--Wilkes-Barre, PA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.50
Scranton--Wilkes-Barre, PA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.25
Scranton--Wilkes-Barre, PA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$37.86
Scranton--Wilkes-Barre, PA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.79
Scranton--Wilkes-Barre, PA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.40
Scranton--Wilkes-Barre, PA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.00
Scranton--Wilkes-Barre, PA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.50
Scranton--Wilkes-Barre, PA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.25
Scranton--Wilkes-Barre, PA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$38.40
Scranton--Wilkes-Barre, PA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.84
Scranton--Wilkes-Barre, PA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.80
Scranton--Wilkes-Barre, PA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$44.25
Scranton--Wilkes-Barre, PA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.43
Scranton--Wilkes-Barre, PA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.19

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Scranton--Wilkes-Barre, PA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$38.49
Scranton--Wilkes-Barre, PA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.85
Scranton--Wilkes-Barre, PA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$28.87
Scranton--Wilkes-Barre, PA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$82.06
Scranton--Wilkes-Barre, PA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.21
Scranton--Wilkes-Barre, PA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$61.55
Scranton--Wilkes-Barre, PA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$105.38
Scranton--Wilkes-Barre, PA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.54
Scranton--Wilkes-Barre, PA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$79.04
Scranton--Wilkes-Barre, PA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$147.12
Scranton--Wilkes-Barre, PA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$14.71
Scranton--Wilkes-Barre, PA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$110.34
Scranton--Wilkes-Barre, PA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$196.41
Scranton--Wilkes-Barre, PA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.64
Scranton--Wilkes-Barre, PA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$147.31

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Scranton--Wilkes-Barre, PA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$317.50
Scranton--Wilkes-Barre, PA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$31.75
Scranton--Wilkes-Barre, PA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$238.13
Scranton--Wilkes-Barre, PA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$199.22
Scranton--Wilkes-Barre, PA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.92
Scranton--Wilkes-Barre, PA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$149.42
Scranton--Wilkes-Barre, PA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$247.90
Scranton--Wilkes-Barre, PA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$24.79
Scranton--Wilkes-Barre, PA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$185.93
Scranton--Wilkes-Barre, PA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$147.88
Scranton--Wilkes-Barre, PA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$14.79
Scranton--Wilkes-Barre, PA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$110.91
Scranton--Wilkes-Barre, PA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$282.47
Scranton--Wilkes-Barre, PA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$28.25
Scranton--Wilkes-Barre, PA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$211.85

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Scranton--Wilkes-Barre, PA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$300.00
Scranton--Wilkes-Barre, PA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.00
Scranton--Wilkes-Barre, PA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$225.00
Scranton--Wilkes-Barre, PA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$396.00
Scranton--Wilkes-Barre, PA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.60
Scranton--Wilkes-Barre, PA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$297.00
Scranton--Wilkes-Barre, PA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$353.50
Scranton--Wilkes-Barre, PA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.35
Scranton--Wilkes-Barre, PA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$265.13
Scranton--Wilkes-Barre, PA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$441.96
Scranton--Wilkes-Barre, PA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$44.20
Scranton--Wilkes-Barre, PA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$331.47
Scranton--Wilkes-Barre, PA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$383.75
Scranton--Wilkes-Barre, PA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.38
Scranton--Wilkes-Barre, PA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$287.81

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Scranton--Wilkes-Barre, PA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$406.28
Scranton--Wilkes-Barre, PA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.63
Scranton--Wilkes-Barre, PA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$304.71
Scranton--Wilkes-Barre, PA	K0001	STANDARD WHEELCHAIR	RR			\$25.05
Scranton--Wilkes-Barre, PA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$49.80
Scranton--Wilkes-Barre, PA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$37.75
Scranton--Wilkes-Barre, PA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$47.25
Scranton--Wilkes-Barre, PA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$70.99
Scranton--Wilkes-Barre, PA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$97.05
Scranton--Wilkes-Barre, PA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$128.08
Scranton--Wilkes-Barre, PA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$12.81
Scranton--Wilkes-Barre, PA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$96.06
Scranton--Wilkes-Barre, PA	K0019	ARM PAD, EACH	NU			\$10.75
Scranton--Wilkes-Barre, PA	K0019	ARM PAD, EACH	RR			\$1.08
Scranton--Wilkes-Barre, PA	K0019	ARM PAD, EACH	UE			\$8.06

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Scranton--Wilkes-Barre, PA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$50.70
Scranton--Wilkes-Barre, PA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.07
Scranton--Wilkes-Barre, PA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$38.03
Scranton--Wilkes-Barre, PA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$63.44
Scranton--Wilkes-Barre, PA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.34
Scranton--Wilkes-Barre, PA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$47.58
Scranton--Wilkes-Barre, PA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$83.58
Scranton--Wilkes-Barre, PA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.36
Scranton--Wilkes-Barre, PA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$62.69
Scranton--Wilkes-Barre, PA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$87.50
Scranton--Wilkes-Barre, PA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.75
Scranton--Wilkes-Barre, PA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$65.63
Scranton--Wilkes-Barre, PA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$93.50
Scranton--Wilkes-Barre, PA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.35
Scranton--Wilkes-Barre, PA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$70.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Scranton--Wilkes-Barre, PA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$159.94
Scranton--Wilkes-Barre, PA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.99
Scranton--Wilkes-Barre, PA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$119.96
Scranton--Wilkes-Barre, PA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$52.00
Scranton--Wilkes-Barre, PA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.20
Scranton--Wilkes-Barre, PA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$39.00
Scranton--Wilkes-Barre, PA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$11.21
Scranton--Wilkes-Barre, PA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$859.48
Scranton--Wilkes-Barre, PA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$85.95
Scranton--Wilkes-Barre, PA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$644.61
Scranton--Wilkes-Barre, PA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,547.00
Scranton--Wilkes-Barre, PA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$154.70
Scranton--Wilkes-Barre, PA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,160.25
Scranton--Wilkes-Barre, PA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,774.00
Scranton--Wilkes-Barre, PA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$177.40

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Scranton--Wilkes-Barre, PA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,330.50
Scranton--Wilkes-Barre, PA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$277.05
Scranton--Wilkes-Barre, PA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$289.65
Scranton--Wilkes-Barre, PA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$347.00
Scranton--Wilkes-Barre, PA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$339.54
Scranton--Wilkes-Barre, PA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.60
Scranton--Wilkes-Barre, PA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$318.56
Scranton--Wilkes-Barre, PA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$327.00
Scranton--Wilkes-Barre, PA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$291.86
Scranton--Wilkes-Barre, PA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$454.40
Scranton--Wilkes-Barre, PA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$385.13
Scranton--Wilkes-Barre, PA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$640.36
Scranton--Wilkes-Barre, PA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$558.47
Scranton--Wilkes-Barre, PA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$737.22
Scranton--Wilkes-Barre, PA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$720.45

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Seattle-Tacoma-Bellevue, WA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$78.83
Seattle-Tacoma-Bellevue, WA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.88
Seattle-Tacoma-Bellevue, WA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$59.12
Seattle-Tacoma-Bellevue, WA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$13.53
Seattle-Tacoma-Bellevue, WA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.35
Seattle-Tacoma-Bellevue, WA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$10.15
Seattle-Tacoma-Bellevue, WA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$140.55
Seattle-Tacoma-Bellevue, WA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$14.06
Seattle-Tacoma-Bellevue, WA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$105.41
Seattle-Tacoma-Bellevue, WA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$83.35
Seattle-Tacoma-Bellevue, WA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.34
Seattle-Tacoma-Bellevue, WA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$62.51
Seattle-Tacoma-Bellevue, WA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$118.27
Seattle-Tacoma-Bellevue, WA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.83
Seattle-Tacoma-Bellevue, WA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$88.70

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Seattle-Tacoma-Bellevue, WA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$74.75
Seattle-Tacoma-Bellevue, WA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.48
Seattle-Tacoma-Bellevue, WA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$56.06
Seattle-Tacoma-Bellevue, WA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$21.86
Seattle-Tacoma-Bellevue, WA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.19
Seattle-Tacoma-Bellevue, WA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$16.40
Seattle-Tacoma-Bellevue, WA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$36.28
Seattle-Tacoma-Bellevue, WA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.63
Seattle-Tacoma-Bellevue, WA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$27.21
Seattle-Tacoma-Bellevue, WA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$46.62
Seattle-Tacoma-Bellevue, WA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.66
Seattle-Tacoma-Bellevue, WA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$34.97
Seattle-Tacoma-Bellevue, WA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$31.81
Seattle-Tacoma-Bellevue, WA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$3.18
Seattle-Tacoma-Bellevue, WA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$23.86

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Seattle-Tacoma-Bellevue, WA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$69.48
Seattle-Tacoma-Bellevue, WA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.95
Seattle-Tacoma-Bellevue, WA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$52.11
Seattle-Tacoma-Bellevue, WA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$83.38
Seattle-Tacoma-Bellevue, WA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.34
Seattle-Tacoma-Bellevue, WA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$62.54
Seattle-Tacoma-Bellevue, WA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$105.00
Seattle-Tacoma-Bellevue, WA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.50
Seattle-Tacoma-Bellevue, WA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$78.75
Seattle-Tacoma-Bellevue, WA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$205.00
Seattle-Tacoma-Bellevue, WA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$20.50
Seattle-Tacoma-Bellevue, WA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$153.75
Seattle-Tacoma-Bellevue, WA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$132.71
Seattle-Tacoma-Bellevue, WA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.27
Seattle-Tacoma-Bellevue, WA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$99.53

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Seattle-Tacoma-Bellevue, WA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$43.41
Seattle-Tacoma-Bellevue, WA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.49
Seattle-Tacoma-Bellevue, WA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$38.84
Seattle-Tacoma-Bellevue, WA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$433.84
Seattle-Tacoma-Bellevue, WA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$43.38
Seattle-Tacoma-Bellevue, WA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$325.38
Seattle-Tacoma-Bellevue, WA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$350.00
Seattle-Tacoma-Bellevue, WA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$35.00
Seattle-Tacoma-Bellevue, WA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$262.50
Seattle-Tacoma-Bellevue, WA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$452.50
Seattle-Tacoma-Bellevue, WA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.25
Seattle-Tacoma-Bellevue, WA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$339.38
Seattle-Tacoma-Bellevue, WA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$440.00
Seattle-Tacoma-Bellevue, WA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$44.00
Seattle-Tacoma-Bellevue, WA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$330.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Seattle-Tacoma-Bellevue, WA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$725.00
Seattle-Tacoma-Bellevue, WA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$72.50
Seattle-Tacoma-Bellevue, WA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$543.75
Seattle-Tacoma-Bellevue, WA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.11
Seattle-Tacoma-Bellevue, WA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.61
Seattle-Tacoma-Bellevue, WA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.08
Seattle-Tacoma-Bellevue, WA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$88.99
Seattle-Tacoma-Bellevue, WA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.90
Seattle-Tacoma-Bellevue, WA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$66.74
Seattle-Tacoma-Bellevue, WA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$87.50
Seattle-Tacoma-Bellevue, WA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.75
Seattle-Tacoma-Bellevue, WA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$65.63
Seattle-Tacoma-Bellevue, WA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Seattle-Tacoma-Bellevue, WA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Seattle-Tacoma-Bellevue, WA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Seattle-Tacoma-Bellevue, WA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$34.58
Seattle-Tacoma-Bellevue, WA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.46
Seattle-Tacoma-Bellevue, WA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$25.94
Seattle-Tacoma-Bellevue, WA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$30.26
Seattle-Tacoma-Bellevue, WA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$3.03
Seattle-Tacoma-Bellevue, WA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$22.70
Seattle-Tacoma-Bellevue, WA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$142.50
Seattle-Tacoma-Bellevue, WA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.25
Seattle-Tacoma-Bellevue, WA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$106.88
Seattle-Tacoma-Bellevue, WA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.77
Seattle-Tacoma-Bellevue, WA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.08
Seattle-Tacoma-Bellevue, WA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.58
Seattle-Tacoma-Bellevue, WA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$104.65
Seattle-Tacoma-Bellevue, WA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.47
Seattle-Tacoma-Bellevue, WA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$78.49

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Seattle-Tacoma-Bellevue, WA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.04
Seattle-Tacoma-Bellevue, WA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.00
Seattle-Tacoma-Bellevue, WA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.53
Seattle-Tacoma-Bellevue, WA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$130.06
Seattle-Tacoma-Bellevue, WA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$13.01
Seattle-Tacoma-Bellevue, WA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$97.55
Seattle-Tacoma-Bellevue, WA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
Seattle-Tacoma-Bellevue, WA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
Seattle-Tacoma-Bellevue, WA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
Seattle-Tacoma-Bellevue, WA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.00
Seattle-Tacoma-Bellevue, WA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.50
Seattle-Tacoma-Bellevue, WA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$56.25
Seattle-Tacoma-Bellevue, WA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$162.64
Seattle-Tacoma-Bellevue, WA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$16.26
Seattle-Tacoma-Bellevue, WA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$121.98

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Seattle-Tacoma-Bellevue, WA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$327.39
Seattle-Tacoma-Bellevue, WA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$32.74
Seattle-Tacoma-Bellevue, WA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$245.54
Seattle-Tacoma-Bellevue, WA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$404.00
Seattle-Tacoma-Bellevue, WA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$40.40
Seattle-Tacoma-Bellevue, WA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$303.00
Seattle-Tacoma-Bellevue, WA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$355.00
Seattle-Tacoma-Bellevue, WA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$35.50
Seattle-Tacoma-Bellevue, WA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$266.25
Seattle-Tacoma-Bellevue, WA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$564.83
Seattle-Tacoma-Bellevue, WA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$56.48
Seattle-Tacoma-Bellevue, WA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$423.62
Seattle-Tacoma-Bellevue, WA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$128.78
Seattle-Tacoma-Bellevue, WA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.88
Seattle-Tacoma-Bellevue, WA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$96.59

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Seattle-Tacoma-Bellevue, WA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.00
Seattle-Tacoma-Bellevue, WA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.70
Seattle-Tacoma-Bellevue, WA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.75
Seattle-Tacoma-Bellevue, WA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$127.25
Seattle-Tacoma-Bellevue, WA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$12.73
Seattle-Tacoma-Bellevue, WA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$95.44
Seattle-Tacoma-Bellevue, WA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$61.00
Seattle-Tacoma-Bellevue, WA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.10
Seattle-Tacoma-Bellevue, WA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.75
Seattle-Tacoma-Bellevue, WA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$109.86
Seattle-Tacoma-Bellevue, WA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.99
Seattle-Tacoma-Bellevue, WA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$82.40
Seattle-Tacoma-Bellevue, WA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.99
Seattle-Tacoma-Bellevue, WA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.00
Seattle-Tacoma-Bellevue, WA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.49

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Seattle-Tacoma-Bellevue, WA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$16.09
Seattle-Tacoma-Bellevue, WA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.61
Seattle-Tacoma-Bellevue, WA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.07
Seattle-Tacoma-Bellevue, WA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.45
Seattle-Tacoma-Bellevue, WA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.25
Seattle-Tacoma-Bellevue, WA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.84
Seattle-Tacoma-Bellevue, WA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$58.50
Seattle-Tacoma-Bellevue, WA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.85
Seattle-Tacoma-Bellevue, WA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.88
Seattle-Tacoma-Bellevue, WA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.70
Seattle-Tacoma-Bellevue, WA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.27
Seattle-Tacoma-Bellevue, WA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.03
Seattle-Tacoma-Bellevue, WA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.48
Seattle-Tacoma-Bellevue, WA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.95
Seattle-Tacoma-Bellevue, WA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.11

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Seattle-Tacoma-Bellevue, WA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$47.65
Seattle-Tacoma-Bellevue, WA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.77
Seattle-Tacoma-Bellevue, WA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$35.74
Seattle-Tacoma-Bellevue, WA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$91.72
Seattle-Tacoma-Bellevue, WA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$9.17
Seattle-Tacoma-Bellevue, WA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$68.79
Seattle-Tacoma-Bellevue, WA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$116.14
Seattle-Tacoma-Bellevue, WA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$11.61
Seattle-Tacoma-Bellevue, WA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$87.11
Seattle-Tacoma-Bellevue, WA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$157.12
Seattle-Tacoma-Bellevue, WA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$15.71
Seattle-Tacoma-Bellevue, WA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$117.84
Seattle-Tacoma-Bellevue, WA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$217.83
Seattle-Tacoma-Bellevue, WA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.78
Seattle-Tacoma-Bellevue, WA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$163.37

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Seattle-Tacoma-Bellevue, WA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$325.04
Seattle-Tacoma-Bellevue, WA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.50
Seattle-Tacoma-Bellevue, WA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$243.78
Seattle-Tacoma-Bellevue, WA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$225.42
Seattle-Tacoma-Bellevue, WA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$22.54
Seattle-Tacoma-Bellevue, WA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$169.07
Seattle-Tacoma-Bellevue, WA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$278.90
Seattle-Tacoma-Bellevue, WA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$27.89
Seattle-Tacoma-Bellevue, WA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$209.18
Seattle-Tacoma-Bellevue, WA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
Seattle-Tacoma-Bellevue, WA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
Seattle-Tacoma-Bellevue, WA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
Seattle-Tacoma-Bellevue, WA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$319.00
Seattle-Tacoma-Bellevue, WA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$31.90
Seattle-Tacoma-Bellevue, WA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$239.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Seattle-Tacoma-Bellevue, WA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$315.32
Seattle-Tacoma-Bellevue, WA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$31.53
Seattle-Tacoma-Bellevue, WA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$236.49
Seattle-Tacoma-Bellevue, WA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$427.50
Seattle-Tacoma-Bellevue, WA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$42.75
Seattle-Tacoma-Bellevue, WA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$320.63
Seattle-Tacoma-Bellevue, WA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$359.61
Seattle-Tacoma-Bellevue, WA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.96
Seattle-Tacoma-Bellevue, WA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$269.71
Seattle-Tacoma-Bellevue, WA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$475.50
Seattle-Tacoma-Bellevue, WA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$47.55
Seattle-Tacoma-Bellevue, WA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$356.63
Seattle-Tacoma-Bellevue, WA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$399.82
Seattle-Tacoma-Bellevue, WA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.98
Seattle-Tacoma-Bellevue, WA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$299.87

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Seattle-Tacoma-Bellevue, WA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$437.84
Seattle-Tacoma-Bellevue, WA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$43.78
Seattle-Tacoma-Bellevue, WA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$328.38
Seattle-Tacoma-Bellevue, WA	K0001	STANDARD WHEELCHAIR	RR			\$25.05
Seattle-Tacoma-Bellevue, WA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$54.21
Seattle-Tacoma-Bellevue, WA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$41.05
Seattle-Tacoma-Bellevue, WA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.75
Seattle-Tacoma-Bellevue, WA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$78.23
Seattle-Tacoma-Bellevue, WA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$114.69
Seattle-Tacoma-Bellevue, WA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$138.67
Seattle-Tacoma-Bellevue, WA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$13.87
Seattle-Tacoma-Bellevue, WA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$104.00
Seattle-Tacoma-Bellevue, WA	K0019	ARM PAD, EACH	NU			\$12.17
Seattle-Tacoma-Bellevue, WA	K0019	ARM PAD, EACH	RR			\$1.22
Seattle-Tacoma-Bellevue, WA	K0019	ARM PAD, EACH	UE			\$9.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Seattle-Tacoma-Bellevue, WA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$54.00
Seattle-Tacoma-Bellevue, WA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.40
Seattle-Tacoma-Bellevue, WA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$40.50
Seattle-Tacoma-Bellevue, WA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$69.24
Seattle-Tacoma-Bellevue, WA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.92
Seattle-Tacoma-Bellevue, WA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$51.93
Seattle-Tacoma-Bellevue, WA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
Seattle-Tacoma-Bellevue, WA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
Seattle-Tacoma-Bellevue, WA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
Seattle-Tacoma-Bellevue, WA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$87.50
Seattle-Tacoma-Bellevue, WA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.75
Seattle-Tacoma-Bellevue, WA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$65.63
Seattle-Tacoma-Bellevue, WA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$93.50
Seattle-Tacoma-Bellevue, WA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.35
Seattle-Tacoma-Bellevue, WA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$70.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Seattle-Tacoma-Bellevue, WA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$159.94
Seattle-Tacoma-Bellevue, WA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.99
Seattle-Tacoma-Bellevue, WA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$119.96
Seattle-Tacoma-Bellevue, WA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$52.00
Seattle-Tacoma-Bellevue, WA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.20
Seattle-Tacoma-Bellevue, WA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$39.00
Seattle-Tacoma-Bellevue, WA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$12.98
Seattle-Tacoma-Bellevue, WA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$904.54
Seattle-Tacoma-Bellevue, WA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$90.45
Seattle-Tacoma-Bellevue, WA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$678.41
Seattle-Tacoma-Bellevue, WA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,750.00
Seattle-Tacoma-Bellevue, WA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$175.00
Seattle-Tacoma-Bellevue, WA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,312.50
Seattle-Tacoma-Bellevue, WA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,857.26
Seattle-Tacoma-Bellevue, WA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$185.73

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Seattle-Tacoma-Bellevue, WA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,392.95
Seattle-Tacoma-Bellevue, WA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$284.93
Seattle-Tacoma-Bellevue, WA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$343.06
Seattle-Tacoma-Bellevue, WA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$390.61
Seattle-Tacoma-Bellevue, WA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$378.23
Seattle-Tacoma-Bellevue, WA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$286.23
Seattle-Tacoma-Bellevue, WA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$363.66
Seattle-Tacoma-Bellevue, WA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$329.63
Seattle-Tacoma-Bellevue, WA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$277.24
Seattle-Tacoma-Bellevue, WA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$493.94
Seattle-Tacoma-Bellevue, WA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$382.13
Seattle-Tacoma-Bellevue, WA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$753.75
Seattle-Tacoma-Bellevue, WA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$611.04
Seattle-Tacoma-Bellevue, WA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$824.63
Seattle-Tacoma-Bellevue, WA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$808.46

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
South-West-Chicago-Metro CBA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$79.98
South-West-Chicago-Metro CBA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$8.00
South-West-Chicago-Metro CBA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$59.99
South-West-Chicago-Metro CBA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$13.50
South-West-Chicago-Metro CBA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.35
South-West-Chicago-Metro CBA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$10.13
South-West-Chicago-Metro CBA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$140.55
South-West-Chicago-Metro CBA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$14.06
South-West-Chicago-Metro CBA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$105.41
South-West-Chicago-Metro CBA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$87.85
South-West-Chicago-Metro CBA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.79
South-West-Chicago-Metro CBA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$65.89
South-West-Chicago-Metro CBA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$112.61
South-West-Chicago-Metro CBA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.26
South-West-Chicago-Metro CBA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$84.46

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
South-West-Chicago-Metro CBA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$71.15
South-West-Chicago-Metro CBA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.12
South-West-Chicago-Metro CBA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$53.36
South-West-Chicago-Metro CBA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.00
South-West-Chicago-Metro CBA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.90
South-West-Chicago-Metro CBA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.25
South-West-Chicago-Metro CBA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$33.64
South-West-Chicago-Metro CBA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.36
South-West-Chicago-Metro CBA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$25.23
South-West-Chicago-Metro CBA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$46.62
South-West-Chicago-Metro CBA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.66
South-West-Chicago-Metro CBA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$34.97
South-West-Chicago-Metro CBA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$24.98
South-West-Chicago-Metro CBA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.50
South-West-Chicago-Metro CBA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$18.74

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
South-West-Chicago-Metro CBA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$65.65
South-West-Chicago-Metro CBA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.57
South-West-Chicago-Metro CBA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$49.24
South-West-Chicago-Metro CBA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$81.22
South-West-Chicago-Metro CBA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.12
South-West-Chicago-Metro CBA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$60.92
South-West-Chicago-Metro CBA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$102.00
South-West-Chicago-Metro CBA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.20
South-West-Chicago-Metro CBA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$76.50
South-West-Chicago-Metro CBA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$193.00
South-West-Chicago-Metro CBA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$19.30
South-West-Chicago-Metro CBA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$144.75
South-West-Chicago-Metro CBA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$127.00
South-West-Chicago-Metro CBA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.70
South-West-Chicago-Metro CBA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$95.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
South-West-Chicago-Metro CBA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.95
South-West-Chicago-Metro CBA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.74
South-West-Chicago-Metro CBA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$38.82
South-West-Chicago-Metro CBA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$399.50
South-West-Chicago-Metro CBA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$39.95
South-West-Chicago-Metro CBA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$299.63
South-West-Chicago-Metro CBA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$339.88
South-West-Chicago-Metro CBA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$33.99
South-West-Chicago-Metro CBA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$254.91
South-West-Chicago-Metro CBA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$445.00
South-West-Chicago-Metro CBA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$44.50
South-West-Chicago-Metro CBA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$333.75
South-West-Chicago-Metro CBA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$420.82
South-West-Chicago-Metro CBA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$42.08
South-West-Chicago-Metro CBA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$315.62

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
South-West-Chicago-Metro CBA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$699.00
South-West-Chicago-Metro CBA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$69.90
South-West-Chicago-Metro CBA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$524.25
South-West-Chicago-Metro CBA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.00
South-West-Chicago-Metro CBA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.60
South-West-Chicago-Metro CBA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.00
South-West-Chicago-Metro CBA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$76.32
South-West-Chicago-Metro CBA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.63
South-West-Chicago-Metro CBA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$57.24
South-West-Chicago-Metro CBA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$90.50
South-West-Chicago-Metro CBA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$9.05
South-West-Chicago-Metro CBA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$67.88
South-West-Chicago-Metro CBA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
South-West-Chicago-Metro CBA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
South-West-Chicago-Metro CBA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
South-West-Chicago-Metro CBA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$30.84
South-West-Chicago-Metro CBA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.08
South-West-Chicago-Metro CBA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$23.13
South-West-Chicago-Metro CBA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$28.12
South-West-Chicago-Metro CBA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.81
South-West-Chicago-Metro CBA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$21.09
South-West-Chicago-Metro CBA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$136.98
South-West-Chicago-Metro CBA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.70
South-West-Chicago-Metro CBA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$102.74
South-West-Chicago-Metro CBA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.00
South-West-Chicago-Metro CBA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
South-West-Chicago-Metro CBA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.25
South-West-Chicago-Metro CBA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$104.65
South-West-Chicago-Metro CBA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.47
South-West-Chicago-Metro CBA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$78.49

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
South-West-Chicago-Metro CBA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.04
South-West-Chicago-Metro CBA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.00
South-West-Chicago-Metro CBA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.53
South-West-Chicago-Metro CBA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$130.06
South-West-Chicago-Metro CBA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$13.01
South-West-Chicago-Metro CBA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$97.55
South-West-Chicago-Metro CBA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$96.16
South-West-Chicago-Metro CBA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.62
South-West-Chicago-Metro CBA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$72.12
South-West-Chicago-Metro CBA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.62
South-West-Chicago-Metro CBA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.56
South-West-Chicago-Metro CBA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$56.72
South-West-Chicago-Metro CBA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$140.74
South-West-Chicago-Metro CBA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.07
South-West-Chicago-Metro CBA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$105.56

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
South-West-Chicago-Metro CBA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$327.39
South-West-Chicago-Metro CBA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$32.74
South-West-Chicago-Metro CBA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$245.54
South-West-Chicago-Metro CBA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$396.03
South-West-Chicago-Metro CBA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$39.60
South-West-Chicago-Metro CBA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$297.02
South-West-Chicago-Metro CBA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$325.78
South-West-Chicago-Metro CBA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$32.58
South-West-Chicago-Metro CBA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$244.34
South-West-Chicago-Metro CBA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$533.90
South-West-Chicago-Metro CBA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$53.39
South-West-Chicago-Metro CBA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$400.43
South-West-Chicago-Metro CBA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$132.78
South-West-Chicago-Metro CBA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$13.28
South-West-Chicago-Metro CBA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$99.59

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
South-West-Chicago-Metro CBA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.00
South-West-Chicago-Metro CBA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.70
South-West-Chicago-Metro CBA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.75
South-West-Chicago-Metro CBA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$114.38
South-West-Chicago-Metro CBA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.44
South-West-Chicago-Metro CBA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$85.79
South-West-Chicago-Metro CBA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$61.00
South-West-Chicago-Metro CBA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.10
South-West-Chicago-Metro CBA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.75
South-West-Chicago-Metro CBA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$103.58
South-West-Chicago-Metro CBA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.36
South-West-Chicago-Metro CBA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$77.69
South-West-Chicago-Metro CBA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$44.20
South-West-Chicago-Metro CBA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.42
South-West-Chicago-Metro CBA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.15

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
South-West-Chicago-Metro CBA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.90
South-West-Chicago-Metro CBA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.59
South-West-Chicago-Metro CBA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.93
South-West-Chicago-Metro CBA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.44
South-West-Chicago-Metro CBA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.04
South-West-Chicago-Metro CBA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.33
South-West-Chicago-Metro CBA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$59.03
South-West-Chicago-Metro CBA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.90
South-West-Chicago-Metro CBA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$44.27
South-West-Chicago-Metro CBA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.49
South-West-Chicago-Metro CBA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.05
South-West-Chicago-Metro CBA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.37
South-West-Chicago-Metro CBA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$46.50
South-West-Chicago-Metro CBA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.65
South-West-Chicago-Metro CBA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
South-West-Chicago-Metro CBA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$44.30
South-West-Chicago-Metro CBA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.43
South-West-Chicago-Metro CBA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$33.23
South-West-Chicago-Metro CBA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$82.43
South-West-Chicago-Metro CBA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.24
South-West-Chicago-Metro CBA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$61.82
South-West-Chicago-Metro CBA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$107.80
South-West-Chicago-Metro CBA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.78
South-West-Chicago-Metro CBA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$80.85
South-West-Chicago-Metro CBA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$144.51
South-West-Chicago-Metro CBA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$14.45
South-West-Chicago-Metro CBA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$108.38
South-West-Chicago-Metro CBA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$217.83
South-West-Chicago-Metro CBA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.78
South-West-Chicago-Metro CBA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$163.37

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
South-West-Chicago-Metro CBA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$312.00
South-West-Chicago-Metro CBA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$31.20
South-West-Chicago-Metro CBA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$234.00
South-West-Chicago-Metro CBA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$210.14
South-West-Chicago-Metro CBA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.01
South-West-Chicago-Metro CBA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$157.61
South-West-Chicago-Metro CBA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$247.90
South-West-Chicago-Metro CBA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$24.79
South-West-Chicago-Metro CBA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$185.93
South-West-Chicago-Metro CBA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
South-West-Chicago-Metro CBA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
South-West-Chicago-Metro CBA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
South-West-Chicago-Metro CBA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$319.00
South-West-Chicago-Metro CBA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$31.90
South-West-Chicago-Metro CBA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$239.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
South-West-Chicago-Metro CBA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$315.32
South-West-Chicago-Metro CBA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$31.53
South-West-Chicago-Metro CBA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$236.49
South-West-Chicago-Metro CBA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$395.29
South-West-Chicago-Metro CBA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.53
South-West-Chicago-Metro CBA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$296.47
South-West-Chicago-Metro CBA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$353.50
South-West-Chicago-Metro CBA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.35
South-West-Chicago-Metro CBA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$265.13
South-West-Chicago-Metro CBA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$431.96
South-West-Chicago-Metro CBA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$43.20
South-West-Chicago-Metro CBA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$323.97
South-West-Chicago-Metro CBA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$389.50
South-West-Chicago-Metro CBA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.95
South-West-Chicago-Metro CBA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$292.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
South-West-Chicago-Metro CBA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$431.28
South-West-Chicago-Metro CBA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$43.13
South-West-Chicago-Metro CBA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$323.46
South-West-Chicago-Metro CBA	K0001	STANDARD WHEELCHAIR	RR			\$24.59
South-West-Chicago-Metro CBA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$49.12
South-West-Chicago-Metro CBA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$39.95
South-West-Chicago-Metro CBA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$48.55
South-West-Chicago-Metro CBA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$68.49
South-West-Chicago-Metro CBA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$97.05
South-West-Chicago-Metro CBA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$125.58
South-West-Chicago-Metro CBA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$12.56
South-West-Chicago-Metro CBA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$94.19
South-West-Chicago-Metro CBA	K0019	ARM PAD, EACH	NU			\$10.56
South-West-Chicago-Metro CBA	K0019	ARM PAD, EACH	RR			\$1.06
South-West-Chicago-Metro CBA	K0019	ARM PAD, EACH	UE			\$7.92

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
South-West-Chicago-Metro CBA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$50.70
South-West-Chicago-Metro CBA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.07
South-West-Chicago-Metro CBA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$38.03
South-West-Chicago-Metro CBA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$65.94
South-West-Chicago-Metro CBA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.59
South-West-Chicago-Metro CBA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$49.46
South-West-Chicago-Metro CBA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$83.58
South-West-Chicago-Metro CBA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.36
South-West-Chicago-Metro CBA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$62.69
South-West-Chicago-Metro CBA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$83.50
South-West-Chicago-Metro CBA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.35
South-West-Chicago-Metro CBA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$62.63
South-West-Chicago-Metro CBA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$86.60
South-West-Chicago-Metro CBA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.66
South-West-Chicago-Metro CBA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$64.95

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
South-West-Chicago-Metro CBA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$158.64
South-West-Chicago-Metro CBA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.86
South-West-Chicago-Metro CBA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$118.98
South-West-Chicago-Metro CBA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$51.78
South-West-Chicago-Metro CBA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.18
South-West-Chicago-Metro CBA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$38.84
South-West-Chicago-Metro CBA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$12.84
South-West-Chicago-Metro CBA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$834.14
South-West-Chicago-Metro CBA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$83.41
South-West-Chicago-Metro CBA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$625.61
South-West-Chicago-Metro CBA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,662.50
South-West-Chicago-Metro CBA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$166.25
South-West-Chicago-Metro CBA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,246.88
South-West-Chicago-Metro CBA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,857.26
South-West-Chicago-Metro CBA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$185.73

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
South-West-Chicago-Metro CBA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,392.95
South-West-Chicago-Metro CBA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$284.93
South-West-Chicago-Metro CBA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$315.30
South-West-Chicago-Metro CBA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$363.98
South-West-Chicago-Metro CBA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$339.54
South-West-Chicago-Metro CBA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.60
South-West-Chicago-Metro CBA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$336.75
South-West-Chicago-Metro CBA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$327.00
South-West-Chicago-Metro CBA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$277.24
South-West-Chicago-Metro CBA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$454.40
South-West-Chicago-Metro CBA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$382.50
South-West-Chicago-Metro CBA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$689.11
South-West-Chicago-Metro CBA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$568.67
South-West-Chicago-Metro CBA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$824.63
South-West-Chicago-Metro CBA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$813.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Southern NY Metro CBA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$67.50
Southern NY Metro CBA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$6.75
Southern NY Metro CBA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$50.63
Southern NY Metro CBA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$10.98
Southern NY Metro CBA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.10
Southern NY Metro CBA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.24
Southern NY Metro CBA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$128.08
Southern NY Metro CBA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.81
Southern NY Metro CBA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$96.06
Southern NY Metro CBA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$68.50
Southern NY Metro CBA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$6.85
Southern NY Metro CBA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$51.38
Southern NY Metro CBA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$104.25
Southern NY Metro CBA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.43
Southern NY Metro CBA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$78.19

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Southern NY Metro CBA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$61.34
Southern NY Metro CBA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$6.13
Southern NY Metro CBA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$46.01
Southern NY Metro CBA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$16.02
Southern NY Metro CBA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.60
Southern NY Metro CBA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$12.02
Southern NY Metro CBA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$28.98
Southern NY Metro CBA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.90
Southern NY Metro CBA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$21.74
Southern NY Metro CBA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$57.64
Southern NY Metro CBA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.76
Southern NY Metro CBA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$43.23
Southern NY Metro CBA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$23.72
Southern NY Metro CBA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.37
Southern NY Metro CBA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$17.79

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Southern NY Metro CBA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$60.33
Southern NY Metro CBA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.03
Southern NY Metro CBA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$45.25
Southern NY Metro CBA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$60.91
Southern NY Metro CBA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$6.09
Southern NY Metro CBA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$45.68
Southern NY Metro CBA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$84.05
Southern NY Metro CBA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$8.41
Southern NY Metro CBA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$63.04
Southern NY Metro CBA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$167.12
Southern NY Metro CBA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$16.71
Southern NY Metro CBA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$125.34
Southern NY Metro CBA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$127.08
Southern NY Metro CBA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.71
Southern NY Metro CBA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$95.31

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Southern NY Metro CBA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$41.83
Southern NY Metro CBA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$11.92
Southern NY Metro CBA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$33.99
Southern NY Metro CBA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$345.80
Southern NY Metro CBA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$34.58
Southern NY Metro CBA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$259.35
Southern NY Metro CBA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$252.73
Southern NY Metro CBA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$25.27
Southern NY Metro CBA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$189.55
Southern NY Metro CBA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$312.62
Southern NY Metro CBA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$31.26
Southern NY Metro CBA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$234.47
Southern NY Metro CBA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$357.22
Southern NY Metro CBA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$35.72
Southern NY Metro CBA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$267.92

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Southern NY Metro CBA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$617.47
Southern NY Metro CBA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$61.75
Southern NY Metro CBA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$463.10
Southern NY Metro CBA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$34.98
Southern NY Metro CBA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.50
Southern NY Metro CBA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.24
Southern NY Metro CBA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$67.08
Southern NY Metro CBA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$6.71
Southern NY Metro CBA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$50.31
Southern NY Metro CBA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$76.63
Southern NY Metro CBA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$7.66
Southern NY Metro CBA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$57.47
Southern NY Metro CBA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Southern NY Metro CBA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Southern NY Metro CBA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Southern NY Metro CBA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$29.94
Southern NY Metro CBA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$2.99
Southern NY Metro CBA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$22.46
Southern NY Metro CBA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$28.34
Southern NY Metro CBA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.83
Southern NY Metro CBA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$21.26
Southern NY Metro CBA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$128.54
Southern NY Metro CBA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$12.85
Southern NY Metro CBA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$96.41
Southern NY Metro CBA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$88.79
Southern NY Metro CBA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.88
Southern NY Metro CBA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$66.59
Southern NY Metro CBA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$104.65
Southern NY Metro CBA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.47
Southern NY Metro CBA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$78.49

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Southern NY Metro CBA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$79.02
Southern NY Metro CBA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$7.90
Southern NY Metro CBA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$59.27
Southern NY Metro CBA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
Southern NY Metro CBA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
Southern NY Metro CBA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
Southern NY Metro CBA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$88.79
Southern NY Metro CBA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.88
Southern NY Metro CBA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$66.59
Southern NY Metro CBA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$68.50
Southern NY Metro CBA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$6.85
Southern NY Metro CBA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$51.38
Southern NY Metro CBA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$149.70
Southern NY Metro CBA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.97
Southern NY Metro CBA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$112.28

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Southern NY Metro CBA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$282.68
Southern NY Metro CBA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$28.27
Southern NY Metro CBA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$212.01
Southern NY Metro CBA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$335.80
Southern NY Metro CBA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$33.58
Southern NY Metro CBA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$251.85
Southern NY Metro CBA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$294.98
Southern NY Metro CBA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$29.50
Southern NY Metro CBA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$221.24
Southern NY Metro CBA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$455.41
Southern NY Metro CBA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$45.54
Southern NY Metro CBA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$341.56
Southern NY Metro CBA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$109.51
Southern NY Metro CBA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$10.95
Southern NY Metro CBA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$82.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Southern NY Metro CBA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$53.82
Southern NY Metro CBA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.38
Southern NY Metro CBA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$40.37
Southern NY Metro CBA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$100.72
Southern NY Metro CBA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.07
Southern NY Metro CBA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$75.54
Southern NY Metro CBA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$58.20
Southern NY Metro CBA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.82
Southern NY Metro CBA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.65
Southern NY Metro CBA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$96.50
Southern NY Metro CBA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.65
Southern NY Metro CBA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$72.38
Southern NY Metro CBA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$39.87
Southern NY Metro CBA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.99
Southern NY Metro CBA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$29.90

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Southern NY Metro CBA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.00
Southern NY Metro CBA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.50
Southern NY Metro CBA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.25
Southern NY Metro CBA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$37.36
Southern NY Metro CBA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.74
Southern NY Metro CBA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.02
Southern NY Metro CBA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$54.46
Southern NY Metro CBA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.45
Southern NY Metro CBA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$40.85
Southern NY Metro CBA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$35.50
Southern NY Metro CBA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.55
Southern NY Metro CBA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$26.63
Southern NY Metro CBA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$41.46
Southern NY Metro CBA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.15
Southern NY Metro CBA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.10

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Southern NY Metro CBA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$33.72
Southern NY Metro CBA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.37
Southern NY Metro CBA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$25.29
Southern NY Metro CBA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$70.67
Southern NY Metro CBA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$7.07
Southern NY Metro CBA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$53.00
Southern NY Metro CBA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$91.52
Southern NY Metro CBA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.15
Southern NY Metro CBA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$68.64
Southern NY Metro CBA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$124.50
Southern NY Metro CBA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$12.45
Southern NY Metro CBA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$93.38
Southern NY Metro CBA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$175.40
Southern NY Metro CBA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$17.54
Southern NY Metro CBA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$131.55

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Southern NY Metro CBA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$272.07
Southern NY Metro CBA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$27.21
Southern NY Metro CBA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$204.05
Southern NY Metro CBA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$185.73
Southern NY Metro CBA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$18.57
Southern NY Metro CBA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$139.30
Southern NY Metro CBA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$225.79
Southern NY Metro CBA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$22.58
Southern NY Metro CBA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$169.34
Southern NY Metro CBA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
Southern NY Metro CBA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
Southern NY Metro CBA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
Southern NY Metro CBA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$268.21
Southern NY Metro CBA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$26.82
Southern NY Metro CBA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$201.16

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Southern NY Metro CBA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$266.76
Southern NY Metro CBA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$26.68
Southern NY Metro CBA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$200.07
Southern NY Metro CBA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$352.25
Southern NY Metro CBA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.23
Southern NY Metro CBA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$264.19
Southern NY Metro CBA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$342.12
Southern NY Metro CBA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$34.21
Southern NY Metro CBA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$256.59
Southern NY Metro CBA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$389.76
Southern NY Metro CBA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.98
Southern NY Metro CBA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$292.32
Southern NY Metro CBA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$386.95
Southern NY Metro CBA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.70
Southern NY Metro CBA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$290.21

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Southern NY Metro CBA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$384.50
Southern NY Metro CBA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.45
Southern NY Metro CBA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$288.38
Southern NY Metro CBA	K0001	STANDARD WHEELCHAIR	RR			\$22.16
Southern NY Metro CBA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$51.72
Southern NY Metro CBA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$35.00
Southern NY Metro CBA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$45.00
Southern NY Metro CBA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$76.62
Southern NY Metro CBA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$107.61
Southern NY Metro CBA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$113.60
Southern NY Metro CBA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.36
Southern NY Metro CBA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$85.20
Southern NY Metro CBA	K0019	ARM PAD, EACH	NU			\$11.00
Southern NY Metro CBA	K0019	ARM PAD, EACH	RR			\$1.10
Southern NY Metro CBA	K0019	ARM PAD, EACH	UE			\$8.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Southern NY Metro CBA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$48.20
Southern NY Metro CBA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$4.82
Southern NY Metro CBA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$36.15
Southern NY Metro CBA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$59.60
Southern NY Metro CBA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$5.96
Southern NY Metro CBA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$44.70
Southern NY Metro CBA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$76.30
Southern NY Metro CBA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$7.63
Southern NY Metro CBA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$57.23
Southern NY Metro CBA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$80.86
Southern NY Metro CBA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.09
Southern NY Metro CBA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$60.65
Southern NY Metro CBA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$79.93
Southern NY Metro CBA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$7.99
Southern NY Metro CBA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$59.95

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Southern NY Metro CBA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$149.30
Southern NY Metro CBA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$14.93
Southern NY Metro CBA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$111.98
Southern NY Metro CBA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$47.00
Southern NY Metro CBA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$4.70
Southern NY Metro CBA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$35.25
Southern NY Metro CBA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$9.76
Southern NY Metro CBA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$794.00
Southern NY Metro CBA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$79.40
Southern NY Metro CBA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$595.50
Southern NY Metro CBA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,498.53
Southern NY Metro CBA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$149.85
Southern NY Metro CBA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,123.90
Southern NY Metro CBA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,673.50
Southern NY Metro CBA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$167.35

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Southern NY Metro CBA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,255.13
Southern NY Metro CBA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$237.15
Southern NY Metro CBA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$290.72
Southern NY Metro CBA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$333.51
Southern NY Metro CBA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$327.39
Southern NY Metro CBA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$263.18
Southern NY Metro CBA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$313.32
Southern NY Metro CBA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$323.63
Southern NY Metro CBA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$248.21
Southern NY Metro CBA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$410.22
Southern NY Metro CBA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$372.20
Southern NY Metro CBA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$609.45
Southern NY Metro CBA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$518.20
Southern NY Metro CBA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$672.23
Southern NY Metro CBA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$655.77

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Springfield, MA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$77.71
Springfield, MA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.77
Springfield, MA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$58.28
Springfield, MA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$13.00
Springfield, MA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.30
Springfield, MA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.75
Springfield, MA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$139.00
Springfield, MA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.90
Springfield, MA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$104.25
Springfield, MA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$80.00
Springfield, MA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.00
Springfield, MA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$60.00
Springfield, MA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$115.22
Springfield, MA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.52
Springfield, MA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$86.42

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Springfield, MA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$72.61
Springfield, MA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.26
Springfield, MA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$54.46
Springfield, MA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.00
Springfield, MA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.90
Springfield, MA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.25
Springfield, MA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$33.00
Springfield, MA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.30
Springfield, MA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$24.75
Springfield, MA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$45.24
Springfield, MA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.52
Springfield, MA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$33.93
Springfield, MA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$18.95
Springfield, MA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$1.90
Springfield, MA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$14.21

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Springfield, MA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$65.00
Springfield, MA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.50
Springfield, MA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$48.75
Springfield, MA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$75.95
Springfield, MA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.60
Springfield, MA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$56.96
Springfield, MA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$110.00
Springfield, MA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$11.00
Springfield, MA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$82.50
Springfield, MA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$200.00
Springfield, MA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$20.00
Springfield, MA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$150.00
Springfield, MA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$128.00
Springfield, MA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.80
Springfield, MA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$96.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Springfield, MA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$43.61
Springfield, MA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.00
Springfield, MA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$35.00
Springfield, MA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$377.14
Springfield, MA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$37.71
Springfield, MA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$282.86
Springfield, MA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$350.00
Springfield, MA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$35.00
Springfield, MA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$262.50
Springfield, MA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$450.00
Springfield, MA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.00
Springfield, MA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$337.50
Springfield, MA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$430.00
Springfield, MA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$43.00
Springfield, MA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$322.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Springfield, MA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$700.00
Springfield, MA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$70.00
Springfield, MA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$525.00
Springfield, MA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.00
Springfield, MA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.60
Springfield, MA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.00
Springfield, MA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$79.00
Springfield, MA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.90
Springfield, MA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$59.25
Springfield, MA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$85.00
Springfield, MA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.50
Springfield, MA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$63.75
Springfield, MA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Springfield, MA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Springfield, MA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Springfield, MA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$31.00
Springfield, MA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.10
Springfield, MA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$23.25
Springfield, MA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$30.00
Springfield, MA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$3.00
Springfield, MA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$22.50
Springfield, MA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$140.00
Springfield, MA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.00
Springfield, MA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$105.00
Springfield, MA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
Springfield, MA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
Springfield, MA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
Springfield, MA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$106.00
Springfield, MA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.60
Springfield, MA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$79.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Springfield, MA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.00
Springfield, MA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.00
Springfield, MA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.50
Springfield, MA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
Springfield, MA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
Springfield, MA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
Springfield, MA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
Springfield, MA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
Springfield, MA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
Springfield, MA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$69.98
Springfield, MA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.00
Springfield, MA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$52.49
Springfield, MA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$151.84
Springfield, MA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$15.18
Springfield, MA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$113.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Springfield, MA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$325.00
Springfield, MA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$32.50
Springfield, MA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$243.75
Springfield, MA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$383.00
Springfield, MA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$38.30
Springfield, MA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$287.25
Springfield, MA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$335.00
Springfield, MA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$33.50
Springfield, MA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$251.25
Springfield, MA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$576.66
Springfield, MA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$57.67
Springfield, MA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$432.50
Springfield, MA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$125.00
Springfield, MA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.50
Springfield, MA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$93.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Springfield, MA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$56.41
Springfield, MA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.64
Springfield, MA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.31
Springfield, MA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$125.00
Springfield, MA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$12.50
Springfield, MA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$93.75
Springfield, MA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.00
Springfield, MA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.00
Springfield, MA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.00
Springfield, MA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$105.00
Springfield, MA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.50
Springfield, MA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$78.75
Springfield, MA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$47.00
Springfield, MA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.70
Springfield, MA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$35.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Springfield, MA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.00
Springfield, MA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.50
Springfield, MA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.25
Springfield, MA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$38.00
Springfield, MA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.80
Springfield, MA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.50
Springfield, MA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.00
Springfield, MA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.70
Springfield, MA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.75
Springfield, MA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$38.00
Springfield, MA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.80
Springfield, MA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.50
Springfield, MA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$48.00
Springfield, MA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.80
Springfield, MA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Springfield, MA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$39.77
Springfield, MA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.98
Springfield, MA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$29.83
Springfield, MA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$83.75
Springfield, MA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.38
Springfield, MA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$62.81
Springfield, MA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$105.00
Springfield, MA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.50
Springfield, MA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$78.75
Springfield, MA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$154.23
Springfield, MA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$15.42
Springfield, MA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$115.67
Springfield, MA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$210.00
Springfield, MA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.00
Springfield, MA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$157.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Springfield, MA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$325.00
Springfield, MA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.50
Springfield, MA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$243.75
Springfield, MA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$220.85
Springfield, MA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$22.09
Springfield, MA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$165.64
Springfield, MA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$250.00
Springfield, MA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$25.00
Springfield, MA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$187.50
Springfield, MA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
Springfield, MA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
Springfield, MA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
Springfield, MA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$313.00
Springfield, MA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$31.30
Springfield, MA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$234.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Springfield, MA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$305.65
Springfield, MA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.57
Springfield, MA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$229.24
Springfield, MA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$405.00
Springfield, MA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.50
Springfield, MA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$303.75
Springfield, MA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$356.99
Springfield, MA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.70
Springfield, MA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$267.74
Springfield, MA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$451.00
Springfield, MA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.10
Springfield, MA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$338.25
Springfield, MA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$385.00
Springfield, MA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.50
Springfield, MA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$288.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Springfield, MA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$400.00
Springfield, MA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.00
Springfield, MA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$300.00
Springfield, MA	K0001	STANDARD WHEELCHAIR	RR			\$25.00
Springfield, MA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$41.85
Springfield, MA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$40.00
Springfield, MA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.42
Springfield, MA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$76.99
Springfield, MA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$129.88
Springfield, MA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$132.80
Springfield, MA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$13.28
Springfield, MA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$99.60
Springfield, MA	K0019	ARM PAD, EACH	NU			\$11.00
Springfield, MA	K0019	ARM PAD, EACH	RR			\$1.10
Springfield, MA	K0019	ARM PAD, EACH	UE			\$8.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Springfield, MA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$50.00
Springfield, MA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.00
Springfield, MA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$37.50
Springfield, MA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$63.36
Springfield, MA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.34
Springfield, MA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$47.52
Springfield, MA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
Springfield, MA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
Springfield, MA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
Springfield, MA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$85.00
Springfield, MA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.50
Springfield, MA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$63.75
Springfield, MA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$92.00
Springfield, MA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.20
Springfield, MA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$69.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Springfield, MA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$160.00
Springfield, MA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$16.00
Springfield, MA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$120.00
Springfield, MA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$51.18
Springfield, MA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.12
Springfield, MA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$38.39
Springfield, MA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$11.10
Springfield, MA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$800.00
Springfield, MA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$80.00
Springfield, MA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$600.00
Springfield, MA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,700.00
Springfield, MA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$170.00
Springfield, MA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,275.00
Springfield, MA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,749.20
Springfield, MA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$174.92

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Springfield, MA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,311.90
Springfield, MA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$284.85
Springfield, MA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$342.96
Springfield, MA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$390.60
Springfield, MA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$374.10
Springfield, MA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$286.20
Springfield, MA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$359.85
Springfield, MA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$324.75
Springfield, MA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$284.48
Springfield, MA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$445.93
Springfield, MA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$398.44
Springfield, MA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$727.50
Springfield, MA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$592.22
Springfield, MA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$809.25
Springfield, MA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$780.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
St. Louis, MO-IL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$78.83
St. Louis, MO-IL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.88
St. Louis, MO-IL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$59.12
St. Louis, MO-IL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$13.00
St. Louis, MO-IL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.30
St. Louis, MO-IL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.75
St. Louis, MO-IL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$139.22
St. Louis, MO-IL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.92
St. Louis, MO-IL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$104.42
St. Louis, MO-IL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$83.35
St. Louis, MO-IL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.34
St. Louis, MO-IL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$62.51
St. Louis, MO-IL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$112.61
St. Louis, MO-IL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.26
St. Louis, MO-IL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$84.46

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
St. Louis, MO-IL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$75.90
St. Louis, MO-IL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.59
St. Louis, MO-IL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$56.93
St. Louis, MO-IL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$22.00
St. Louis, MO-IL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.20
St. Louis, MO-IL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$16.50
St. Louis, MO-IL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$34.14
St. Louis, MO-IL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.41
St. Louis, MO-IL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$25.61
St. Louis, MO-IL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$46.62
St. Louis, MO-IL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.66
St. Louis, MO-IL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$34.97
St. Louis, MO-IL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$26.64
St. Louis, MO-IL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.66
St. Louis, MO-IL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$19.98

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
St. Louis, MO-IL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$71.08
St. Louis, MO-IL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.11
St. Louis, MO-IL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$53.31
St. Louis, MO-IL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$82.61
St. Louis, MO-IL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.26
St. Louis, MO-IL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$61.96
St. Louis, MO-IL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$106.50
St. Louis, MO-IL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.65
St. Louis, MO-IL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$79.88
St. Louis, MO-IL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$193.00
St. Louis, MO-IL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$19.30
St. Louis, MO-IL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$144.75
St. Louis, MO-IL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$130.50
St. Louis, MO-IL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.05
St. Louis, MO-IL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$97.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
St. Louis, MO-IL	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.45
St. Louis, MO-IL	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.24
St. Louis, MO-IL	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$39.82
St. Louis, MO-IL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$433.84
St. Louis, MO-IL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$43.38
St. Louis, MO-IL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$325.38
St. Louis, MO-IL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$341.00
St. Louis, MO-IL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$34.10
St. Louis, MO-IL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$255.75
St. Louis, MO-IL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$437.50
St. Louis, MO-IL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$43.75
St. Louis, MO-IL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$328.13
St. Louis, MO-IL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$440.00
St. Louis, MO-IL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$44.00
St. Louis, MO-IL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$330.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
St. Louis, MO-IL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$699.50
St. Louis, MO-IL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$69.95
St. Louis, MO-IL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$524.63
St. Louis, MO-IL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.00
St. Louis, MO-IL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.60
St. Louis, MO-IL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.00
St. Louis, MO-IL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$80.08
St. Louis, MO-IL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.01
St. Louis, MO-IL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$60.06
St. Louis, MO-IL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$87.50
St. Louis, MO-IL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.75
St. Louis, MO-IL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$65.63
St. Louis, MO-IL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
St. Louis, MO-IL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
St. Louis, MO-IL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
St. Louis, MO-IL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$31.34
St. Louis, MO-IL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.13
St. Louis, MO-IL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$23.51
St. Louis, MO-IL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$28.12
St. Louis, MO-IL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.81
St. Louis, MO-IL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$21.09
St. Louis, MO-IL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$138.50
St. Louis, MO-IL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.85
St. Louis, MO-IL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$103.88
St. Louis, MO-IL	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.00
St. Louis, MO-IL	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
St. Louis, MO-IL	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.25
St. Louis, MO-IL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$106.96
St. Louis, MO-IL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.70
St. Louis, MO-IL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$80.22

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
St. Louis, MO-IL	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$89.46
St. Louis, MO-IL	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.95
St. Louis, MO-IL	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.10
St. Louis, MO-IL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$130.06
St. Louis, MO-IL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$13.01
St. Louis, MO-IL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$97.55
St. Louis, MO-IL	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$96.16
St. Louis, MO-IL	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.62
St. Louis, MO-IL	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$72.12
St. Louis, MO-IL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$73.50
St. Louis, MO-IL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.35
St. Louis, MO-IL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$55.13
St. Louis, MO-IL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$153.46
St. Louis, MO-IL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$15.35
St. Louis, MO-IL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$115.10

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
St. Louis, MO-IL	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$312.50
St. Louis, MO-IL	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$31.25
St. Louis, MO-IL	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$234.38
St. Louis, MO-IL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$396.03
St. Louis, MO-IL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$39.60
St. Louis, MO-IL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$297.02
St. Louis, MO-IL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$334.00
St. Louis, MO-IL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$33.40
St. Louis, MO-IL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$250.50
St. Louis, MO-IL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$564.83
St. Louis, MO-IL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$56.48
St. Louis, MO-IL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$423.62
St. Louis, MO-IL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$127.78
St. Louis, MO-IL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.78
St. Louis, MO-IL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$95.84

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
St. Louis, MO-IL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.99
St. Louis, MO-IL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.60
St. Louis, MO-IL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.99
St. Louis, MO-IL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$117.41
St. Louis, MO-IL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.74
St. Louis, MO-IL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$88.06
St. Louis, MO-IL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.95
St. Louis, MO-IL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.80
St. Louis, MO-IL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.46
St. Louis, MO-IL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$105.08
St. Louis, MO-IL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.51
St. Louis, MO-IL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$78.81
St. Louis, MO-IL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$46.20
St. Louis, MO-IL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.62
St. Louis, MO-IL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.65

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
St. Louis, MO-IL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.15
St. Louis, MO-IL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.52
St. Louis, MO-IL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.36
St. Louis, MO-IL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.44
St. Louis, MO-IL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.04
St. Louis, MO-IL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.33
St. Louis, MO-IL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.53
St. Louis, MO-IL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.75
St. Louis, MO-IL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.15
St. Louis, MO-IL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.24
St. Louis, MO-IL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.22
St. Louis, MO-IL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.68
St. Louis, MO-IL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$46.50
St. Louis, MO-IL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.65
St. Louis, MO-IL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
St. Louis, MO-IL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$44.30
St. Louis, MO-IL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.43
St. Louis, MO-IL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$33.23
St. Louis, MO-IL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$83.38
St. Louis, MO-IL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.34
St. Louis, MO-IL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$62.54
St. Louis, MO-IL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$107.80
St. Louis, MO-IL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.78
St. Louis, MO-IL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$80.85
St. Louis, MO-IL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$147.12
St. Louis, MO-IL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$14.71
St. Louis, MO-IL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$110.34
St. Louis, MO-IL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$217.83
St. Louis, MO-IL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.78
St. Louis, MO-IL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$163.37

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
St. Louis, MO-IL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$317.50
St. Louis, MO-IL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$31.75
St. Louis, MO-IL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$238.13
St. Louis, MO-IL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$215.03
St. Louis, MO-IL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.50
St. Louis, MO-IL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$161.27
St. Louis, MO-IL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$247.90
St. Louis, MO-IL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$24.79
St. Louis, MO-IL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$185.93
St. Louis, MO-IL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$158.37
St. Louis, MO-IL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.84
St. Louis, MO-IL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$118.78
St. Louis, MO-IL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$319.00
St. Louis, MO-IL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$31.90
St. Louis, MO-IL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$239.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
St. Louis, MO-IL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$300.32
St. Louis, MO-IL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.03
St. Louis, MO-IL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$225.24
St. Louis, MO-IL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$395.29
St. Louis, MO-IL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.53
St. Louis, MO-IL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$296.47
St. Louis, MO-IL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$359.61
St. Louis, MO-IL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.96
St. Louis, MO-IL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$269.71
St. Louis, MO-IL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$434.08
St. Louis, MO-IL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$43.41
St. Louis, MO-IL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$325.56
St. Louis, MO-IL	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$383.75
St. Louis, MO-IL	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.38
St. Louis, MO-IL	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$287.81

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
St. Louis, MO-IL	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$431.28
St. Louis, MO-IL	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$43.13
St. Louis, MO-IL	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$323.46
St. Louis, MO-IL	K0001	STANDARD WHEELCHAIR	RR			\$25.05
St. Louis, MO-IL	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$43.68
St. Louis, MO-IL	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$39.88
St. Louis, MO-IL	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$44.03
St. Louis, MO-IL	K0006	HEAVY DUTY WHEELCHAIR	RR			\$58.63
St. Louis, MO-IL	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$91.78
St. Louis, MO-IL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$128.08
St. Louis, MO-IL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$12.81
St. Louis, MO-IL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$96.06
St. Louis, MO-IL	K0019	ARM PAD, EACH	NU			\$11.00
St. Louis, MO-IL	K0019	ARM PAD, EACH	RR			\$1.10
St. Louis, MO-IL	K0019	ARM PAD, EACH	UE			\$8.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
St. Louis, MO-IL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$52.20
St. Louis, MO-IL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.22
St. Louis, MO-IL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$39.15
St. Louis, MO-IL	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$72.87
St. Louis, MO-IL	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.29
St. Louis, MO-IL	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$54.65
St. Louis, MO-IL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
St. Louis, MO-IL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
St. Louis, MO-IL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
St. Louis, MO-IL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$87.50
St. Louis, MO-IL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.75
St. Louis, MO-IL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$65.63
St. Louis, MO-IL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$89.67
St. Louis, MO-IL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.97
St. Louis, MO-IL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$67.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
St. Louis, MO-IL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$159.94
St. Louis, MO-IL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.99
St. Louis, MO-IL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$119.96
St. Louis, MO-IL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$52.00
St. Louis, MO-IL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.20
St. Louis, MO-IL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$39.00
St. Louis, MO-IL	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$12.09
St. Louis, MO-IL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$842.65
St. Louis, MO-IL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$84.27
St. Louis, MO-IL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$631.99
St. Louis, MO-IL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,662.50
St. Louis, MO-IL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$166.25
St. Louis, MO-IL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,246.88
St. Louis, MO-IL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,950.00
St. Louis, MO-IL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$195.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
St. Louis, MO-IL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,462.50
St. Louis, MO-IL	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$277.43
St. Louis, MO-IL	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$322.80
St. Louis, MO-IL	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$371.55
St. Louis, MO-IL	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$374.55
St. Louis, MO-IL	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.60
St. Louis, MO-IL	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$352.04
St. Louis, MO-IL	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$327.00
St. Louis, MO-IL	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$272.72
St. Louis, MO-IL	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$466.79
St. Louis, MO-IL	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$382.13
St. Louis, MO-IL	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$753.75
St. Louis, MO-IL	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$584.63
St. Louis, MO-IL	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$824.63
St. Louis, MO-IL	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$808.46

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Stockton, CA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$79.95
Stockton, CA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$8.00
Stockton, CA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$59.96
Stockton, CA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$13.00
Stockton, CA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.30
Stockton, CA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.75
Stockton, CA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$130.00
Stockton, CA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.00
Stockton, CA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$97.50
Stockton, CA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$86.70
Stockton, CA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.67
Stockton, CA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$65.03
Stockton, CA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$121.32
Stockton, CA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.13
Stockton, CA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$90.99

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Stockton, CA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$79.50
Stockton, CA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.95
Stockton, CA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$59.63
Stockton, CA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.90
Stockton, CA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.99
Stockton, CA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.93
Stockton, CA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$32.00
Stockton, CA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.20
Stockton, CA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$24.00
Stockton, CA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$45.24
Stockton, CA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.52
Stockton, CA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$33.93
Stockton, CA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$22.00
Stockton, CA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.20
Stockton, CA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$16.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Stockton, CA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$66.27
Stockton, CA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.63
Stockton, CA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$49.70
Stockton, CA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$77.00
Stockton, CA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.70
Stockton, CA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$57.75
Stockton, CA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$110.00
Stockton, CA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$11.00
Stockton, CA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$82.50
Stockton, CA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$210.00
Stockton, CA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$21.00
Stockton, CA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$157.50
Stockton, CA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$128.00
Stockton, CA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.80
Stockton, CA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$96.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Stockton, CA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$43.61
Stockton, CA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.00
Stockton, CA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$35.00
Stockton, CA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$346.50
Stockton, CA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$34.65
Stockton, CA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$259.88
Stockton, CA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$350.00
Stockton, CA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$35.00
Stockton, CA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$262.50
Stockton, CA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$455.00
Stockton, CA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.50
Stockton, CA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$341.25
Stockton, CA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$450.00
Stockton, CA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$45.00
Stockton, CA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$337.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Stockton, CA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$700.00
Stockton, CA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$70.00
Stockton, CA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$525.00
Stockton, CA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.22
Stockton, CA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.62
Stockton, CA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.17
Stockton, CA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$90.00
Stockton, CA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$9.00
Stockton, CA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$67.50
Stockton, CA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$90.00
Stockton, CA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$9.00
Stockton, CA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$67.50
Stockton, CA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Stockton, CA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Stockton, CA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Stockton, CA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$34.00
Stockton, CA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.40
Stockton, CA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$25.50
Stockton, CA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$30.52
Stockton, CA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$3.05
Stockton, CA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$22.89
Stockton, CA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$145.00
Stockton, CA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.50
Stockton, CA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$108.75
Stockton, CA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$102.57
Stockton, CA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.26
Stockton, CA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$76.93
Stockton, CA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$106.00
Stockton, CA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.60
Stockton, CA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$79.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Stockton, CA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.09
Stockton, CA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.01
Stockton, CA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.57
Stockton, CA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
Stockton, CA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
Stockton, CA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
Stockton, CA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
Stockton, CA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
Stockton, CA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
Stockton, CA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.00
Stockton, CA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.50
Stockton, CA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$56.25
Stockton, CA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$146.63
Stockton, CA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.66
Stockton, CA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$109.97

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Stockton, CA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$329.78
Stockton, CA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$32.98
Stockton, CA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$247.34
Stockton, CA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$425.00
Stockton, CA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$42.50
Stockton, CA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$318.75
Stockton, CA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$375.00
Stockton, CA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$37.50
Stockton, CA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$281.25
Stockton, CA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$553.00
Stockton, CA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$55.30
Stockton, CA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$414.75
Stockton, CA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$132.57
Stockton, CA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$13.26
Stockton, CA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$99.43

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Stockton, CA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$58.00
Stockton, CA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.80
Stockton, CA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.50
Stockton, CA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$129.50
Stockton, CA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$12.95
Stockton, CA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$97.13
Stockton, CA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$62.00
Stockton, CA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.20
Stockton, CA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$46.50
Stockton, CA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$107.88
Stockton, CA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.79
Stockton, CA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$80.91
Stockton, CA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$50.00
Stockton, CA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.00
Stockton, CA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Stockton, CA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$17.00
Stockton, CA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.70
Stockton, CA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.75
Stockton, CA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.00
Stockton, CA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.50
Stockton, CA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.75
Stockton, CA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.00
Stockton, CA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.00
Stockton, CA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.00
Stockton, CA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.00
Stockton, CA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.50
Stockton, CA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.75
Stockton, CA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.95
Stockton, CA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.00
Stockton, CA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.46

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Stockton, CA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$50.00
Stockton, CA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$5.00
Stockton, CA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$37.50
Stockton, CA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$95.00
Stockton, CA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$9.50
Stockton, CA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$71.25
Stockton, CA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$120.00
Stockton, CA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$12.00
Stockton, CA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$90.00
Stockton, CA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$160.00
Stockton, CA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$16.00
Stockton, CA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$120.00
Stockton, CA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$225.66
Stockton, CA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$22.57
Stockton, CA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$169.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Stockton, CA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$325.09
Stockton, CA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.51
Stockton, CA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$243.82
Stockton, CA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$230.00
Stockton, CA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$23.00
Stockton, CA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$172.50
Stockton, CA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$300.00
Stockton, CA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$30.00
Stockton, CA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$225.00
Stockton, CA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
Stockton, CA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
Stockton, CA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
Stockton, CA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$325.00
Stockton, CA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$32.50
Stockton, CA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$243.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Stockton, CA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$325.00
Stockton, CA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$32.50
Stockton, CA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$243.75
Stockton, CA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$450.00
Stockton, CA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.00
Stockton, CA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$337.50
Stockton, CA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$362.23
Stockton, CA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.22
Stockton, CA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$271.67
Stockton, CA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$500.00
Stockton, CA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$50.00
Stockton, CA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$375.00
Stockton, CA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$394.00
Stockton, CA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.40
Stockton, CA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$295.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Stockton, CA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$450.00
Stockton, CA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.00
Stockton, CA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$337.50
Stockton, CA	K0001	STANDARD WHEELCHAIR	RR			\$25.00
Stockton, CA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$54.00
Stockton, CA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$37.17
Stockton, CA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.50
Stockton, CA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$77.66
Stockton, CA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$119.39
Stockton, CA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$145.00
Stockton, CA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$14.50
Stockton, CA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$108.75
Stockton, CA	K0019	ARM PAD, EACH	NU			\$11.00
Stockton, CA	K0019	ARM PAD, EACH	RR			\$1.10
Stockton, CA	K0019	ARM PAD, EACH	UE			\$8.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Stockton, CA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$50.00
Stockton, CA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.00
Stockton, CA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$37.50
Stockton, CA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$60.00
Stockton, CA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.00
Stockton, CA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$45.00
Stockton, CA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
Stockton, CA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
Stockton, CA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
Stockton, CA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$90.00
Stockton, CA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$9.00
Stockton, CA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$67.50
Stockton, CA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$92.00
Stockton, CA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.20
Stockton, CA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$69.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Stockton, CA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$159.88
Stockton, CA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.99
Stockton, CA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$119.91
Stockton, CA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$53.00
Stockton, CA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.30
Stockton, CA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$39.75
Stockton, CA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$13.30
Stockton, CA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$900.00
Stockton, CA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$90.00
Stockton, CA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$675.00
Stockton, CA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,800.00
Stockton, CA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$180.00
Stockton, CA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,350.00
Stockton, CA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,900.00
Stockton, CA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$190.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Stockton, CA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,425.00
Stockton, CA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.00
Stockton, CA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$343.05
Stockton, CA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$390.60
Stockton, CA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$374.10
Stockton, CA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$286.20
Stockton, CA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Stockton, CA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$312.72
Stockton, CA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
Stockton, CA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$445.93
Stockton, CA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$364.78
Stockton, CA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$780.00
Stockton, CA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$569.85
Stockton, CA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$840.00
Stockton, CA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$836.91

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Suffolk County CBA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$60.80
Suffolk County CBA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$6.08
Suffolk County CBA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$45.60
Suffolk County CBA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$10.98
Suffolk County CBA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.10
Suffolk County CBA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.24
Suffolk County CBA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$121.61
Suffolk County CBA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.16
Suffolk County CBA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$91.21
Suffolk County CBA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$70.50
Suffolk County CBA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.05
Suffolk County CBA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$52.88
Suffolk County CBA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$104.33
Suffolk County CBA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.43
Suffolk County CBA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$78.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Suffolk County CBA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$64.64
Suffolk County CBA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$6.46
Suffolk County CBA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$48.48
Suffolk County CBA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$15.46
Suffolk County CBA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.55
Suffolk County CBA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$11.60
Suffolk County CBA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$27.02
Suffolk County CBA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.70
Suffolk County CBA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$20.27
Suffolk County CBA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$54.44
Suffolk County CBA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.44
Suffolk County CBA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$40.83
Suffolk County CBA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$22.50
Suffolk County CBA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.25
Suffolk County CBA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$16.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Suffolk County CBA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$62.86
Suffolk County CBA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.29
Suffolk County CBA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$47.15
Suffolk County CBA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$62.91
Suffolk County CBA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$6.29
Suffolk County CBA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$47.18
Suffolk County CBA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$84.10
Suffolk County CBA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$8.41
Suffolk County CBA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$63.08
Suffolk County CBA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$156.32
Suffolk County CBA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$15.63
Suffolk County CBA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$117.24
Suffolk County CBA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$127.08
Suffolk County CBA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.71
Suffolk County CBA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$95.31

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Suffolk County CBA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$41.83
Suffolk County CBA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$11.81
Suffolk County CBA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$29.62
Suffolk County CBA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$345.80
Suffolk County CBA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$34.58
Suffolk County CBA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$259.35
Suffolk County CBA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$252.73
Suffolk County CBA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$25.27
Suffolk County CBA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$189.55
Suffolk County CBA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$310.56
Suffolk County CBA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$31.06
Suffolk County CBA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$232.92
Suffolk County CBA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$313.88
Suffolk County CBA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$31.39
Suffolk County CBA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$235.41

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Suffolk County CBA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$576.64
Suffolk County CBA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$57.66
Suffolk County CBA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$432.48
Suffolk County CBA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$29.28
Suffolk County CBA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$2.93
Suffolk County CBA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$21.96
Suffolk County CBA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$65.98
Suffolk County CBA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$6.60
Suffolk County CBA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$49.49
Suffolk County CBA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$72.40
Suffolk County CBA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$7.24
Suffolk County CBA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$54.30
Suffolk County CBA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.80
Suffolk County CBA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.48
Suffolk County CBA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.60

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Suffolk County CBA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$28.93
Suffolk County CBA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$2.89
Suffolk County CBA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$21.70
Suffolk County CBA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$25.50
Suffolk County CBA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.55
Suffolk County CBA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$19.13
Suffolk County CBA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$125.44
Suffolk County CBA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$12.54
Suffolk County CBA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$94.08
Suffolk County CBA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$91.50
Suffolk County CBA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.15
Suffolk County CBA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$68.63
Suffolk County CBA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$104.65
Suffolk County CBA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.47
Suffolk County CBA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$78.49

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Suffolk County CBA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$79.02
Suffolk County CBA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$7.90
Suffolk County CBA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$59.27
Suffolk County CBA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
Suffolk County CBA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
Suffolk County CBA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
Suffolk County CBA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$89.04
Suffolk County CBA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.90
Suffolk County CBA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$66.78
Suffolk County CBA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$65.00
Suffolk County CBA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$6.50
Suffolk County CBA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$48.75
Suffolk County CBA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$148.08
Suffolk County CBA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.81
Suffolk County CBA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$111.06

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Suffolk County CBA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$260.04
Suffolk County CBA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$26.00
Suffolk County CBA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$195.03
Suffolk County CBA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$342.14
Suffolk County CBA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$34.21
Suffolk County CBA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$256.61
Suffolk County CBA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$294.98
Suffolk County CBA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$29.50
Suffolk County CBA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$221.24
Suffolk County CBA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$455.41
Suffolk County CBA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$45.54
Suffolk County CBA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$341.56
Suffolk County CBA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$110.39
Suffolk County CBA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$11.04
Suffolk County CBA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$82.79

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Suffolk County CBA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$50.69
Suffolk County CBA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.07
Suffolk County CBA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$38.02
Suffolk County CBA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$96.64
Suffolk County CBA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.66
Suffolk County CBA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$72.48
Suffolk County CBA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$54.20
Suffolk County CBA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.42
Suffolk County CBA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$40.65
Suffolk County CBA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$89.07
Suffolk County CBA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$8.91
Suffolk County CBA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$66.80
Suffolk County CBA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$38.12
Suffolk County CBA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.81
Suffolk County CBA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.59

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Suffolk County CBA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$14.92
Suffolk County CBA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.49
Suffolk County CBA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.19
Suffolk County CBA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$36.08
Suffolk County CBA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.61
Suffolk County CBA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$27.06
Suffolk County CBA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$52.15
Suffolk County CBA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.22
Suffolk County CBA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$39.11
Suffolk County CBA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$35.50
Suffolk County CBA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.55
Suffolk County CBA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$26.63
Suffolk County CBA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$39.93
Suffolk County CBA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.99
Suffolk County CBA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$29.95

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Suffolk County CBA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$33.40
Suffolk County CBA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.34
Suffolk County CBA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$25.05
Suffolk County CBA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$70.60
Suffolk County CBA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$7.06
Suffolk County CBA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$52.95
Suffolk County CBA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$91.52
Suffolk County CBA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.15
Suffolk County CBA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$68.64
Suffolk County CBA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$123.55
Suffolk County CBA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$12.36
Suffolk County CBA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$92.66
Suffolk County CBA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$181.64
Suffolk County CBA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$18.16
Suffolk County CBA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$136.23

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Suffolk County CBA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$268.95
Suffolk County CBA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$26.90
Suffolk County CBA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$201.71
Suffolk County CBA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$175.00
Suffolk County CBA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$17.50
Suffolk County CBA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$131.25
Suffolk County CBA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$225.29
Suffolk County CBA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$22.53
Suffolk County CBA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$168.97
Suffolk County CBA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$158.86
Suffolk County CBA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.89
Suffolk County CBA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$119.15
Suffolk County CBA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$250.58
Suffolk County CBA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$25.06
Suffolk County CBA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$187.94

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Suffolk County CBA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$260.73
Suffolk County CBA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$26.07
Suffolk County CBA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$195.55
Suffolk County CBA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$351.74
Suffolk County CBA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.17
Suffolk County CBA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$263.81
Suffolk County CBA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$337.50
Suffolk County CBA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$33.75
Suffolk County CBA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$253.13
Suffolk County CBA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$383.26
Suffolk County CBA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.33
Suffolk County CBA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$287.45
Suffolk County CBA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$360.83
Suffolk County CBA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.08
Suffolk County CBA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$270.62

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Suffolk County CBA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$371.24
Suffolk County CBA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$37.12
Suffolk County CBA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$278.43
Suffolk County CBA	K0001	STANDARD WHEELCHAIR	RR			\$22.16
Suffolk County CBA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$48.61
Suffolk County CBA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$34.90
Suffolk County CBA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$48.80
Suffolk County CBA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$70.08
Suffolk County CBA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$100.69
Suffolk County CBA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$109.67
Suffolk County CBA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$10.97
Suffolk County CBA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$82.25
Suffolk County CBA	K0019	ARM PAD, EACH	NU			\$11.00
Suffolk County CBA	K0019	ARM PAD, EACH	RR			\$1.10
Suffolk County CBA	K0019	ARM PAD, EACH	UE			\$8.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Suffolk County CBA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$49.00
Suffolk County CBA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$4.90
Suffolk County CBA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$36.75
Suffolk County CBA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$59.58
Suffolk County CBA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$5.96
Suffolk County CBA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$44.69
Suffolk County CBA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$76.98
Suffolk County CBA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$7.70
Suffolk County CBA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$57.74
Suffolk County CBA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$81.86
Suffolk County CBA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.19
Suffolk County CBA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$61.40
Suffolk County CBA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$79.93
Suffolk County CBA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$7.99
Suffolk County CBA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$59.95

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Suffolk County CBA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$153.50
Suffolk County CBA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.35
Suffolk County CBA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$115.13
Suffolk County CBA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$44.60
Suffolk County CBA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$4.46
Suffolk County CBA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$33.45
Suffolk County CBA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$9.38
Suffolk County CBA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$746.02
Suffolk County CBA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$74.60
Suffolk County CBA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$559.52
Suffolk County CBA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,473.58
Suffolk County CBA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$147.36
Suffolk County CBA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,105.19
Suffolk County CBA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,673.46
Suffolk County CBA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$167.35

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Suffolk County CBA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,255.10
Suffolk County CBA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$237.10
Suffolk County CBA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$275.80
Suffolk County CBA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$331.44
Suffolk County CBA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$323.67
Suffolk County CBA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$268.43
Suffolk County CBA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$306.64
Suffolk County CBA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$323.63
Suffolk County CBA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$255.00
Suffolk County CBA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$403.49
Suffolk County CBA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$363.24
Suffolk County CBA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$598.34
Suffolk County CBA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$495.29
Suffolk County CBA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$635.40
Suffolk County CBA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$635.93

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Syracuse, NY	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$76.36
Syracuse, NY	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.64
Syracuse, NY	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$57.27
Syracuse, NY	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$13.00
Syracuse, NY	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.30
Syracuse, NY	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.75
Syracuse, NY	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$139.20
Syracuse, NY	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.92
Syracuse, NY	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$104.40
Syracuse, NY	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$82.50
Syracuse, NY	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.25
Syracuse, NY	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$61.88
Syracuse, NY	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$113.67
Syracuse, NY	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.37
Syracuse, NY	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$85.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Syracuse, NY	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$72.18
Syracuse, NY	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.22
Syracuse, NY	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$54.14
Syracuse, NY	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$17.00
Syracuse, NY	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.70
Syracuse, NY	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$12.75
Syracuse, NY	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$30.26
Syracuse, NY	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.03
Syracuse, NY	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$22.70
Syracuse, NY	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$42.62
Syracuse, NY	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.26
Syracuse, NY	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$31.97
Syracuse, NY	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$23.80
Syracuse, NY	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.38
Syracuse, NY	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$17.85

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Syracuse, NY	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$65.16
Syracuse, NY	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.52
Syracuse, NY	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$48.87
Syracuse, NY	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$80.10
Syracuse, NY	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.01
Syracuse, NY	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$60.08
Syracuse, NY	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$101.66
Syracuse, NY	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.17
Syracuse, NY	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$76.25
Syracuse, NY	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$193.00
Syracuse, NY	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$19.30
Syracuse, NY	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$144.75
Syracuse, NY	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$127.00
Syracuse, NY	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.70
Syracuse, NY	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$95.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Syracuse, NY	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$44.06
Syracuse, NY	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.78
Syracuse, NY	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$35.00
Syracuse, NY	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$363.74
Syracuse, NY	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$36.37
Syracuse, NY	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$272.81
Syracuse, NY	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$350.00
Syracuse, NY	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$35.00
Syracuse, NY	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$262.50
Syracuse, NY	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$452.50
Syracuse, NY	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.25
Syracuse, NY	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$339.38
Syracuse, NY	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$440.00
Syracuse, NY	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$44.00
Syracuse, NY	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$330.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Syracuse, NY	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$700.00
Syracuse, NY	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$70.00
Syracuse, NY	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$525.00
Syracuse, NY	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.00
Syracuse, NY	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.60
Syracuse, NY	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.00
Syracuse, NY	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$80.51
Syracuse, NY	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.05
Syracuse, NY	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$60.38
Syracuse, NY	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$81.69
Syracuse, NY	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.17
Syracuse, NY	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$61.27
Syracuse, NY	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Syracuse, NY	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Syracuse, NY	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Syracuse, NY	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$34.60
Syracuse, NY	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.46
Syracuse, NY	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$25.95
Syracuse, NY	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$28.88
Syracuse, NY	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.89
Syracuse, NY	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$21.66
Syracuse, NY	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$138.50
Syracuse, NY	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.85
Syracuse, NY	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$103.88
Syracuse, NY	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$101.28
Syracuse, NY	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.13
Syracuse, NY	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.96
Syracuse, NY	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$101.08
Syracuse, NY	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.11
Syracuse, NY	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$75.81

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Syracuse, NY	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.04
Syracuse, NY	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.00
Syracuse, NY	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.53
Syracuse, NY	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
Syracuse, NY	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
Syracuse, NY	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
Syracuse, NY	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
Syracuse, NY	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
Syracuse, NY	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
Syracuse, NY	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$73.90
Syracuse, NY	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.39
Syracuse, NY	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$55.43
Syracuse, NY	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$153.46
Syracuse, NY	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$15.35
Syracuse, NY	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$115.10

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Syracuse, NY	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$327.39
Syracuse, NY	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$32.74
Syracuse, NY	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$245.54
Syracuse, NY	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$379.00
Syracuse, NY	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$37.90
Syracuse, NY	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$284.25
Syracuse, NY	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$355.00
Syracuse, NY	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$35.50
Syracuse, NY	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$266.25
Syracuse, NY	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$519.90
Syracuse, NY	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$51.99
Syracuse, NY	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$389.93
Syracuse, NY	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$130.00
Syracuse, NY	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$13.00
Syracuse, NY	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$97.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Syracuse, NY	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.99
Syracuse, NY	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.60
Syracuse, NY	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.99
Syracuse, NY	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$116.50
Syracuse, NY	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.65
Syracuse, NY	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$87.38
Syracuse, NY	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$59.10
Syracuse, NY	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.91
Syracuse, NY	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$44.33
Syracuse, NY	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$105.08
Syracuse, NY	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.51
Syracuse, NY	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$78.81
Syracuse, NY	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$48.50
Syracuse, NY	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.85
Syracuse, NY	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.38

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Syracuse, NY	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$16.10
Syracuse, NY	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.61
Syracuse, NY	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.08
Syracuse, NY	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$38.82
Syracuse, NY	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.88
Syracuse, NY	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$29.12
Syracuse, NY	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$56.24
Syracuse, NY	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.62
Syracuse, NY	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.18
Syracuse, NY	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$41.90
Syracuse, NY	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.19
Syracuse, NY	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.43
Syracuse, NY	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$46.61
Syracuse, NY	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.66
Syracuse, NY	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.96

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Syracuse, NY	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$42.10
Syracuse, NY	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.21
Syracuse, NY	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$31.58
Syracuse, NY	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$85.20
Syracuse, NY	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.52
Syracuse, NY	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$63.90
Syracuse, NY	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$107.98
Syracuse, NY	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.80
Syracuse, NY	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$80.99
Syracuse, NY	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$157.12
Syracuse, NY	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$15.71
Syracuse, NY	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$117.84
Syracuse, NY	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$205.00
Syracuse, NY	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.50
Syracuse, NY	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$153.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Syracuse, NY	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$317.50
Syracuse, NY	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$31.75
Syracuse, NY	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$238.13
Syracuse, NY	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$210.14
Syracuse, NY	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.01
Syracuse, NY	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$157.61
Syracuse, NY	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$277.84
Syracuse, NY	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$27.78
Syracuse, NY	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$208.38
Syracuse, NY	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$147.88
Syracuse, NY	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$14.79
Syracuse, NY	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$110.91
Syracuse, NY	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$308.05
Syracuse, NY	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.81
Syracuse, NY	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$231.04

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Syracuse, NY	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$307.38
Syracuse, NY	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.74
Syracuse, NY	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$230.54
Syracuse, NY	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$462.50
Syracuse, NY	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$46.25
Syracuse, NY	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$346.88
Syracuse, NY	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$356.82
Syracuse, NY	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.68
Syracuse, NY	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$267.62
Syracuse, NY	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$500.00
Syracuse, NY	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$50.00
Syracuse, NY	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$375.00
Syracuse, NY	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$384.06
Syracuse, NY	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.41
Syracuse, NY	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$288.05

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Syracuse, NY	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$406.28
Syracuse, NY	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.63
Syracuse, NY	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$304.71
Syracuse, NY	K0001	STANDARD WHEELCHAIR	RR			\$24.59
Syracuse, NY	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$47.19
Syracuse, NY	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$35.91
Syracuse, NY	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$43.85
Syracuse, NY	K0006	HEAVY DUTY WHEELCHAIR	RR			\$69.05
Syracuse, NY	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$94.23
Syracuse, NY	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$128.08
Syracuse, NY	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$12.81
Syracuse, NY	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$96.06
Syracuse, NY	K0019	ARM PAD, EACH	NU			\$11.29
Syracuse, NY	K0019	ARM PAD, EACH	RR			\$1.13
Syracuse, NY	K0019	ARM PAD, EACH	UE			\$8.47

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Syracuse, NY	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$54.00
Syracuse, NY	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.40
Syracuse, NY	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$40.50
Syracuse, NY	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$64.72
Syracuse, NY	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.47
Syracuse, NY	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$48.54
Syracuse, NY	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
Syracuse, NY	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
Syracuse, NY	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
Syracuse, NY	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$92.50
Syracuse, NY	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$9.25
Syracuse, NY	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$69.38
Syracuse, NY	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$97.50
Syracuse, NY	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.75
Syracuse, NY	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$73.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Syracuse, NY	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$159.94
Syracuse, NY	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.99
Syracuse, NY	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$119.96
Syracuse, NY	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$52.00
Syracuse, NY	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.20
Syracuse, NY	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$39.00
Syracuse, NY	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$10.36
Syracuse, NY	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$870.52
Syracuse, NY	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$87.05
Syracuse, NY	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$652.89
Syracuse, NY	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,750.00
Syracuse, NY	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$175.00
Syracuse, NY	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,312.50
Syracuse, NY	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,857.26
Syracuse, NY	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$185.73

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Syracuse, NY	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,392.95
Syracuse, NY	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$277.43
Syracuse, NY	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$306.43
Syracuse, NY	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$363.98
Syracuse, NY	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$361.59
Syracuse, NY	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.60
Syracuse, NY	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$337.12
Syracuse, NY	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$333.75
Syracuse, NY	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$278.73
Syracuse, NY	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$479.99
Syracuse, NY	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$412.41
Syracuse, NY	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$689.11
Syracuse, NY	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$568.67
Syracuse, NY	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$760.62
Syracuse, NY	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$755.33

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tampa-St. Petersburg-Clearwater, FL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$61.85
Tampa-St. Petersburg-Clearwater, FL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$6.19
Tampa-St. Petersburg-Clearwater, FL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$46.39
Tampa-St. Petersburg-Clearwater, FL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$11.25
Tampa-St. Petersburg-Clearwater, FL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.13
Tampa-St. Petersburg-Clearwater, FL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.44
Tampa-St. Petersburg-Clearwater, FL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$127.15
Tampa-St. Petersburg-Clearwater, FL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.72
Tampa-St. Petersburg-Clearwater, FL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$95.36
Tampa-St. Petersburg-Clearwater, FL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$66.91
Tampa-St. Petersburg-Clearwater, FL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$6.69
Tampa-St. Petersburg-Clearwater, FL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$50.18
Tampa-St. Petersburg-Clearwater, FL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$100.00
Tampa-St. Petersburg-Clearwater, FL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.00
Tampa-St. Petersburg-Clearwater, FL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$75.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tampa-St. Petersburg-Clearwater, FL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$63.69
Tampa-St. Petersburg-Clearwater, FL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$6.37
Tampa-St. Petersburg-Clearwater, FL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$47.77
Tampa-St. Petersburg-Clearwater, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$17.65
Tampa-St. Petersburg-Clearwater, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.77
Tampa-St. Petersburg-Clearwater, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$13.24
Tampa-St. Petersburg-Clearwater, FL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$28.00
Tampa-St. Petersburg-Clearwater, FL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.80
Tampa-St. Petersburg-Clearwater, FL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$21.00
Tampa-St. Petersburg-Clearwater, FL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$54.25
Tampa-St. Petersburg-Clearwater, FL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.43
Tampa-St. Petersburg-Clearwater, FL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$40.69
Tampa-St. Petersburg-Clearwater, FL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$22.85
Tampa-St. Petersburg-Clearwater, FL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.29
Tampa-St. Petersburg-Clearwater, FL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$17.14

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tampa-St. Petersburg-Clearwater, FL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$65.00
Tampa-St. Petersburg-Clearwater, FL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.50
Tampa-St. Petersburg-Clearwater, FL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$48.75
Tampa-St. Petersburg-Clearwater, FL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$69.00
Tampa-St. Petersburg-Clearwater, FL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$6.90
Tampa-St. Petersburg-Clearwater, FL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$51.75
Tampa-St. Petersburg-Clearwater, FL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$83.10
Tampa-St. Petersburg-Clearwater, FL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$8.31
Tampa-St. Petersburg-Clearwater, FL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$62.33
Tampa-St. Petersburg-Clearwater, FL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$154.20
Tampa-St. Petersburg-Clearwater, FL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$15.42
Tampa-St. Petersburg-Clearwater, FL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$115.65
Tampa-St. Petersburg-Clearwater, FL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$132.90
Tampa-St. Petersburg-Clearwater, FL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.29
Tampa-St. Petersburg-Clearwater, FL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$99.68

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tampa-St. Petersburg-Clearwater, FL	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$39.20
Tampa-St. Petersburg-Clearwater, FL	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$14.66
Tampa-St. Petersburg-Clearwater, FL	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$28.89
Tampa-St. Petersburg-Clearwater, FL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$348.73
Tampa-St. Petersburg-Clearwater, FL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$34.87
Tampa-St. Petersburg-Clearwater, FL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$261.55
Tampa-St. Petersburg-Clearwater, FL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$284.54
Tampa-St. Petersburg-Clearwater, FL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$28.45
Tampa-St. Petersburg-Clearwater, FL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$213.41
Tampa-St. Petersburg-Clearwater, FL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$400.00
Tampa-St. Petersburg-Clearwater, FL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$40.00
Tampa-St. Petersburg-Clearwater, FL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$300.00
Tampa-St. Petersburg-Clearwater, FL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$379.46
Tampa-St. Petersburg-Clearwater, FL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$37.95
Tampa-St. Petersburg-Clearwater, FL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$284.60

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tampa-St. Petersburg-Clearwater, FL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$611.59
Tampa-St. Petersburg-Clearwater, FL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$61.16
Tampa-St. Petersburg-Clearwater, FL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$458.69
Tampa-St. Petersburg-Clearwater, FL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$34.95
Tampa-St. Petersburg-Clearwater, FL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.50
Tampa-St. Petersburg-Clearwater, FL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.21
Tampa-St. Petersburg-Clearwater, FL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$69.00
Tampa-St. Petersburg-Clearwater, FL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$6.90
Tampa-St. Petersburg-Clearwater, FL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$51.75
Tampa-St. Petersburg-Clearwater, FL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$66.77
Tampa-St. Petersburg-Clearwater, FL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$6.68
Tampa-St. Petersburg-Clearwater, FL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$50.08
Tampa-St. Petersburg-Clearwater, FL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.28
Tampa-St. Petersburg-Clearwater, FL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.43
Tampa-St. Petersburg-Clearwater, FL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.21

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tampa-St. Petersburg-Clearwater, FL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$31.67
Tampa-St. Petersburg-Clearwater, FL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.17
Tampa-St. Petersburg-Clearwater, FL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$23.75
Tampa-St. Petersburg-Clearwater, FL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$26.14
Tampa-St. Petersburg-Clearwater, FL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.61
Tampa-St. Petersburg-Clearwater, FL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$19.61
Tampa-St. Petersburg-Clearwater, FL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$132.05
Tampa-St. Petersburg-Clearwater, FL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.21
Tampa-St. Petersburg-Clearwater, FL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$99.04
Tampa-St. Petersburg-Clearwater, FL	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.00
Tampa-St. Petersburg-Clearwater, FL	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
Tampa-St. Petersburg-Clearwater, FL	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.25
Tampa-St. Petersburg-Clearwater, FL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$94.00
Tampa-St. Petersburg-Clearwater, FL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$9.40
Tampa-St. Petersburg-Clearwater, FL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$70.50

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tampa-St. Petersburg-Clearwater, FL	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$79.04
Tampa-St. Petersburg-Clearwater, FL	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$7.90
Tampa-St. Petersburg-Clearwater, FL	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$59.28
Tampa-St. Petersburg-Clearwater, FL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$118.50
Tampa-St. Petersburg-Clearwater, FL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$11.85
Tampa-St. Petersburg-Clearwater, FL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$88.88
Tampa-St. Petersburg-Clearwater, FL	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$84.47
Tampa-St. Petersburg-Clearwater, FL	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.45
Tampa-St. Petersburg-Clearwater, FL	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$63.35
Tampa-St. Petersburg-Clearwater, FL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$69.88
Tampa-St. Petersburg-Clearwater, FL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$6.99
Tampa-St. Petersburg-Clearwater, FL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$52.41
Tampa-St. Petersburg-Clearwater, FL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$150.00
Tampa-St. Petersburg-Clearwater, FL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$15.00
Tampa-St. Petersburg-Clearwater, FL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$112.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tampa-St. Petersburg-Clearwater, FL	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$259.95
Tampa-St. Petersburg-Clearwater, FL	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$26.00
Tampa-St. Petersburg-Clearwater, FL	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$194.96
Tampa-St. Petersburg-Clearwater, FL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$327.25
Tampa-St. Petersburg-Clearwater, FL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$32.73
Tampa-St. Petersburg-Clearwater, FL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$245.44
Tampa-St. Petersburg-Clearwater, FL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$293.67
Tampa-St. Petersburg-Clearwater, FL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$29.37
Tampa-St. Petersburg-Clearwater, FL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$220.25
Tampa-St. Petersburg-Clearwater, FL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$486.79
Tampa-St. Petersburg-Clearwater, FL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$48.68
Tampa-St. Petersburg-Clearwater, FL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$365.09
Tampa-St. Petersburg-Clearwater, FL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$115.45
Tampa-St. Petersburg-Clearwater, FL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$11.55
Tampa-St. Petersburg-Clearwater, FL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$86.59

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tampa-St. Petersburg-Clearwater, FL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$48.00
Tampa-St. Petersburg-Clearwater, FL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.80
Tampa-St. Petersburg-Clearwater, FL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.00
Tampa-St. Petersburg-Clearwater, FL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$94.84
Tampa-St. Petersburg-Clearwater, FL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.48
Tampa-St. Petersburg-Clearwater, FL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$71.13
Tampa-St. Petersburg-Clearwater, FL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$50.00
Tampa-St. Petersburg-Clearwater, FL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.00
Tampa-St. Petersburg-Clearwater, FL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.50
Tampa-St. Petersburg-Clearwater, FL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$94.00
Tampa-St. Petersburg-Clearwater, FL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.40
Tampa-St. Petersburg-Clearwater, FL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$70.50
Tampa-St. Petersburg-Clearwater, FL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.59
Tampa-St. Petersburg-Clearwater, FL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.06
Tampa-St. Petersburg-Clearwater, FL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.44

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tampa-St. Petersburg-Clearwater, FL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$13.37
Tampa-St. Petersburg-Clearwater, FL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.34
Tampa-St. Petersburg-Clearwater, FL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$10.03
Tampa-St. Petersburg-Clearwater, FL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$32.00
Tampa-St. Petersburg-Clearwater, FL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.20
Tampa-St. Petersburg-Clearwater, FL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$24.00
Tampa-St. Petersburg-Clearwater, FL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$48.80
Tampa-St. Petersburg-Clearwater, FL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.88
Tampa-St. Petersburg-Clearwater, FL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.60
Tampa-St. Petersburg-Clearwater, FL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$34.50
Tampa-St. Petersburg-Clearwater, FL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.45
Tampa-St. Petersburg-Clearwater, FL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$25.88
Tampa-St. Petersburg-Clearwater, FL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.50
Tampa-St. Petersburg-Clearwater, FL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.05
Tampa-St. Petersburg-Clearwater, FL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.38

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tampa-St. Petersburg-Clearwater, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$38.00
Tampa-St. Petersburg-Clearwater, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.80
Tampa-St. Petersburg-Clearwater, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$28.50
Tampa-St. Petersburg-Clearwater, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$74.25
Tampa-St. Petersburg-Clearwater, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$7.43
Tampa-St. Petersburg-Clearwater, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$55.69
Tampa-St. Petersburg-Clearwater, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$96.03
Tampa-St. Petersburg-Clearwater, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.60
Tampa-St. Petersburg-Clearwater, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$72.02
Tampa-St. Petersburg-Clearwater, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$125.00
Tampa-St. Petersburg-Clearwater, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$12.50
Tampa-St. Petersburg-Clearwater, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$93.75
Tampa-St. Petersburg-Clearwater, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$170.52
Tampa-St. Petersburg-Clearwater, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$17.05
Tampa-St. Petersburg-Clearwater, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$127.89

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tampa-St. Petersburg-Clearwater, FL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$265.76
Tampa-St. Petersburg-Clearwater, FL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$26.58
Tampa-St. Petersburg-Clearwater, FL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$199.32
Tampa-St. Petersburg-Clearwater, FL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$183.50
Tampa-St. Petersburg-Clearwater, FL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$18.35
Tampa-St. Petersburg-Clearwater, FL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$137.63
Tampa-St. Petersburg-Clearwater, FL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$225.00
Tampa-St. Petersburg-Clearwater, FL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$22.50
Tampa-St. Petersburg-Clearwater, FL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$168.75
Tampa-St. Petersburg-Clearwater, FL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$159.05
Tampa-St. Petersburg-Clearwater, FL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.91
Tampa-St. Petersburg-Clearwater, FL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$119.29
Tampa-St. Petersburg-Clearwater, FL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$267.40
Tampa-St. Petersburg-Clearwater, FL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$26.74
Tampa-St. Petersburg-Clearwater, FL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$200.55

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tampa-St. Petersburg-Clearwater, FL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$266.75
Tampa-St. Petersburg-Clearwater, FL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$26.68
Tampa-St. Petersburg-Clearwater, FL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$200.06
Tampa-St. Petersburg-Clearwater, FL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$361.83
Tampa-St. Petersburg-Clearwater, FL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.18
Tampa-St. Petersburg-Clearwater, FL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$271.37
Tampa-St. Petersburg-Clearwater, FL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$301.50
Tampa-St. Petersburg-Clearwater, FL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.15
Tampa-St. Petersburg-Clearwater, FL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$226.13
Tampa-St. Petersburg-Clearwater, FL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$385.53
Tampa-St. Petersburg-Clearwater, FL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.55
Tampa-St. Petersburg-Clearwater, FL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$289.15
Tampa-St. Petersburg-Clearwater, FL	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$346.97
Tampa-St. Petersburg-Clearwater, FL	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$34.70
Tampa-St. Petersburg-Clearwater, FL	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$260.23

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tampa-St. Petersburg-Clearwater, FL	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$370.00
Tampa-St. Petersburg-Clearwater, FL	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$37.00
Tampa-St. Petersburg-Clearwater, FL	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$277.50
Tampa-St. Petersburg-Clearwater, FL	K0001	STANDARD WHEELCHAIR	RR			\$27.43
Tampa-St. Petersburg-Clearwater, FL	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$41.09
Tampa-St. Petersburg-Clearwater, FL	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$40.95
Tampa-St. Petersburg-Clearwater, FL	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.50
Tampa-St. Petersburg-Clearwater, FL	K0006	HEAVY DUTY WHEELCHAIR	RR			\$62.98
Tampa-St. Petersburg-Clearwater, FL	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$97.86
Tampa-St. Petersburg-Clearwater, FL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$113.19
Tampa-St. Petersburg-Clearwater, FL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.32
Tampa-St. Petersburg-Clearwater, FL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$84.89
Tampa-St. Petersburg-Clearwater, FL	K0019	ARM PAD, EACH	NU			\$10.50
Tampa-St. Petersburg-Clearwater, FL	K0019	ARM PAD, EACH	RR			\$1.05
Tampa-St. Petersburg-Clearwater, FL	K0019	ARM PAD, EACH	UE			\$7.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tampa-St. Petersburg-Clearwater, FL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$45.00
Tampa-St. Petersburg-Clearwater, FL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$4.50
Tampa-St. Petersburg-Clearwater, FL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$33.75
Tampa-St. Petersburg-Clearwater, FL	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$58.75
Tampa-St. Petersburg-Clearwater, FL	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$5.88
Tampa-St. Petersburg-Clearwater, FL	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$44.06
Tampa-St. Petersburg-Clearwater, FL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$75.55
Tampa-St. Petersburg-Clearwater, FL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$7.56
Tampa-St. Petersburg-Clearwater, FL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$56.66
Tampa-St. Petersburg-Clearwater, FL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$82.00
Tampa-St. Petersburg-Clearwater, FL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.20
Tampa-St. Petersburg-Clearwater, FL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$61.50
Tampa-St. Petersburg-Clearwater, FL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$79.86
Tampa-St. Petersburg-Clearwater, FL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$7.99
Tampa-St. Petersburg-Clearwater, FL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$59.90

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tampa-St. Petersburg-Clearwater, FL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$150.00
Tampa-St. Petersburg-Clearwater, FL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.00
Tampa-St. Petersburg-Clearwater, FL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$112.50
Tampa-St. Petersburg-Clearwater, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$48.00
Tampa-St. Petersburg-Clearwater, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$4.80
Tampa-St. Petersburg-Clearwater, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$36.00
Tampa-St. Petersburg-Clearwater, FL	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$10.05
Tampa-St. Petersburg-Clearwater, FL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$818.96
Tampa-St. Petersburg-Clearwater, FL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$81.90
Tampa-St. Petersburg-Clearwater, FL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$614.22
Tampa-St. Petersburg-Clearwater, FL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,320.18
Tampa-St. Petersburg-Clearwater, FL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$132.02
Tampa-St. Petersburg-Clearwater, FL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$990.14
Tampa-St. Petersburg-Clearwater, FL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,749.20
Tampa-St. Petersburg-Clearwater, FL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$174.92

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tampa-St. Petersburg-Clearwater, FL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,311.90
Tampa-St. Petersburg-Clearwater, FL	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$232.50
Tampa-St. Petersburg-Clearwater, FL	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$283.04
Tampa-St. Petersburg-Clearwater, FL	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$332.88
Tampa-St. Petersburg-Clearwater, FL	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$319.99
Tampa-St. Petersburg-Clearwater, FL	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$251.85
Tampa-St. Petersburg-Clearwater, FL	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$306.15
Tampa-St. Petersburg-Clearwater, FL	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$324.75
Tampa-St. Petersburg-Clearwater, FL	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$307.34
Tampa-St. Petersburg-Clearwater, FL	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$435.00
Tampa-St. Petersburg-Clearwater, FL	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$390.00
Tampa-St. Petersburg-Clearwater, FL	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$611.25
Tampa-St. Petersburg-Clearwater, FL	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$568.10
Tampa-St. Petersburg-Clearwater, FL	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$683.40
Tampa-St. Petersburg-Clearwater, FL	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$660.72

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Toledo, OH	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$71.67
Toledo, OH	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.17
Toledo, OH	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$53.75
Toledo, OH	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$11.21
Toledo, OH	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.12
Toledo, OH	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.41
Toledo, OH	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$134.84
Toledo, OH	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.48
Toledo, OH	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$101.13
Toledo, OH	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$74.52
Toledo, OH	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.45
Toledo, OH	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$55.89
Toledo, OH	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$106.00
Toledo, OH	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.60
Toledo, OH	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$79.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Toledo, OH	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$73.06
Toledo, OH	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.31
Toledo, OH	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$54.80
Toledo, OH	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$18.16
Toledo, OH	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.82
Toledo, OH	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$13.62
Toledo, OH	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$30.86
Toledo, OH	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.09
Toledo, OH	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$23.15
Toledo, OH	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$48.86
Toledo, OH	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.89
Toledo, OH	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$36.65
Toledo, OH	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$24.88
Toledo, OH	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.49
Toledo, OH	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$18.66

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Toledo, OH	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$64.50
Toledo, OH	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.45
Toledo, OH	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$48.38
Toledo, OH	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$65.08
Toledo, OH	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$6.51
Toledo, OH	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$48.81
Toledo, OH	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$100.62
Toledo, OH	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.06
Toledo, OH	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$75.47
Toledo, OH	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$173.29
Toledo, OH	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$17.33
Toledo, OH	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$129.97
Toledo, OH	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$124.38
Toledo, OH	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.44
Toledo, OH	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$93.29

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Toledo, OH	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$41.55
Toledo, OH	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$12.96
Toledo, OH	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$35.00
Toledo, OH	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$324.62
Toledo, OH	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$32.46
Toledo, OH	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$243.47
Toledo, OH	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$290.28
Toledo, OH	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$29.03
Toledo, OH	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$217.71
Toledo, OH	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$368.92
Toledo, OH	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$36.89
Toledo, OH	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$276.69
Toledo, OH	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$371.08
Toledo, OH	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$37.11
Toledo, OH	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$278.31

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Toledo, OH	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$633.14
Toledo, OH	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$63.31
Toledo, OH	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$474.86
Toledo, OH	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$32.12
Toledo, OH	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.21
Toledo, OH	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$24.09
Toledo, OH	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$76.96
Toledo, OH	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.70
Toledo, OH	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$57.72
Toledo, OH	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$81.70
Toledo, OH	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.17
Toledo, OH	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$61.28
Toledo, OH	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.78
Toledo, OH	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.48
Toledo, OH	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.59

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Toledo, OH	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$29.01
Toledo, OH	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$2.90
Toledo, OH	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$21.76
Toledo, OH	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$24.75
Toledo, OH	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.48
Toledo, OH	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$18.56
Toledo, OH	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$127.90
Toledo, OH	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$12.79
Toledo, OH	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$95.93
Toledo, OH	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$91.50
Toledo, OH	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.15
Toledo, OH	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$68.63
Toledo, OH	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$103.11
Toledo, OH	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.31
Toledo, OH	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$77.33

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Toledo, OH	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$79.50
Toledo, OH	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$7.95
Toledo, OH	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$59.63
Toledo, OH	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
Toledo, OH	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
Toledo, OH	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
Toledo, OH	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$78.00
Toledo, OH	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$7.80
Toledo, OH	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$58.50
Toledo, OH	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$70.38
Toledo, OH	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.04
Toledo, OH	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$52.79
Toledo, OH	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$143.08
Toledo, OH	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.31
Toledo, OH	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$107.31

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Toledo, OH	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$281.00
Toledo, OH	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$28.10
Toledo, OH	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$210.75
Toledo, OH	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$366.73
Toledo, OH	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$36.67
Toledo, OH	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$275.05
Toledo, OH	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$330.12
Toledo, OH	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$33.01
Toledo, OH	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$247.59
Toledo, OH	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$510.84
Toledo, OH	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$51.08
Toledo, OH	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$383.13
Toledo, OH	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$118.72
Toledo, OH	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$11.87
Toledo, OH	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$89.04

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Toledo, OH	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$54.44
Toledo, OH	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.44
Toledo, OH	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$40.83
Toledo, OH	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$102.67
Toledo, OH	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.27
Toledo, OH	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$77.00
Toledo, OH	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$54.12
Toledo, OH	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.41
Toledo, OH	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$40.59
Toledo, OH	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$98.94
Toledo, OH	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.89
Toledo, OH	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$74.21
Toledo, OH	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.78
Toledo, OH	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.58
Toledo, OH	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.34

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Toledo, OH	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.00
Toledo, OH	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.50
Toledo, OH	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.25
Toledo, OH	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$36.92
Toledo, OH	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.69
Toledo, OH	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$27.69
Toledo, OH	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.24
Toledo, OH	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.52
Toledo, OH	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.43
Toledo, OH	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$37.98
Toledo, OH	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.80
Toledo, OH	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.49
Toledo, OH	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$41.00
Toledo, OH	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.10
Toledo, OH	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Toledo, OH	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$38.45
Toledo, OH	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.85
Toledo, OH	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$28.84
Toledo, OH	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$81.72
Toledo, OH	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.17
Toledo, OH	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$61.29
Toledo, OH	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$101.63
Toledo, OH	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.16
Toledo, OH	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$76.22
Toledo, OH	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$133.22
Toledo, OH	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$13.32
Toledo, OH	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$99.92
Toledo, OH	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$188.42
Toledo, OH	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$18.84
Toledo, OH	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$141.32

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Toledo, OH	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$293.70
Toledo, OH	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$29.37
Toledo, OH	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$220.28
Toledo, OH	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$198.08
Toledo, OH	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.81
Toledo, OH	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$148.56
Toledo, OH	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$240.44
Toledo, OH	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$24.04
Toledo, OH	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$180.33
Toledo, OH	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$158.16
Toledo, OH	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.82
Toledo, OH	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$118.62
Toledo, OH	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$283.20
Toledo, OH	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$28.32
Toledo, OH	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$212.40

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Toledo, OH	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$281.95
Toledo, OH	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$28.20
Toledo, OH	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$211.46
Toledo, OH	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$382.08
Toledo, OH	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.21
Toledo, OH	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$286.56
Toledo, OH	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$356.99
Toledo, OH	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.70
Toledo, OH	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$267.74
Toledo, OH	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$431.68
Toledo, OH	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$43.17
Toledo, OH	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$323.76
Toledo, OH	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$380.30
Toledo, OH	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.03
Toledo, OH	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$285.23

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Toledo, OH	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$415.22
Toledo, OH	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$41.52
Toledo, OH	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$311.42
Toledo, OH	K0001	STANDARD WHEELCHAIR	RR			\$24.59
Toledo, OH	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$34.72
Toledo, OH	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$35.25
Toledo, OH	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$41.92
Toledo, OH	K0006	HEAVY DUTY WHEELCHAIR	RR			\$58.63
Toledo, OH	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$82.83
Toledo, OH	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$121.58
Toledo, OH	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$12.16
Toledo, OH	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$91.19
Toledo, OH	K0019	ARM PAD, EACH	NU			\$10.00
Toledo, OH	K0019	ARM PAD, EACH	RR			\$1.00
Toledo, OH	K0019	ARM PAD, EACH	UE			\$7.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Toledo, OH	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$49.00
Toledo, OH	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$4.90
Toledo, OH	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$36.75
Toledo, OH	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$68.28
Toledo, OH	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.83
Toledo, OH	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$51.21
Toledo, OH	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
Toledo, OH	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
Toledo, OH	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
Toledo, OH	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$81.00
Toledo, OH	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.10
Toledo, OH	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$60.75
Toledo, OH	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$80.26
Toledo, OH	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.03
Toledo, OH	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$60.20

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Toledo, OH	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$148.78
Toledo, OH	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$14.88
Toledo, OH	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$111.59
Toledo, OH	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$45.32
Toledo, OH	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$4.53
Toledo, OH	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$33.99
Toledo, OH	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$12.46
Toledo, OH	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$826.78
Toledo, OH	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$82.68
Toledo, OH	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$620.09
Toledo, OH	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,522.00
Toledo, OH	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$152.20
Toledo, OH	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,141.50
Toledo, OH	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,836.82
Toledo, OH	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$183.68

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Toledo, OH	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,377.62
Toledo, OH	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$254.88
Toledo, OH	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$318.32
Toledo, OH	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$351.19
Toledo, OH	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$340.37
Toledo, OH	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$271.54
Toledo, OH	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$328.17
Toledo, OH	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$310.99
Toledo, OH	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
Toledo, OH	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$423.08
Toledo, OH	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$349.59
Toledo, OH	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$722.84
Toledo, OH	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$565.61
Toledo, OH	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$705.92
Toledo, OH	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$727.35

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tucson, AZ	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$77.86
Tucson, AZ	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.79
Tucson, AZ	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$58.40
Tucson, AZ	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.50
Tucson, AZ	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.25
Tucson, AZ	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.38
Tucson, AZ	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$138.50
Tucson, AZ	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.85
Tucson, AZ	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$103.88
Tucson, AZ	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$83.35
Tucson, AZ	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.34
Tucson, AZ	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$62.51
Tucson, AZ	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$117.61
Tucson, AZ	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.76
Tucson, AZ	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$88.21

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tucson, AZ	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$81.00
Tucson, AZ	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$8.10
Tucson, AZ	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$60.75
Tucson, AZ	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$18.00
Tucson, AZ	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.80
Tucson, AZ	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$13.50
Tucson, AZ	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$30.53
Tucson, AZ	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.05
Tucson, AZ	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$22.90
Tucson, AZ	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$46.30
Tucson, AZ	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.63
Tucson, AZ	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$34.73
Tucson, AZ	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$23.00
Tucson, AZ	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.30
Tucson, AZ	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$17.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tucson, AZ	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$67.00
Tucson, AZ	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.70
Tucson, AZ	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$50.25
Tucson, AZ	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$77.98
Tucson, AZ	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.80
Tucson, AZ	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$58.49
Tucson, AZ	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$109.50
Tucson, AZ	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.95
Tucson, AZ	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$82.13
Tucson, AZ	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$202.50
Tucson, AZ	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$20.25
Tucson, AZ	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$151.88
Tucson, AZ	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$130.50
Tucson, AZ	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.05
Tucson, AZ	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$97.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tucson, AZ	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.45
Tucson, AZ	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$14.90
Tucson, AZ	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$40.65
Tucson, AZ	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$388.57
Tucson, AZ	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$38.86
Tucson, AZ	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$291.43
Tucson, AZ	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$349.50
Tucson, AZ	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$34.95
Tucson, AZ	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$262.13
Tucson, AZ	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$452.50
Tucson, AZ	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.25
Tucson, AZ	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$339.38
Tucson, AZ	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$440.00
Tucson, AZ	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$44.00
Tucson, AZ	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$330.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tucson, AZ	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$725.00
Tucson, AZ	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$72.50
Tucson, AZ	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$543.75
Tucson, AZ	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.11
Tucson, AZ	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.61
Tucson, AZ	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.08
Tucson, AZ	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$84.00
Tucson, AZ	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.40
Tucson, AZ	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$63.00
Tucson, AZ	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$88.70
Tucson, AZ	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.87
Tucson, AZ	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$66.53
Tucson, AZ	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Tucson, AZ	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Tucson, AZ	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tucson, AZ	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$32.50
Tucson, AZ	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.25
Tucson, AZ	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$24.38
Tucson, AZ	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$29.00
Tucson, AZ	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.90
Tucson, AZ	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$21.75
Tucson, AZ	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$142.50
Tucson, AZ	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.25
Tucson, AZ	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$106.88
Tucson, AZ	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$97.50
Tucson, AZ	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.75
Tucson, AZ	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$73.13
Tucson, AZ	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$106.96
Tucson, AZ	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.70
Tucson, AZ	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$80.22

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tucson, AZ	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.04
Tucson, AZ	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.00
Tucson, AZ	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.53
Tucson, AZ	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
Tucson, AZ	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
Tucson, AZ	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
Tucson, AZ	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$99.00
Tucson, AZ	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.90
Tucson, AZ	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$74.25
Tucson, AZ	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$73.00
Tucson, AZ	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.30
Tucson, AZ	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$54.75
Tucson, AZ	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$142.00
Tucson, AZ	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.20
Tucson, AZ	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$106.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tucson, AZ	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$312.50
Tucson, AZ	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$31.25
Tucson, AZ	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$234.38
Tucson, AZ	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$380.50
Tucson, AZ	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$38.05
Tucson, AZ	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$285.38
Tucson, AZ	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$342.00
Tucson, AZ	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$34.20
Tucson, AZ	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$256.50
Tucson, AZ	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$539.00
Tucson, AZ	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$53.90
Tucson, AZ	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$404.25
Tucson, AZ	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$132.50
Tucson, AZ	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$13.25
Tucson, AZ	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$99.38

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tucson, AZ	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.00
Tucson, AZ	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.70
Tucson, AZ	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.75
Tucson, AZ	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$129.75
Tucson, AZ	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$12.98
Tucson, AZ	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$97.31
Tucson, AZ	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$61.00
Tucson, AZ	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.10
Tucson, AZ	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.75
Tucson, AZ	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$106.44
Tucson, AZ	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.64
Tucson, AZ	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$79.83
Tucson, AZ	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$48.50
Tucson, AZ	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.85
Tucson, AZ	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.38

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tucson, AZ	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$16.00
Tucson, AZ	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.60
Tucson, AZ	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.00
Tucson, AZ	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$38.50
Tucson, AZ	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.85
Tucson, AZ	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.88
Tucson, AZ	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$58.50
Tucson, AZ	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.85
Tucson, AZ	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.88
Tucson, AZ	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$43.32
Tucson, AZ	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.33
Tucson, AZ	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.49
Tucson, AZ	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$46.50
Tucson, AZ	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.65
Tucson, AZ	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tucson, AZ	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$42.50
Tucson, AZ	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.25
Tucson, AZ	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$31.88
Tucson, AZ	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$83.38
Tucson, AZ	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.34
Tucson, AZ	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$62.54
Tucson, AZ	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$112.50
Tucson, AZ	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$11.25
Tucson, AZ	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$84.38
Tucson, AZ	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$157.12
Tucson, AZ	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$15.71
Tucson, AZ	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$117.84
Tucson, AZ	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$205.00
Tucson, AZ	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.50
Tucson, AZ	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$153.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tucson, AZ	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$325.04
Tucson, AZ	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.50
Tucson, AZ	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$243.78
Tucson, AZ	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$209.92
Tucson, AZ	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.99
Tucson, AZ	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$157.44
Tucson, AZ	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$276.66
Tucson, AZ	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$27.67
Tucson, AZ	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$207.50
Tucson, AZ	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$147.88
Tucson, AZ	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$14.79
Tucson, AZ	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$110.91
Tucson, AZ	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$293.00
Tucson, AZ	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.30
Tucson, AZ	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$219.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tucson, AZ	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$315.32
Tucson, AZ	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$31.53
Tucson, AZ	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$236.49
Tucson, AZ	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$426.43
Tucson, AZ	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$42.64
Tucson, AZ	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$319.82
Tucson, AZ	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$368.62
Tucson, AZ	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.86
Tucson, AZ	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$276.47
Tucson, AZ	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$475.50
Tucson, AZ	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$47.55
Tucson, AZ	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$356.63
Tucson, AZ	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$395.34
Tucson, AZ	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.53
Tucson, AZ	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$296.51

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tucson, AZ	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$425.00
Tucson, AZ	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$42.50
Tucson, AZ	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$318.75
Tucson, AZ	K0001	STANDARD WHEELCHAIR	RR			\$24.59
Tucson, AZ	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$54.80
Tucson, AZ	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$37.75
Tucson, AZ	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.70
Tucson, AZ	K0006	HEAVY DUTY WHEELCHAIR	RR			\$78.49
Tucson, AZ	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$111.80
Tucson, AZ	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$137.50
Tucson, AZ	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$13.75
Tucson, AZ	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$103.13
Tucson, AZ	K0019	ARM PAD, EACH	NU			\$11.00
Tucson, AZ	K0019	ARM PAD, EACH	RR			\$1.10
Tucson, AZ	K0019	ARM PAD, EACH	UE			\$8.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tucson, AZ	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$54.00
Tucson, AZ	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.40
Tucson, AZ	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$40.50
Tucson, AZ	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$72.50
Tucson, AZ	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.25
Tucson, AZ	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$54.38
Tucson, AZ	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
Tucson, AZ	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
Tucson, AZ	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
Tucson, AZ	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$94.72
Tucson, AZ	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$9.47
Tucson, AZ	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$71.04
Tucson, AZ	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$93.50
Tucson, AZ	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.35
Tucson, AZ	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$70.13

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tucson, AZ	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$167.00
Tucson, AZ	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$16.70
Tucson, AZ	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$125.25
Tucson, AZ	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$56.50
Tucson, AZ	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.65
Tucson, AZ	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$42.38
Tucson, AZ	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$12.00
Tucson, AZ	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$868.00
Tucson, AZ	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$86.80
Tucson, AZ	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$651.00
Tucson, AZ	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,625.00
Tucson, AZ	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$162.50
Tucson, AZ	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,218.75
Tucson, AZ	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,849.00
Tucson, AZ	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$184.90

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tucson, AZ	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,386.75
Tucson, AZ	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$284.48
Tucson, AZ	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$322.50
Tucson, AZ	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$367.43
Tucson, AZ	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$374.55
Tucson, AZ	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$300.98
Tucson, AZ	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$344.93
Tucson, AZ	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$311.25
Tucson, AZ	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
Tucson, AZ	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$455.62
Tucson, AZ	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$384.74
Tucson, AZ	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$753.75
Tucson, AZ	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$614.93
Tucson, AZ	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$787.35
Tucson, AZ	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$813.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tulsa, OK	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$78.00
Tulsa, OK	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.80
Tulsa, OK	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$58.50
Tulsa, OK	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.75
Tulsa, OK	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.28
Tulsa, OK	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.56
Tulsa, OK	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$139.40
Tulsa, OK	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.94
Tulsa, OK	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$104.55
Tulsa, OK	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$86.70
Tulsa, OK	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.67
Tulsa, OK	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$65.03
Tulsa, OK	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$120.00
Tulsa, OK	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.00
Tulsa, OK	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$90.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tulsa, OK	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$72.30
Tulsa, OK	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.23
Tulsa, OK	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$54.23
Tulsa, OK	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.17
Tulsa, OK	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.92
Tulsa, OK	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.38
Tulsa, OK	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$32.62
Tulsa, OK	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.26
Tulsa, OK	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$24.47
Tulsa, OK	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$46.94
Tulsa, OK	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.69
Tulsa, OK	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$35.21
Tulsa, OK	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$21.23
Tulsa, OK	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.12
Tulsa, OK	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$15.92

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tulsa, OK	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$65.23
Tulsa, OK	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.52
Tulsa, OK	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$48.92
Tulsa, OK	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$81.43
Tulsa, OK	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.14
Tulsa, OK	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$61.07
Tulsa, OK	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$103.99
Tulsa, OK	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.40
Tulsa, OK	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$77.99
Tulsa, OK	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$200.00
Tulsa, OK	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$20.00
Tulsa, OK	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$150.00
Tulsa, OK	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$126.00
Tulsa, OK	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.60
Tulsa, OK	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$94.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tulsa, OK	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.40
Tulsa, OK	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.49
Tulsa, OK	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$35.00
Tulsa, OK	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$400.00
Tulsa, OK	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$40.00
Tulsa, OK	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$300.00
Tulsa, OK	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$332.00
Tulsa, OK	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$33.20
Tulsa, OK	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$249.00
Tulsa, OK	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$425.00
Tulsa, OK	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$42.50
Tulsa, OK	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$318.75
Tulsa, OK	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$415.00
Tulsa, OK	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$41.50
Tulsa, OK	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$311.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tulsa, OK	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$700.00
Tulsa, OK	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$70.00
Tulsa, OK	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$525.00
Tulsa, OK	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.00
Tulsa, OK	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.60
Tulsa, OK	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.00
Tulsa, OK	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$79.00
Tulsa, OK	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.90
Tulsa, OK	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$59.25
Tulsa, OK	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$89.00
Tulsa, OK	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.90
Tulsa, OK	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$66.75
Tulsa, OK	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Tulsa, OK	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Tulsa, OK	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tulsa, OK	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$31.67
Tulsa, OK	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.17
Tulsa, OK	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$23.75
Tulsa, OK	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$28.00
Tulsa, OK	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.80
Tulsa, OK	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$21.00
Tulsa, OK	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$140.00
Tulsa, OK	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.00
Tulsa, OK	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$105.00
Tulsa, OK	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
Tulsa, OK	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
Tulsa, OK	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
Tulsa, OK	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$106.00
Tulsa, OK	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.60
Tulsa, OK	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$79.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tulsa, OK	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.00
Tulsa, OK	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.00
Tulsa, OK	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.50
Tulsa, OK	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
Tulsa, OK	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
Tulsa, OK	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
Tulsa, OK	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
Tulsa, OK	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
Tulsa, OK	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
Tulsa, OK	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$72.69
Tulsa, OK	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.27
Tulsa, OK	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$54.52
Tulsa, OK	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$145.22
Tulsa, OK	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.52
Tulsa, OK	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$108.92

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tulsa, OK	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$300.00
Tulsa, OK	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$30.00
Tulsa, OK	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$225.00
Tulsa, OK	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$383.00
Tulsa, OK	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$38.30
Tulsa, OK	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$287.25
Tulsa, OK	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$335.00
Tulsa, OK	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$33.50
Tulsa, OK	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$251.25
Tulsa, OK	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$520.28
Tulsa, OK	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$52.03
Tulsa, OK	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$390.21
Tulsa, OK	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$130.00
Tulsa, OK	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$13.00
Tulsa, OK	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$97.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tulsa, OK	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$56.00
Tulsa, OK	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.60
Tulsa, OK	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.00
Tulsa, OK	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$125.00
Tulsa, OK	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$12.50
Tulsa, OK	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$93.75
Tulsa, OK	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.00
Tulsa, OK	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.00
Tulsa, OK	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.00
Tulsa, OK	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$105.00
Tulsa, OK	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.50
Tulsa, OK	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$78.75
Tulsa, OK	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$47.00
Tulsa, OK	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.70
Tulsa, OK	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$35.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tulsa, OK	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$17.00
Tulsa, OK	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.70
Tulsa, OK	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.75
Tulsa, OK	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$38.00
Tulsa, OK	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.80
Tulsa, OK	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.50
Tulsa, OK	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$58.06
Tulsa, OK	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.81
Tulsa, OK	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.55
Tulsa, OK	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.17
Tulsa, OK	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.22
Tulsa, OK	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.63
Tulsa, OK	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.00
Tulsa, OK	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.50
Tulsa, OK	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tulsa, OK	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$39.63
Tulsa, OK	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.96
Tulsa, OK	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$29.72
Tulsa, OK	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$81.11
Tulsa, OK	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.11
Tulsa, OK	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$60.83
Tulsa, OK	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$109.84
Tulsa, OK	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.98
Tulsa, OK	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$82.38
Tulsa, OK	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$154.23
Tulsa, OK	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$15.42
Tulsa, OK	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$115.67
Tulsa, OK	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$210.00
Tulsa, OK	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.00
Tulsa, OK	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$157.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tulsa, OK	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$325.00
Tulsa, OK	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.50
Tulsa, OK	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$243.75
Tulsa, OK	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$199.44
Tulsa, OK	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.94
Tulsa, OK	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$149.58
Tulsa, OK	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$250.00
Tulsa, OK	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$25.00
Tulsa, OK	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$187.50
Tulsa, OK	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
Tulsa, OK	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
Tulsa, OK	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
Tulsa, OK	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$313.00
Tulsa, OK	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$31.30
Tulsa, OK	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$234.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tulsa, OK	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$305.00
Tulsa, OK	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.50
Tulsa, OK	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$228.75
Tulsa, OK	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$405.00
Tulsa, OK	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.50
Tulsa, OK	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$303.75
Tulsa, OK	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$350.00
Tulsa, OK	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.00
Tulsa, OK	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$262.50
Tulsa, OK	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$451.00
Tulsa, OK	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.10
Tulsa, OK	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$338.25
Tulsa, OK	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$394.00
Tulsa, OK	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.40
Tulsa, OK	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$295.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tulsa, OK	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$450.00
Tulsa, OK	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.00
Tulsa, OK	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$337.50
Tulsa, OK	K0001	STANDARD WHEELCHAIR	RR			\$25.10
Tulsa, OK	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$49.60
Tulsa, OK	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$42.10
Tulsa, OK	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.90
Tulsa, OK	K0006	HEAVY DUTY WHEELCHAIR	RR			\$74.09
Tulsa, OK	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$99.50
Tulsa, OK	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$130.00
Tulsa, OK	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$13.00
Tulsa, OK	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$97.50
Tulsa, OK	K0019	ARM PAD, EACH	NU			\$11.00
Tulsa, OK	K0019	ARM PAD, EACH	RR			\$1.10
Tulsa, OK	K0019	ARM PAD, EACH	UE			\$8.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tulsa, OK	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$51.39
Tulsa, OK	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.14
Tulsa, OK	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$38.54
Tulsa, OK	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$70.00
Tulsa, OK	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.00
Tulsa, OK	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$52.50
Tulsa, OK	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
Tulsa, OK	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
Tulsa, OK	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
Tulsa, OK	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$82.00
Tulsa, OK	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.20
Tulsa, OK	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$61.50
Tulsa, OK	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$92.00
Tulsa, OK	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.20
Tulsa, OK	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$69.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tulsa, OK	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$159.88
Tulsa, OK	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.99
Tulsa, OK	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$119.91
Tulsa, OK	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$51.00
Tulsa, OK	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.10
Tulsa, OK	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$38.25
Tulsa, OK	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$11.10
Tulsa, OK	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$819.98
Tulsa, OK	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$82.00
Tulsa, OK	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$614.99
Tulsa, OK	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,544.00
Tulsa, OK	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$154.40
Tulsa, OK	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,158.00
Tulsa, OK	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,749.20
Tulsa, OK	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$174.92

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tulsa, OK	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,311.90
Tulsa, OK	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$282.94
Tulsa, OK	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$297.86
Tulsa, OK	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$352.50
Tulsa, OK	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$350.73
Tulsa, OK	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.00
Tulsa, OK	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$312.35
Tulsa, OK	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$324.75
Tulsa, OK	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$284.48
Tulsa, OK	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$462.87
Tulsa, OK	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$375.00
Tulsa, OK	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$630.00
Tulsa, OK	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$542.85
Tulsa, OK	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$806.86
Tulsa, OK	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$730.65

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Virginia Beach-Norfolk-Newport News, VA-NC	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$79.98
Virginia Beach-Norfolk-Newport News, VA-NC	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$8.00
Virginia Beach-Norfolk-Newport News, VA-NC	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$59.99
Virginia Beach-Norfolk-Newport News, VA-NC	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$13.22
Virginia Beach-Norfolk-Newport News, VA-NC	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.32
Virginia Beach-Norfolk-Newport News, VA-NC	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.92
Virginia Beach-Norfolk-Newport News, VA-NC	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$139.04
Virginia Beach-Norfolk-Newport News, VA-NC	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.90
Virginia Beach-Norfolk-Newport News, VA-NC	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$104.28
Virginia Beach-Norfolk-Newport News, VA-NC	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$76.48
Virginia Beach-Norfolk-Newport News, VA-NC	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.65
Virginia Beach-Norfolk-Newport News, VA-NC	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$57.36
Virginia Beach-Norfolk-Newport News, VA-NC	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$105.34
Virginia Beach-Norfolk-Newport News, VA-NC	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.53
Virginia Beach-Norfolk-Newport News, VA-NC	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$79.01

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Virginia Beach-Norfolk-Newport News, VA-NC	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$71.60
Virginia Beach-Norfolk-Newport News, VA-NC	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.16
Virginia Beach-Norfolk-Newport News, VA-NC	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$53.70
Virginia Beach-Norfolk-Newport News, VA-NC	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$20.18
Virginia Beach-Norfolk-Newport News, VA-NC	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.02
Virginia Beach-Norfolk-Newport News, VA-NC	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$15.14
Virginia Beach-Norfolk-Newport News, VA-NC	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$35.12
Virginia Beach-Norfolk-Newport News, VA-NC	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.51
Virginia Beach-Norfolk-Newport News, VA-NC	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$26.34
Virginia Beach-Norfolk-Newport News, VA-NC	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$59.00
Virginia Beach-Norfolk-Newport News, VA-NC	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.90
Virginia Beach-Norfolk-Newport News, VA-NC	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$44.25
Virginia Beach-Norfolk-Newport News, VA-NC	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$26.57
Virginia Beach-Norfolk-Newport News, VA-NC	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.66
Virginia Beach-Norfolk-Newport News, VA-NC	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$19.93

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Virginia Beach-Norfolk-Newport News, VA-NC	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$68.85
Virginia Beach-Norfolk-Newport News, VA-NC	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.89
Virginia Beach-Norfolk-Newport News, VA-NC	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$51.64
Virginia Beach-Norfolk-Newport News, VA-NC	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$78.69
Virginia Beach-Norfolk-Newport News, VA-NC	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.87
Virginia Beach-Norfolk-Newport News, VA-NC	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$59.02
Virginia Beach-Norfolk-Newport News, VA-NC	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$92.22
Virginia Beach-Norfolk-Newport News, VA-NC	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.22
Virginia Beach-Norfolk-Newport News, VA-NC	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$69.17
Virginia Beach-Norfolk-Newport News, VA-NC	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$183.14
Virginia Beach-Norfolk-Newport News, VA-NC	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$18.31
Virginia Beach-Norfolk-Newport News, VA-NC	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$137.36
Virginia Beach-Norfolk-Newport News, VA-NC	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$135.64
Virginia Beach-Norfolk-Newport News, VA-NC	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.56
Virginia Beach-Norfolk-Newport News, VA-NC	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$101.73

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Virginia Beach-Norfolk-Newport News, VA-NC	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$40.80
Virginia Beach-Norfolk-Newport News, VA-NC	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$14.83
Virginia Beach-Norfolk-Newport News, VA-NC	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$36.94
Virginia Beach-Norfolk-Newport News, VA-NC	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$375.39
Virginia Beach-Norfolk-Newport News, VA-NC	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$37.54
Virginia Beach-Norfolk-Newport News, VA-NC	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$281.54
Virginia Beach-Norfolk-Newport News, VA-NC	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$330.63
Virginia Beach-Norfolk-Newport News, VA-NC	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$33.06
Virginia Beach-Norfolk-Newport News, VA-NC	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$247.97
Virginia Beach-Norfolk-Newport News, VA-NC	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$436.37
Virginia Beach-Norfolk-Newport News, VA-NC	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$43.64
Virginia Beach-Norfolk-Newport News, VA-NC	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$327.28
Virginia Beach-Norfolk-Newport News, VA-NC	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$405.82
Virginia Beach-Norfolk-Newport News, VA-NC	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$40.58
Virginia Beach-Norfolk-Newport News, VA-NC	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$304.37

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Virginia Beach-Norfolk-Newport News, VA-NC	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$699.50
Virginia Beach-Norfolk-Newport News, VA-NC	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$69.95
Virginia Beach-Norfolk-Newport News, VA-NC	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$524.63
Virginia Beach-Norfolk-Newport News, VA-NC	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.94
Virginia Beach-Norfolk-Newport News, VA-NC	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.69
Virginia Beach-Norfolk-Newport News, VA-NC	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.71
Virginia Beach-Norfolk-Newport News, VA-NC	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$78.49
Virginia Beach-Norfolk-Newport News, VA-NC	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.85
Virginia Beach-Norfolk-Newport News, VA-NC	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$58.87
Virginia Beach-Norfolk-Newport News, VA-NC	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$84.66
Virginia Beach-Norfolk-Newport News, VA-NC	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.47
Virginia Beach-Norfolk-Newport News, VA-NC	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$63.50
Virginia Beach-Norfolk-Newport News, VA-NC	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.08
Virginia Beach-Norfolk-Newport News, VA-NC	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.51
Virginia Beach-Norfolk-Newport News, VA-NC	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.81

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Virginia Beach-Norfolk-Newport News, VA-NC	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$35.68
Virginia Beach-Norfolk-Newport News, VA-NC	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.57
Virginia Beach-Norfolk-Newport News, VA-NC	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$26.76
Virginia Beach-Norfolk-Newport News, VA-NC	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$28.88
Virginia Beach-Norfolk-Newport News, VA-NC	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.89
Virginia Beach-Norfolk-Newport News, VA-NC	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$21.66
Virginia Beach-Norfolk-Newport News, VA-NC	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$140.31
Virginia Beach-Norfolk-Newport News, VA-NC	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.03
Virginia Beach-Norfolk-Newport News, VA-NC	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$105.23
Virginia Beach-Norfolk-Newport News, VA-NC	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$101.28
Virginia Beach-Norfolk-Newport News, VA-NC	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.13
Virginia Beach-Norfolk-Newport News, VA-NC	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.96
Virginia Beach-Norfolk-Newport News, VA-NC	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$104.65
Virginia Beach-Norfolk-Newport News, VA-NC	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.47
Virginia Beach-Norfolk-Newport News, VA-NC	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$78.49

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Virginia Beach-Norfolk-Newport News, VA-NC	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$87.54
Virginia Beach-Norfolk-Newport News, VA-NC	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.75
Virginia Beach-Norfolk-Newport News, VA-NC	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$65.66
Virginia Beach-Norfolk-Newport News, VA-NC	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$136.16
Virginia Beach-Norfolk-Newport News, VA-NC	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$13.62
Virginia Beach-Norfolk-Newport News, VA-NC	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$102.12
Virginia Beach-Norfolk-Newport News, VA-NC	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.04
Virginia Beach-Norfolk-Newport News, VA-NC	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
Virginia Beach-Norfolk-Newport News, VA-NC	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.28
Virginia Beach-Norfolk-Newport News, VA-NC	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$74.00
Virginia Beach-Norfolk-Newport News, VA-NC	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.40
Virginia Beach-Norfolk-Newport News, VA-NC	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$55.50
Virginia Beach-Norfolk-Newport News, VA-NC	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$140.03
Virginia Beach-Norfolk-Newport News, VA-NC	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.00
Virginia Beach-Norfolk-Newport News, VA-NC	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$105.02

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Virginia Beach-Norfolk-Newport News, VA-NC	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$316.39
Virginia Beach-Norfolk-Newport News, VA-NC	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$31.64
Virginia Beach-Norfolk-Newport News, VA-NC	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$237.29
Virginia Beach-Norfolk-Newport News, VA-NC	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$365.25
Virginia Beach-Norfolk-Newport News, VA-NC	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$36.53
Virginia Beach-Norfolk-Newport News, VA-NC	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$273.94
Virginia Beach-Norfolk-Newport News, VA-NC	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$326.50
Virginia Beach-Norfolk-Newport News, VA-NC	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$32.65
Virginia Beach-Norfolk-Newport News, VA-NC	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$244.88
Virginia Beach-Norfolk-Newport News, VA-NC	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$517.54
Virginia Beach-Norfolk-Newport News, VA-NC	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$51.75
Virginia Beach-Norfolk-Newport News, VA-NC	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$388.16
Virginia Beach-Norfolk-Newport News, VA-NC	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$125.78
Virginia Beach-Norfolk-Newport News, VA-NC	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.58
Virginia Beach-Norfolk-Newport News, VA-NC	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$94.34

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Virginia Beach-Norfolk-Newport News, VA-NC	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.97
Virginia Beach-Norfolk-Newport News, VA-NC	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.80
Virginia Beach-Norfolk-Newport News, VA-NC	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.48
Virginia Beach-Norfolk-Newport News, VA-NC	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$113.98
Virginia Beach-Norfolk-Newport News, VA-NC	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.40
Virginia Beach-Norfolk-Newport News, VA-NC	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$85.49
Virginia Beach-Norfolk-Newport News, VA-NC	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$61.84
Virginia Beach-Norfolk-Newport News, VA-NC	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.18
Virginia Beach-Norfolk-Newport News, VA-NC	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$46.38
Virginia Beach-Norfolk-Newport News, VA-NC	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$101.00
Virginia Beach-Norfolk-Newport News, VA-NC	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.10
Virginia Beach-Norfolk-Newport News, VA-NC	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$75.75
Virginia Beach-Norfolk-Newport News, VA-NC	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.32
Virginia Beach-Norfolk-Newport News, VA-NC	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.53
Virginia Beach-Norfolk-Newport News, VA-NC	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.99

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Virginia Beach-Norfolk-Newport News, VA-NC	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$16.31
Virginia Beach-Norfolk-Newport News, VA-NC	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.63
Virginia Beach-Norfolk-Newport News, VA-NC	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.23
Virginia Beach-Norfolk-Newport News, VA-NC	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$36.36
Virginia Beach-Norfolk-Newport News, VA-NC	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.64
Virginia Beach-Norfolk-Newport News, VA-NC	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$27.27
Virginia Beach-Norfolk-Newport News, VA-NC	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$56.00
Virginia Beach-Norfolk-Newport News, VA-NC	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.60
Virginia Beach-Norfolk-Newport News, VA-NC	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.00
Virginia Beach-Norfolk-Newport News, VA-NC	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.40
Virginia Beach-Norfolk-Newport News, VA-NC	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.04
Virginia Beach-Norfolk-Newport News, VA-NC	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.30
Virginia Beach-Norfolk-Newport News, VA-NC	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$43.75
Virginia Beach-Norfolk-Newport News, VA-NC	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.38
Virginia Beach-Norfolk-Newport News, VA-NC	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.81

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Virginia Beach-Norfolk-Newport News, VA-NC	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$40.80
Virginia Beach-Norfolk-Newport News, VA-NC	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.08
Virginia Beach-Norfolk-Newport News, VA-NC	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$30.60
Virginia Beach-Norfolk-Newport News, VA-NC	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$82.43
Virginia Beach-Norfolk-Newport News, VA-NC	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.24
Virginia Beach-Norfolk-Newport News, VA-NC	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$61.82
Virginia Beach-Norfolk-Newport News, VA-NC	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$102.00
Virginia Beach-Norfolk-Newport News, VA-NC	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.20
Virginia Beach-Norfolk-Newport News, VA-NC	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$76.50
Virginia Beach-Norfolk-Newport News, VA-NC	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$150.86
Virginia Beach-Norfolk-Newport News, VA-NC	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$15.09
Virginia Beach-Norfolk-Newport News, VA-NC	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$113.15
Virginia Beach-Norfolk-Newport News, VA-NC	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$197.99
Virginia Beach-Norfolk-Newport News, VA-NC	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.80
Virginia Beach-Norfolk-Newport News, VA-NC	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$148.49

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Virginia Beach-Norfolk-Newport News, VA-NC	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$303.23
Virginia Beach-Norfolk-Newport News, VA-NC	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$30.32
Virginia Beach-Norfolk-Newport News, VA-NC	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$227.42
Virginia Beach-Norfolk-Newport News, VA-NC	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$209.34
Virginia Beach-Norfolk-Newport News, VA-NC	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.93
Virginia Beach-Norfolk-Newport News, VA-NC	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$157.01
Virginia Beach-Norfolk-Newport News, VA-NC	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$242.50
Virginia Beach-Norfolk-Newport News, VA-NC	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$24.25
Virginia Beach-Norfolk-Newport News, VA-NC	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$181.88
Virginia Beach-Norfolk-Newport News, VA-NC	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$177.00
Virginia Beach-Norfolk-Newport News, VA-NC	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$17.70
Virginia Beach-Norfolk-Newport News, VA-NC	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$132.75
Virginia Beach-Norfolk-Newport News, VA-NC	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$298.77
Virginia Beach-Norfolk-Newport News, VA-NC	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.88
Virginia Beach-Norfolk-Newport News, VA-NC	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$224.08

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Virginia Beach-Norfolk-Newport News, VA-NC	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$294.56
Virginia Beach-Norfolk-Newport News, VA-NC	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.46
Virginia Beach-Norfolk-Newport News, VA-NC	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$220.92
Virginia Beach-Norfolk-Newport News, VA-NC	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$390.00
Virginia Beach-Norfolk-Newport News, VA-NC	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.00
Virginia Beach-Norfolk-Newport News, VA-NC	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$292.50
Virginia Beach-Norfolk-Newport News, VA-NC	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$350.88
Virginia Beach-Norfolk-Newport News, VA-NC	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.09
Virginia Beach-Norfolk-Newport News, VA-NC	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$263.16
Virginia Beach-Norfolk-Newport News, VA-NC	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$442.08
Virginia Beach-Norfolk-Newport News, VA-NC	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$44.21
Virginia Beach-Norfolk-Newport News, VA-NC	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$331.56
Virginia Beach-Norfolk-Newport News, VA-NC	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$380.30
Virginia Beach-Norfolk-Newport News, VA-NC	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.03
Virginia Beach-Norfolk-Newport News, VA-NC	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$285.23

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Virginia Beach-Norfolk-Newport News, VA-NC	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$419.12
Virginia Beach-Norfolk-Newport News, VA-NC	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$41.91
Virginia Beach-Norfolk-Newport News, VA-NC	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$314.34
Virginia Beach-Norfolk-Newport News, VA-NC	K0001	STANDARD WHEELCHAIR	RR			\$30.77
Virginia Beach-Norfolk-Newport News, VA-NC	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$45.55
Virginia Beach-Norfolk-Newport News, VA-NC	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$43.50
Virginia Beach-Norfolk-Newport News, VA-NC	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$50.00
Virginia Beach-Norfolk-Newport News, VA-NC	K0006	HEAVY DUTY WHEELCHAIR	RR			\$68.75
Virginia Beach-Norfolk-Newport News, VA-NC	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$94.80
Virginia Beach-Norfolk-Newport News, VA-NC	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$128.08
Virginia Beach-Norfolk-Newport News, VA-NC	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$12.81
Virginia Beach-Norfolk-Newport News, VA-NC	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$96.06
Virginia Beach-Norfolk-Newport News, VA-NC	K0019	ARM PAD, EACH	NU			\$11.79
Virginia Beach-Norfolk-Newport News, VA-NC	K0019	ARM PAD, EACH	RR			\$1.18
Virginia Beach-Norfolk-Newport News, VA-NC	K0019	ARM PAD, EACH	UE			\$8.84

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Virginia Beach-Norfolk-Newport News, VA-NC	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$49.20
Virginia Beach-Norfolk-Newport News, VA-NC	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$4.92
Virginia Beach-Norfolk-Newport News, VA-NC	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$36.90
Virginia Beach-Norfolk-Newport News, VA-NC	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$63.44
Virginia Beach-Norfolk-Newport News, VA-NC	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.34
Virginia Beach-Norfolk-Newport News, VA-NC	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$47.58
Virginia Beach-Norfolk-Newport News, VA-NC	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$81.21
Virginia Beach-Norfolk-Newport News, VA-NC	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.12
Virginia Beach-Norfolk-Newport News, VA-NC	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$60.91
Virginia Beach-Norfolk-Newport News, VA-NC	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$85.92
Virginia Beach-Norfolk-Newport News, VA-NC	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.59
Virginia Beach-Norfolk-Newport News, VA-NC	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$64.44
Virginia Beach-Norfolk-Newport News, VA-NC	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$88.56
Virginia Beach-Norfolk-Newport News, VA-NC	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.86
Virginia Beach-Norfolk-Newport News, VA-NC	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$66.42

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Virginia Beach-Norfolk-Newport News, VA-NC	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$158.64
Virginia Beach-Norfolk-Newport News, VA-NC	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.86
Virginia Beach-Norfolk-Newport News, VA-NC	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$118.98
Virginia Beach-Norfolk-Newport News, VA-NC	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$53.73
Virginia Beach-Norfolk-Newport News, VA-NC	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.37
Virginia Beach-Norfolk-Newport News, VA-NC	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$40.30
Virginia Beach-Norfolk-Newport News, VA-NC	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$12.15
Virginia Beach-Norfolk-Newport News, VA-NC	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$809.98
Virginia Beach-Norfolk-Newport News, VA-NC	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$81.00
Virginia Beach-Norfolk-Newport News, VA-NC	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$607.49
Virginia Beach-Norfolk-Newport News, VA-NC	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,544.00
Virginia Beach-Norfolk-Newport News, VA-NC	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$154.40
Virginia Beach-Norfolk-Newport News, VA-NC	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,158.00
Virginia Beach-Norfolk-Newport News, VA-NC	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,791.60
Virginia Beach-Norfolk-Newport News, VA-NC	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$179.16

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Virginia Beach-Norfolk-Newport News, VA-NC	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,343.70
Virginia Beach-Norfolk-Newport News, VA-NC	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$265.18
Virginia Beach-Norfolk-Newport News, VA-NC	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$299.03
Virginia Beach-Norfolk-Newport News, VA-NC	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$338.99
Virginia Beach-Norfolk-Newport News, VA-NC	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Virginia Beach-Norfolk-Newport News, VA-NC	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.00
Virginia Beach-Norfolk-Newport News, VA-NC	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$315.10
Virginia Beach-Norfolk-Newport News, VA-NC	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$323.63
Virginia Beach-Norfolk-Newport News, VA-NC	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$282.63
Virginia Beach-Norfolk-Newport News, VA-NC	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$441.53
Virginia Beach-Norfolk-Newport News, VA-NC	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$372.23
Virginia Beach-Norfolk-Newport News, VA-NC	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$639.11
Virginia Beach-Norfolk-Newport News, VA-NC	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$552.48
Virginia Beach-Norfolk-Newport News, VA-NC	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$701.48
Virginia Beach-Norfolk-Newport News, VA-NC	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$691.54

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Visalia-Porterville, CA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$79.95
Visalia-Porterville, CA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$8.00
Visalia-Porterville, CA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$59.96
Visalia-Porterville, CA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$13.00
Visalia-Porterville, CA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.30
Visalia-Porterville, CA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.75
Visalia-Porterville, CA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$129.00
Visalia-Porterville, CA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.90
Visalia-Porterville, CA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$96.75
Visalia-Porterville, CA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$86.70
Visalia-Porterville, CA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.67
Visalia-Porterville, CA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$65.03
Visalia-Porterville, CA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$121.32
Visalia-Porterville, CA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.13
Visalia-Porterville, CA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$90.99

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Visalia-Porterville, CA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$79.50
Visalia-Porterville, CA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.95
Visalia-Porterville, CA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$59.63
Visalia-Porterville, CA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.44
Visalia-Porterville, CA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.94
Visalia-Porterville, CA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.58
Visalia-Porterville, CA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$30.76
Visalia-Porterville, CA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.08
Visalia-Porterville, CA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$23.07
Visalia-Porterville, CA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$54.00
Visalia-Porterville, CA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.40
Visalia-Porterville, CA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$40.50
Visalia-Porterville, CA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$22.18
Visalia-Porterville, CA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.22
Visalia-Porterville, CA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$16.64

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Visalia-Porterville, CA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$65.00
Visalia-Porterville, CA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.50
Visalia-Porterville, CA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$48.75
Visalia-Porterville, CA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$90.00
Visalia-Porterville, CA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$9.00
Visalia-Porterville, CA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$67.50
Visalia-Porterville, CA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$110.00
Visalia-Porterville, CA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$11.00
Visalia-Porterville, CA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$82.50
Visalia-Porterville, CA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$210.00
Visalia-Porterville, CA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$21.00
Visalia-Porterville, CA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$157.50
Visalia-Porterville, CA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$126.20
Visalia-Porterville, CA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.62
Visalia-Porterville, CA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$94.65

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Visalia-Porterville, CA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.50
Visalia-Porterville, CA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$14.66
Visalia-Porterville, CA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$39.09
Visalia-Porterville, CA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$387.00
Visalia-Porterville, CA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$38.70
Visalia-Porterville, CA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$290.25
Visalia-Porterville, CA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$350.00
Visalia-Porterville, CA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$35.00
Visalia-Porterville, CA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$262.50
Visalia-Porterville, CA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$481.68
Visalia-Porterville, CA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$48.17
Visalia-Porterville, CA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$361.26
Visalia-Porterville, CA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$466.00
Visalia-Porterville, CA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$46.60
Visalia-Porterville, CA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$349.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Visalia-Porterville, CA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$770.00
Visalia-Porterville, CA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$77.00
Visalia-Porterville, CA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$577.50
Visalia-Porterville, CA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$37.00
Visalia-Porterville, CA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.70
Visalia-Porterville, CA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.75
Visalia-Porterville, CA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$90.00
Visalia-Porterville, CA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$9.00
Visalia-Porterville, CA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$67.50
Visalia-Porterville, CA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$90.00
Visalia-Porterville, CA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$9.00
Visalia-Porterville, CA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$67.50
Visalia-Porterville, CA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.49
Visalia-Porterville, CA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.55
Visalia-Porterville, CA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$4.12

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Visalia-Porterville, CA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$35.49
Visalia-Porterville, CA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.55
Visalia-Porterville, CA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$26.62
Visalia-Porterville, CA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$30.52
Visalia-Porterville, CA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$3.05
Visalia-Porterville, CA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$22.89
Visalia-Porterville, CA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$145.00
Visalia-Porterville, CA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.50
Visalia-Porterville, CA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$108.75
Visalia-Porterville, CA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$101.86
Visalia-Porterville, CA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.19
Visalia-Porterville, CA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$76.40
Visalia-Porterville, CA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$106.00
Visalia-Porterville, CA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.60
Visalia-Porterville, CA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$79.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Visalia-Porterville, CA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$91.16
Visalia-Porterville, CA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.12
Visalia-Porterville, CA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$68.37
Visalia-Porterville, CA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
Visalia-Porterville, CA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
Visalia-Porterville, CA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
Visalia-Porterville, CA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$101.54
Visalia-Porterville, CA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.15
Visalia-Porterville, CA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$76.16
Visalia-Porterville, CA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$67.40
Visalia-Porterville, CA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$6.74
Visalia-Porterville, CA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$50.55
Visalia-Porterville, CA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$146.63
Visalia-Porterville, CA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.66
Visalia-Porterville, CA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$109.97

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Visalia-Porterville, CA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$357.00
Visalia-Porterville, CA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$35.70
Visalia-Porterville, CA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$267.75
Visalia-Porterville, CA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$425.00
Visalia-Porterville, CA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$42.50
Visalia-Porterville, CA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$318.75
Visalia-Porterville, CA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$389.36
Visalia-Porterville, CA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$38.94
Visalia-Porterville, CA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$292.02
Visalia-Porterville, CA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$553.00
Visalia-Porterville, CA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$55.30
Visalia-Porterville, CA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$414.75
Visalia-Porterville, CA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$132.57
Visalia-Porterville, CA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$13.26
Visalia-Porterville, CA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$99.43

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Visalia-Porterville, CA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$59.86
Visalia-Porterville, CA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.99
Visalia-Porterville, CA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$44.90
Visalia-Porterville, CA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$129.50
Visalia-Porterville, CA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$12.95
Visalia-Porterville, CA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$97.13
Visalia-Porterville, CA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$62.00
Visalia-Porterville, CA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.20
Visalia-Porterville, CA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$46.50
Visalia-Porterville, CA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$107.88
Visalia-Porterville, CA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.79
Visalia-Porterville, CA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$80.91
Visalia-Porterville, CA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$50.00
Visalia-Porterville, CA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.00
Visalia-Porterville, CA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Visalia-Porterville, CA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$17.00
Visalia-Porterville, CA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.70
Visalia-Porterville, CA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.75
Visalia-Porterville, CA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.00
Visalia-Porterville, CA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.50
Visalia-Porterville, CA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.75
Visalia-Porterville, CA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.00
Visalia-Porterville, CA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.00
Visalia-Porterville, CA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.00
Visalia-Porterville, CA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.00
Visalia-Porterville, CA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.50
Visalia-Porterville, CA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.75
Visalia-Porterville, CA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.71
Visalia-Porterville, CA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.97
Visalia-Porterville, CA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.28

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Visalia-Porterville, CA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$50.00
Visalia-Porterville, CA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$5.00
Visalia-Porterville, CA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$37.50
Visalia-Porterville, CA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$95.00
Visalia-Porterville, CA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$9.50
Visalia-Porterville, CA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$71.25
Visalia-Porterville, CA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$120.00
Visalia-Porterville, CA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$12.00
Visalia-Porterville, CA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$90.00
Visalia-Porterville, CA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$160.00
Visalia-Porterville, CA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$16.00
Visalia-Porterville, CA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$120.00
Visalia-Porterville, CA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$225.66
Visalia-Porterville, CA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$22.57
Visalia-Porterville, CA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$169.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Visalia-Porterville, CA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$348.65
Visalia-Porterville, CA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$34.87
Visalia-Porterville, CA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$261.49
Visalia-Porterville, CA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$230.00
Visalia-Porterville, CA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$23.00
Visalia-Porterville, CA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$172.50
Visalia-Porterville, CA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$300.00
Visalia-Porterville, CA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$30.00
Visalia-Porterville, CA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$225.00
Visalia-Porterville, CA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$145.75
Visalia-Porterville, CA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$14.58
Visalia-Porterville, CA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$109.31
Visalia-Porterville, CA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$325.00
Visalia-Porterville, CA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$32.50
Visalia-Porterville, CA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$243.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Visalia-Porterville, CA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$325.00
Visalia-Porterville, CA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$32.50
Visalia-Porterville, CA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$243.75
Visalia-Porterville, CA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$450.00
Visalia-Porterville, CA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.00
Visalia-Porterville, CA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$337.50
Visalia-Porterville, CA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$362.23
Visalia-Porterville, CA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.22
Visalia-Porterville, CA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$271.67
Visalia-Porterville, CA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$507.00
Visalia-Porterville, CA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$50.70
Visalia-Porterville, CA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$380.25
Visalia-Porterville, CA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$394.00
Visalia-Porterville, CA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.40
Visalia-Porterville, CA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$295.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Visalia-Porterville, CA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$450.00
Visalia-Porterville, CA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.00
Visalia-Porterville, CA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$337.50
Visalia-Porterville, CA	K0001	STANDARD WHEELCHAIR	RR			\$24.18
Visalia-Porterville, CA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$55.70
Visalia-Porterville, CA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$35.50
Visalia-Porterville, CA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$39.88
Visalia-Porterville, CA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$75.57
Visalia-Porterville, CA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$99.50
Visalia-Porterville, CA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$145.00
Visalia-Porterville, CA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$14.50
Visalia-Porterville, CA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$108.75
Visalia-Porterville, CA	K0019	ARM PAD, EACH	NU			\$11.00
Visalia-Porterville, CA	K0019	ARM PAD, EACH	RR			\$1.10
Visalia-Porterville, CA	K0019	ARM PAD, EACH	UE			\$8.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Visalia-Porterville, CA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$50.00
Visalia-Porterville, CA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.00
Visalia-Porterville, CA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$37.50
Visalia-Porterville, CA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$60.22
Visalia-Porterville, CA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.02
Visalia-Porterville, CA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$45.17
Visalia-Porterville, CA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
Visalia-Porterville, CA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
Visalia-Porterville, CA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
Visalia-Porterville, CA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$90.00
Visalia-Porterville, CA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$9.00
Visalia-Porterville, CA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$67.50
Visalia-Porterville, CA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$97.00
Visalia-Porterville, CA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.70
Visalia-Porterville, CA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$72.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Visalia-Porterville, CA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$159.88
Visalia-Porterville, CA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.99
Visalia-Porterville, CA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$119.91
Visalia-Porterville, CA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$58.40
Visalia-Porterville, CA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.84
Visalia-Porterville, CA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$43.80
Visalia-Porterville, CA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$11.18
Visalia-Porterville, CA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$900.00
Visalia-Porterville, CA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$90.00
Visalia-Porterville, CA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$675.00
Visalia-Porterville, CA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,800.00
Visalia-Porterville, CA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$180.00
Visalia-Porterville, CA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,350.00
Visalia-Porterville, CA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,900.00
Visalia-Porterville, CA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$190.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Visalia-Porterville, CA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,425.00
Visalia-Porterville, CA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$289.05
Visalia-Porterville, CA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$343.05
Visalia-Porterville, CA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$390.75
Visalia-Porterville, CA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$374.10
Visalia-Porterville, CA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$304.05
Visalia-Porterville, CA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Visalia-Porterville, CA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$322.50
Visalia-Porterville, CA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$265.50
Visalia-Porterville, CA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$445.73
Visalia-Porterville, CA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$374.25
Visalia-Porterville, CA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$780.00
Visalia-Porterville, CA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$569.25
Visalia-Porterville, CA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$840.00
Visalia-Porterville, CA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$836.91

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$77.50
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.75
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$58.13
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$14.26
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.43
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$10.70
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$149.74
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$14.97
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$112.31
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$78.39
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.84
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$58.79
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$108.55
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.86
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$81.41

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$72.46
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.25
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$54.35
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$22.98
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.30
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$17.24
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$37.48
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.75
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$28.11
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$70.98
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$7.10
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$53.24
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$27.84
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.78
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$20.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$80.76
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$8.08
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$60.57
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$78.12
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.81
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$58.59
Washington-Arlington-Alexandria, DC-VA-MD-WV	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$100.66
Washington-Arlington-Alexandria, DC-VA-MD-WV	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.07
Washington-Arlington-Alexandria, DC-VA-MD-WV	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$75.50
Washington-Arlington-Alexandria, DC-VA-MD-WV	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$191.55
Washington-Arlington-Alexandria, DC-VA-MD-WV	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$19.16
Washington-Arlington-Alexandria, DC-VA-MD-WV	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$143.66
Washington-Arlington-Alexandria, DC-VA-MD-WV	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$144.70
Washington-Arlington-Alexandria, DC-VA-MD-WV	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$14.47
Washington-Arlington-Alexandria, DC-VA-MD-WV	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$108.53

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Washington-Arlington-Alexandria, DC-VA-MD-WV	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$45.33
Washington-Arlington-Alexandria, DC-VA-MD-WV	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$16.46
Washington-Arlington-Alexandria, DC-VA-MD-WV	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$39.00
Washington-Arlington-Alexandria, DC-VA-MD-WV	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$446.03
Washington-Arlington-Alexandria, DC-VA-MD-WV	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$44.60
Washington-Arlington-Alexandria, DC-VA-MD-WV	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$334.52
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$345.32
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$34.53
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$258.99
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$452.50
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.25
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$339.38
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$437.38
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$43.74
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$328.04

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$732.48
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$73.25
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$549.36
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$37.14
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.71
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.86
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$88.99
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.90
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$66.74
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$80.79
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.08
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$60.59
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.09
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.51
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.82

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$37.68
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.77
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$28.26
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$30.36
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$3.04
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$22.77
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$140.31
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.03
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$105.23
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.71
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.57
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.78
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$108.07
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.81
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$81.05

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$91.48
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.15
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$68.61
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$146.37
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$14.64
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$109.78
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$96.48
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.65
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$72.36
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$77.44
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.74
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$58.08
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$167.20
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$16.72
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$125.40

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$327.39
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$32.74
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$245.54
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$404.22
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$40.42
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$303.17
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$349.68
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$34.97
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$262.26
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$573.33
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$57.33
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$430.00
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$130.36
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$13.04
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$97.77

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$58.88
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.89
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$44.16
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$115.45
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.55
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$86.59
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.12
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.01
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.09
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$109.86
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.99
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$82.40
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$50.54
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.05
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.91

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$16.21
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.62
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.16
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.40
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.24
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.80
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$59.46
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.95
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$44.60
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$43.28
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.33
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.46
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$48.86
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.89
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.65

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$44.34
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.43
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$33.26
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$88.36
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.84
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$66.27
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$116.70
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$11.67
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$87.53
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$148.27
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$14.83
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$111.20
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$210.91
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$21.09
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$158.18

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$323.84
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.38
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$242.88
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$221.08
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$22.11
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$165.81
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$263.16
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$26.32
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$197.37
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$214.92
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$21.49
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$161.19
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$322.15
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$32.22
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$241.61

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$309.12
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.91
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$231.84
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$421.16
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$42.12
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$315.87
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$355.12
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.51
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$266.34
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$458.84
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.88
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$344.13
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$408.97
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.90
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$306.73

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$441.32
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$44.13
Washington-Arlington-Alexandria, DC-VA-MD-WV	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$330.99
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0001	STANDARD WHEELCHAIR	RR			\$37.76
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$65.53
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$60.00
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$78.00
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0006	HEAVY DUTY WHEELCHAIR	RR			\$84.56
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$130.48
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$138.78
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$13.88
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$104.09
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0019	ARM PAD, EACH	NU			\$12.28
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0019	ARM PAD, EACH	RR			\$1.23
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0019	ARM PAD, EACH	UE			\$9.21

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$55.15
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.52
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$41.36
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$72.10
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.21
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$54.08
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$82.76
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.28
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$62.07
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$89.44
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.94
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$67.08
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$91.24
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.12
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$68.43

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$167.23
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$16.72
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$125.42
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$58.68
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.87
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$44.01
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$13.25
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$904.54
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$90.45
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$678.41
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,550.18
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$155.02
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,162.64
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,913.30
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$191.33

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,434.98
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$274.70
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.93
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$398.94
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$375.39
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$303.23
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$375.83
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$370.61
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$335.70
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$507.65
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$442.89
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$717.95
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$605.51
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$803.76
Washington-Arlington-Alexandria, DC-VA-MD-WV	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$755.67

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Wichita, KS	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$79.99
Wichita, KS	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$8.00
Wichita, KS	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$59.99
Wichita, KS	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$14.00
Wichita, KS	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.40
Wichita, KS	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$10.50
Wichita, KS	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$150.00
Wichita, KS	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$15.00
Wichita, KS	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$112.50
Wichita, KS	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$86.70
Wichita, KS	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.67
Wichita, KS	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$65.03
Wichita, KS	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$115.22
Wichita, KS	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.52
Wichita, KS	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$86.42

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Wichita, KS	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$79.50
Wichita, KS	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.95
Wichita, KS	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$59.63
Wichita, KS	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$21.30
Wichita, KS	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.13
Wichita, KS	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$15.98
Wichita, KS	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$37.28
Wichita, KS	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.73
Wichita, KS	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$27.96
Wichita, KS	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$40.95
Wichita, KS	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.10
Wichita, KS	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$30.71
Wichita, KS	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$26.27
Wichita, KS	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.63
Wichita, KS	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$19.70

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Wichita, KS	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$73.88
Wichita, KS	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.39
Wichita, KS	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$55.41
Wichita, KS	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$83.79
Wichita, KS	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.38
Wichita, KS	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$62.84
Wichita, KS	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$110.00
Wichita, KS	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$11.00
Wichita, KS	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$82.50
Wichita, KS	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$200.00
Wichita, KS	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$20.00
Wichita, KS	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$150.00
Wichita, KS	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$137.42
Wichita, KS	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.74
Wichita, KS	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$103.07

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Wichita, KS	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$43.61
Wichita, KS	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.49
Wichita, KS	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$38.84
Wichita, KS	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$400.00
Wichita, KS	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$40.00
Wichita, KS	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$300.00
Wichita, KS	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$350.00
Wichita, KS	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$35.00
Wichita, KS	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$262.50
Wichita, KS	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$450.00
Wichita, KS	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.00
Wichita, KS	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$337.50
Wichita, KS	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$411.65
Wichita, KS	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$41.17
Wichita, KS	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$308.74

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Wichita, KS	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$700.00
Wichita, KS	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$70.00
Wichita, KS	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$525.00
Wichita, KS	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.00
Wichita, KS	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.60
Wichita, KS	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.00
Wichita, KS	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$81.15
Wichita, KS	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.12
Wichita, KS	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$60.86
Wichita, KS	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$91.00
Wichita, KS	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$9.10
Wichita, KS	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$68.25
Wichita, KS	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Wichita, KS	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Wichita, KS	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Wichita, KS	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$31.67
Wichita, KS	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.17
Wichita, KS	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$23.75
Wichita, KS	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$30.00
Wichita, KS	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$3.00
Wichita, KS	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$22.50
Wichita, KS	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$145.00
Wichita, KS	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$14.50
Wichita, KS	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$108.75
Wichita, KS	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$99.86
Wichita, KS	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.99
Wichita, KS	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$74.90
Wichita, KS	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$107.93
Wichita, KS	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.79
Wichita, KS	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$80.95

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Wichita, KS	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$90.09
Wichita, KS	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.01
Wichita, KS	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$67.57
Wichita, KS	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$131.11
Wichita, KS	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$13.11
Wichita, KS	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$98.33
Wichita, KS	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$99.85
Wichita, KS	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.99
Wichita, KS	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$74.89
Wichita, KS	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.00
Wichita, KS	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.50
Wichita, KS	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$56.25
Wichita, KS	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$146.63
Wichita, KS	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.66
Wichita, KS	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$109.97

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Wichita, KS	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$325.00
Wichita, KS	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$32.50
Wichita, KS	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$243.75
Wichita, KS	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$409.06
Wichita, KS	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$40.91
Wichita, KS	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$306.80
Wichita, KS	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$333.00
Wichita, KS	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$33.30
Wichita, KS	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$249.75
Wichita, KS	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$553.00
Wichita, KS	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$55.30
Wichita, KS	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$414.75
Wichita, KS	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$132.57
Wichita, KS	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$13.26
Wichita, KS	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$99.43

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Wichita, KS	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$56.00
Wichita, KS	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.60
Wichita, KS	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.00
Wichita, KS	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$125.00
Wichita, KS	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$12.50
Wichita, KS	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$93.75
Wichita, KS	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.00
Wichita, KS	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.00
Wichita, KS	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.00
Wichita, KS	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$105.17
Wichita, KS	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.52
Wichita, KS	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$78.88
Wichita, KS	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$50.00
Wichita, KS	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.00
Wichita, KS	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Wichita, KS	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.30
Wichita, KS	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.53
Wichita, KS	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.48
Wichita, KS	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.88
Wichita, KS	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.29
Wichita, KS	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.16
Wichita, KS	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$58.06
Wichita, KS	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.81
Wichita, KS	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.55
Wichita, KS	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.00
Wichita, KS	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.50
Wichita, KS	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.75
Wichita, KS	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$48.00
Wichita, KS	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.80
Wichita, KS	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Wichita, KS	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$46.62
Wichita, KS	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.66
Wichita, KS	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$34.97
Wichita, KS	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$87.41
Wichita, KS	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.74
Wichita, KS	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$65.56
Wichita, KS	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$109.84
Wichita, KS	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.98
Wichita, KS	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$82.38
Wichita, KS	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$154.23
Wichita, KS	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$15.42
Wichita, KS	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$115.67
Wichita, KS	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$225.66
Wichita, KS	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$22.57
Wichita, KS	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$169.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Wichita, KS	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$325.09
Wichita, KS	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.51
Wichita, KS	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$243.82
Wichita, KS	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$230.00
Wichita, KS	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$23.00
Wichita, KS	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$172.50
Wichita, KS	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$245.80
Wichita, KS	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$24.58
Wichita, KS	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$184.35
Wichita, KS	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
Wichita, KS	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
Wichita, KS	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
Wichita, KS	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$325.00
Wichita, KS	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$32.50
Wichita, KS	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$243.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Wichita, KS	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$329.87
Wichita, KS	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$32.99
Wichita, KS	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$247.40
Wichita, KS	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$403.57
Wichita, KS	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.36
Wichita, KS	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$302.68
Wichita, KS	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$362.23
Wichita, KS	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.22
Wichita, KS	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$271.67
Wichita, KS	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$500.00
Wichita, KS	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$50.00
Wichita, KS	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$375.00
Wichita, KS	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$406.35
Wichita, KS	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.64
Wichita, KS	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$304.76

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Wichita, KS	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$450.00
Wichita, KS	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.00
Wichita, KS	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$337.50
Wichita, KS	K0001	STANDARD WHEELCHAIR	RR			\$24.18
Wichita, KS	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$37.36
Wichita, KS	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$35.50
Wichita, KS	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$38.20
Wichita, KS	K0006	HEAVY DUTY WHEELCHAIR	RR			\$57.25
Wichita, KS	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$88.96
Wichita, KS	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$126.15
Wichita, KS	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$12.62
Wichita, KS	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$94.61
Wichita, KS	K0019	ARM PAD, EACH	NU			\$11.00
Wichita, KS	K0019	ARM PAD, EACH	RR			\$1.10
Wichita, KS	K0019	ARM PAD, EACH	UE			\$8.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Wichita, KS	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$55.00
Wichita, KS	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.50
Wichita, KS	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$41.25
Wichita, KS	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$73.20
Wichita, KS	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.32
Wichita, KS	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$54.90
Wichita, KS	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
Wichita, KS	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
Wichita, KS	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
Wichita, KS	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$90.00
Wichita, KS	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$9.00
Wichita, KS	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$67.50
Wichita, KS	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$92.00
Wichita, KS	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.20
Wichita, KS	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$69.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Wichita, KS	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$157.39
Wichita, KS	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.74
Wichita, KS	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$118.04
Wichita, KS	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$53.00
Wichita, KS	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.30
Wichita, KS	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$39.75
Wichita, KS	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$11.91
Wichita, KS	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$900.00
Wichita, KS	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$90.00
Wichita, KS	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$675.00
Wichita, KS	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,800.00
Wichita, KS	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$180.00
Wichita, KS	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,350.00
Wichita, KS	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$2,031.75
Wichita, KS	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$203.18

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Wichita, KS	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,523.81
Wichita, KS	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.00
Wichita, KS	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$315.60
Wichita, KS	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$390.60
Wichita, KS	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$374.10
Wichita, KS	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$327.83
Wichita, KS	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$344.24
Wichita, KS	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Wichita, KS	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$277.58
Wichita, KS	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$475.96
Wichita, KS	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$390.00
Wichita, KS	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$780.00
Wichita, KS	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$569.25
Wichita, KS	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$890.85
Wichita, KS	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$847.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Worcester, MA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$79.95
Worcester, MA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$8.00
Worcester, MA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$59.96
Worcester, MA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$13.18
Worcester, MA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.32
Worcester, MA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.89
Worcester, MA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$129.00
Worcester, MA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.90
Worcester, MA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$96.75
Worcester, MA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$80.31
Worcester, MA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$8.03
Worcester, MA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$60.23
Worcester, MA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$121.32
Worcester, MA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.13
Worcester, MA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$90.99

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Worcester, MA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$79.50
Worcester, MA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.95
Worcester, MA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$59.63
Worcester, MA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.42
Worcester, MA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.94
Worcester, MA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.57
Worcester, MA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$35.25
Worcester, MA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.53
Worcester, MA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$26.44
Worcester, MA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$54.00
Worcester, MA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.40
Worcester, MA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$40.50
Worcester, MA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$29.65
Worcester, MA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.97
Worcester, MA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$22.24

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Worcester, MA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$71.45
Worcester, MA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.15
Worcester, MA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$53.59
Worcester, MA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$75.95
Worcester, MA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.60
Worcester, MA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$56.96
Worcester, MA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$110.00
Worcester, MA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$11.00
Worcester, MA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$82.50
Worcester, MA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$210.00
Worcester, MA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$21.00
Worcester, MA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$157.50
Worcester, MA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$144.75
Worcester, MA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$14.48
Worcester, MA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$108.56

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Worcester, MA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$43.61
Worcester, MA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.00
Worcester, MA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$40.50
Worcester, MA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$377.14
Worcester, MA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$37.71
Worcester, MA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$282.86
Worcester, MA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$350.00
Worcester, MA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$35.00
Worcester, MA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$262.50
Worcester, MA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$455.00
Worcester, MA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$45.50
Worcester, MA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$341.25
Worcester, MA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$452.85
Worcester, MA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$45.29
Worcester, MA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$339.64

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Worcester, MA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$700.00
Worcester, MA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$70.00
Worcester, MA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$525.00
Worcester, MA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.22
Worcester, MA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.62
Worcester, MA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.17
Worcester, MA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$76.98
Worcester, MA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.70
Worcester, MA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$57.74
Worcester, MA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$89.25
Worcester, MA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.93
Worcester, MA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$66.94
Worcester, MA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Worcester, MA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Worcester, MA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Worcester, MA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$34.00
Worcester, MA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.40
Worcester, MA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$25.50
Worcester, MA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$31.03
Worcester, MA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$3.10
Worcester, MA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$23.27
Worcester, MA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$156.20
Worcester, MA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$15.62
Worcester, MA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$117.15
Worcester, MA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$105.00
Worcester, MA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.50
Worcester, MA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$78.75
Worcester, MA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$106.00
Worcester, MA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.60
Worcester, MA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$79.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Worcester, MA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$97.52
Worcester, MA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.75
Worcester, MA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$73.14
Worcester, MA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$138.01
Worcester, MA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$13.80
Worcester, MA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$103.51
Worcester, MA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$100.00
Worcester, MA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$10.00
Worcester, MA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$75.00
Worcester, MA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.00
Worcester, MA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.50
Worcester, MA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$56.25
Worcester, MA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$151.84
Worcester, MA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$15.18
Worcester, MA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$113.88

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Worcester, MA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$329.78
Worcester, MA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$32.98
Worcester, MA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$247.34
Worcester, MA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$383.00
Worcester, MA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$38.30
Worcester, MA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$287.25
Worcester, MA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$387.52
Worcester, MA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$38.75
Worcester, MA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$290.64
Worcester, MA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$576.66
Worcester, MA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$57.67
Worcester, MA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$432.50
Worcester, MA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$135.00
Worcester, MA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$13.50
Worcester, MA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$101.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Worcester, MA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$65.24
Worcester, MA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.52
Worcester, MA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$48.93
Worcester, MA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$129.50
Worcester, MA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$12.95
Worcester, MA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$97.13
Worcester, MA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.00
Worcester, MA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.00
Worcester, MA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.00
Worcester, MA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$102.00
Worcester, MA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.20
Worcester, MA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$76.50
Worcester, MA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$43.01
Worcester, MA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.30
Worcester, MA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.26

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Worcester, MA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$17.00
Worcester, MA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.70
Worcester, MA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.75
Worcester, MA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$35.28
Worcester, MA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.53
Worcester, MA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$26.46
Worcester, MA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.00
Worcester, MA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.70
Worcester, MA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.75
Worcester, MA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$44.58
Worcester, MA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.46
Worcester, MA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.44
Worcester, MA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$48.00
Worcester, MA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.80
Worcester, MA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Worcester, MA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$42.21
Worcester, MA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.22
Worcester, MA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$31.66
Worcester, MA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$83.75
Worcester, MA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.38
Worcester, MA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$62.81
Worcester, MA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$102.54
Worcester, MA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.25
Worcester, MA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$76.91
Worcester, MA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$154.23
Worcester, MA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$15.42
Worcester, MA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$115.67
Worcester, MA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$225.66
Worcester, MA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$22.57
Worcester, MA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$169.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Worcester, MA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$325.09
Worcester, MA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.51
Worcester, MA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$243.82
Worcester, MA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$229.57
Worcester, MA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$22.96
Worcester, MA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$172.18
Worcester, MA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$248.86
Worcester, MA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$24.89
Worcester, MA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$186.65
Worcester, MA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$150.00
Worcester, MA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$15.00
Worcester, MA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$112.50
Worcester, MA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$291.58
Worcester, MA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.16
Worcester, MA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$218.69

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Worcester, MA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$305.65
Worcester, MA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.57
Worcester, MA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$229.24
Worcester, MA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$391.27
Worcester, MA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.13
Worcester, MA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$293.45
Worcester, MA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$356.99
Worcester, MA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.70
Worcester, MA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$267.74
Worcester, MA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$410.13
Worcester, MA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$41.01
Worcester, MA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$307.60
Worcester, MA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$394.00
Worcester, MA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.40
Worcester, MA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$295.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Worcester, MA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$390.83
Worcester, MA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.08
Worcester, MA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$293.12
Worcester, MA	K0001	STANDARD WHEELCHAIR	RR			\$31.10
Worcester, MA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$41.68
Worcester, MA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$40.43
Worcester, MA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.42
Worcester, MA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$70.26
Worcester, MA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$97.15
Worcester, MA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$117.75
Worcester, MA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.78
Worcester, MA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$88.31
Worcester, MA	K0019	ARM PAD, EACH	NU			\$12.19
Worcester, MA	K0019	ARM PAD, EACH	RR			\$1.22
Worcester, MA	K0019	ARM PAD, EACH	UE			\$9.14

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Worcester, MA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$48.68
Worcester, MA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$4.87
Worcester, MA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$36.51
Worcester, MA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$62.58
Worcester, MA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.26
Worcester, MA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$46.94
Worcester, MA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
Worcester, MA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
Worcester, MA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
Worcester, MA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$89.56
Worcester, MA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.96
Worcester, MA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$67.17
Worcester, MA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$96.61
Worcester, MA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.66
Worcester, MA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$72.46

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Worcester, MA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$170.89
Worcester, MA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$17.09
Worcester, MA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$128.17
Worcester, MA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$51.18
Worcester, MA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.12
Worcester, MA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$38.39
Worcester, MA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$9.95
Worcester, MA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$871.50
Worcester, MA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$87.15
Worcester, MA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$653.63
Worcester, MA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,550.00
Worcester, MA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$155.00
Worcester, MA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,162.50
Worcester, MA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,812.99
Worcester, MA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$181.30

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Worcester, MA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,359.74
Worcester, MA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
Worcester, MA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$321.63
Worcester, MA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$359.82
Worcester, MA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$335.03
Worcester, MA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$286.31
Worcester, MA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Worcester, MA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$324.75
Worcester, MA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$299.25
Worcester, MA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$445.93
Worcester, MA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$398.44
Worcester, MA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$696.48
Worcester, MA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$592.22
Worcester, MA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$819.19
Worcester, MA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$836.91

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Youngstown-Warren-Boardman, OH-PA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$75.00
Youngstown-Warren-Boardman, OH-PA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.50
Youngstown-Warren-Boardman, OH-PA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$56.25
Youngstown-Warren-Boardman, OH-PA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.06
Youngstown-Warren-Boardman, OH-PA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.21
Youngstown-Warren-Boardman, OH-PA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.05
Youngstown-Warren-Boardman, OH-PA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$138.69
Youngstown-Warren-Boardman, OH-PA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.87
Youngstown-Warren-Boardman, OH-PA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$104.02
Youngstown-Warren-Boardman, OH-PA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$79.40
Youngstown-Warren-Boardman, OH-PA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.94
Youngstown-Warren-Boardman, OH-PA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$59.55
Youngstown-Warren-Boardman, OH-PA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$111.10
Youngstown-Warren-Boardman, OH-PA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.11
Youngstown-Warren-Boardman, OH-PA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$83.33

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Youngstown-Warren-Boardman, OH-PA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$75.77
Youngstown-Warren-Boardman, OH-PA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.58
Youngstown-Warren-Boardman, OH-PA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$56.83
Youngstown-Warren-Boardman, OH-PA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.00
Youngstown-Warren-Boardman, OH-PA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.90
Youngstown-Warren-Boardman, OH-PA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.25
Youngstown-Warren-Boardman, OH-PA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$32.00
Youngstown-Warren-Boardman, OH-PA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.20
Youngstown-Warren-Boardman, OH-PA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$24.00
Youngstown-Warren-Boardman, OH-PA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$47.50
Youngstown-Warren-Boardman, OH-PA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$4.75
Youngstown-Warren-Boardman, OH-PA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$35.63
Youngstown-Warren-Boardman, OH-PA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$25.66
Youngstown-Warren-Boardman, OH-PA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.57
Youngstown-Warren-Boardman, OH-PA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$19.25

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Youngstown-Warren-Boardman, OH-PA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$65.00
Youngstown-Warren-Boardman, OH-PA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.50
Youngstown-Warren-Boardman, OH-PA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$48.75
Youngstown-Warren-Boardman, OH-PA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$65.16
Youngstown-Warren-Boardman, OH-PA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$6.52
Youngstown-Warren-Boardman, OH-PA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$48.87
Youngstown-Warren-Boardman, OH-PA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$109.00
Youngstown-Warren-Boardman, OH-PA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.90
Youngstown-Warren-Boardman, OH-PA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$81.75
Youngstown-Warren-Boardman, OH-PA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$185.63
Youngstown-Warren-Boardman, OH-PA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$18.56
Youngstown-Warren-Boardman, OH-PA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$139.22
Youngstown-Warren-Boardman, OH-PA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$125.00
Youngstown-Warren-Boardman, OH-PA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$12.50
Youngstown-Warren-Boardman, OH-PA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$93.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Youngstown-Warren-Boardman, OH-PA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.50
Youngstown-Warren-Boardman, OH-PA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$13.50
Youngstown-Warren-Boardman, OH-PA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$35.00
Youngstown-Warren-Boardman, OH-PA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$317.60
Youngstown-Warren-Boardman, OH-PA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$31.76
Youngstown-Warren-Boardman, OH-PA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$238.20
Youngstown-Warren-Boardman, OH-PA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$348.66
Youngstown-Warren-Boardman, OH-PA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$34.87
Youngstown-Warren-Boardman, OH-PA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$261.50
Youngstown-Warren-Boardman, OH-PA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$400.00
Youngstown-Warren-Boardman, OH-PA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$40.00
Youngstown-Warren-Boardman, OH-PA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$300.00
Youngstown-Warren-Boardman, OH-PA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$400.00
Youngstown-Warren-Boardman, OH-PA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$40.00
Youngstown-Warren-Boardman, OH-PA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$300.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Youngstown-Warren-Boardman, OH-PA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$596.25
Youngstown-Warren-Boardman, OH-PA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$59.63
Youngstown-Warren-Boardman, OH-PA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$447.19
Youngstown-Warren-Boardman, OH-PA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$35.00
Youngstown-Warren-Boardman, OH-PA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.50
Youngstown-Warren-Boardman, OH-PA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.25
Youngstown-Warren-Boardman, OH-PA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$77.93
Youngstown-Warren-Boardman, OH-PA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.79
Youngstown-Warren-Boardman, OH-PA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$58.45
Youngstown-Warren-Boardman, OH-PA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$85.00
Youngstown-Warren-Boardman, OH-PA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.50
Youngstown-Warren-Boardman, OH-PA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$63.75
Youngstown-Warren-Boardman, OH-PA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00
Youngstown-Warren-Boardman, OH-PA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Youngstown-Warren-Boardman, OH-PA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Youngstown-Warren-Boardman, OH-PA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$31.40
Youngstown-Warren-Boardman, OH-PA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.14
Youngstown-Warren-Boardman, OH-PA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$23.55
Youngstown-Warren-Boardman, OH-PA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$26.00
Youngstown-Warren-Boardman, OH-PA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.60
Youngstown-Warren-Boardman, OH-PA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$19.50
Youngstown-Warren-Boardman, OH-PA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$132.00
Youngstown-Warren-Boardman, OH-PA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.20
Youngstown-Warren-Boardman, OH-PA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$99.00
Youngstown-Warren-Boardman, OH-PA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	NU			\$95.00
Youngstown-Warren-Boardman, OH-PA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	RR			\$9.50
Youngstown-Warren-Boardman, OH-PA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	UE			\$71.25
Youngstown-Warren-Boardman, OH-PA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$106.00
Youngstown-Warren-Boardman, OH-PA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.60
Youngstown-Warren-Boardman, OH-PA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$79.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Youngstown-Warren-Boardman, OH-PA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$85.00
Youngstown-Warren-Boardman, OH-PA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$8.50
Youngstown-Warren-Boardman, OH-PA	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$63.75
Youngstown-Warren-Boardman, OH-PA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$129.00
Youngstown-Warren-Boardman, OH-PA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.90
Youngstown-Warren-Boardman, OH-PA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$96.75
Youngstown-Warren-Boardman, OH-PA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NU			\$76.00
Youngstown-Warren-Boardman, OH-PA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	RR			\$7.60
Youngstown-Warren-Boardman, OH-PA	E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	UE			\$57.00
Youngstown-Warren-Boardman, OH-PA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$72.00
Youngstown-Warren-Boardman, OH-PA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.20
Youngstown-Warren-Boardman, OH-PA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$54.00
Youngstown-Warren-Boardman, OH-PA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$145.00
Youngstown-Warren-Boardman, OH-PA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.50
Youngstown-Warren-Boardman, OH-PA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$108.75

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Youngstown-Warren-Boardman, OH-PA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$271.00
Youngstown-Warren-Boardman, OH-PA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$27.10
Youngstown-Warren-Boardman, OH-PA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$203.25
Youngstown-Warren-Boardman, OH-PA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$374.78
Youngstown-Warren-Boardman, OH-PA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$37.48
Youngstown-Warren-Boardman, OH-PA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$281.09
Youngstown-Warren-Boardman, OH-PA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$362.40
Youngstown-Warren-Boardman, OH-PA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$36.24
Youngstown-Warren-Boardman, OH-PA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$271.80
Youngstown-Warren-Boardman, OH-PA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$505.42
Youngstown-Warren-Boardman, OH-PA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$50.54
Youngstown-Warren-Boardman, OH-PA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$379.07
Youngstown-Warren-Boardman, OH-PA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$125.00
Youngstown-Warren-Boardman, OH-PA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.50
Youngstown-Warren-Boardman, OH-PA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$93.75

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Youngstown-Warren-Boardman, OH-PA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$58.00
Youngstown-Warren-Boardman, OH-PA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.80
Youngstown-Warren-Boardman, OH-PA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.50
Youngstown-Warren-Boardman, OH-PA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$109.55
Youngstown-Warren-Boardman, OH-PA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.96
Youngstown-Warren-Boardman, OH-PA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$82.16
Youngstown-Warren-Boardman, OH-PA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$52.06
Youngstown-Warren-Boardman, OH-PA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.21
Youngstown-Warren-Boardman, OH-PA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$39.05
Youngstown-Warren-Boardman, OH-PA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$97.00
Youngstown-Warren-Boardman, OH-PA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.70
Youngstown-Warren-Boardman, OH-PA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$72.75
Youngstown-Warren-Boardman, OH-PA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$50.00
Youngstown-Warren-Boardman, OH-PA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.00
Youngstown-Warren-Boardman, OH-PA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Youngstown-Warren-Boardman, OH-PA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.30
Youngstown-Warren-Boardman, OH-PA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.53
Youngstown-Warren-Boardman, OH-PA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.48
Youngstown-Warren-Boardman, OH-PA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$43.40
Youngstown-Warren-Boardman, OH-PA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.34
Youngstown-Warren-Boardman, OH-PA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.55
Youngstown-Warren-Boardman, OH-PA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.00
Youngstown-Warren-Boardman, OH-PA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.00
Youngstown-Warren-Boardman, OH-PA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.00
Youngstown-Warren-Boardman, OH-PA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.21
Youngstown-Warren-Boardman, OH-PA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.22
Youngstown-Warren-Boardman, OH-PA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.66
Youngstown-Warren-Boardman, OH-PA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.91
Youngstown-Warren-Boardman, OH-PA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.29
Youngstown-Warren-Boardman, OH-PA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.18

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Youngstown-Warren-Boardman, OH-PA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$39.00
Youngstown-Warren-Boardman, OH-PA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.90
Youngstown-Warren-Boardman, OH-PA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$29.25
Youngstown-Warren-Boardman, OH-PA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$83.75
Youngstown-Warren-Boardman, OH-PA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.38
Youngstown-Warren-Boardman, OH-PA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$62.81
Youngstown-Warren-Boardman, OH-PA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$108.07
Youngstown-Warren-Boardman, OH-PA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.81
Youngstown-Warren-Boardman, OH-PA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$81.05
Youngstown-Warren-Boardman, OH-PA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$138.98
Youngstown-Warren-Boardman, OH-PA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$13.90
Youngstown-Warren-Boardman, OH-PA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$104.24
Youngstown-Warren-Boardman, OH-PA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$195.98
Youngstown-Warren-Boardman, OH-PA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.60
Youngstown-Warren-Boardman, OH-PA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$146.99

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Youngstown-Warren-Boardman, OH-PA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$325.00
Youngstown-Warren-Boardman, OH-PA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.50
Youngstown-Warren-Boardman, OH-PA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$243.75
Youngstown-Warren-Boardman, OH-PA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$208.69
Youngstown-Warren-Boardman, OH-PA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.87
Youngstown-Warren-Boardman, OH-PA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$156.52
Youngstown-Warren-Boardman, OH-PA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$259.77
Youngstown-Warren-Boardman, OH-PA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$25.98
Youngstown-Warren-Boardman, OH-PA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$194.83
Youngstown-Warren-Boardman, OH-PA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$166.33
Youngstown-Warren-Boardman, OH-PA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$16.63
Youngstown-Warren-Boardman, OH-PA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$124.75
Youngstown-Warren-Boardman, OH-PA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$317.99
Youngstown-Warren-Boardman, OH-PA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$31.80
Youngstown-Warren-Boardman, OH-PA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$238.49

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Youngstown-Warren-Boardman, OH-PA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$305.65
Youngstown-Warren-Boardman, OH-PA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.57
Youngstown-Warren-Boardman, OH-PA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$229.24
Youngstown-Warren-Boardman, OH-PA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$443.10
Youngstown-Warren-Boardman, OH-PA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$44.31
Youngstown-Warren-Boardman, OH-PA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$332.33
Youngstown-Warren-Boardman, OH-PA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$364.31
Youngstown-Warren-Boardman, OH-PA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.43
Youngstown-Warren-Boardman, OH-PA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$273.23
Youngstown-Warren-Boardman, OH-PA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$490.18
Youngstown-Warren-Boardman, OH-PA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$49.02
Youngstown-Warren-Boardman, OH-PA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$367.64
Youngstown-Warren-Boardman, OH-PA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$394.00
Youngstown-Warren-Boardman, OH-PA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.40
Youngstown-Warren-Boardman, OH-PA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$295.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Youngstown-Warren-Boardman, OH-PA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$450.00
Youngstown-Warren-Boardman, OH-PA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.00
Youngstown-Warren-Boardman, OH-PA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$337.50
Youngstown-Warren-Boardman, OH-PA	K0001	STANDARD WHEELCHAIR	RR			\$24.18
Youngstown-Warren-Boardman, OH-PA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$34.28
Youngstown-Warren-Boardman, OH-PA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$35.00
Youngstown-Warren-Boardman, OH-PA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$45.64
Youngstown-Warren-Boardman, OH-PA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$66.18
Youngstown-Warren-Boardman, OH-PA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$99.50
Youngstown-Warren-Boardman, OH-PA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$129.20
Youngstown-Warren-Boardman, OH-PA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$12.92
Youngstown-Warren-Boardman, OH-PA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$96.90
Youngstown-Warren-Boardman, OH-PA	K0019	ARM PAD, EACH	NU			\$10.00
Youngstown-Warren-Boardman, OH-PA	K0019	ARM PAD, EACH	RR			\$1.00
Youngstown-Warren-Boardman, OH-PA	K0019	ARM PAD, EACH	UE			\$7.50

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Youngstown-Warren-Boardman, OH-PA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$50.00
Youngstown-Warren-Boardman, OH-PA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.00
Youngstown-Warren-Boardman, OH-PA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$37.50
Youngstown-Warren-Boardman, OH-PA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$74.40
Youngstown-Warren-Boardman, OH-PA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$7.44
Youngstown-Warren-Boardman, OH-PA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$55.80
Youngstown-Warren-Boardman, OH-PA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$85.00
Youngstown-Warren-Boardman, OH-PA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.50
Youngstown-Warren-Boardman, OH-PA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$63.75
Youngstown-Warren-Boardman, OH-PA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$88.87
Youngstown-Warren-Boardman, OH-PA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.89
Youngstown-Warren-Boardman, OH-PA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$66.65
Youngstown-Warren-Boardman, OH-PA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$80.00
Youngstown-Warren-Boardman, OH-PA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.00
Youngstown-Warren-Boardman, OH-PA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$60.00

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Youngstown-Warren-Boardman, OH-PA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$150.00
Youngstown-Warren-Boardman, OH-PA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.00
Youngstown-Warren-Boardman, OH-PA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$112.50
Youngstown-Warren-Boardman, OH-PA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$50.00
Youngstown-Warren-Boardman, OH-PA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.00
Youngstown-Warren-Boardman, OH-PA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$37.50
Youngstown-Warren-Boardman, OH-PA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$11.32
Youngstown-Warren-Boardman, OH-PA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$837.00
Youngstown-Warren-Boardman, OH-PA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$83.70
Youngstown-Warren-Boardman, OH-PA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$627.75
Youngstown-Warren-Boardman, OH-PA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,520.00
Youngstown-Warren-Boardman, OH-PA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$152.00
Youngstown-Warren-Boardman, OH-PA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,140.00
Youngstown-Warren-Boardman, OH-PA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,921.00
Youngstown-Warren-Boardman, OH-PA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$192.10

Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Youngstown-Warren-Boardman, OH-PA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,440.75
Youngstown-Warren-Boardman, OH-PA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$258.51
Youngstown-Warren-Boardman, OH-PA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$269.76
Youngstown-Warren-Boardman, OH-PA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Youngstown-Warren-Boardman, OH-PA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$322.61
Youngstown-Warren-Boardman, OH-PA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$273.07
Youngstown-Warren-Boardman, OH-PA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Youngstown-Warren-Boardman, OH-PA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$300.00
Youngstown-Warren-Boardman, OH-PA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$270.00
Youngstown-Warren-Boardman, OH-PA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$445.93
Youngstown-Warren-Boardman, OH-PA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$357.08
Youngstown-Warren-Boardman, OH-PA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$780.00
Youngstown-Warren-Boardman, OH-PA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$600.00
Youngstown-Warren-Boardman, OH-PA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$750.00
Youngstown-Warren-Boardman, OH-PA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$766.44

Single Payment Amounts

Support Surfaces (Group 2 Mattresses and Overlays)

Akron, OH	4
Albany-Schenectady-Troy, NY	4
Albuquerque, NM	4
Allentown-Bethlehem-Easton, PA-NJ	4
Asheville, NC	5
Atlanta-Sandy Springs-Marietta, GA	5
Augusta-Richmond County, GA-SC	5
Austin-Round Rock-San Marcos, TX	6
Bakersfield-Delano, CA	6
Baltimore-Towson, MD	6
Baton Rouge, LA	6
Beaumont-Port Arthur, TX	7
Birmingham-Hoover, AL	7
Boise City-Nampa, ID	7
Boston-Cambridge-Quincy, MA-NH	8
Bridgeport-Stamford-Norwalk, CT	8
Bronx-Manhattan, NY CBA	8
Buffalo-Niagara Falls, NY	9
Cape Coral-Fort Myers, FL	9
Central-Chicago Metro CBA	9
Charleston-North Charleston-Summerville, SC	9
Chattanooga, TN-GA	10
Colorado Springs, CO	10
Columbia, SC	10
Columbus, OH	11
Dayton, OH	11
Deltona-Daytona Beach-Ormond Beach, FL	11
Denver-Aurora-Broomfield, CO	11



Detroit-Warren-Livonia, MI	12
El Paso, TX	12
Flint, MI	12
Fresno, CA	13
Grand Rapids-Wyoming, MI	13
Greensboro-High Point, NC	13
Greenville-Mauldin-Easley, SC	14
Hartford-West Hartford-East Hartford, CT	14
Honolulu, HI	14
Houston-Sugar Land-Baytown, TX	14
Huntington-Ashland, WV-KY-OH	15
Indiana-Chicago Metro	15
Indianapolis-Carmel, IN	15
Jackson, MS	16
Jacksonville, FL	16
Knoxville, TN	16
Lakeland-Winter Haven, FL	16
Las Vegas-Paradise, NV	17
Little Rock-North Little Rock-Conway, AR	17
Los Angeles County CBA	17
Louisville/Jefferson County, KY-IN	18
McAllen-Edinburg-Mission, TX	18
Memphis, TN-MS-AR	18
Milwaukee-Waukesha-West Allis, WI	19
Minneapolis-St. Paul-Bloomington, MN-WI	19
Nashville-Davidson--Murfreesboro--Franklin, TN	19
Nassau-Brooklyn-Queens-Richmond County Metro CBA	19
New Haven-Milford, CT	20
New Orleans-Metairie-Kenner, LA	20
North East NY CBA Metro	20
North Port-Bradenton-Sarasota, FL	21
Northern NJ Metro CBA	21
Northern-Chicago Metro CBA	21
Ocala, FL	21
Oklahoma City, OK	22
Omaha-Council Bluffs, NE-IA	22
Orange County CBA	22
Oxnard-Thousand Oaks-Ventura, CA	23

Palm Bay-Melbourne-Titusville, FL	23
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	23
Phoenix-Mesa-Glendale, AZ	24
Portland-Vancouver-Hillsboro, OR-WA	24
Poughkeepsie-Newburgh-Middletown, NY	24
Providence-New Bedford-Fall River, RI-MA	24
Raleigh-Cary, NC	25
Richmond, VA	25
Rochester, NY	25
Sacramento--Arden-Arcade--Roseville, CA	26
Salt Lake City, UT	26
San Antonio-New Braunfels, TX	26
San Diego-Carlsbad-San Marcos, CA	26
San Francisco-Oakland-Fremont, CA	27
San Jose-Sunnyvale-Santa Clara, CA	27
Scranton--Wilkes-Barre, PA	27
Seattle-Tacoma-Bellevue, WA	28
South-West-Chicago-Metro CBA	28
Southern NY Metro CBA	28
Springfield, MA	29
St. Louis, MO-IL	29
Stockton, CA	29
Suffolk County CBA	29
Syracuse, NY	30
Tampa-St. Petersburg-Clearwater, FL	30
Toledo, OH	30
Tucson, AZ	31
Tulsa, OK	31
Virginia Beach-Norfolk-Newport News, VA-NC	31
Visalia-Porterville, CA	31
Washington-Arlington-Alexandria, DC-VA-MD-WV	32
Wichita, KS	32
Worcester, MA	32
Youngstown-Warren-Boardman, OH-PA	33

Support Surfaces (Group 2 Mattresses and Overlays)

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Akron, OH	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$677.50
Akron, OH	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$210.31
Akron, OH	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.55
Akron, OH	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$225.00
Akron, OH	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$323.37
Albany-Schenectady-Troy, NY	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$724.65
Albany-Schenectady-Troy, NY	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$212.81
Albany-Schenectady-Troy, NY	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$243.10
Albany-Schenectady-Troy, NY	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$225.00
Albany-Schenectady-Troy, NY	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$297.71
Albuquerque, NM	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$713.91
Albuquerque, NM	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$217.82
Albuquerque, NM	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.20
Albuquerque, NM	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$227.48
Albuquerque, NM	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$290.59
Allentown-Bethlehem-Easton, PA-NJ	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$652.43
Allentown-Bethlehem-Easton, PA-NJ	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$212.31

Support Surfaces (Group 2 Mattresses and Overlays)

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Allentown-Bethlehem-Easton, PA-NJ	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.75
Allentown-Bethlehem-Easton, PA-NJ	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$222.40
Allentown-Bethlehem-Easton, PA-NJ	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$323.37
Asheville, NC	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$646.00
Asheville, NC	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$209.00
Asheville, NC	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$268.45
Asheville, NC	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$224.17
Asheville, NC	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$392.21
Atlanta-Sandy Springs-Marietta, GA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$667.21
Atlanta-Sandy Springs-Marietta, GA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$259.00
Atlanta-Sandy Springs-Marietta, GA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$280.92
Atlanta-Sandy Springs-Marietta, GA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$236.20
Atlanta-Sandy Springs-Marietta, GA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$341.32
Augusta-Richmond County, GA-SC	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$667.21
Augusta-Richmond County, GA-SC	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$230.00
Augusta-Richmond County, GA-SC	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.89
Augusta-Richmond County, GA-SC	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$230.00

Support Surfaces (Group 2 Mattresses and Overlays)

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Augusta-Richmond County, GA-SC	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$305.42
Austin-Round Rock-San Marcos, TX	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$581.91
Austin-Round Rock-San Marcos, TX	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$252.96
Austin-Round Rock-San Marcos, TX	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$238.10
Austin-Round Rock-San Marcos, TX	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$208.10
Austin-Round Rock-San Marcos, TX	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$290.00
Bakersfield-Delano, CA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$759.80
Bakersfield-Delano, CA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$195.12
Bakersfield-Delano, CA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$268.45
Bakersfield-Delano, CA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$232.11
Bakersfield-Delano, CA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$323.37
Baltimore-Towson, MD	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$618.50
Baltimore-Towson, MD	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$293.07
Baltimore-Towson, MD	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$255.40
Baltimore-Towson, MD	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$240.56
Baltimore-Towson, MD	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$318.10
Baton Rouge, LA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$675.40

Support Surfaces (Group 2 Mattresses and Overlays)

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baton Rouge, LA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$262.50
Baton Rouge, LA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$266.77
Baton Rouge, LA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$237.35
Baton Rouge, LA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$370.83
Beaumont-Port Arthur, TX	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$671.77
Beaumont-Port Arthur, TX	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$230.00
Beaumont-Port Arthur, TX	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.20
Beaumont-Port Arthur, TX	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$220.00
Beaumont-Port Arthur, TX	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$305.42
Birmingham-Hoover, AL	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$675.40
Birmingham-Hoover, AL	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$262.50
Birmingham-Hoover, AL	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$319.80
Birmingham-Hoover, AL	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$230.00
Birmingham-Hoover, AL	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$443.10
Boise City-Nampa, ID	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$687.50
Boise City-Nampa, ID	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$212.81
Boise City-Nampa, ID	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.55

Support Surfaces (Group 2 Mattresses and Overlays)

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boise City-Nampa, ID	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$230.00
Boise City-Nampa, ID	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$323.37
Boston-Cambridge-Quincy, MA-NH	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$563.81
Boston-Cambridge-Quincy, MA-NH	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$268.90
Boston-Cambridge-Quincy, MA-NH	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.20
Boston-Cambridge-Quincy, MA-NH	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$224.95
Boston-Cambridge-Quincy, MA-NH	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$291.18
Bridgeport-Stamford-Norwalk, CT	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$563.81
Bridgeport-Stamford-Norwalk, CT	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$268.90
Bridgeport-Stamford-Norwalk, CT	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.20
Bridgeport-Stamford-Norwalk, CT	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$224.95
Bridgeport-Stamford-Norwalk, CT	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$291.18
Bronx-Manhattan NY CBA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$520.92
Bronx-Manhattan NY CBA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$194.81
Bronx-Manhattan NY CBA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$194.23
Bronx-Manhattan NY CBA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$182.07
Bronx-Manhattan NY CBA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$276.16

Support Surfaces (Group 2 Mattresses and Overlays)

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Buffalo-Niagara Falls, NY	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$600.00
Buffalo-Niagara Falls, NY	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$223.17
Buffalo-Niagara Falls, NY	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.60
Buffalo-Niagara Falls, NY	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$230.00
Buffalo-Niagara Falls, NY	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$291.00
Cape Coral-Fort Myers, FL	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$550.09
Cape Coral-Fort Myers, FL	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$191.91
Cape Coral-Fort Myers, FL	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$243.10
Cape Coral-Fort Myers, FL	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$169.96
Cape Coral-Fort Myers, FL	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$196.72
Central-Chicago Metro CBA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$559.41
Central-Chicago Metro CBA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$301.19
Central-Chicago Metro CBA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.56
Central-Chicago Metro CBA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$230.00
Central-Chicago Metro CBA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$291.18
Charleston-North Charleston-Summerville, SC	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$591.91
Charleston-North Charleston-Summerville, SC	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$244.50

Support Surfaces (Group 2 Mattresses and Overlays)

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charleston-North Charleston-Summerville, SC	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.20
Charleston-North Charleston-Summerville, SC	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$235.37
Charleston-North Charleston-Summerville, SC	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$291.55
Chattanooga, TN-GA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$725.00
Chattanooga, TN-GA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$262.50
Chattanooga, TN-GA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.20
Chattanooga, TN-GA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$249.66
Chattanooga, TN-GA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$332.86
Colorado Springs, CO	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$698.50
Colorado Springs, CO	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$287.78
Colorado Springs, CO	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.20
Colorado Springs, CO	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$230.00
Colorado Springs, CO	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$305.42
Columbia, SC	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$620.00
Columbia, SC	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$259.00
Columbia, SC	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.20
Columbia, SC	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$249.66

Support Surfaces (Group 2 Mattresses and Overlays)

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbia, SC	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$305.42
Columbus, OH	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$596.91
Columbus, OH	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$197.31
Columbus, OH	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$225.67
Columbus, OH	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$225.00
Columbus, OH	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$297.71
Dayton, OH	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$671.91
Dayton, OH	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$195.13
Dayton, OH	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$258.45
Dayton, OH	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$239.47
Dayton, OH	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$323.39
Deltona-Daytona Beach-Ormond Beach, FL	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$560.18
Deltona-Daytona Beach-Ormond Beach, FL	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$225.53
Deltona-Daytona Beach-Ormond Beach, FL	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$264.35
Deltona-Daytona Beach-Ormond Beach, FL	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$174.98
Deltona-Daytona Beach-Ormond Beach, FL	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$203.43
Denver-Aurora-Broomfield, CO	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$672.00

Support Surfaces (Group 2 Mattresses and Overlays)

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Denver-Aurora-Broomfield, CO	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$303.80
Denver-Aurora-Broomfield, CO	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.20
Denver-Aurora-Broomfield, CO	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$236.20
Denver-Aurora-Broomfield, CO	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$305.74
Detroit-Warren-Livonia, MI	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$627.31
Detroit-Warren-Livonia, MI	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$268.91
Detroit-Warren-Livonia, MI	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.89
Detroit-Warren-Livonia, MI	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$231.00
Detroit-Warren-Livonia, MI	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$305.42
El Paso, TX	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$678.93
El Paso, TX	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$230.00
El Paso, TX	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.20
El Paso, TX	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$224.95
El Paso, TX	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$291.18
Flint, MI	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$725.00
Flint, MI	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$230.00
Flint, MI	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.89

Support Surfaces (Group 2 Mattresses and Overlays)

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Flint, MI	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$230.00
Flint, MI	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$328.20
Fresno, CA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$759.80
Fresno, CA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$181.91
Fresno, CA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$280.00
Fresno, CA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$244.68
Fresno, CA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$345.49
Grand Rapids-Wyoming, MI	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$738.88
Grand Rapids-Wyoming, MI	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$227.50
Grand Rapids-Wyoming, MI	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.20
Grand Rapids-Wyoming, MI	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$227.48
Grand Rapids-Wyoming, MI	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$316.81
Greensboro-High Point, NC	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$699.50
Greensboro-High Point, NC	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$230.00
Greensboro-High Point, NC	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.89
Greensboro-High Point, NC	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$230.00
Greensboro-High Point, NC	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$341.32

Support Surfaces (Group 2 Mattresses and Overlays)

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greenville-Mauldin-Easley, SC	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$696.10
Greenville-Mauldin-Easley, SC	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$209.50
Greenville-Mauldin-Easley, SC	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$268.45
Greenville-Mauldin-Easley, SC	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$239.83
Greenville-Mauldin-Easley, SC	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$323.37
Hartford-West Hartford-East Hartford, CT	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$560.00
Hartford-West Hartford-East Hartford, CT	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$268.90
Hartford-West Hartford-East Hartford, CT	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.20
Hartford-West Hartford-East Hartford, CT	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$236.20
Hartford-West Hartford-East Hartford, CT	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$300.00
Honolulu, HI	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$713.94
Honolulu, HI	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$320.00
Honolulu, HI	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.20
Honolulu, HI	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$230.00
Honolulu, HI	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$430.62
Houston-Sugar Land-Baytown, TX	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$620.00
Houston-Sugar Land-Baytown, TX	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$251.38

Support Surfaces (Group 2 Mattresses and Overlays)

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Houston-Sugar Land-Baytown, TX	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$230.00
Houston-Sugar Land-Baytown, TX	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$202.50
Houston-Sugar Land-Baytown, TX	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$282.50
Huntington-Ashland, WV-KY-OH	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$563.81
Huntington-Ashland, WV-KY-OH	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$227.50
Huntington-Ashland, WV-KY-OH	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.20
Huntington-Ashland, WV-KY-OH	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$227.48
Huntington-Ashland, WV-KY-OH	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$298.30
Indiana-Chicago Metro CBA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$627.31
Indiana-Chicago Metro CBA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$230.00
Indiana-Chicago Metro CBA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.89
Indiana-Chicago Metro CBA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$230.00
Indiana-Chicago Metro CBA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$305.42
Indianapolis-Carmel, IN	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$725.00
Indianapolis-Carmel, IN	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$195.63
Indianapolis-Carmel, IN	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.89
Indianapolis-Carmel, IN	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$248.93

Support Surfaces (Group 2 Mattresses and Overlays)

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indianapolis-Carmel, IN	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$341.32
Jackson, MS	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$688.10
Jackson, MS	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$264.90
Jackson, MS	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$290.00
Jackson, MS	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$230.00
Jackson, MS	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$435.30
Jacksonville, FL	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$560.18
Jacksonville, FL	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$230.00
Jacksonville, FL	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.20
Jacksonville, FL	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$180.00
Jacksonville, FL	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$223.95
Knoxville, TN	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$640.00
Knoxville, TN	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$262.50
Knoxville, TN	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.89
Knoxville, TN	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$234.36
Knoxville, TN	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$291.18
Lakeland-Winter Haven, FL	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$555.09

Support Surfaces (Group 2 Mattresses and Overlays)

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Lakeland-Winter Haven, FL	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$224.53
Lakeland-Winter Haven, FL	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$264.48
Lakeland-Winter Haven, FL	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$174.53
Lakeland-Winter Haven, FL	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$198.57
Las Vegas-Paradise, NV	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$624.43
Las Vegas-Paradise, NV	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$293.22
Las Vegas-Paradise, NV	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.55
Las Vegas-Paradise, NV	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$243.64
Las Vegas-Paradise, NV	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$345.49
Little Rock-North Little Rock-Conway, AR	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$674.25
Little Rock-North Little Rock-Conway, AR	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$256.25
Little Rock-North Little Rock-Conway, AR	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.20
Little Rock-North Little Rock-Conway, AR	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$239.83
Little Rock-North Little Rock-Conway, AR	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$331.26
Los Angeles County CBA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$595.56
Los Angeles County CBA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$174.60
Los Angeles County CBA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$272.20

Support Surfaces (Group 2 Mattresses and Overlays)

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Los Angeles County CBA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$234.61
Los Angeles County CBA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$317.71
Louisville/Jefferson County, KY-IN	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$571.91
Louisville/Jefferson County, KY-IN	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$210.31
Louisville/Jefferson County, KY-IN	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$240.60
Louisville/Jefferson County, KY-IN	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$225.00
Louisville/Jefferson County, KY-IN	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$298.30
McAllen-Edinburg-Mission, TX	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$685.86
McAllen-Edinburg-Mission, TX	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$303.80
McAllen-Edinburg-Mission, TX	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.20
McAllen-Edinburg-Mission, TX	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$230.00
McAllen-Edinburg-Mission, TX	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$305.42
Memphis, TN-MS-AR	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$725.00
Memphis, TN-MS-AR	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$312.60
Memphis, TN-MS-AR	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$290.00
Memphis, TN-MS-AR	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$268.46
Memphis, TN-MS-AR	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$378.53

Support Surfaces (Group 2 Mattresses and Overlays)

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Milwaukee-Waukesha-West Allis, WI	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$711.75
Milwaukee-Waukesha-West Allis, WI	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$261.53
Milwaukee-Waukesha-West Allis, WI	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.55
Milwaukee-Waukesha-West Allis, WI	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$272.30
Milwaukee-Waukesha-West Allis, WI	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$323.37
Minneapolis-St. Paul-Bloomington, MN-WI	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$725.00
Minneapolis-St. Paul-Bloomington, MN-WI	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$195.63
Minneapolis-St. Paul-Bloomington, MN-WI	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.89
Minneapolis-St. Paul-Bloomington, MN-WI	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$249.66
Minneapolis-St. Paul-Bloomington, MN-WI	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$341.32
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$720.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$247.49
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.89
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$249.66
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$341.32
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$572.13
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$226.90

Support Surfaces (Group 2 Mattresses and Overlays)

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$235.65
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$198.75
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$276.16
New Haven-Milford, CT	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$563.81
New Haven-Milford, CT	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$280.98
New Haven-Milford, CT	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.55
New Haven-Milford, CT	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$230.57
New Haven-Milford, CT	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$291.18
New Orleans-Metairie-Kenner, LA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$650.00
New Orleans-Metairie-Kenner, LA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$262.50
New Orleans-Metairie-Kenner, LA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.89
New Orleans-Metairie-Kenner, LA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$249.66
New Orleans-Metairie-Kenner, LA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$305.42
North East NY CBA Metro	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$501.85
North East NY CBA Metro	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$194.62
North East NY CBA Metro	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.20
North East NY CBA Metro	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$179.15

Support Surfaces (Group 2 Mattresses and Overlays)

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North East NY CBA Metro	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$290.00
North Port-Bradenton-Sarasota, FL	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$560.18
North Port-Bradenton-Sarasota, FL	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$223.83
North Port-Bradenton-Sarasota, FL	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$282.77
North Port-Bradenton-Sarasota, FL	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$179.96
North Port-Bradenton-Sarasota, FL	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$203.43
Northern NJ Metro CBA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$515.13
Northern NJ Metro CBA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$209.13
Northern NJ Metro CBA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$231.60
Northern NJ Metro CBA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$200.00
Northern NJ Metro CBA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$273.73
Northern-Chicago Metro CBA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$563.81
Northern-Chicago Metro CBA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$281.26
Northern-Chicago Metro CBA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.89
Northern-Chicago Metro CBA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$236.20
Northern-Chicago Metro CBA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$305.42
Ocala, FL	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$560.18

Support Surfaces (Group 2 Mattresses and Overlays)

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Ocala, FL	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$223.83
Ocala, FL	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$282.77
Ocala, FL	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$179.96
Ocala, FL	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$203.43
Oklahoma City, OK	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$670.42
Oklahoma City, OK	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$255.05
Oklahoma City, OK	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.55
Oklahoma City, OK	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$230.00
Oklahoma City, OK	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$302.71
Omaha-Council Bluffs, NE-IA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$620.00
Omaha-Council Bluffs, NE-IA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$195.63
Omaha-Council Bluffs, NE-IA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.89
Omaha-Council Bluffs, NE-IA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$220.00
Omaha-Council Bluffs, NE-IA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$341.32
Orange County CBA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$585.49
Orange County CBA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$124.70
Orange County CBA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$274.40

Support Surfaces (Group 2 Mattresses and Overlays)

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orange County CBA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$249.66
Orange County CBA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$349.66
Oxnard-Thousand Oaks-Ventura, CA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$595.56
Oxnard-Thousand Oaks-Ventura, CA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$147.70
Oxnard-Thousand Oaks-Ventura, CA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$258.45
Oxnard-Thousand Oaks-Ventura, CA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$236.96
Oxnard-Thousand Oaks-Ventura, CA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$323.37
Palm Bay-Melbourne-Titusville, FL	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$481.78
Palm Bay-Melbourne-Titusville, FL	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$208.16
Palm Bay-Melbourne-Titusville, FL	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$282.77
Palm Bay-Melbourne-Titusville, FL	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$169.96
Palm Bay-Melbourne-Titusville, FL	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$193.34
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$700.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$265.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.89
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$234.27
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$305.42

Support Surfaces (Group 2 Mattresses and Overlays)

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Phoenix-Mesa-Glendale, AZ	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$711.75
Phoenix-Mesa-Glendale, AZ	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$227.50
Phoenix-Mesa-Glendale, AZ	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$245.50
Phoenix-Mesa-Glendale, AZ	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$230.00
Phoenix-Mesa-Glendale, AZ	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$290.59
Portland-Vancouver-Hillsboro, OR-WA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$712.50
Portland-Vancouver-Hillsboro, OR-WA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$311.09
Portland-Vancouver-Hillsboro, OR-WA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$268.10
Portland-Vancouver-Hillsboro, OR-WA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$239.31
Portland-Vancouver-Hillsboro, OR-WA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$380.26
Poughkeepsie-Newburgh-Middletown, NY	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$575.92
Poughkeepsie-Newburgh-Middletown, NY	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$167.51
Poughkeepsie-Newburgh-Middletown, NY	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.55
Poughkeepsie-Newburgh-Middletown, NY	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$211.25
Poughkeepsie-Newburgh-Middletown, NY	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$297.71
Providence-New Bedford-Fall River, RI-MA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$687.15
Providence-New Bedford-Fall River, RI-MA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$233.01

Support Surfaces (Group 2 Mattresses and Overlays)

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Providence-New Bedford-Fall River, RI-MA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$268.45
Providence-New Bedford-Fall River, RI-MA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$233.10
Providence-New Bedford-Fall River, RI-MA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$323.50
Raleigh-Cary, NC	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$606.00
Raleigh-Cary, NC	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$246.25
Raleigh-Cary, NC	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.55
Raleigh-Cary, NC	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$227.48
Raleigh-Cary, NC	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$305.58
Richmond, VA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$725.00
Richmond, VA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$225.00
Richmond, VA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$290.00
Richmond, VA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$249.66
Richmond, VA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$341.32
Rochester, NY	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$674.25
Rochester, NY	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$262.98
Rochester, NY	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.20
Rochester, NY	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$239.45

Support Surfaces (Group 2 Mattresses and Overlays)

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Rochester, NY	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$332.31
Sacramento--Arden-Arcade--Roseville, CA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$642.50
Sacramento--Arden-Arcade--Roseville, CA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$208.56
Sacramento--Arden-Arcade--Roseville, CA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.55
Sacramento--Arden-Arcade--Roseville, CA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$225.00
Sacramento--Arden-Arcade--Roseville, CA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$323.37
Salt Lake City, UT	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$631.16
Salt Lake City, UT	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$255.00
Salt Lake City, UT	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$268.45
Salt Lake City, UT	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$243.08
Salt Lake City, UT	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$367.50
San Antonio-New Braunfels, TX	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$610.00
San Antonio-New Braunfels, TX	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$252.96
San Antonio-New Braunfels, TX	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$238.10
San Antonio-New Braunfels, TX	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$211.25
San Antonio-New Braunfels, TX	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$285.10
San Diego-Carlsbad-San Marcos, CA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$595.07

Support Surfaces (Group 2 Mattresses and Overlays)

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Diego-Carlsbad-San Marcos, CA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$181.91
San Diego-Carlsbad-San Marcos, CA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$282.20
San Diego-Carlsbad-San Marcos, CA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$237.35
San Diego-Carlsbad-San Marcos, CA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$335.66
San Francisco-Oakland-Fremont, CA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$784.14
San Francisco-Oakland-Fremont, CA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$245.00
San Francisco-Oakland-Fremont, CA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.55
San Francisco-Oakland-Fremont, CA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$239.83
San Francisco-Oakland-Fremont, CA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$323.37
San Jose-Sunnyvale-Santa Clara, CA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$707.18
San Jose-Sunnyvale-Santa Clara, CA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$253.74
San Jose-Sunnyvale-Santa Clara, CA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.55
San Jose-Sunnyvale-Santa Clara, CA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$227.48
San Jose-Sunnyvale-Santa Clara, CA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$298.30
Scranton--Wilkes-Barre, PA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$724.65
Scranton--Wilkes-Barre, PA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$210.31
Scranton--Wilkes-Barre, PA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.75

Support Surfaces (Group 2 Mattresses and Overlays)

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Scranton--Wilkes-Barre, PA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$227.40
Scranton--Wilkes-Barre, PA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$323.37
Seattle-Tacoma-Bellevue, WA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$683.81
Seattle-Tacoma-Bellevue, WA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$311.78
Seattle-Tacoma-Bellevue, WA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$268.10
Seattle-Tacoma-Bellevue, WA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$265.00
Seattle-Tacoma-Bellevue, WA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$384.95
South-West-Chicago-Metro CBA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$518.70
South-West-Chicago-Metro CBA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$225.00
South-West-Chicago-Metro CBA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.89
South-West-Chicago-Metro CBA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$230.00
South-West-Chicago-Metro CBA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$305.42
Southern NY Metro CBA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$515.13
Southern NY Metro CBA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$209.15
Southern NY Metro CBA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$196.93
Southern NY Metro CBA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$202.50
Southern NY Metro CBA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$273.73

Support Surfaces (Group 2 Mattresses and Overlays)

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Springfield, MA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$650.00
Springfield, MA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$225.00
Springfield, MA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.20
Springfield, MA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$224.90
Springfield, MA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$305.42
St. Louis, MO-IL	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$650.00
St. Louis, MO-IL	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$293.07
St. Louis, MO-IL	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.20
St. Louis, MO-IL	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$230.00
St. Louis, MO-IL	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$341.32
Stockton, CA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$794.59
Stockton, CA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$230.00
Stockton, CA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.89
Stockton, CA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$249.66
Stockton, CA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$341.32
Suffolk County CBA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$520.92
Suffolk County CBA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$177.31

Support Surfaces (Group 2 Mattresses and Overlays)

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Suffolk County CBA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$192.23
Suffolk County CBA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$190.82
Suffolk County CBA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$280.89
Syracuse, NY	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$724.65
Syracuse, NY	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$212.81
Syracuse, NY	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$248.45
Syracuse, NY	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$239.83
Syracuse, NY	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$315.66
Tampa-St. Petersburg-Clearwater, FL	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$550.00
Tampa-St. Petersburg-Clearwater, FL	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$225.23
Tampa-St. Petersburg-Clearwater, FL	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$240.00
Tampa-St. Petersburg-Clearwater, FL	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$179.96
Tampa-St. Petersburg-Clearwater, FL	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$203.43
Toledo, OH	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$644.41
Toledo, OH	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$197.76
Toledo, OH	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.55
Toledo, OH	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$227.48

Support Surfaces (Group 2 Mattresses and Overlays)

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Toledo, OH	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$302.71
Tucson, AZ	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$732.79
Tucson, AZ	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$223.25
Tucson, AZ	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$240.05
Tucson, AZ	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$222.48
Tucson, AZ	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$290.59
Tulsa, OK	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$712.28
Tulsa, OK	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$237.50
Tulsa, OK	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.55
Tulsa, OK	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$227.48
Tulsa, OK	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$316.25
Virginia Beach-Norfolk-Newport News, VA-NC	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$712.50
Virginia Beach-Norfolk-Newport News, VA-NC	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$264.75
Virginia Beach-Norfolk-Newport News, VA-NC	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$295.00
Virginia Beach-Norfolk-Newport News, VA-NC	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$249.66
Virginia Beach-Norfolk-Newport News, VA-NC	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$335.66
Visalia-Porterville, CA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$794.59

Support Surfaces (Group 2 Mattresses and Overlays)

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Visalia-Porterville, CA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$169.20
Visalia-Porterville, CA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$270.00
Visalia-Porterville, CA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$249.66
Visalia-Porterville, CA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$341.32
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$621.00
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$277.78
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.55
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$236.11
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$305.81
Wichita, KS	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$725.00
Wichita, KS	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$230.00
Wichita, KS	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.89
Wichita, KS	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$230.00
Wichita, KS	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$341.32
Worcester, MA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$687.15
Worcester, MA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$209.81
Worcester, MA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.55

Support Surfaces (Group 2 Mattresses and Overlays)

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Worcester, MA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$225.00
Worcester, MA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$305.55
Youngstown-Warren-Boardman, OH-PA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$695.89
Youngstown-Warren-Boardman, OH-PA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$225.00
Youngstown-Warren-Boardman, OH-PA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$246.89
Youngstown-Warren-Boardman, OH-PA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$248.93
Youngstown-Warren-Boardman, OH-PA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$341.32

Single Payment Amounts

Walkers and Related Accessories

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Albany-Schenectady-Troy, NY	6
Albuquerque, NM	8
Allentown-Bethlehem-Easton, PA-NJ	11
Asheville, NC	13
Atlanta-Sandy Springs-Marietta, GA	16
Augusta-Richmond County, GA-SC	18
Austin-Round Rock-San Marcos, TX	21
Bakersfield-Delano, CA	23
Baltimore-Towson, MD	26
Baton Rouge, LA	28
Beaumont-Port Arthur, TX	31
Birmingham-Hoover, AL	33
Boise City-Nampa, ID	36
Boston-Cambridge-Quincy, MA-NH	38
Bridgeport-Stamford-Norwalk, CT	41
Bronx-Manhattan, NY CBA	43
Buffalo-Niagara Falls, NY	46
Cape Coral-Fort Myers, FL	48
Central-Chicago Metro CBA	50
Charleston-North Charleston-Summerville, SC	53
Chattanooga, TN-GA	55
Colorado Springs, CO	58
Columbia, SC	60
Columbus, OH	63
Dayton, OH	65
Deltona-Daytona Beach-Ormond Beach, FL	68
Denver-Aurora-Broomfield, CO	70



Detroit-Warren-Livonia, MI	73
El Paso, TX	75
Flint, MI	78
Fresno, CA	80
Grand Rapids-Wyoming, MI	83
Greensboro-High Point, NC	85
Greenville-Mauldin-Easley, SC	88
Hartford-West Hartford-East Hartford, CT	90
Honolulu, HI	92
Houston-Sugar Land-Baytown, TX	95
Huntington-Ashland, WV-KY-OH	97
Indiana-Chicago Metro	100
Indianapolis-Carmel, IN	102
Jackson, MS	105
Jacksonville, FL	107
Knoxville, TN	110
Lakeland-Winter Haven, FL	112
Las Vegas-Paradise, NV	115
Little Rock-North Little Rock-Conway, AR	117
Los Angeles County CBA	120
Louisville/Jefferson County, KY-IN	122
McAllen-Edinburg-Mission, TX	125
Memphis, TN-MS-AR	127
Milwaukee-Waukesha-West Allis, WI	130
Minneapolis-St. Paul-Bloomington, MN-WI	132
Nashville-Davidson--Murfreeseboro--Franklin, TN	134
Nassau-Brooklyn-Queens-Richmond County Metro CBA	137
New Haven-Milford, CT	139
New Orleans-Metairie-Kenner, LA	142
North East NY CBA Metro	144
North Port-Bradenton-Sarasota, FL	147
Northern NJ Metro CBA	149
Northern-Chicago Metro CBA	152
Ocala, FL	154
Oklahoma City, OK	157
Omaha-Council Bluffs, NE-IA	159
Orange County CBA	162
Oxnard-Thousand Oaks-Ventura, CA	164

Palm Bay-Melbourne-Titusville, FL	167
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	169
Phoenix-Mesa-Glendale, AZ	172
Portland-Vancouver-Hillsboro, OR-WA	174
Poughkeepsie-Newburgh-Middletown, NY	176
Providence-New Bedford-Fall River, RI-MA	179
Raleigh-Cary, NC	181
Richmond, VA	184
Rochester, NY	186
Sacramento--Arden-Arcade--Roseville, CA	189
Salt Lake City, UT	191
San Antonio-New Braunfels, TX	194
San Diego-Carlsbad-San Marcos, CA	196
San Francisco-Oakland-Fremont, CA	199
San Jose-Sunnyvale-Santa Clara, CA	201
Scranton--Wilkes-Barre, PA	204
Seattle-Tacoma-Bellevue, WA	206
South-West-Chicago-Metro CBA	209
Southern NY Metro CBA	211
Springfield, MA	214
St. Louis, MO-IL	216
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Suffolk County CBA	221
Syracuse, NY	223
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Toledo, OH	228
Tucson, AZ	231
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Virginia Beach-Norfolk-Newport News, VA-NC	236
Visalia-Porterville, CA	238
Washington-Arlington-Alexandria, DC-VA-MD-WV	241
Wichita, KS	243
Worcester, MA	246
Youngstown-Warren-Boardman, OH-PA	248

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Akron, OH	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$38.50
Akron, OH	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$3.85
Akron, OH	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$28.88
Akron, OH	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$38.78
Akron, OH	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$3.88
Akron, OH	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$29.09
Akron, OH	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$220.50
Akron, OH	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$22.05
Akron, OH	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$165.38
Akron, OH	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$54.07
Akron, OH	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.41
Akron, OH	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$40.55
Akron, OH	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$45.00
Akron, OH	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$4.50
Akron, OH	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$33.75
Akron, OH	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$294.04
Akron, OH	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$29.40

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Akron, OH	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$220.53
Akron, OH	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$67.38
Akron, OH	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$6.74
Akron, OH	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$50.54
Akron, OH	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$95.47
Akron, OH	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$9.55
Akron, OH	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$71.60
Akron, OH	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$35.50
Akron, OH	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$3.55
Akron, OH	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$26.63
Akron, OH	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$15.10
Akron, OH	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.51
Akron, OH	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$11.33
Akron, OH	E0156	SEAT ATTACHMENT, WALKER	NU			\$13.32
Akron, OH	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.33
Akron, OH	E0156	SEAT ATTACHMENT, WALKER	UE			\$9.99
Akron, OH	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$41.16

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Akron, OH	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.12
Akron, OH	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$30.87
Akron, OH	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$17.00
Akron, OH	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.70
Akron, OH	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$12.75
Akron, OH	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$11.11
Akron, OH	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.11
Akron, OH	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$8.33
Albany-Schenectady-Troy, NY	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$41.98
Albany-Schenectady-Troy, NY	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.20
Albany-Schenectady-Troy, NY	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$31.49
Albany-Schenectady-Troy, NY	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$38.50
Albany-Schenectady-Troy, NY	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$3.85
Albany-Schenectady-Troy, NY	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$28.88
Albany-Schenectady-Troy, NY	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$256.91
Albany-Schenectady-Troy, NY	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$25.69
Albany-Schenectady-Troy, NY	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$192.68

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albany-Schenectady-Troy, NY	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$62.92
Albany-Schenectady-Troy, NY	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.29
Albany-Schenectady-Troy, NY	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$47.19
Albany-Schenectady-Troy, NY	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$46.50
Albany-Schenectady-Troy, NY	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$4.65
Albany-Schenectady-Troy, NY	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$34.88
Albany-Schenectady-Troy, NY	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$362.86
Albany-Schenectady-Troy, NY	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$36.29
Albany-Schenectady-Troy, NY	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$272.15
Albany-Schenectady-Troy, NY	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$67.50
Albany-Schenectady-Troy, NY	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$6.75
Albany-Schenectady-Troy, NY	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$50.63
Albany-Schenectady-Troy, NY	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$90.06
Albany-Schenectady-Troy, NY	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$9.01
Albany-Schenectady-Troy, NY	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$67.55
Albany-Schenectady-Troy, NY	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$39.80
Albany-Schenectady-Troy, NY	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$3.98

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albany-Schenectady-Troy, NY	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$29.85
Albany-Schenectady-Troy, NY	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$15.00
Albany-Schenectady-Troy, NY	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.50
Albany-Schenectady-Troy, NY	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$11.25
Albany-Schenectady-Troy, NY	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.76
Albany-Schenectady-Troy, NY	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.48
Albany-Schenectady-Troy, NY	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.07
Albany-Schenectady-Troy, NY	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$47.03
Albany-Schenectady-Troy, NY	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.70
Albany-Schenectady-Troy, NY	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$35.27
Albany-Schenectady-Troy, NY	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$17.08
Albany-Schenectady-Troy, NY	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.71
Albany-Schenectady-Troy, NY	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$12.81
Albany-Schenectady-Troy, NY	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.28
Albany-Schenectady-Troy, NY	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.23
Albany-Schenectady-Troy, NY	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.21
Albuquerque, NM	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$43.82

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albuquerque, NM	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.38
Albuquerque, NM	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.87
Albuquerque, NM	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$42.69
Albuquerque, NM	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.27
Albuquerque, NM	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.02
Albuquerque, NM	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$234.73
Albuquerque, NM	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$23.47
Albuquerque, NM	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$176.05
Albuquerque, NM	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$69.00
Albuquerque, NM	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.90
Albuquerque, NM	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$51.75
Albuquerque, NM	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$55.00
Albuquerque, NM	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.50
Albuquerque, NM	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$41.25
Albuquerque, NM	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$345.90
Albuquerque, NM	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$34.59
Albuquerque, NM	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$259.43

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albuquerque, NM	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$77.62
Albuquerque, NM	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.76
Albuquerque, NM	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$58.22
Albuquerque, NM	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$128.32
Albuquerque, NM	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.83
Albuquerque, NM	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$96.24
Albuquerque, NM	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$43.17
Albuquerque, NM	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.32
Albuquerque, NM	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$32.38
Albuquerque, NM	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.45
Albuquerque, NM	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.85
Albuquerque, NM	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.84
Albuquerque, NM	E0156	SEAT ATTACHMENT, WALKER	NU			\$13.55
Albuquerque, NM	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.36
Albuquerque, NM	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.16
Albuquerque, NM	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$50.00
Albuquerque, NM	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Albuquerque, NM	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$37.50
Albuquerque, NM	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$18.00
Albuquerque, NM	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.80
Albuquerque, NM	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$13.50
Albuquerque, NM	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.00
Albuquerque, NM	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.30
Albuquerque, NM	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.75
Allentown-Bethlehem-Easton, PA-NJ	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$42.56
Allentown-Bethlehem-Easton, PA-NJ	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.26
Allentown-Bethlehem-Easton, PA-NJ	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$31.92
Allentown-Bethlehem-Easton, PA-NJ	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$44.88
Allentown-Bethlehem-Easton, PA-NJ	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.49
Allentown-Bethlehem-Easton, PA-NJ	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.66
Allentown-Bethlehem-Easton, PA-NJ	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$246.72
Allentown-Bethlehem-Easton, PA-NJ	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$24.67
Allentown-Bethlehem-Easton, PA-NJ	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$185.04
Allentown-Bethlehem-Easton, PA-NJ	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$65.52

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Allentown-Bethlehem-Easton, PA-NJ	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.55
Allentown-Bethlehem-Easton, PA-NJ	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$49.14
Allentown-Bethlehem-Easton, PA-NJ	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$51.00
Allentown-Bethlehem-Easton, PA-NJ	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.10
Allentown-Bethlehem-Easton, PA-NJ	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$38.25
Allentown-Bethlehem-Easton, PA-NJ	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$367.86
Allentown-Bethlehem-Easton, PA-NJ	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$36.79
Allentown-Bethlehem-Easton, PA-NJ	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$275.90
Allentown-Bethlehem-Easton, PA-NJ	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$78.68
Allentown-Bethlehem-Easton, PA-NJ	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.87
Allentown-Bethlehem-Easton, PA-NJ	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$59.01
Allentown-Bethlehem-Easton, PA-NJ	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$114.78
Allentown-Bethlehem-Easton, PA-NJ	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$11.48
Allentown-Bethlehem-Easton, PA-NJ	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$86.09
Allentown-Bethlehem-Easton, PA-NJ	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$40.33
Allentown-Bethlehem-Easton, PA-NJ	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.03
Allentown-Bethlehem-Easton, PA-NJ	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$30.25

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Allentown-Bethlehem-Easton, PA-NJ	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$17.37
Allentown-Bethlehem-Easton, PA-NJ	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.74
Allentown-Bethlehem-Easton, PA-NJ	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.03
Allentown-Bethlehem-Easton, PA-NJ	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.18
Allentown-Bethlehem-Easton, PA-NJ	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.42
Allentown-Bethlehem-Easton, PA-NJ	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.64
Allentown-Bethlehem-Easton, PA-NJ	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$46.65
Allentown-Bethlehem-Easton, PA-NJ	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.67
Allentown-Bethlehem-Easton, PA-NJ	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$34.99
Allentown-Bethlehem-Easton, PA-NJ	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$17.50
Allentown-Bethlehem-Easton, PA-NJ	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.75
Allentown-Bethlehem-Easton, PA-NJ	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$13.13
Allentown-Bethlehem-Easton, PA-NJ	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.96
Allentown-Bethlehem-Easton, PA-NJ	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.30
Allentown-Bethlehem-Easton, PA-NJ	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.72
Asheville, NC	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$47.30
Asheville, NC	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.73

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Asheville, NC	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$35.48
Asheville, NC	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$39.20
Asheville, NC	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$3.92
Asheville, NC	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$29.40
Asheville, NC	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$262.86
Asheville, NC	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$26.29
Asheville, NC	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$197.15
Asheville, NC	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$72.74
Asheville, NC	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.27
Asheville, NC	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$54.56
Asheville, NC	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$45.98
Asheville, NC	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$4.60
Asheville, NC	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$34.49
Asheville, NC	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$404.58
Asheville, NC	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$40.46
Asheville, NC	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$303.44
Asheville, NC	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$79.30

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Asheville, NC	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.93
Asheville, NC	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$59.48
Asheville, NC	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$98.81
Asheville, NC	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$9.88
Asheville, NC	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$74.11
Asheville, NC	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$43.50
Asheville, NC	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.35
Asheville, NC	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$32.63
Asheville, NC	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.26
Asheville, NC	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.83
Asheville, NC	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.70
Asheville, NC	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.25
Asheville, NC	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.53
Asheville, NC	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.44
Asheville, NC	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$60.30
Asheville, NC	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$6.03
Asheville, NC	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$45.23

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Asheville, NC	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.99
Asheville, NC	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$2.00
Asheville, NC	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.99
Asheville, NC	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.22
Asheville, NC	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.32
Asheville, NC	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.92
Atlanta-Sandy Springs-Marietta, GA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$46.00
Atlanta-Sandy Springs-Marietta, GA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.60
Atlanta-Sandy Springs-Marietta, GA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.50
Atlanta-Sandy Springs-Marietta, GA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$41.98
Atlanta-Sandy Springs-Marietta, GA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.20
Atlanta-Sandy Springs-Marietta, GA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$31.49
Atlanta-Sandy Springs-Marietta, GA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$260.00
Atlanta-Sandy Springs-Marietta, GA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$26.00
Atlanta-Sandy Springs-Marietta, GA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$195.00
Atlanta-Sandy Springs-Marietta, GA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$74.27
Atlanta-Sandy Springs-Marietta, GA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.43

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Atlanta-Sandy Springs-Marietta, GA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$55.70
Atlanta-Sandy Springs-Marietta, GA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$55.00
Atlanta-Sandy Springs-Marietta, GA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.50
Atlanta-Sandy Springs-Marietta, GA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$41.25
Atlanta-Sandy Springs-Marietta, GA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$383.15
Atlanta-Sandy Springs-Marietta, GA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$38.32
Atlanta-Sandy Springs-Marietta, GA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$287.36
Atlanta-Sandy Springs-Marietta, GA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$79.00
Atlanta-Sandy Springs-Marietta, GA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.90
Atlanta-Sandy Springs-Marietta, GA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$59.25
Atlanta-Sandy Springs-Marietta, GA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$123.98
Atlanta-Sandy Springs-Marietta, GA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.40
Atlanta-Sandy Springs-Marietta, GA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$92.99
Atlanta-Sandy Springs-Marietta, GA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$43.54
Atlanta-Sandy Springs-Marietta, GA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.35
Atlanta-Sandy Springs-Marietta, GA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$32.66
Atlanta-Sandy Springs-Marietta, GA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.63

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Atlanta-Sandy Springs-Marietta, GA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.86
Atlanta-Sandy Springs-Marietta, GA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.97
Atlanta-Sandy Springs-Marietta, GA	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.10
Atlanta-Sandy Springs-Marietta, GA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.51
Atlanta-Sandy Springs-Marietta, GA	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.33
Atlanta-Sandy Springs-Marietta, GA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$50.24
Atlanta-Sandy Springs-Marietta, GA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.02
Atlanta-Sandy Springs-Marietta, GA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$37.68
Atlanta-Sandy Springs-Marietta, GA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.72
Atlanta-Sandy Springs-Marietta, GA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.97
Atlanta-Sandy Springs-Marietta, GA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.79
Atlanta-Sandy Springs-Marietta, GA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.92
Atlanta-Sandy Springs-Marietta, GA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.29
Atlanta-Sandy Springs-Marietta, GA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.69
Augusta-Richmond County, GA-SC	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$46.00
Augusta-Richmond County, GA-SC	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.60
Augusta-Richmond County, GA-SC	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.50

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Augusta-Richmond County, GA-SC	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$40.98
Augusta-Richmond County, GA-SC	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.10
Augusta-Richmond County, GA-SC	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$30.74
Augusta-Richmond County, GA-SC	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$260.00
Augusta-Richmond County, GA-SC	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$26.00
Augusta-Richmond County, GA-SC	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$195.00
Augusta-Richmond County, GA-SC	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$69.00
Augusta-Richmond County, GA-SC	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.90
Augusta-Richmond County, GA-SC	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$51.75
Augusta-Richmond County, GA-SC	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$53.82
Augusta-Richmond County, GA-SC	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.38
Augusta-Richmond County, GA-SC	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$40.37
Augusta-Richmond County, GA-SC	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$380.00
Augusta-Richmond County, GA-SC	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$38.00
Augusta-Richmond County, GA-SC	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$285.00
Augusta-Richmond County, GA-SC	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$78.91
Augusta-Richmond County, GA-SC	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.89

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Augusta-Richmond County, GA-SC	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$59.18
Augusta-Richmond County, GA-SC	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$125.10
Augusta-Richmond County, GA-SC	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.51
Augusta-Richmond County, GA-SC	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$93.83
Augusta-Richmond County, GA-SC	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$43.00
Augusta-Richmond County, GA-SC	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.30
Augusta-Richmond County, GA-SC	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$32.25
Augusta-Richmond County, GA-SC	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.63
Augusta-Richmond County, GA-SC	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.86
Augusta-Richmond County, GA-SC	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.97
Augusta-Richmond County, GA-SC	E0156	SEAT ATTACHMENT, WALKER	NU			\$16.00
Augusta-Richmond County, GA-SC	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.60
Augusta-Richmond County, GA-SC	E0156	SEAT ATTACHMENT, WALKER	UE			\$12.00
Augusta-Richmond County, GA-SC	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$49.98
Augusta-Richmond County, GA-SC	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.00
Augusta-Richmond County, GA-SC	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$37.49
Augusta-Richmond County, GA-SC	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.72

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Augusta-Richmond County, GA-SC	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.97
Augusta-Richmond County, GA-SC	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.79
Augusta-Richmond County, GA-SC	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.92
Augusta-Richmond County, GA-SC	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.29
Augusta-Richmond County, GA-SC	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.69
Austin-Round Rock-San Marcos, TX	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$42.50
Austin-Round Rock-San Marcos, TX	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.25
Austin-Round Rock-San Marcos, TX	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$31.88
Austin-Round Rock-San Marcos, TX	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$39.00
Austin-Round Rock-San Marcos, TX	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$3.90
Austin-Round Rock-San Marcos, TX	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$29.25
Austin-Round Rock-San Marcos, TX	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$255.22
Austin-Round Rock-San Marcos, TX	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$25.52
Austin-Round Rock-San Marcos, TX	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$191.42
Austin-Round Rock-San Marcos, TX	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$64.55
Austin-Round Rock-San Marcos, TX	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.46
Austin-Round Rock-San Marcos, TX	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$48.41

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Austin-Round Rock-San Marcos, TX	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$47.82
Austin-Round Rock-San Marcos, TX	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$4.78
Austin-Round Rock-San Marcos, TX	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$35.87
Austin-Round Rock-San Marcos, TX	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$377.62
Austin-Round Rock-San Marcos, TX	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.76
Austin-Round Rock-San Marcos, TX	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$283.22
Austin-Round Rock-San Marcos, TX	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$73.60
Austin-Round Rock-San Marcos, TX	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.36
Austin-Round Rock-San Marcos, TX	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$55.20
Austin-Round Rock-San Marcos, TX	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$101.86
Austin-Round Rock-San Marcos, TX	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$10.19
Austin-Round Rock-San Marcos, TX	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$76.40
Austin-Round Rock-San Marcos, TX	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$40.61
Austin-Round Rock-San Marcos, TX	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.06
Austin-Round Rock-San Marcos, TX	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$30.46
Austin-Round Rock-San Marcos, TX	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$17.36
Austin-Round Rock-San Marcos, TX	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.74

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Austin-Round Rock-San Marcos, TX	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.02
Austin-Round Rock-San Marcos, TX	E0156	SEAT ATTACHMENT, WALKER	NU			\$13.11
Austin-Round Rock-San Marcos, TX	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.31
Austin-Round Rock-San Marcos, TX	E0156	SEAT ATTACHMENT, WALKER	UE			\$9.83
Austin-Round Rock-San Marcos, TX	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$47.18
Austin-Round Rock-San Marcos, TX	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.72
Austin-Round Rock-San Marcos, TX	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$35.39
Austin-Round Rock-San Marcos, TX	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$18.12
Austin-Round Rock-San Marcos, TX	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.81
Austin-Round Rock-San Marcos, TX	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$13.59
Austin-Round Rock-San Marcos, TX	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.84
Austin-Round Rock-San Marcos, TX	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.28
Austin-Round Rock-San Marcos, TX	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.63
Bakersfield-Delano, CA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$51.06
Bakersfield-Delano, CA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$5.11
Bakersfield-Delano, CA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$38.30
Bakersfield-Delano, CA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$42.52

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bakersfield-Delano, CA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.25
Bakersfield-Delano, CA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$31.89
Bakersfield-Delano, CA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$292.10
Bakersfield-Delano, CA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$29.21
Bakersfield-Delano, CA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$219.08
Bakersfield-Delano, CA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$73.50
Bakersfield-Delano, CA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.35
Bakersfield-Delano, CA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$55.13
Bakersfield-Delano, CA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$53.02
Bakersfield-Delano, CA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.30
Bakersfield-Delano, CA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$39.77
Bakersfield-Delano, CA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$377.86
Bakersfield-Delano, CA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.79
Bakersfield-Delano, CA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$283.40
Bakersfield-Delano, CA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$83.30
Bakersfield-Delano, CA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.33
Bakersfield-Delano, CA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$62.48

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bakersfield-Delano, CA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$116.75
Bakersfield-Delano, CA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$11.68
Bakersfield-Delano, CA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$87.56
Bakersfield-Delano, CA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$43.31
Bakersfield-Delano, CA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.33
Bakersfield-Delano, CA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$32.48
Bakersfield-Delano, CA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$19.64
Bakersfield-Delano, CA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.96
Bakersfield-Delano, CA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$14.73
Bakersfield-Delano, CA	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.80
Bakersfield-Delano, CA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.48
Bakersfield-Delano, CA	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.10
Bakersfield-Delano, CA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$57.48
Bakersfield-Delano, CA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.75
Bakersfield-Delano, CA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$43.11
Bakersfield-Delano, CA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.86
Bakersfield-Delano, CA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.99

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bakersfield-Delano, CA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.90
Bakersfield-Delano, CA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.84
Bakersfield-Delano, CA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.28
Bakersfield-Delano, CA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.63
Baltimore-Towson, MD	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$46.40
Baltimore-Towson, MD	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.64
Baltimore-Towson, MD	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.80
Baltimore-Towson, MD	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$45.18
Baltimore-Towson, MD	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.52
Baltimore-Towson, MD	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.89
Baltimore-Towson, MD	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$267.08
Baltimore-Towson, MD	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$26.71
Baltimore-Towson, MD	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$200.31
Baltimore-Towson, MD	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$70.25
Baltimore-Towson, MD	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.03
Baltimore-Towson, MD	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$52.69
Baltimore-Towson, MD	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$59.50

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baltimore-Towson, MD	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.95
Baltimore-Towson, MD	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$44.63
Baltimore-Towson, MD	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$377.86
Baltimore-Towson, MD	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.79
Baltimore-Towson, MD	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$283.40
Baltimore-Towson, MD	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$82.67
Baltimore-Towson, MD	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.27
Baltimore-Towson, MD	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$62.00
Baltimore-Towson, MD	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$129.52
Baltimore-Towson, MD	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.95
Baltimore-Towson, MD	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$97.14
Baltimore-Towson, MD	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$42.64
Baltimore-Towson, MD	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.26
Baltimore-Towson, MD	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$31.98
Baltimore-Towson, MD	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.69
Baltimore-Towson, MD	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.87
Baltimore-Towson, MD	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$14.02

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baltimore-Towson, MD	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.75
Baltimore-Towson, MD	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.48
Baltimore-Towson, MD	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.06
Baltimore-Towson, MD	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$49.56
Baltimore-Towson, MD	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.96
Baltimore-Towson, MD	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$37.17
Baltimore-Towson, MD	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.40
Baltimore-Towson, MD	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.94
Baltimore-Towson, MD	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.55
Baltimore-Towson, MD	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.95
Baltimore-Towson, MD	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.30
Baltimore-Towson, MD	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.71
Baton Rouge, LA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$48.77
Baton Rouge, LA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.88
Baton Rouge, LA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$36.58
Baton Rouge, LA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$46.19
Baton Rouge, LA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.62

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baton Rouge, LA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.64
Baton Rouge, LA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$295.00
Baton Rouge, LA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$29.50
Baton Rouge, LA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$221.25
Baton Rouge, LA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$78.99
Baton Rouge, LA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.90
Baton Rouge, LA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$59.24
Baton Rouge, LA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$50.00
Baton Rouge, LA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.00
Baton Rouge, LA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$37.50
Baton Rouge, LA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$393.79
Baton Rouge, LA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$39.38
Baton Rouge, LA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$295.34
Baton Rouge, LA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$84.60
Baton Rouge, LA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.46
Baton Rouge, LA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$63.45
Baton Rouge, LA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$140.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baton Rouge, LA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$14.00
Baton Rouge, LA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$105.00
Baton Rouge, LA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$48.31
Baton Rouge, LA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.83
Baton Rouge, LA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$36.23
Baton Rouge, LA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.63
Baton Rouge, LA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.86
Baton Rouge, LA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.97
Baton Rouge, LA	E0156	SEAT ATTACHMENT, WALKER	NU			\$17.13
Baton Rouge, LA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.71
Baton Rouge, LA	E0156	SEAT ATTACHMENT, WALKER	UE			\$12.85
Baton Rouge, LA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$60.00
Baton Rouge, LA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$6.00
Baton Rouge, LA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$45.00
Baton Rouge, LA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$20.27
Baton Rouge, LA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$2.03
Baton Rouge, LA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$15.20

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Baton Rouge, LA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.00
Baton Rouge, LA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.30
Baton Rouge, LA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.75
Beaumont-Port Arthur, TX	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$42.82
Beaumont-Port Arthur, TX	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.28
Beaumont-Port Arthur, TX	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.12
Beaumont-Port Arthur, TX	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$38.89
Beaumont-Port Arthur, TX	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$3.89
Beaumont-Port Arthur, TX	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$29.17
Beaumont-Port Arthur, TX	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$276.86
Beaumont-Port Arthur, TX	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$27.69
Beaumont-Port Arthur, TX	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$207.65
Beaumont-Port Arthur, TX	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$64.55
Beaumont-Port Arthur, TX	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.46
Beaumont-Port Arthur, TX	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$48.41
Beaumont-Port Arthur, TX	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$47.82
Beaumont-Port Arthur, TX	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$4.78

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Beaumont-Port Arthur, TX	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$35.87
Beaumont-Port Arthur, TX	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$361.64
Beaumont-Port Arthur, TX	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$36.16
Beaumont-Port Arthur, TX	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$271.23
Beaumont-Port Arthur, TX	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$72.00
Beaumont-Port Arthur, TX	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.20
Beaumont-Port Arthur, TX	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$54.00
Beaumont-Port Arthur, TX	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$99.96
Beaumont-Port Arthur, TX	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$10.00
Beaumont-Port Arthur, TX	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$74.97
Beaumont-Port Arthur, TX	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$39.80
Beaumont-Port Arthur, TX	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$3.98
Beaumont-Port Arthur, TX	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$29.85
Beaumont-Port Arthur, TX	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$17.36
Beaumont-Port Arthur, TX	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.74
Beaumont-Port Arthur, TX	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.02
Beaumont-Port Arthur, TX	E0156	SEAT ATTACHMENT, WALKER	NU			\$13.91

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Beaumont-Port Arthur, TX	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.39
Beaumont-Port Arthur, TX	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.43
Beaumont-Port Arthur, TX	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$48.99
Beaumont-Port Arthur, TX	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.90
Beaumont-Port Arthur, TX	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$36.74
Beaumont-Port Arthur, TX	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$17.70
Beaumont-Port Arthur, TX	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.77
Beaumont-Port Arthur, TX	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$13.28
Beaumont-Port Arthur, TX	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.32
Beaumont-Port Arthur, TX	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.23
Beaumont-Port Arthur, TX	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.24
Birmingham-Hoover, AL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$48.28
Birmingham-Hoover, AL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.83
Birmingham-Hoover, AL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$36.21
Birmingham-Hoover, AL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$44.84
Birmingham-Hoover, AL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.48
Birmingham-Hoover, AL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.63

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Birmingham-Hoover, AL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$263.90
Birmingham-Hoover, AL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$26.39
Birmingham-Hoover, AL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$197.93
Birmingham-Hoover, AL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$78.06
Birmingham-Hoover, AL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.81
Birmingham-Hoover, AL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$58.55
Birmingham-Hoover, AL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$55.24
Birmingham-Hoover, AL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.52
Birmingham-Hoover, AL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$41.43
Birmingham-Hoover, AL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$392.22
Birmingham-Hoover, AL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$39.22
Birmingham-Hoover, AL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$294.17
Birmingham-Hoover, AL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$82.80
Birmingham-Hoover, AL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.28
Birmingham-Hoover, AL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$62.10
Birmingham-Hoover, AL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$126.61
Birmingham-Hoover, AL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.66

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Birmingham-Hoover, AL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$94.96
Birmingham-Hoover, AL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$42.94
Birmingham-Hoover, AL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.29
Birmingham-Hoover, AL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$32.21
Birmingham-Hoover, AL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$19.82
Birmingham-Hoover, AL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.98
Birmingham-Hoover, AL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$14.87
Birmingham-Hoover, AL	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.42
Birmingham-Hoover, AL	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.54
Birmingham-Hoover, AL	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.57
Birmingham-Hoover, AL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$51.42
Birmingham-Hoover, AL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.14
Birmingham-Hoover, AL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$38.57
Birmingham-Hoover, AL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$20.86
Birmingham-Hoover, AL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$2.09
Birmingham-Hoover, AL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$15.65
Birmingham-Hoover, AL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.01

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Birmingham-Hoover, AL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.30
Birmingham-Hoover, AL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.76
Boise City-Nampa, ID	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$43.82
Boise City-Nampa, ID	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.38
Boise City-Nampa, ID	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.87
Boise City-Nampa, ID	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$40.25
Boise City-Nampa, ID	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.03
Boise City-Nampa, ID	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$30.19
Boise City-Nampa, ID	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$258.72
Boise City-Nampa, ID	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$25.87
Boise City-Nampa, ID	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$194.04
Boise City-Nampa, ID	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$69.38
Boise City-Nampa, ID	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.94
Boise City-Nampa, ID	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$52.04
Boise City-Nampa, ID	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$52.04
Boise City-Nampa, ID	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.20
Boise City-Nampa, ID	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$39.03

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boise City-Nampa, ID	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$375.72
Boise City-Nampa, ID	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.57
Boise City-Nampa, ID	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$281.79
Boise City-Nampa, ID	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$82.00
Boise City-Nampa, ID	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.20
Boise City-Nampa, ID	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$61.50
Boise City-Nampa, ID	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$115.58
Boise City-Nampa, ID	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$11.56
Boise City-Nampa, ID	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$86.69
Boise City-Nampa, ID	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$43.08
Boise City-Nampa, ID	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.31
Boise City-Nampa, ID	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$32.31
Boise City-Nampa, ID	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.63
Boise City-Nampa, ID	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.86
Boise City-Nampa, ID	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.97
Boise City-Nampa, ID	E0156	SEAT ATTACHMENT, WALKER	NU			\$16.02
Boise City-Nampa, ID	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.60

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boise City-Nampa, ID	E0156	SEAT ATTACHMENT, WALKER	UE			\$12.02
Boise City-Nampa, ID	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$50.06
Boise City-Nampa, ID	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.01
Boise City-Nampa, ID	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$37.55
Boise City-Nampa, ID	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.66
Boise City-Nampa, ID	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.97
Boise City-Nampa, ID	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.75
Boise City-Nampa, ID	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.69
Boise City-Nampa, ID	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.27
Boise City-Nampa, ID	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.52
Boston-Cambridge-Quincy, MA-NH	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$45.16
Boston-Cambridge-Quincy, MA-NH	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.52
Boston-Cambridge-Quincy, MA-NH	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.87
Boston-Cambridge-Quincy, MA-NH	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$46.50
Boston-Cambridge-Quincy, MA-NH	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.65
Boston-Cambridge-Quincy, MA-NH	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.88
Boston-Cambridge-Quincy, MA-NH	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$281.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boston-Cambridge-Quincy, MA-NH	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$28.10
Boston-Cambridge-Quincy, MA-NH	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$210.75
Boston-Cambridge-Quincy, MA-NH	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$76.00
Boston-Cambridge-Quincy, MA-NH	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.60
Boston-Cambridge-Quincy, MA-NH	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$57.00
Boston-Cambridge-Quincy, MA-NH	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$58.24
Boston-Cambridge-Quincy, MA-NH	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.82
Boston-Cambridge-Quincy, MA-NH	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$43.68
Boston-Cambridge-Quincy, MA-NH	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$386.90
Boston-Cambridge-Quincy, MA-NH	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$38.69
Boston-Cambridge-Quincy, MA-NH	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$290.18
Boston-Cambridge-Quincy, MA-NH	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$81.00
Boston-Cambridge-Quincy, MA-NH	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.10
Boston-Cambridge-Quincy, MA-NH	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$60.75
Boston-Cambridge-Quincy, MA-NH	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$127.04
Boston-Cambridge-Quincy, MA-NH	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.70
Boston-Cambridge-Quincy, MA-NH	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$95.28

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boston-Cambridge-Quincy, MA-NH	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$43.27
Boston-Cambridge-Quincy, MA-NH	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.33
Boston-Cambridge-Quincy, MA-NH	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$32.45
Boston-Cambridge-Quincy, MA-NH	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.56
Boston-Cambridge-Quincy, MA-NH	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.86
Boston-Cambridge-Quincy, MA-NH	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.92
Boston-Cambridge-Quincy, MA-NH	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.98
Boston-Cambridge-Quincy, MA-NH	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.50
Boston-Cambridge-Quincy, MA-NH	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.24
Boston-Cambridge-Quincy, MA-NH	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$58.06
Boston-Cambridge-Quincy, MA-NH	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.81
Boston-Cambridge-Quincy, MA-NH	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$43.55
Boston-Cambridge-Quincy, MA-NH	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.76
Boston-Cambridge-Quincy, MA-NH	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.98
Boston-Cambridge-Quincy, MA-NH	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.82
Boston-Cambridge-Quincy, MA-NH	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.84
Boston-Cambridge-Quincy, MA-NH	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.28

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Boston-Cambridge-Quincy, MA-NH	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.63
Bridgeport-Stamford-Norwalk, CT	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$44.02
Bridgeport-Stamford-Norwalk, CT	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.40
Bridgeport-Stamford-Norwalk, CT	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.02
Bridgeport-Stamford-Norwalk, CT	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$38.64
Bridgeport-Stamford-Norwalk, CT	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$3.86
Bridgeport-Stamford-Norwalk, CT	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$28.98
Bridgeport-Stamford-Norwalk, CT	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$246.86
Bridgeport-Stamford-Norwalk, CT	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$24.69
Bridgeport-Stamford-Norwalk, CT	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$185.15
Bridgeport-Stamford-Norwalk, CT	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$68.64
Bridgeport-Stamford-Norwalk, CT	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.86
Bridgeport-Stamford-Norwalk, CT	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$51.48
Bridgeport-Stamford-Norwalk, CT	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$49.50
Bridgeport-Stamford-Norwalk, CT	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$4.95
Bridgeport-Stamford-Norwalk, CT	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$37.13
Bridgeport-Stamford-Norwalk, CT	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$377.86

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bridgeport-Stamford-Norwalk, CT	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.79
Bridgeport-Stamford-Norwalk, CT	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$283.40
Bridgeport-Stamford-Norwalk, CT	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$77.46
Bridgeport-Stamford-Norwalk, CT	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.75
Bridgeport-Stamford-Norwalk, CT	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$58.10
Bridgeport-Stamford-Norwalk, CT	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$101.62
Bridgeport-Stamford-Norwalk, CT	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$10.16
Bridgeport-Stamford-Norwalk, CT	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$76.22
Bridgeport-Stamford-Norwalk, CT	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$40.48
Bridgeport-Stamford-Norwalk, CT	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.05
Bridgeport-Stamford-Norwalk, CT	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$30.36
Bridgeport-Stamford-Norwalk, CT	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$17.32
Bridgeport-Stamford-Norwalk, CT	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.73
Bridgeport-Stamford-Norwalk, CT	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$12.99
Bridgeport-Stamford-Norwalk, CT	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.30
Bridgeport-Stamford-Norwalk, CT	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.53
Bridgeport-Stamford-Norwalk, CT	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.48

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bridgeport-Stamford-Norwalk, CT	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$51.49
Bridgeport-Stamford-Norwalk, CT	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.15
Bridgeport-Stamford-Norwalk, CT	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$38.62
Bridgeport-Stamford-Norwalk, CT	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$17.44
Bridgeport-Stamford-Norwalk, CT	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.74
Bridgeport-Stamford-Norwalk, CT	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$13.08
Bridgeport-Stamford-Norwalk, CT	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.50
Bridgeport-Stamford-Norwalk, CT	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.35
Bridgeport-Stamford-Norwalk, CT	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$10.13
Bronx-Manhattan NY CBA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$42.00
Bronx-Manhattan NY CBA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.20
Bronx-Manhattan NY CBA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$31.50
Bronx-Manhattan NY CBA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$38.81
Bronx-Manhattan NY CBA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$3.88
Bronx-Manhattan NY CBA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$29.11
Bronx-Manhattan NY CBA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$220.50
Bronx-Manhattan NY CBA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$22.05

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bronx-Manhattan NY CBA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$165.38
Bronx-Manhattan NY CBA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$63.51
Bronx-Manhattan NY CBA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.35
Bronx-Manhattan NY CBA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$47.63
Bronx-Manhattan NY CBA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$49.00
Bronx-Manhattan NY CBA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$4.90
Bronx-Manhattan NY CBA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$36.75
Bronx-Manhattan NY CBA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$375.72
Bronx-Manhattan NY CBA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.57
Bronx-Manhattan NY CBA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$281.79
Bronx-Manhattan NY CBA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$70.00
Bronx-Manhattan NY CBA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.00
Bronx-Manhattan NY CBA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$52.50
Bronx-Manhattan NY CBA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$99.92
Bronx-Manhattan NY CBA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$9.99
Bronx-Manhattan NY CBA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$74.94
Bronx-Manhattan NY CBA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$40.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Bronx-Manhattan NY CBA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.00
Bronx-Manhattan NY CBA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$30.00
Bronx-Manhattan NY CBA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$17.27
Bronx-Manhattan NY CBA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.73
Bronx-Manhattan NY CBA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$12.95
Bronx-Manhattan NY CBA	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.00
Bronx-Manhattan NY CBA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.40
Bronx-Manhattan NY CBA	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.50
Bronx-Manhattan NY CBA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$46.42
Bronx-Manhattan NY CBA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.64
Bronx-Manhattan NY CBA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$34.82
Bronx-Manhattan NY CBA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$17.00
Bronx-Manhattan NY CBA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.70
Bronx-Manhattan NY CBA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$12.75
Bronx-Manhattan NY CBA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.69
Bronx-Manhattan NY CBA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.27
Bronx-Manhattan NY CBA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.52

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Buffalo-Niagara Falls, NY	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$41.29
Buffalo-Niagara Falls, NY	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.13
Buffalo-Niagara Falls, NY	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$30.97
Buffalo-Niagara Falls, NY	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$40.00
Buffalo-Niagara Falls, NY	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.00
Buffalo-Niagara Falls, NY	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$30.00
Buffalo-Niagara Falls, NY	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$258.72
Buffalo-Niagara Falls, NY	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$25.87
Buffalo-Niagara Falls, NY	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$194.04
Buffalo-Niagara Falls, NY	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$63.75
Buffalo-Niagara Falls, NY	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.38
Buffalo-Niagara Falls, NY	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$47.81
Buffalo-Niagara Falls, NY	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$50.00
Buffalo-Niagara Falls, NY	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.00
Buffalo-Niagara Falls, NY	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$37.50
Buffalo-Niagara Falls, NY	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$375.72
Buffalo-Niagara Falls, NY	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.57

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Buffalo-Niagara Falls, NY	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$281.79
Buffalo-Niagara Falls, NY	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$74.85
Buffalo-Niagara Falls, NY	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.49
Buffalo-Niagara Falls, NY	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$56.14
Buffalo-Niagara Falls, NY	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$101.19
Buffalo-Niagara Falls, NY	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$10.12
Buffalo-Niagara Falls, NY	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$75.89
Buffalo-Niagara Falls, NY	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$40.00
Buffalo-Niagara Falls, NY	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.00
Buffalo-Niagara Falls, NY	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$30.00
Buffalo-Niagara Falls, NY	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$17.36
Buffalo-Niagara Falls, NY	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.74
Buffalo-Niagara Falls, NY	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.02
Buffalo-Niagara Falls, NY	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.50
Buffalo-Niagara Falls, NY	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.45
Buffalo-Niagara Falls, NY	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.88
Buffalo-Niagara Falls, NY	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$46.88

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Buffalo-Niagara Falls, NY	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.69
Buffalo-Niagara Falls, NY	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$35.16
Buffalo-Niagara Falls, NY	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$17.16
Buffalo-Niagara Falls, NY	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.72
Buffalo-Niagara Falls, NY	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$12.87
Buffalo-Niagara Falls, NY	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.92
Buffalo-Niagara Falls, NY	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.29
Buffalo-Niagara Falls, NY	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.69
Cape Coral-Fort Myers, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$40.00
Cape Coral-Fort Myers, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.00
Cape Coral-Fort Myers, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$30.00
Cape Coral-Fort Myers, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$43.47
Cape Coral-Fort Myers, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.35
Cape Coral-Fort Myers, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.60
Cape Coral-Fort Myers, FL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$220.25
Cape Coral-Fort Myers, FL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$22.03
Cape Coral-Fort Myers, FL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$165.19

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cape Coral-Fort Myers, FL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$62.86
Cape Coral-Fort Myers, FL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.29
Cape Coral-Fort Myers, FL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$47.15
Cape Coral-Fort Myers, FL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$51.80
Cape Coral-Fort Myers, FL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.18
Cape Coral-Fort Myers, FL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$38.85
Cape Coral-Fort Myers, FL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$320.00
Cape Coral-Fort Myers, FL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$32.00
Cape Coral-Fort Myers, FL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$240.00
Cape Coral-Fort Myers, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$71.10
Cape Coral-Fort Myers, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.11
Cape Coral-Fort Myers, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$53.33
Cape Coral-Fort Myers, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$125.00
Cape Coral-Fort Myers, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.50
Cape Coral-Fort Myers, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$93.75
Cape Coral-Fort Myers, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$35.25
Cape Coral-Fort Myers, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$3.53

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cape Coral-Fort Myers, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$26.44
Cape Coral-Fort Myers, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$16.12
Cape Coral-Fort Myers, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.61
Cape Coral-Fort Myers, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$12.09
Cape Coral-Fort Myers, FL	E0156	SEAT ATTACHMENT, WALKER	NU			\$12.58
Cape Coral-Fort Myers, FL	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.26
Cape Coral-Fort Myers, FL	E0156	SEAT ATTACHMENT, WALKER	UE			\$9.44
Cape Coral-Fort Myers, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$40.50
Cape Coral-Fort Myers, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.05
Cape Coral-Fort Myers, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$30.38
Cape Coral-Fort Myers, FL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$16.16
Cape Coral-Fort Myers, FL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.62
Cape Coral-Fort Myers, FL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$12.12
Cape Coral-Fort Myers, FL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$11.44
Cape Coral-Fort Myers, FL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.14
Cape Coral-Fort Myers, FL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$8.58
Central-Chicago Metro CBA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$44.40

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Central-Chicago Metro CBA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.44
Central-Chicago Metro CBA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.30
Central-Chicago Metro CBA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$47.68
Central-Chicago Metro CBA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.77
Central-Chicago Metro CBA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$35.76
Central-Chicago Metro CBA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$252.22
Central-Chicago Metro CBA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$25.22
Central-Chicago Metro CBA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$189.17
Central-Chicago Metro CBA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$69.04
Central-Chicago Metro CBA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.90
Central-Chicago Metro CBA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$51.78
Central-Chicago Metro CBA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$60.21
Central-Chicago Metro CBA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.02
Central-Chicago Metro CBA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$45.16
Central-Chicago Metro CBA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$367.32
Central-Chicago Metro CBA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$36.73
Central-Chicago Metro CBA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$275.49

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Central-Chicago Metro CBA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$82.19
Central-Chicago Metro CBA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.22
Central-Chicago Metro CBA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$61.64
Central-Chicago Metro CBA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$136.66
Central-Chicago Metro CBA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$13.67
Central-Chicago Metro CBA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$102.50
Central-Chicago Metro CBA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$42.36
Central-Chicago Metro CBA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.24
Central-Chicago Metro CBA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$31.77
Central-Chicago Metro CBA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.12
Central-Chicago Metro CBA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.81
Central-Chicago Metro CBA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.59
Central-Chicago Metro CBA	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.00
Central-Chicago Metro CBA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.40
Central-Chicago Metro CBA	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.50
Central-Chicago Metro CBA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$50.74
Central-Chicago Metro CBA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.07

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Central-Chicago Metro CBA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$38.06
Central-Chicago Metro CBA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.05
Central-Chicago Metro CBA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.91
Central-Chicago Metro CBA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.29
Central-Chicago Metro CBA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.36
Central-Chicago Metro CBA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.24
Central-Chicago Metro CBA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.27
Charleston-North Charleston-Summerville, SC	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$45.41
Charleston-North Charleston-Summerville, SC	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.54
Charleston-North Charleston-Summerville, SC	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.06
Charleston-North Charleston-Summerville, SC	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$40.25
Charleston-North Charleston-Summerville, SC	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.03
Charleston-North Charleston-Summerville, SC	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$30.19
Charleston-North Charleston-Summerville, SC	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$267.00
Charleston-North Charleston-Summerville, SC	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$26.70
Charleston-North Charleston-Summerville, SC	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$200.25
Charleston-North Charleston-Summerville, SC	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$69.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charleston-North Charleston-Summerville, SC	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.90
Charleston-North Charleston-Summerville, SC	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$51.75
Charleston-North Charleston-Summerville, SC	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$52.04
Charleston-North Charleston-Summerville, SC	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.20
Charleston-North Charleston-Summerville, SC	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$39.03
Charleston-North Charleston-Summerville, SC	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$393.79
Charleston-North Charleston-Summerville, SC	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$39.38
Charleston-North Charleston-Summerville, SC	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$295.34
Charleston-North Charleston-Summerville, SC	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$79.00
Charleston-North Charleston-Summerville, SC	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.90
Charleston-North Charleston-Summerville, SC	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$59.25
Charleston-North Charleston-Summerville, SC	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$110.00
Charleston-North Charleston-Summerville, SC	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$11.00
Charleston-North Charleston-Summerville, SC	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$82.50
Charleston-North Charleston-Summerville, SC	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$43.54
Charleston-North Charleston-Summerville, SC	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.35
Charleston-North Charleston-Summerville, SC	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$32.66

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charleston-North Charleston-Summerville, SC	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.63
Charleston-North Charleston-Summerville, SC	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.86
Charleston-North Charleston-Summerville, SC	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.97
Charleston-North Charleston-Summerville, SC	E0156	SEAT ATTACHMENT, WALKER	NU			\$16.00
Charleston-North Charleston-Summerville, SC	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.60
Charleston-North Charleston-Summerville, SC	E0156	SEAT ATTACHMENT, WALKER	UE			\$12.00
Charleston-North Charleston-Summerville, SC	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$60.00
Charleston-North Charleston-Summerville, SC	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$6.00
Charleston-North Charleston-Summerville, SC	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$45.00
Charleston-North Charleston-Summerville, SC	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.72
Charleston-North Charleston-Summerville, SC	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.97
Charleston-North Charleston-Summerville, SC	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.79
Charleston-North Charleston-Summerville, SC	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.00
Charleston-North Charleston-Summerville, SC	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.30
Charleston-North Charleston-Summerville, SC	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.75
Chattanooga, TN-GA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$46.81
Chattanooga, TN-GA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.68

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chattanooga, TN-GA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$35.11
Chattanooga, TN-GA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$41.10
Chattanooga, TN-GA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.11
Chattanooga, TN-GA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$30.83
Chattanooga, TN-GA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$295.00
Chattanooga, TN-GA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$29.50
Chattanooga, TN-GA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$221.25
Chattanooga, TN-GA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$67.29
Chattanooga, TN-GA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.73
Chattanooga, TN-GA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$50.47
Chattanooga, TN-GA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$50.00
Chattanooga, TN-GA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.00
Chattanooga, TN-GA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$37.50
Chattanooga, TN-GA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$380.00
Chattanooga, TN-GA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$38.00
Chattanooga, TN-GA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$285.00
Chattanooga, TN-GA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$84.60

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chattanooga, TN-GA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.46
Chattanooga, TN-GA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$63.45
Chattanooga, TN-GA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$125.10
Chattanooga, TN-GA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.51
Chattanooga, TN-GA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$93.83
Chattanooga, TN-GA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$43.54
Chattanooga, TN-GA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.35
Chattanooga, TN-GA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$32.66
Chattanooga, TN-GA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.63
Chattanooga, TN-GA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.86
Chattanooga, TN-GA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.97
Chattanooga, TN-GA	E0156	SEAT ATTACHMENT, WALKER	NU			\$16.15
Chattanooga, TN-GA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.62
Chattanooga, TN-GA	E0156	SEAT ATTACHMENT, WALKER	UE			\$12.11
Chattanooga, TN-GA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$50.75
Chattanooga, TN-GA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.08
Chattanooga, TN-GA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$38.06

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chattanooga, TN-GA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.72
Chattanooga, TN-GA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.97
Chattanooga, TN-GA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.79
Chattanooga, TN-GA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.00
Chattanooga, TN-GA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.30
Chattanooga, TN-GA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.75
Colorado Springs, CO	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$45.32
Colorado Springs, CO	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.53
Colorado Springs, CO	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.99
Colorado Springs, CO	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$39.70
Colorado Springs, CO	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$3.97
Colorado Springs, CO	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$29.78
Colorado Springs, CO	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$249.58
Colorado Springs, CO	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$24.96
Colorado Springs, CO	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$187.19
Colorado Springs, CO	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$66.38
Colorado Springs, CO	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.64

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Colorado Springs, CO	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$49.79
Colorado Springs, CO	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$52.69
Colorado Springs, CO	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.27
Colorado Springs, CO	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$39.52
Colorado Springs, CO	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$377.86
Colorado Springs, CO	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.79
Colorado Springs, CO	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$283.40
Colorado Springs, CO	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$79.81
Colorado Springs, CO	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.98
Colorado Springs, CO	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$59.86
Colorado Springs, CO	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$109.45
Colorado Springs, CO	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$10.95
Colorado Springs, CO	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$82.09
Colorado Springs, CO	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$39.80
Colorado Springs, CO	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$3.98
Colorado Springs, CO	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$29.85
Colorado Springs, CO	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.28

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Colorado Springs, CO	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.83
Colorado Springs, CO	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.71
Colorado Springs, CO	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.12
Colorado Springs, CO	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.41
Colorado Springs, CO	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.59
Colorado Springs, CO	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$52.30
Colorado Springs, CO	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.23
Colorado Springs, CO	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$39.23
Colorado Springs, CO	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$18.31
Colorado Springs, CO	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.83
Colorado Springs, CO	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$13.73
Colorado Springs, CO	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.54
Colorado Springs, CO	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.25
Colorado Springs, CO	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.41
Columbia, SC	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$45.13
Columbia, SC	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.51
Columbia, SC	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.85

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbia, SC	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$40.98
Columbia, SC	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.10
Columbia, SC	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$30.74
Columbia, SC	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$258.72
Columbia, SC	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$25.87
Columbia, SC	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$194.04
Columbia, SC	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$67.29
Columbia, SC	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.73
Columbia, SC	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$50.47
Columbia, SC	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$52.14
Columbia, SC	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.21
Columbia, SC	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$39.11
Columbia, SC	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$380.00
Columbia, SC	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$38.00
Columbia, SC	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$285.00
Columbia, SC	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$77.62
Columbia, SC	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.76

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbia, SC	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$58.22
Columbia, SC	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$125.10
Columbia, SC	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.51
Columbia, SC	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$93.83
Columbia, SC	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$43.54
Columbia, SC	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.35
Columbia, SC	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$32.66
Columbia, SC	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.02
Columbia, SC	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.80
Columbia, SC	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.52
Columbia, SC	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.10
Columbia, SC	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.51
Columbia, SC	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.33
Columbia, SC	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$56.13
Columbia, SC	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.61
Columbia, SC	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$42.10
Columbia, SC	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.07

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbia, SC	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.91
Columbia, SC	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.30
Columbia, SC	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.69
Columbia, SC	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.27
Columbia, SC	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.52
Columbus, OH	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$42.91
Columbus, OH	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.29
Columbus, OH	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.18
Columbus, OH	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$39.39
Columbus, OH	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$3.94
Columbus, OH	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$29.54
Columbus, OH	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$276.86
Columbus, OH	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$27.69
Columbus, OH	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$207.65
Columbus, OH	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$61.62
Columbus, OH	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.16
Columbus, OH	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$46.22

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbus, OH	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$44.48
Columbus, OH	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$4.45
Columbus, OH	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$33.36
Columbus, OH	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$387.86
Columbus, OH	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$38.79
Columbus, OH	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$290.90
Columbus, OH	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$69.72
Columbus, OH	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$6.97
Columbus, OH	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$52.29
Columbus, OH	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$97.70
Columbus, OH	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$9.77
Columbus, OH	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$73.28
Columbus, OH	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$39.80
Columbus, OH	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$3.98
Columbus, OH	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$29.85
Columbus, OH	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$17.27
Columbus, OH	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.73

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Columbus, OH	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$12.95
Columbus, OH	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.75
Columbus, OH	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.48
Columbus, OH	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.06
Columbus, OH	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$50.20
Columbus, OH	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.02
Columbus, OH	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$37.65
Columbus, OH	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$17.38
Columbus, OH	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.74
Columbus, OH	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$13.04
Columbus, OH	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.84
Columbus, OH	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.28
Columbus, OH	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.63
Dayton, OH	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$43.82
Dayton, OH	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.38
Dayton, OH	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.87
Dayton, OH	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$38.78

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dayton, OH	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$3.88
Dayton, OH	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$29.09
Dayton, OH	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$295.00
Dayton, OH	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$29.50
Dayton, OH	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$221.25
Dayton, OH	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$63.75
Dayton, OH	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.38
Dayton, OH	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$47.81
Dayton, OH	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$43.97
Dayton, OH	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$4.40
Dayton, OH	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$32.98
Dayton, OH	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$400.00
Dayton, OH	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$40.00
Dayton, OH	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$300.00
Dayton, OH	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$70.00
Dayton, OH	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.00
Dayton, OH	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$52.50

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dayton, OH	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$95.47
Dayton, OH	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$9.55
Dayton, OH	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$71.60
Dayton, OH	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$40.00
Dayton, OH	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.00
Dayton, OH	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$30.00
Dayton, OH	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$17.27
Dayton, OH	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.73
Dayton, OH	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$12.95
Dayton, OH	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.00
Dayton, OH	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.50
Dayton, OH	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.25
Dayton, OH	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$50.42
Dayton, OH	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.04
Dayton, OH	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$37.82
Dayton, OH	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$17.61
Dayton, OH	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.76

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dayton, OH	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$13.21
Dayton, OH	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.00
Dayton, OH	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.30
Dayton, OH	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.75
Deltona-Daytona Beach-Ormond Beach, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$40.00
Deltona-Daytona Beach-Ormond Beach, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.00
Deltona-Daytona Beach-Ormond Beach, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$30.00
Deltona-Daytona Beach-Ormond Beach, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$42.69
Deltona-Daytona Beach-Ormond Beach, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.27
Deltona-Daytona Beach-Ormond Beach, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.02
Deltona-Daytona Beach-Ormond Beach, FL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$239.87
Deltona-Daytona Beach-Ormond Beach, FL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$23.99
Deltona-Daytona Beach-Ormond Beach, FL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$179.90
Deltona-Daytona Beach-Ormond Beach, FL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$62.00
Deltona-Daytona Beach-Ormond Beach, FL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.20
Deltona-Daytona Beach-Ormond Beach, FL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$46.50
Deltona-Daytona Beach-Ormond Beach, FL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$51.60

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Deltona-Daytona Beach-Ormond Beach, FL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.16
Deltona-Daytona Beach-Ormond Beach, FL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$38.70
Deltona-Daytona Beach-Ormond Beach, FL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$325.00
Deltona-Daytona Beach-Ormond Beach, FL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$32.50
Deltona-Daytona Beach-Ormond Beach, FL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$243.75
Deltona-Daytona Beach-Ormond Beach, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$75.00
Deltona-Daytona Beach-Ormond Beach, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.50
Deltona-Daytona Beach-Ormond Beach, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$56.25
Deltona-Daytona Beach-Ormond Beach, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$120.00
Deltona-Daytona Beach-Ormond Beach, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.00
Deltona-Daytona Beach-Ormond Beach, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$90.00
Deltona-Daytona Beach-Ormond Beach, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$35.50
Deltona-Daytona Beach-Ormond Beach, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$3.55
Deltona-Daytona Beach-Ormond Beach, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$26.63
Deltona-Daytona Beach-Ormond Beach, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$16.00
Deltona-Daytona Beach-Ormond Beach, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.60
Deltona-Daytona Beach-Ormond Beach, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$12.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Deltona-Daytona Beach-Ormond Beach, FL	E0156	SEAT ATTACHMENT, WALKER	NU			\$13.00
Deltona-Daytona Beach-Ormond Beach, FL	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.30
Deltona-Daytona Beach-Ormond Beach, FL	E0156	SEAT ATTACHMENT, WALKER	UE			\$9.75
Deltona-Daytona Beach-Ormond Beach, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$41.00
Deltona-Daytona Beach-Ormond Beach, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.10
Deltona-Daytona Beach-Ormond Beach, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$30.75
Deltona-Daytona Beach-Ormond Beach, FL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$16.00
Deltona-Daytona Beach-Ormond Beach, FL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.60
Deltona-Daytona Beach-Ormond Beach, FL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$12.00
Deltona-Daytona Beach-Ormond Beach, FL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$11.88
Deltona-Daytona Beach-Ormond Beach, FL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.19
Deltona-Daytona Beach-Ormond Beach, FL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$8.91
Denver-Aurora-Broomfield, CO	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$43.66
Denver-Aurora-Broomfield, CO	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.37
Denver-Aurora-Broomfield, CO	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.75
Denver-Aurora-Broomfield, CO	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$40.12
Denver-Aurora-Broomfield, CO	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.01

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Denver-Aurora-Broomfield, CO	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$30.09
Denver-Aurora-Broomfield, CO	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$239.22
Denver-Aurora-Broomfield, CO	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$23.92
Denver-Aurora-Broomfield, CO	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$179.42
Denver-Aurora-Broomfield, CO	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$66.38
Denver-Aurora-Broomfield, CO	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.64
Denver-Aurora-Broomfield, CO	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$49.79
Denver-Aurora-Broomfield, CO	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$54.17
Denver-Aurora-Broomfield, CO	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.42
Denver-Aurora-Broomfield, CO	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$40.63
Denver-Aurora-Broomfield, CO	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$360.81
Denver-Aurora-Broomfield, CO	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$36.08
Denver-Aurora-Broomfield, CO	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$270.61
Denver-Aurora-Broomfield, CO	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$79.81
Denver-Aurora-Broomfield, CO	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.98
Denver-Aurora-Broomfield, CO	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$59.86
Denver-Aurora-Broomfield, CO	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$120.34

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Denver-Aurora-Broomfield, CO	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.03
Denver-Aurora-Broomfield, CO	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$90.26
Denver-Aurora-Broomfield, CO	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$41.50
Denver-Aurora-Broomfield, CO	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.15
Denver-Aurora-Broomfield, CO	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$31.13
Denver-Aurora-Broomfield, CO	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.28
Denver-Aurora-Broomfield, CO	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.83
Denver-Aurora-Broomfield, CO	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.71
Denver-Aurora-Broomfield, CO	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.25
Denver-Aurora-Broomfield, CO	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.43
Denver-Aurora-Broomfield, CO	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.69
Denver-Aurora-Broomfield, CO	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$49.64
Denver-Aurora-Broomfield, CO	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.96
Denver-Aurora-Broomfield, CO	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$37.23
Denver-Aurora-Broomfield, CO	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$18.80
Denver-Aurora-Broomfield, CO	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.88
Denver-Aurora-Broomfield, CO	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.10

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Denver-Aurora-Broomfield, CO	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.14
Denver-Aurora-Broomfield, CO	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.21
Denver-Aurora-Broomfield, CO	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.11
Detroit-Warren-Livonia, MI	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$45.50
Detroit-Warren-Livonia, MI	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.55
Detroit-Warren-Livonia, MI	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.13
Detroit-Warren-Livonia, MI	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$45.16
Detroit-Warren-Livonia, MI	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.52
Detroit-Warren-Livonia, MI	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.87
Detroit-Warren-Livonia, MI	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$259.36
Detroit-Warren-Livonia, MI	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$25.94
Detroit-Warren-Livonia, MI	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$194.52
Detroit-Warren-Livonia, MI	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$75.00
Detroit-Warren-Livonia, MI	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.50
Detroit-Warren-Livonia, MI	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$56.25
Detroit-Warren-Livonia, MI	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$56.48
Detroit-Warren-Livonia, MI	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.65

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Detroit-Warren-Livonia, MI	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$42.36
Detroit-Warren-Livonia, MI	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$381.58
Detroit-Warren-Livonia, MI	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$38.16
Detroit-Warren-Livonia, MI	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$286.19
Detroit-Warren-Livonia, MI	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$83.30
Detroit-Warren-Livonia, MI	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.33
Detroit-Warren-Livonia, MI	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$62.48
Detroit-Warren-Livonia, MI	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$128.21
Detroit-Warren-Livonia, MI	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.82
Detroit-Warren-Livonia, MI	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$96.16
Detroit-Warren-Livonia, MI	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$42.00
Detroit-Warren-Livonia, MI	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.20
Detroit-Warren-Livonia, MI	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$31.50
Detroit-Warren-Livonia, MI	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$17.88
Detroit-Warren-Livonia, MI	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.79
Detroit-Warren-Livonia, MI	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.41
Detroit-Warren-Livonia, MI	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.92

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Detroit-Warren-Livonia, MI	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.49
Detroit-Warren-Livonia, MI	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.19
Detroit-Warren-Livonia, MI	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$52.30
Detroit-Warren-Livonia, MI	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.23
Detroit-Warren-Livonia, MI	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$39.23
Detroit-Warren-Livonia, MI	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$18.50
Detroit-Warren-Livonia, MI	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.85
Detroit-Warren-Livonia, MI	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$13.88
Detroit-Warren-Livonia, MI	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.00
Detroit-Warren-Livonia, MI	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.30
Detroit-Warren-Livonia, MI	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.75
El Paso, TX	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$43.50
El Paso, TX	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.35
El Paso, TX	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.63
El Paso, TX	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$43.54
El Paso, TX	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.35
El Paso, TX	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.66

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
El Paso, TX	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$253.86
El Paso, TX	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$25.39
El Paso, TX	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$190.40
El Paso, TX	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$67.38
El Paso, TX	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.74
El Paso, TX	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$50.54
El Paso, TX	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$52.40
El Paso, TX	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.24
El Paso, TX	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$39.30
El Paso, TX	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$377.62
El Paso, TX	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.76
El Paso, TX	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$283.22
El Paso, TX	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$79.81
El Paso, TX	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.98
El Paso, TX	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$59.86
El Paso, TX	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$125.88
El Paso, TX	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.59

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
El Paso, TX	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$94.41
El Paso, TX	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$43.58
El Paso, TX	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.36
El Paso, TX	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$32.69
El Paso, TX	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.54
El Paso, TX	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.85
El Paso, TX	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.91
El Paso, TX	E0156	SEAT ATTACHMENT, WALKER	NU			\$13.95
El Paso, TX	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.40
El Paso, TX	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.46
El Paso, TX	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$49.08
El Paso, TX	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.91
El Paso, TX	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$36.81
El Paso, TX	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.28
El Paso, TX	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.93
El Paso, TX	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.46
El Paso, TX	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.84

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
El Paso, TX	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.28
El Paso, TX	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.63
Flint, MI	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$47.13
Flint, MI	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.71
Flint, MI	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$35.35
Flint, MI	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$40.25
Flint, MI	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.03
Flint, MI	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$30.19
Flint, MI	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$258.72
Flint, MI	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$25.87
Flint, MI	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$194.04
Flint, MI	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$65.07
Flint, MI	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.51
Flint, MI	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$48.80
Flint, MI	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$52.04
Flint, MI	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.20
Flint, MI	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$39.03

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Flint, MI	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$380.00
Flint, MI	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$38.00
Flint, MI	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$285.00
Flint, MI	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$78.98
Flint, MI	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.90
Flint, MI	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$59.24
Flint, MI	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$120.00
Flint, MI	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.00
Flint, MI	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$90.00
Flint, MI	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$40.00
Flint, MI	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.00
Flint, MI	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$30.00
Flint, MI	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.00
Flint, MI	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.80
Flint, MI	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.50
Flint, MI	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.10
Flint, MI	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.51

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Flint, MI	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.33
Flint, MI	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$55.28
Flint, MI	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.53
Flint, MI	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$41.46
Flint, MI	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.72
Flint, MI	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.97
Flint, MI	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.79
Flint, MI	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.00
Flint, MI	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.30
Flint, MI	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.75
Fresno, CA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$47.13
Fresno, CA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.71
Fresno, CA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$35.35
Fresno, CA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$43.47
Fresno, CA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.35
Fresno, CA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.60
Fresno, CA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$258.72

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Fresno, CA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$25.87
Fresno, CA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$194.04
Fresno, CA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$69.97
Fresno, CA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.00
Fresno, CA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$52.48
Fresno, CA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$56.00
Fresno, CA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.60
Fresno, CA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$42.00
Fresno, CA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$351.22
Fresno, CA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$35.12
Fresno, CA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$263.42
Fresno, CA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$82.00
Fresno, CA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.20
Fresno, CA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$61.50
Fresno, CA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$118.48
Fresno, CA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$11.85
Fresno, CA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$88.86

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Fresno, CA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$42.00
Fresno, CA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.20
Fresno, CA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$31.50
Fresno, CA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$19.20
Fresno, CA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.92
Fresno, CA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$14.40
Fresno, CA	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.69
Fresno, CA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.47
Fresno, CA	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.02
Fresno, CA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$49.98
Fresno, CA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.00
Fresno, CA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$37.49
Fresno, CA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.66
Fresno, CA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.97
Fresno, CA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.75
Fresno, CA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.36
Fresno, CA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.24

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Fresno, CA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.27
Grand Rapids-Wyoming, MI	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$50.00
Grand Rapids-Wyoming, MI	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$5.00
Grand Rapids-Wyoming, MI	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$37.50
Grand Rapids-Wyoming, MI	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$42.62
Grand Rapids-Wyoming, MI	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.26
Grand Rapids-Wyoming, MI	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$31.97
Grand Rapids-Wyoming, MI	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$281.00
Grand Rapids-Wyoming, MI	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$28.10
Grand Rapids-Wyoming, MI	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$210.75
Grand Rapids-Wyoming, MI	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$73.50
Grand Rapids-Wyoming, MI	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.35
Grand Rapids-Wyoming, MI	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$55.13
Grand Rapids-Wyoming, MI	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$53.02
Grand Rapids-Wyoming, MI	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.30
Grand Rapids-Wyoming, MI	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$39.77
Grand Rapids-Wyoming, MI	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$413.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Grand Rapids-Wyoming, MI	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$41.30
Grand Rapids-Wyoming, MI	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$309.75
Grand Rapids-Wyoming, MI	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$78.99
Grand Rapids-Wyoming, MI	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.90
Grand Rapids-Wyoming, MI	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$59.24
Grand Rapids-Wyoming, MI	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$121.99
Grand Rapids-Wyoming, MI	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.20
Grand Rapids-Wyoming, MI	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$91.49
Grand Rapids-Wyoming, MI	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$42.77
Grand Rapids-Wyoming, MI	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.28
Grand Rapids-Wyoming, MI	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$32.08
Grand Rapids-Wyoming, MI	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$17.88
Grand Rapids-Wyoming, MI	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.79
Grand Rapids-Wyoming, MI	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.41
Grand Rapids-Wyoming, MI	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.05
Grand Rapids-Wyoming, MI	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.51
Grand Rapids-Wyoming, MI	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.29

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Grand Rapids-Wyoming, MI	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$57.64
Grand Rapids-Wyoming, MI	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.76
Grand Rapids-Wyoming, MI	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$43.23
Grand Rapids-Wyoming, MI	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$20.02
Grand Rapids-Wyoming, MI	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$2.00
Grand Rapids-Wyoming, MI	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$15.02
Grand Rapids-Wyoming, MI	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.25
Grand Rapids-Wyoming, MI	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.33
Grand Rapids-Wyoming, MI	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.94
Greensboro-High Point, NC	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$46.56
Greensboro-High Point, NC	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.66
Greensboro-High Point, NC	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.92
Greensboro-High Point, NC	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$48.31
Greensboro-High Point, NC	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.83
Greensboro-High Point, NC	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$36.23
Greensboro-High Point, NC	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$262.86
Greensboro-High Point, NC	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$26.29

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greensboro-High Point, NC	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$197.15
Greensboro-High Point, NC	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$76.12
Greensboro-High Point, NC	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.61
Greensboro-High Point, NC	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$57.09
Greensboro-High Point, NC	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$55.24
Greensboro-High Point, NC	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.52
Greensboro-High Point, NC	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$41.43
Greensboro-High Point, NC	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$386.90
Greensboro-High Point, NC	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$38.69
Greensboro-High Point, NC	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$290.18
Greensboro-High Point, NC	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$82.28
Greensboro-High Point, NC	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.23
Greensboro-High Point, NC	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$61.71
Greensboro-High Point, NC	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$132.18
Greensboro-High Point, NC	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$13.22
Greensboro-High Point, NC	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$99.14
Greensboro-High Point, NC	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$40.56

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greensboro-High Point, NC	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.06
Greensboro-High Point, NC	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$30.42
Greensboro-High Point, NC	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.59
Greensboro-High Point, NC	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.86
Greensboro-High Point, NC	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.94
Greensboro-High Point, NC	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.32
Greensboro-High Point, NC	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.53
Greensboro-High Point, NC	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.49
Greensboro-High Point, NC	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$58.06
Greensboro-High Point, NC	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.81
Greensboro-High Point, NC	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$43.55
Greensboro-High Point, NC	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$20.78
Greensboro-High Point, NC	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$2.08
Greensboro-High Point, NC	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$15.59
Greensboro-High Point, NC	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$14.39
Greensboro-High Point, NC	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.44
Greensboro-High Point, NC	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$10.79

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greenville-Mauldin-Easley, SC	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$44.35
Greenville-Mauldin-Easley, SC	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.44
Greenville-Mauldin-Easley, SC	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.26
Greenville-Mauldin-Easley, SC	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$41.10
Greenville-Mauldin-Easley, SC	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.11
Greenville-Mauldin-Easley, SC	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$30.83
Greenville-Mauldin-Easley, SC	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$295.00
Greenville-Mauldin-Easley, SC	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$29.50
Greenville-Mauldin-Easley, SC	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$221.25
Greenville-Mauldin-Easley, SC	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$66.55
Greenville-Mauldin-Easley, SC	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.66
Greenville-Mauldin-Easley, SC	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$49.91
Greenville-Mauldin-Easley, SC	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$53.82
Greenville-Mauldin-Easley, SC	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.38
Greenville-Mauldin-Easley, SC	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$40.37
Greenville-Mauldin-Easley, SC	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$380.00
Greenville-Mauldin-Easley, SC	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$38.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greenville-Mauldin-Easley, SC	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$285.00
Greenville-Mauldin-Easley, SC	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$82.23
Greenville-Mauldin-Easley, SC	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.22
Greenville-Mauldin-Easley, SC	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$61.67
Greenville-Mauldin-Easley, SC	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$131.11
Greenville-Mauldin-Easley, SC	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$13.11
Greenville-Mauldin-Easley, SC	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$98.33
Greenville-Mauldin-Easley, SC	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$46.25
Greenville-Mauldin-Easley, SC	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.63
Greenville-Mauldin-Easley, SC	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$34.69
Greenville-Mauldin-Easley, SC	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.74
Greenville-Mauldin-Easley, SC	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.87
Greenville-Mauldin-Easley, SC	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$14.06
Greenville-Mauldin-Easley, SC	E0156	SEAT ATTACHMENT, WALKER	NU			\$16.00
Greenville-Mauldin-Easley, SC	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.60
Greenville-Mauldin-Easley, SC	E0156	SEAT ATTACHMENT, WALKER	UE			\$12.00
Greenville-Mauldin-Easley, SC	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$59.92

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Greenville-Mauldin-Easley, SC	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.99
Greenville-Mauldin-Easley, SC	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$44.94
Greenville-Mauldin-Easley, SC	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$20.01
Greenville-Mauldin-Easley, SC	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$2.00
Greenville-Mauldin-Easley, SC	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$15.01
Greenville-Mauldin-Easley, SC	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.40
Greenville-Mauldin-Easley, SC	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.34
Greenville-Mauldin-Easley, SC	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$10.05
Hartford-West Hartford-East Hartford, CT	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$43.74
Hartford-West Hartford-East Hartford, CT	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.37
Hartford-West Hartford-East Hartford, CT	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.81
Hartford-West Hartford-East Hartford, CT	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$39.53
Hartford-West Hartford-East Hartford, CT	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$3.95
Hartford-West Hartford-East Hartford, CT	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$29.65
Hartford-West Hartford-East Hartford, CT	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$257.92
Hartford-West Hartford-East Hartford, CT	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$25.79
Hartford-West Hartford-East Hartford, CT	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$193.44

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Hartford-West Hartford-East Hartford, CT	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$69.30
Hartford-West Hartford-East Hartford, CT	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.93
Hartford-West Hartford-East Hartford, CT	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$51.98
Hartford-West Hartford-East Hartford, CT	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$53.50
Hartford-West Hartford-East Hartford, CT	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.35
Hartford-West Hartford-East Hartford, CT	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$40.13
Hartford-West Hartford-East Hartford, CT	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$377.86
Hartford-West Hartford-East Hartford, CT	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.79
Hartford-West Hartford-East Hartford, CT	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$283.40
Hartford-West Hartford-East Hartford, CT	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$81.00
Hartford-West Hartford-East Hartford, CT	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.10
Hartford-West Hartford-East Hartford, CT	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$60.75
Hartford-West Hartford-East Hartford, CT	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$103.32
Hartford-West Hartford-East Hartford, CT	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$10.33
Hartford-West Hartford-East Hartford, CT	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$77.49
Hartford-West Hartford-East Hartford, CT	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$42.98
Hartford-West Hartford-East Hartford, CT	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.30

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Hartford-West Hartford-East Hartford, CT	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$32.24
Hartford-West Hartford-East Hartford, CT	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.52
Hartford-West Hartford-East Hartford, CT	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.85
Hartford-West Hartford-East Hartford, CT	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.89
Hartford-West Hartford-East Hartford, CT	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.75
Hartford-West Hartford-East Hartford, CT	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.48
Hartford-West Hartford-East Hartford, CT	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.06
Hartford-West Hartford-East Hartford, CT	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$53.82
Hartford-West Hartford-East Hartford, CT	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.38
Hartford-West Hartford-East Hartford, CT	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$40.37
Hartford-West Hartford-East Hartford, CT	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.24
Hartford-West Hartford-East Hartford, CT	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.92
Hartford-West Hartford-East Hartford, CT	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.43
Hartford-West Hartford-East Hartford, CT	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.61
Hartford-West Hartford-East Hartford, CT	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.26
Hartford-West Hartford-East Hartford, CT	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.46
Honolulu, HI	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$48.75

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Honolulu, HI	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.88
Honolulu, HI	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$36.56
Honolulu, HI	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$48.00
Honolulu, HI	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.80
Honolulu, HI	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$36.00
Honolulu, HI	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$247.06
Honolulu, HI	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$24.71
Honolulu, HI	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$185.30
Honolulu, HI	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$76.62
Honolulu, HI	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.66
Honolulu, HI	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$57.47
Honolulu, HI	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$65.00
Honolulu, HI	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.50
Honolulu, HI	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$48.75
Honolulu, HI	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$383.15
Honolulu, HI	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$38.32
Honolulu, HI	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$287.36

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Honolulu, HI	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$76.23
Honolulu, HI	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.62
Honolulu, HI	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$57.17
Honolulu, HI	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$135.00
Honolulu, HI	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$13.50
Honolulu, HI	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$101.25
Honolulu, HI	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$44.00
Honolulu, HI	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.40
Honolulu, HI	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$33.00
Honolulu, HI	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$20.79
Honolulu, HI	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$2.08
Honolulu, HI	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$15.59
Honolulu, HI	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.50
Honolulu, HI	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.55
Honolulu, HI	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.63
Honolulu, HI	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$48.28
Honolulu, HI	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.83

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Honolulu, HI	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$36.21
Honolulu, HI	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$18.25
Honolulu, HI	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.83
Honolulu, HI	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$13.69
Honolulu, HI	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.75
Honolulu, HI	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.28
Honolulu, HI	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.56
Houston-Sugar Land-Baytown, TX	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$41.82
Houston-Sugar Land-Baytown, TX	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.18
Houston-Sugar Land-Baytown, TX	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$31.37
Houston-Sugar Land-Baytown, TX	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$40.25
Houston-Sugar Land-Baytown, TX	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.03
Houston-Sugar Land-Baytown, TX	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$30.19
Houston-Sugar Land-Baytown, TX	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$259.00
Houston-Sugar Land-Baytown, TX	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$25.90
Houston-Sugar Land-Baytown, TX	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$194.25
Houston-Sugar Land-Baytown, TX	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$65.11

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Houston-Sugar Land-Baytown, TX	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.51
Houston-Sugar Land-Baytown, TX	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$48.83
Houston-Sugar Land-Baytown, TX	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$52.37
Houston-Sugar Land-Baytown, TX	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.24
Houston-Sugar Land-Baytown, TX	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$39.28
Houston-Sugar Land-Baytown, TX	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$375.72
Houston-Sugar Land-Baytown, TX	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.57
Houston-Sugar Land-Baytown, TX	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$281.79
Houston-Sugar Land-Baytown, TX	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$76.60
Houston-Sugar Land-Baytown, TX	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.66
Houston-Sugar Land-Baytown, TX	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$57.45
Houston-Sugar Land-Baytown, TX	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$120.00
Houston-Sugar Land-Baytown, TX	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.00
Houston-Sugar Land-Baytown, TX	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$90.00
Houston-Sugar Land-Baytown, TX	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$41.22
Houston-Sugar Land-Baytown, TX	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.12
Houston-Sugar Land-Baytown, TX	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$30.92

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Houston-Sugar Land-Baytown, TX	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.06
Houston-Sugar Land-Baytown, TX	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.81
Houston-Sugar Land-Baytown, TX	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.55
Houston-Sugar Land-Baytown, TX	E0156	SEAT ATTACHMENT, WALKER	NU			\$13.32
Houston-Sugar Land-Baytown, TX	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.33
Houston-Sugar Land-Baytown, TX	E0156	SEAT ATTACHMENT, WALKER	UE			\$9.99
Houston-Sugar Land-Baytown, TX	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$46.47
Houston-Sugar Land-Baytown, TX	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.65
Houston-Sugar Land-Baytown, TX	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$34.85
Houston-Sugar Land-Baytown, TX	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$18.23
Houston-Sugar Land-Baytown, TX	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.82
Houston-Sugar Land-Baytown, TX	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$13.67
Houston-Sugar Land-Baytown, TX	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.38
Houston-Sugar Land-Baytown, TX	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.24
Houston-Sugar Land-Baytown, TX	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.29
Huntington-Ashland, WV-KY-OH	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$43.82
Huntington-Ashland, WV-KY-OH	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.38

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Huntington-Ashland, WV-KY-OH	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.87
Huntington-Ashland, WV-KY-OH	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$39.01
Huntington-Ashland, WV-KY-OH	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$3.90
Huntington-Ashland, WV-KY-OH	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$29.26
Huntington-Ashland, WV-KY-OH	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$258.72
Huntington-Ashland, WV-KY-OH	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$25.87
Huntington-Ashland, WV-KY-OH	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$194.04
Huntington-Ashland, WV-KY-OH	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$65.33
Huntington-Ashland, WV-KY-OH	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.53
Huntington-Ashland, WV-KY-OH	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$49.00
Huntington-Ashland, WV-KY-OH	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$49.00
Huntington-Ashland, WV-KY-OH	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$4.90
Huntington-Ashland, WV-KY-OH	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$36.75
Huntington-Ashland, WV-KY-OH	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$383.15
Huntington-Ashland, WV-KY-OH	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$38.32
Huntington-Ashland, WV-KY-OH	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$287.36
Huntington-Ashland, WV-KY-OH	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$75.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Huntington-Ashland, WV-KY-OH	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.50
Huntington-Ashland, WV-KY-OH	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$56.25
Huntington-Ashland, WV-KY-OH	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$99.92
Huntington-Ashland, WV-KY-OH	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$9.99
Huntington-Ashland, WV-KY-OH	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$74.94
Huntington-Ashland, WV-KY-OH	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$39.95
Huntington-Ashland, WV-KY-OH	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.00
Huntington-Ashland, WV-KY-OH	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$29.96
Huntington-Ashland, WV-KY-OH	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$17.27
Huntington-Ashland, WV-KY-OH	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.73
Huntington-Ashland, WV-KY-OH	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$12.95
Huntington-Ashland, WV-KY-OH	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.50
Huntington-Ashland, WV-KY-OH	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.45
Huntington-Ashland, WV-KY-OH	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.88
Huntington-Ashland, WV-KY-OH	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$48.00
Huntington-Ashland, WV-KY-OH	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.80
Huntington-Ashland, WV-KY-OH	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$36.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Huntington-Ashland, WV-KY-OH	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$17.06
Huntington-Ashland, WV-KY-OH	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.71
Huntington-Ashland, WV-KY-OH	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$12.80
Huntington-Ashland, WV-KY-OH	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.00
Huntington-Ashland, WV-KY-OH	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.20
Huntington-Ashland, WV-KY-OH	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.00
Indiana-Chicago Metro CBA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$45.98
Indiana-Chicago Metro CBA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.60
Indiana-Chicago Metro CBA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.49
Indiana-Chicago Metro CBA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$44.93
Indiana-Chicago Metro CBA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.49
Indiana-Chicago Metro CBA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.70
Indiana-Chicago Metro CBA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$266.00
Indiana-Chicago Metro CBA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$26.60
Indiana-Chicago Metro CBA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$199.50
Indiana-Chicago Metro CBA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$74.26
Indiana-Chicago Metro CBA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.43

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indiana-Chicago Metro CBA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$55.70
Indiana-Chicago Metro CBA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$55.00
Indiana-Chicago Metro CBA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.50
Indiana-Chicago Metro CBA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$41.25
Indiana-Chicago Metro CBA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$377.86
Indiana-Chicago Metro CBA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.79
Indiana-Chicago Metro CBA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$283.40
Indiana-Chicago Metro CBA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$83.00
Indiana-Chicago Metro CBA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.30
Indiana-Chicago Metro CBA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$62.25
Indiana-Chicago Metro CBA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$132.50
Indiana-Chicago Metro CBA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$13.25
Indiana-Chicago Metro CBA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$99.38
Indiana-Chicago Metro CBA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$43.11
Indiana-Chicago Metro CBA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.31
Indiana-Chicago Metro CBA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$32.33
Indiana-Chicago Metro CBA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.56

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indiana-Chicago Metro CBA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.86
Indiana-Chicago Metro CBA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.92
Indiana-Chicago Metro CBA	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.55
Indiana-Chicago Metro CBA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.56
Indiana-Chicago Metro CBA	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.66
Indiana-Chicago Metro CBA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$53.04
Indiana-Chicago Metro CBA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.30
Indiana-Chicago Metro CBA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$39.78
Indiana-Chicago Metro CBA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.00
Indiana-Chicago Metro CBA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.90
Indiana-Chicago Metro CBA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.25
Indiana-Chicago Metro CBA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.98
Indiana-Chicago Metro CBA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.30
Indiana-Chicago Metro CBA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.74
Indianapolis-Carmel, IN	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$46.00
Indianapolis-Carmel, IN	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.60
Indianapolis-Carmel, IN	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.50

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indianapolis-Carmel, IN	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$40.25
Indianapolis-Carmel, IN	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.03
Indianapolis-Carmel, IN	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$30.19
Indianapolis-Carmel, IN	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$295.00
Indianapolis-Carmel, IN	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$29.50
Indianapolis-Carmel, IN	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$221.25
Indianapolis-Carmel, IN	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$67.29
Indianapolis-Carmel, IN	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.73
Indianapolis-Carmel, IN	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$50.47
Indianapolis-Carmel, IN	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$50.00
Indianapolis-Carmel, IN	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.00
Indianapolis-Carmel, IN	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$37.50
Indianapolis-Carmel, IN	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$400.00
Indianapolis-Carmel, IN	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$40.00
Indianapolis-Carmel, IN	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$300.00
Indianapolis-Carmel, IN	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$77.62
Indianapolis-Carmel, IN	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.76

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indianapolis-Carmel, IN	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$58.22
Indianapolis-Carmel, IN	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$100.00
Indianapolis-Carmel, IN	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$10.00
Indianapolis-Carmel, IN	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$75.00
Indianapolis-Carmel, IN	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$44.94
Indianapolis-Carmel, IN	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.49
Indianapolis-Carmel, IN	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$33.71
Indianapolis-Carmel, IN	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$17.94
Indianapolis-Carmel, IN	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.79
Indianapolis-Carmel, IN	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.46
Indianapolis-Carmel, IN	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.10
Indianapolis-Carmel, IN	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.51
Indianapolis-Carmel, IN	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.33
Indianapolis-Carmel, IN	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$50.42
Indianapolis-Carmel, IN	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.04
Indianapolis-Carmel, IN	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$37.82
Indianapolis-Carmel, IN	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$17.61

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Indianapolis-Carmel, IN	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.76
Indianapolis-Carmel, IN	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$13.21
Indianapolis-Carmel, IN	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.00
Indianapolis-Carmel, IN	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.30
Indianapolis-Carmel, IN	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.75
Jackson, MS	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$46.56
Jackson, MS	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.66
Jackson, MS	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.92
Jackson, MS	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$45.29
Jackson, MS	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.53
Jackson, MS	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.97
Jackson, MS	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$271.00
Jackson, MS	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$27.10
Jackson, MS	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$203.25
Jackson, MS	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$71.14
Jackson, MS	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.11
Jackson, MS	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$53.36

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jackson, MS	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$52.50
Jackson, MS	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.25
Jackson, MS	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$39.38
Jackson, MS	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$402.22
Jackson, MS	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$40.22
Jackson, MS	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$301.67
Jackson, MS	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$83.80
Jackson, MS	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.38
Jackson, MS	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$62.85
Jackson, MS	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$126.61
Jackson, MS	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.66
Jackson, MS	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$94.96
Jackson, MS	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$44.27
Jackson, MS	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.43
Jackson, MS	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$33.20
Jackson, MS	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.75
Jackson, MS	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.88

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jackson, MS	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$14.06
Jackson, MS	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.05
Jackson, MS	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.51
Jackson, MS	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.29
Jackson, MS	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$52.49
Jackson, MS	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.25
Jackson, MS	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$39.37
Jackson, MS	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.48
Jackson, MS	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.95
Jackson, MS	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.61
Jackson, MS	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.84
Jackson, MS	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.28
Jackson, MS	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.63
Jacksonville, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$40.04
Jacksonville, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.00
Jacksonville, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$30.03
Jacksonville, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$42.69

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jacksonville, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.27
Jacksonville, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.02
Jacksonville, FL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$234.00
Jacksonville, FL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$23.40
Jacksonville, FL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$175.50
Jacksonville, FL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$62.00
Jacksonville, FL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.20
Jacksonville, FL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$46.50
Jacksonville, FL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$51.60
Jacksonville, FL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.16
Jacksonville, FL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$38.70
Jacksonville, FL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$315.00
Jacksonville, FL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$31.50
Jacksonville, FL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$236.25
Jacksonville, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$75.00
Jacksonville, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.50
Jacksonville, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$56.25

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jacksonville, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$125.00
Jacksonville, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.50
Jacksonville, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$93.75
Jacksonville, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$35.50
Jacksonville, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$3.55
Jacksonville, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$26.63
Jacksonville, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$15.78
Jacksonville, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.58
Jacksonville, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$11.84
Jacksonville, FL	E0156	SEAT ATTACHMENT, WALKER	NU			\$12.87
Jacksonville, FL	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.29
Jacksonville, FL	E0156	SEAT ATTACHMENT, WALKER	UE			\$9.65
Jacksonville, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$44.81
Jacksonville, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.48
Jacksonville, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$33.61
Jacksonville, FL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$17.00
Jacksonville, FL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.70

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Jacksonville, FL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$12.75
Jacksonville, FL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$11.88
Jacksonville, FL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.19
Jacksonville, FL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$8.91
Knoxville, TN	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$45.60
Knoxville, TN	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.56
Knoxville, TN	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.20
Knoxville, TN	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$41.10
Knoxville, TN	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.11
Knoxville, TN	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$30.83
Knoxville, TN	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$295.00
Knoxville, TN	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$29.50
Knoxville, TN	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$221.25
Knoxville, TN	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$65.47
Knoxville, TN	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.55
Knoxville, TN	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$49.10
Knoxville, TN	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$55.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Knoxville, TN	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.50
Knoxville, TN	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$41.25
Knoxville, TN	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$383.15
Knoxville, TN	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$38.32
Knoxville, TN	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$287.36
Knoxville, TN	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$82.00
Knoxville, TN	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.20
Knoxville, TN	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$61.50
Knoxville, TN	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$125.10
Knoxville, TN	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.51
Knoxville, TN	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$93.83
Knoxville, TN	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$43.54
Knoxville, TN	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.35
Knoxville, TN	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$32.66
Knoxville, TN	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.01
Knoxville, TN	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.80
Knoxville, TN	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.51

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Knoxville, TN	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.10
Knoxville, TN	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.51
Knoxville, TN	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.33
Knoxville, TN	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$57.60
Knoxville, TN	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.76
Knoxville, TN	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$43.20
Knoxville, TN	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.72
Knoxville, TN	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.97
Knoxville, TN	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.79
Knoxville, TN	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.00
Knoxville, TN	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.30
Knoxville, TN	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.75
Lakeland-Winter Haven, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$40.14
Lakeland-Winter Haven, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.01
Lakeland-Winter Haven, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$30.11
Lakeland-Winter Haven, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$45.00
Lakeland-Winter Haven, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.50

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Lakeland-Winter Haven, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.75
Lakeland-Winter Haven, FL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$239.87
Lakeland-Winter Haven, FL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$23.99
Lakeland-Winter Haven, FL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$179.90
Lakeland-Winter Haven, FL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$64.90
Lakeland-Winter Haven, FL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.49
Lakeland-Winter Haven, FL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$48.68
Lakeland-Winter Haven, FL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$50.71
Lakeland-Winter Haven, FL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.07
Lakeland-Winter Haven, FL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$38.03
Lakeland-Winter Haven, FL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$345.00
Lakeland-Winter Haven, FL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$34.50
Lakeland-Winter Haven, FL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$258.75
Lakeland-Winter Haven, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$78.00
Lakeland-Winter Haven, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.80
Lakeland-Winter Haven, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$58.50
Lakeland-Winter Haven, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$125.32

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Lakeland-Winter Haven, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.53
Lakeland-Winter Haven, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$93.99
Lakeland-Winter Haven, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$35.75
Lakeland-Winter Haven, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$3.58
Lakeland-Winter Haven, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$26.81
Lakeland-Winter Haven, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$16.12
Lakeland-Winter Haven, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.61
Lakeland-Winter Haven, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$12.09
Lakeland-Winter Haven, FL	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.00
Lakeland-Winter Haven, FL	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.40
Lakeland-Winter Haven, FL	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.50
Lakeland-Winter Haven, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$46.30
Lakeland-Winter Haven, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.63
Lakeland-Winter Haven, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$34.73
Lakeland-Winter Haven, FL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$16.66
Lakeland-Winter Haven, FL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.67
Lakeland-Winter Haven, FL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$12.50

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Lakeland-Winter Haven, FL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$11.88
Lakeland-Winter Haven, FL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.19
Lakeland-Winter Haven, FL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$8.91
Las Vegas-Paradise, NV	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$44.00
Las Vegas-Paradise, NV	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.40
Las Vegas-Paradise, NV	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.00
Las Vegas-Paradise, NV	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$42.44
Las Vegas-Paradise, NV	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.24
Las Vegas-Paradise, NV	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$31.83
Las Vegas-Paradise, NV	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$240.00
Las Vegas-Paradise, NV	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$24.00
Las Vegas-Paradise, NV	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$180.00
Las Vegas-Paradise, NV	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$69.38
Las Vegas-Paradise, NV	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.94
Las Vegas-Paradise, NV	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$52.04
Las Vegas-Paradise, NV	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$55.00
Las Vegas-Paradise, NV	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.50

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Las Vegas-Paradise, NV	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$41.25
Las Vegas-Paradise, NV	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$345.90
Las Vegas-Paradise, NV	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$34.59
Las Vegas-Paradise, NV	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$259.43
Las Vegas-Paradise, NV	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$77.62
Las Vegas-Paradise, NV	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.76
Las Vegas-Paradise, NV	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$58.22
Las Vegas-Paradise, NV	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$128.32
Las Vegas-Paradise, NV	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.83
Las Vegas-Paradise, NV	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$96.24
Las Vegas-Paradise, NV	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$43.00
Las Vegas-Paradise, NV	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.30
Las Vegas-Paradise, NV	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$32.25
Las Vegas-Paradise, NV	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$17.94
Las Vegas-Paradise, NV	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.79
Las Vegas-Paradise, NV	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.46
Las Vegas-Paradise, NV	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Las Vegas-Paradise, NV	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.40
Las Vegas-Paradise, NV	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.50
Las Vegas-Paradise, NV	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$49.30
Las Vegas-Paradise, NV	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.93
Las Vegas-Paradise, NV	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$36.98
Las Vegas-Paradise, NV	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$18.25
Las Vegas-Paradise, NV	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.83
Las Vegas-Paradise, NV	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$13.69
Las Vegas-Paradise, NV	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.00
Las Vegas-Paradise, NV	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.20
Las Vegas-Paradise, NV	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.00
Little Rock-North Little Rock-Conway, AR	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$44.91
Little Rock-North Little Rock-Conway, AR	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.49
Little Rock-North Little Rock-Conway, AR	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.68
Little Rock-North Little Rock-Conway, AR	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$38.90
Little Rock-North Little Rock-Conway, AR	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$3.89
Little Rock-North Little Rock-Conway, AR	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$29.18

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Little Rock-North Little Rock-Conway, AR	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$262.86
Little Rock-North Little Rock-Conway, AR	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$26.29
Little Rock-North Little Rock-Conway, AR	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$197.15
Little Rock-North Little Rock-Conway, AR	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$67.96
Little Rock-North Little Rock-Conway, AR	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.80
Little Rock-North Little Rock-Conway, AR	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$50.97
Little Rock-North Little Rock-Conway, AR	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$46.50
Little Rock-North Little Rock-Conway, AR	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$4.65
Little Rock-North Little Rock-Conway, AR	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$34.88
Little Rock-North Little Rock-Conway, AR	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$390.00
Little Rock-North Little Rock-Conway, AR	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$39.00
Little Rock-North Little Rock-Conway, AR	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$292.50
Little Rock-North Little Rock-Conway, AR	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$70.00
Little Rock-North Little Rock-Conway, AR	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.00
Little Rock-North Little Rock-Conway, AR	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$52.50
Little Rock-North Little Rock-Conway, AR	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$99.96
Little Rock-North Little Rock-Conway, AR	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$10.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Little Rock-North Little Rock-Conway, AR	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$74.97
Little Rock-North Little Rock-Conway, AR	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$39.80
Little Rock-North Little Rock-Conway, AR	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$3.98
Little Rock-North Little Rock-Conway, AR	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$29.85
Little Rock-North Little Rock-Conway, AR	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$16.14
Little Rock-North Little Rock-Conway, AR	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.61
Little Rock-North Little Rock-Conway, AR	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$12.11
Little Rock-North Little Rock-Conway, AR	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.80
Little Rock-North Little Rock-Conway, AR	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.48
Little Rock-North Little Rock-Conway, AR	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.10
Little Rock-North Little Rock-Conway, AR	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$48.99
Little Rock-North Little Rock-Conway, AR	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.90
Little Rock-North Little Rock-Conway, AR	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$36.74
Little Rock-North Little Rock-Conway, AR	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$17.10
Little Rock-North Little Rock-Conway, AR	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.71
Little Rock-North Little Rock-Conway, AR	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$12.83
Little Rock-North Little Rock-Conway, AR	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.38

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Little Rock-North Little Rock-Conway, AR	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.34
Little Rock-North Little Rock-Conway, AR	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$10.04
Los Angeles County CBA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$44.86
Los Angeles County CBA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.49
Los Angeles County CBA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.65
Los Angeles County CBA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$43.47
Los Angeles County CBA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.35
Los Angeles County CBA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.60
Los Angeles County CBA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$240.44
Los Angeles County CBA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$24.04
Los Angeles County CBA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$180.33
Los Angeles County CBA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$69.84
Los Angeles County CBA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.98
Los Angeles County CBA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$52.38
Los Angeles County CBA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$57.91
Los Angeles County CBA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.79
Los Angeles County CBA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$43.43

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Los Angeles County CBA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$333.00
Los Angeles County CBA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$33.30
Los Angeles County CBA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$249.75
Los Angeles County CBA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$74.52
Los Angeles County CBA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.45
Los Angeles County CBA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$55.89
Los Angeles County CBA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$123.60
Los Angeles County CBA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.36
Los Angeles County CBA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$92.70
Los Angeles County CBA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$40.00
Los Angeles County CBA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.00
Los Angeles County CBA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$30.00
Los Angeles County CBA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.50
Los Angeles County CBA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.85
Los Angeles County CBA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.88
Los Angeles County CBA	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.68
Los Angeles County CBA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.47

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Los Angeles County CBA	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.01
Los Angeles County CBA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$44.48
Los Angeles County CBA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.45
Los Angeles County CBA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$33.36
Los Angeles County CBA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$18.50
Los Angeles County CBA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.85
Los Angeles County CBA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$13.88
Los Angeles County CBA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.00
Los Angeles County CBA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.20
Los Angeles County CBA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.00
Louisville/Jefferson County, KY-IN	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$48.44
Louisville/Jefferson County, KY-IN	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.84
Louisville/Jefferson County, KY-IN	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$36.33
Louisville/Jefferson County, KY-IN	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$39.63
Louisville/Jefferson County, KY-IN	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$3.96
Louisville/Jefferson County, KY-IN	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$29.72
Louisville/Jefferson County, KY-IN	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$295.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Louisville/Jefferson County, KY-IN	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$29.50
Louisville/Jefferson County, KY-IN	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$221.25
Louisville/Jefferson County, KY-IN	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$71.14
Louisville/Jefferson County, KY-IN	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.11
Louisville/Jefferson County, KY-IN	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$53.36
Louisville/Jefferson County, KY-IN	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$48.50
Louisville/Jefferson County, KY-IN	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$4.85
Louisville/Jefferson County, KY-IN	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$36.38
Louisville/Jefferson County, KY-IN	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$425.50
Louisville/Jefferson County, KY-IN	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$42.55
Louisville/Jefferson County, KY-IN	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$319.13
Louisville/Jefferson County, KY-IN	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$77.50
Louisville/Jefferson County, KY-IN	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.75
Louisville/Jefferson County, KY-IN	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$58.13
Louisville/Jefferson County, KY-IN	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$101.51
Louisville/Jefferson County, KY-IN	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$10.15
Louisville/Jefferson County, KY-IN	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$76.13

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Louisville/Jefferson County, KY-IN	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$46.97
Louisville/Jefferson County, KY-IN	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.70
Louisville/Jefferson County, KY-IN	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$35.23
Louisville/Jefferson County, KY-IN	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$17.64
Louisville/Jefferson County, KY-IN	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.76
Louisville/Jefferson County, KY-IN	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.23
Louisville/Jefferson County, KY-IN	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.28
Louisville/Jefferson County, KY-IN	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.53
Louisville/Jefferson County, KY-IN	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.46
Louisville/Jefferson County, KY-IN	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$54.71
Louisville/Jefferson County, KY-IN	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.47
Louisville/Jefferson County, KY-IN	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$41.03
Louisville/Jefferson County, KY-IN	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.36
Louisville/Jefferson County, KY-IN	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.94
Louisville/Jefferson County, KY-IN	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.52
Louisville/Jefferson County, KY-IN	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.00
Louisville/Jefferson County, KY-IN	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.30

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Louisville/Jefferson County, KY-IN	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.75
McAllen-Edinburg-Mission, TX	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$43.19
McAllen-Edinburg-Mission, TX	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.32
McAllen-Edinburg-Mission, TX	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.39
McAllen-Edinburg-Mission, TX	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$42.01
McAllen-Edinburg-Mission, TX	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.20
McAllen-Edinburg-Mission, TX	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$31.51
McAllen-Edinburg-Mission, TX	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$259.92
McAllen-Edinburg-Mission, TX	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$25.99
McAllen-Edinburg-Mission, TX	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$194.94
McAllen-Edinburg-Mission, TX	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$66.01
McAllen-Edinburg-Mission, TX	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.60
McAllen-Edinburg-Mission, TX	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$49.51
McAllen-Edinburg-Mission, TX	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$50.00
McAllen-Edinburg-Mission, TX	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.00
McAllen-Edinburg-Mission, TX	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$37.50
McAllen-Edinburg-Mission, TX	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$380.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
McAllen-Edinburg-Mission, TX	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$38.00
McAllen-Edinburg-Mission, TX	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$285.00
McAllen-Edinburg-Mission, TX	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$78.21
McAllen-Edinburg-Mission, TX	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.82
McAllen-Edinburg-Mission, TX	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$58.66
McAllen-Edinburg-Mission, TX	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$119.70
McAllen-Edinburg-Mission, TX	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$11.97
McAllen-Edinburg-Mission, TX	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$89.78
McAllen-Edinburg-Mission, TX	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$41.02
McAllen-Edinburg-Mission, TX	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.10
McAllen-Edinburg-Mission, TX	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$30.77
McAllen-Edinburg-Mission, TX	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.63
McAllen-Edinburg-Mission, TX	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.86
McAllen-Edinburg-Mission, TX	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.97
McAllen-Edinburg-Mission, TX	E0156	SEAT ATTACHMENT, WALKER	NU			\$13.55
McAllen-Edinburg-Mission, TX	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.36
McAllen-Edinburg-Mission, TX	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.16

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
McAllen-Edinburg-Mission, TX	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$48.19
McAllen-Edinburg-Mission, TX	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.82
McAllen-Edinburg-Mission, TX	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$36.14
McAllen-Edinburg-Mission, TX	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$18.00
McAllen-Edinburg-Mission, TX	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.80
McAllen-Edinburg-Mission, TX	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$13.50
McAllen-Edinburg-Mission, TX	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.69
McAllen-Edinburg-Mission, TX	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.27
McAllen-Edinburg-Mission, TX	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.52
Memphis, TN-MS-AR	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$43.66
Memphis, TN-MS-AR	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.37
Memphis, TN-MS-AR	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.75
Memphis, TN-MS-AR	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$45.29
Memphis, TN-MS-AR	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.53
Memphis, TN-MS-AR	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.97
Memphis, TN-MS-AR	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$276.86
Memphis, TN-MS-AR	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$27.69

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Memphis, TN-MS-AR	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$207.65
Memphis, TN-MS-AR	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$65.40
Memphis, TN-MS-AR	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.54
Memphis, TN-MS-AR	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$49.05
Memphis, TN-MS-AR	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$55.34
Memphis, TN-MS-AR	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.53
Memphis, TN-MS-AR	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$41.51
Memphis, TN-MS-AR	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$377.86
Memphis, TN-MS-AR	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.79
Memphis, TN-MS-AR	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$283.40
Memphis, TN-MS-AR	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$83.80
Memphis, TN-MS-AR	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.38
Memphis, TN-MS-AR	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$62.85
Memphis, TN-MS-AR	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$126.61
Memphis, TN-MS-AR	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.66
Memphis, TN-MS-AR	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$94.96
Memphis, TN-MS-AR	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$43.27

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Memphis, TN-MS-AR	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.33
Memphis, TN-MS-AR	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$32.45
Memphis, TN-MS-AR	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$17.98
Memphis, TN-MS-AR	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.80
Memphis, TN-MS-AR	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.49
Memphis, TN-MS-AR	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.78
Memphis, TN-MS-AR	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.48
Memphis, TN-MS-AR	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.09
Memphis, TN-MS-AR	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$52.68
Memphis, TN-MS-AR	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.27
Memphis, TN-MS-AR	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$39.51
Memphis, TN-MS-AR	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$18.24
Memphis, TN-MS-AR	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.82
Memphis, TN-MS-AR	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$13.68
Memphis, TN-MS-AR	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.84
Memphis, TN-MS-AR	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.28
Memphis, TN-MS-AR	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.63

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Milwaukee-Waukesha-West Allis, WI	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$47.87
Milwaukee-Waukesha-West Allis, WI	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.79
Milwaukee-Waukesha-West Allis, WI	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$35.90
Milwaukee-Waukesha-West Allis, WI	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$48.06
Milwaukee-Waukesha-West Allis, WI	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.81
Milwaukee-Waukesha-West Allis, WI	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$36.05
Milwaukee-Waukesha-West Allis, WI	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$297.50
Milwaukee-Waukesha-West Allis, WI	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$29.75
Milwaukee-Waukesha-West Allis, WI	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$223.13
Milwaukee-Waukesha-West Allis, WI	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$73.00
Milwaukee-Waukesha-West Allis, WI	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.30
Milwaukee-Waukesha-West Allis, WI	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$54.75
Milwaukee-Waukesha-West Allis, WI	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$54.72
Milwaukee-Waukesha-West Allis, WI	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.47
Milwaukee-Waukesha-West Allis, WI	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$41.04
Milwaukee-Waukesha-West Allis, WI	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$402.22
Milwaukee-Waukesha-West Allis, WI	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$40.22

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Milwaukee-Waukesha-West Allis, WI	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$301.67
Milwaukee-Waukesha-West Allis, WI	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$87.93
Milwaukee-Waukesha-West Allis, WI	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.79
Milwaukee-Waukesha-West Allis, WI	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$65.95
Milwaukee-Waukesha-West Allis, WI	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$137.62
Milwaukee-Waukesha-West Allis, WI	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$13.76
Milwaukee-Waukesha-West Allis, WI	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$103.22
Milwaukee-Waukesha-West Allis, WI	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$48.50
Milwaukee-Waukesha-West Allis, WI	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.85
Milwaukee-Waukesha-West Allis, WI	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$36.38
Milwaukee-Waukesha-West Allis, WI	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$22.10
Milwaukee-Waukesha-West Allis, WI	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$2.21
Milwaukee-Waukesha-West Allis, WI	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$16.58
Milwaukee-Waukesha-West Allis, WI	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.70
Milwaukee-Waukesha-West Allis, WI	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.57
Milwaukee-Waukesha-West Allis, WI	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.78
Milwaukee-Waukesha-West Allis, WI	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$60.50

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Milwaukee-Waukesha-West Allis, WI	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$6.05
Milwaukee-Waukesha-West Allis, WI	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$45.38
Milwaukee-Waukesha-West Allis, WI	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$21.90
Milwaukee-Waukesha-West Allis, WI	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$2.19
Milwaukee-Waukesha-West Allis, WI	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$16.43
Milwaukee-Waukesha-West Allis, WI	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.48
Milwaukee-Waukesha-West Allis, WI	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.35
Milwaukee-Waukesha-West Allis, WI	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$10.11
Minneapolis-St. Paul-Bloomington, MN-WI	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$46.56
Minneapolis-St. Paul-Bloomington, MN-WI	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.66
Minneapolis-St. Paul-Bloomington, MN-WI	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.92
Minneapolis-St. Paul-Bloomington, MN-WI	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$46.90
Minneapolis-St. Paul-Bloomington, MN-WI	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.69
Minneapolis-St. Paul-Bloomington, MN-WI	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$35.18
Minneapolis-St. Paul-Bloomington, MN-WI	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$281.00
Minneapolis-St. Paul-Bloomington, MN-WI	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$28.10
Minneapolis-St. Paul-Bloomington, MN-WI	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$210.75

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Minneapolis-St. Paul-Bloomington, MN-WI	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$72.66
Minneapolis-St. Paul-Bloomington, MN-WI	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.27
Minneapolis-St. Paul-Bloomington, MN-WI	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$54.50
Minneapolis-St. Paul-Bloomington, MN-WI	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$53.52
Minneapolis-St. Paul-Bloomington, MN-WI	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.35
Minneapolis-St. Paul-Bloomington, MN-WI	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$40.14
Minneapolis-St. Paul-Bloomington, MN-WI	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$399.50
Minneapolis-St. Paul-Bloomington, MN-WI	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$39.95
Minneapolis-St. Paul-Bloomington, MN-WI	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$299.63
Minneapolis-St. Paul-Bloomington, MN-WI	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$84.64
Minneapolis-St. Paul-Bloomington, MN-WI	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.46
Minneapolis-St. Paul-Bloomington, MN-WI	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$63.48
Minneapolis-St. Paul-Bloomington, MN-WI	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$135.00
Minneapolis-St. Paul-Bloomington, MN-WI	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$13.50
Minneapolis-St. Paul-Bloomington, MN-WI	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$101.25
Minneapolis-St. Paul-Bloomington, MN-WI	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$43.77
Minneapolis-St. Paul-Bloomington, MN-WI	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.38

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Minneapolis-St. Paul-Bloomington, MN-WI	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$32.83
Minneapolis-St. Paul-Bloomington, MN-WI	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$20.90
Minneapolis-St. Paul-Bloomington, MN-WI	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$2.09
Minneapolis-St. Paul-Bloomington, MN-WI	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$15.68
Minneapolis-St. Paul-Bloomington, MN-WI	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.30
Minneapolis-St. Paul-Bloomington, MN-WI	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.53
Minneapolis-St. Paul-Bloomington, MN-WI	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.48
Minneapolis-St. Paul-Bloomington, MN-WI	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$57.30
Minneapolis-St. Paul-Bloomington, MN-WI	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.73
Minneapolis-St. Paul-Bloomington, MN-WI	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$42.98
Minneapolis-St. Paul-Bloomington, MN-WI	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.99
Minneapolis-St. Paul-Bloomington, MN-WI	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$2.00
Minneapolis-St. Paul-Bloomington, MN-WI	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.99
Minneapolis-St. Paul-Bloomington, MN-WI	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.00
Minneapolis-St. Paul-Bloomington, MN-WI	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.30
Minneapolis-St. Paul-Bloomington, MN-WI	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.75
Nashville-Davidson--Murfreesboro--Franklin, TN	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$43.79

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.38
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.84
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$44.70
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.47
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.53
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$279.40
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$27.94
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$209.55
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$65.40
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.54
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$49.05
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$56.71
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.67
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$42.53
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$381.58
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$38.16
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$286.19

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$83.50
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.35
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$62.63
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$137.00
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$13.70
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$102.75
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$43.44
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.34
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$32.58
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$17.98
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.80
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.49
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.94
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.49
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.21
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$52.68
Nashville-Davidson--Murfreeseboro--Franklin, TN	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.27

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nashville-Davidson--Murfreesboro--Franklin, TN	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$39.51
Nashville-Davidson--Murfreesboro--Franklin, TN	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$18.98
Nashville-Davidson--Murfreesboro--Franklin, TN	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.90
Nashville-Davidson--Murfreesboro--Franklin, TN	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.24
Nashville-Davidson--Murfreesboro--Franklin, TN	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.00
Nashville-Davidson--Murfreesboro--Franklin, TN	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.30
Nashville-Davidson--Murfreesboro--Franklin, TN	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.75
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$42.75
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.28
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.06
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$44.93
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.49
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.70
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$236.36
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$23.64
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$177.27
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$63.63

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.36
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$47.72
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$55.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.50
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$41.25
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$368.75
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$36.88
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$276.56
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$74.86
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.49
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$56.15
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$123.04
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.30
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$92.28
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$40.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$30.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$17.32
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.73
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$12.99
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.00
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.50
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.25
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$46.24
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.62
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$34.68
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$17.16
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.72
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$12.87
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.28
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.23
Nassau-Brooklyn-Queens-Richmond County Metro CBA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.21
New Haven-Milford, CT	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$45.48
New Haven-Milford, CT	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.55

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Haven-Milford, CT	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.11
New Haven-Milford, CT	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$39.53
New Haven-Milford, CT	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$3.95
New Haven-Milford, CT	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$29.65
New Haven-Milford, CT	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$276.86
New Haven-Milford, CT	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$27.69
New Haven-Milford, CT	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$207.65
New Haven-Milford, CT	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$67.44
New Haven-Milford, CT	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.74
New Haven-Milford, CT	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$50.58
New Haven-Milford, CT	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$53.50
New Haven-Milford, CT	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.35
New Haven-Milford, CT	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$40.13
New Haven-Milford, CT	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$377.86
New Haven-Milford, CT	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.79
New Haven-Milford, CT	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$283.40
New Haven-Milford, CT	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$83.30

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Haven-Milford, CT	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.33
New Haven-Milford, CT	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$62.48
New Haven-Milford, CT	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$103.32
New Haven-Milford, CT	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$10.33
New Haven-Milford, CT	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$77.49
New Haven-Milford, CT	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$42.98
New Haven-Milford, CT	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.30
New Haven-Milford, CT	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$32.24
New Haven-Milford, CT	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.52
New Haven-Milford, CT	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.85
New Haven-Milford, CT	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.89
New Haven-Milford, CT	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.75
New Haven-Milford, CT	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.48
New Haven-Milford, CT	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.06
New Haven-Milford, CT	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$60.00
New Haven-Milford, CT	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$6.00
New Haven-Milford, CT	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$45.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Haven-Milford, CT	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$20.36
New Haven-Milford, CT	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$2.04
New Haven-Milford, CT	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$15.27
New Haven-Milford, CT	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.85
New Haven-Milford, CT	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.29
New Haven-Milford, CT	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.64
New Orleans-Metairie-Kenner, LA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$47.95
New Orleans-Metairie-Kenner, LA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.80
New Orleans-Metairie-Kenner, LA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$35.96
New Orleans-Metairie-Kenner, LA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$47.10
New Orleans-Metairie-Kenner, LA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.71
New Orleans-Metairie-Kenner, LA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$35.33
New Orleans-Metairie-Kenner, LA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$263.90
New Orleans-Metairie-Kenner, LA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$26.39
New Orleans-Metairie-Kenner, LA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$197.93
New Orleans-Metairie-Kenner, LA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$72.72
New Orleans-Metairie-Kenner, LA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.27

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Orleans-Metairie-Kenner, LA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$54.54
New Orleans-Metairie-Kenner, LA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$52.50
New Orleans-Metairie-Kenner, LA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.25
New Orleans-Metairie-Kenner, LA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$39.38
New Orleans-Metairie-Kenner, LA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$384.24
New Orleans-Metairie-Kenner, LA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$38.42
New Orleans-Metairie-Kenner, LA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$288.18
New Orleans-Metairie-Kenner, LA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$83.53
New Orleans-Metairie-Kenner, LA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.35
New Orleans-Metairie-Kenner, LA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$62.65
New Orleans-Metairie-Kenner, LA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$133.62
New Orleans-Metairie-Kenner, LA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$13.36
New Orleans-Metairie-Kenner, LA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$100.22
New Orleans-Metairie-Kenner, LA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$46.33
New Orleans-Metairie-Kenner, LA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.63
New Orleans-Metairie-Kenner, LA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$34.75
New Orleans-Metairie-Kenner, LA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.80

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
New Orleans-Metairie-Kenner, LA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.88
New Orleans-Metairie-Kenner, LA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$14.10
New Orleans-Metairie-Kenner, LA	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.20
New Orleans-Metairie-Kenner, LA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.52
New Orleans-Metairie-Kenner, LA	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.40
New Orleans-Metairie-Kenner, LA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$57.27
New Orleans-Metairie-Kenner, LA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.73
New Orleans-Metairie-Kenner, LA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$42.95
New Orleans-Metairie-Kenner, LA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$20.02
New Orleans-Metairie-Kenner, LA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$2.00
New Orleans-Metairie-Kenner, LA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$15.02
New Orleans-Metairie-Kenner, LA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.84
New Orleans-Metairie-Kenner, LA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.28
New Orleans-Metairie-Kenner, LA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.63
North East NY CBA Metro	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$40.25
North East NY CBA Metro	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.03
North East NY CBA Metro	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$30.19

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North East NY CBA Metro	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$39.98
North East NY CBA Metro	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.00
North East NY CBA Metro	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$29.99
North East NY CBA Metro	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$233.76
North East NY CBA Metro	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$23.38
North East NY CBA Metro	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$175.32
North East NY CBA Metro	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$63.51
North East NY CBA Metro	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.35
North East NY CBA Metro	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$47.63
North East NY CBA Metro	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$50.49
North East NY CBA Metro	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.05
North East NY CBA Metro	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$37.87
North East NY CBA Metro	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$345.81
North East NY CBA Metro	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$34.58
North East NY CBA Metro	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$259.36
North East NY CBA Metro	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$70.00
North East NY CBA Metro	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North East NY CBA Metro	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$52.50
North East NY CBA Metro	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$99.92
North East NY CBA Metro	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$9.99
North East NY CBA Metro	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$74.94
North East NY CBA Metro	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$40.00
North East NY CBA Metro	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.00
North East NY CBA Metro	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$30.00
North East NY CBA Metro	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$16.67
North East NY CBA Metro	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.67
North East NY CBA Metro	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$12.50
North East NY CBA Metro	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.00
North East NY CBA Metro	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.40
North East NY CBA Metro	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.50
North East NY CBA Metro	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$46.42
North East NY CBA Metro	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.64
North East NY CBA Metro	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$34.82
North East NY CBA Metro	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$17.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North East NY CBA Metro	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.70
North East NY CBA Metro	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$12.75
North East NY CBA Metro	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.00
North East NY CBA Metro	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.20
North East NY CBA Metro	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.00
North Port-Bradenton-Sarasota, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$42.38
North Port-Bradenton-Sarasota, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.24
North Port-Bradenton-Sarasota, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$31.79
North Port-Bradenton-Sarasota, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$44.62
North Port-Bradenton-Sarasota, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.46
North Port-Bradenton-Sarasota, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.47
North Port-Bradenton-Sarasota, FL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$229.94
North Port-Bradenton-Sarasota, FL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$22.99
North Port-Bradenton-Sarasota, FL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$172.46
North Port-Bradenton-Sarasota, FL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$62.86
North Port-Bradenton-Sarasota, FL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.29
North Port-Bradenton-Sarasota, FL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$47.15

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North Port-Bradenton-Sarasota, FL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$51.80
North Port-Bradenton-Sarasota, FL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.18
North Port-Bradenton-Sarasota, FL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$38.85
North Port-Bradenton-Sarasota, FL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$332.50
North Port-Bradenton-Sarasota, FL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$33.25
North Port-Bradenton-Sarasota, FL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$249.38
North Port-Bradenton-Sarasota, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$75.50
North Port-Bradenton-Sarasota, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.55
North Port-Bradenton-Sarasota, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$56.63
North Port-Bradenton-Sarasota, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$125.32
North Port-Bradenton-Sarasota, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.53
North Port-Bradenton-Sarasota, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$93.99
North Port-Bradenton-Sarasota, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$35.50
North Port-Bradenton-Sarasota, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$3.55
North Port-Bradenton-Sarasota, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$26.63
North Port-Bradenton-Sarasota, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$16.50
North Port-Bradenton-Sarasota, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.65

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
North Port-Bradenton-Sarasota, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$12.38
North Port-Bradenton-Sarasota, FL	E0156	SEAT ATTACHMENT, WALKER	NU			\$12.82
North Port-Bradenton-Sarasota, FL	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.28
North Port-Bradenton-Sarasota, FL	E0156	SEAT ATTACHMENT, WALKER	UE			\$9.62
North Port-Bradenton-Sarasota, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$44.15
North Port-Bradenton-Sarasota, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.42
North Port-Bradenton-Sarasota, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$33.11
North Port-Bradenton-Sarasota, FL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$17.00
North Port-Bradenton-Sarasota, FL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.70
North Port-Bradenton-Sarasota, FL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$12.75
North Port-Bradenton-Sarasota, FL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$11.94
North Port-Bradenton-Sarasota, FL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.19
North Port-Bradenton-Sarasota, FL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$8.96
Northern NJ Metro CBA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$41.64
Northern NJ Metro CBA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.16
Northern NJ Metro CBA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$31.23
Northern NJ Metro CBA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$40.19

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern NJ Metro CBA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.02
Northern NJ Metro CBA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$30.14
Northern NJ Metro CBA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$240.58
Northern NJ Metro CBA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$24.06
Northern NJ Metro CBA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$180.44
Northern NJ Metro CBA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$63.42
Northern NJ Metro CBA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.34
Northern NJ Metro CBA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$47.57
Northern NJ Metro CBA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$55.28
Northern NJ Metro CBA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.53
Northern NJ Metro CBA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$41.46
Northern NJ Metro CBA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$364.50
Northern NJ Metro CBA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$36.45
Northern NJ Metro CBA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$273.38
Northern NJ Metro CBA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$75.44
Northern NJ Metro CBA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.54
Northern NJ Metro CBA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$56.58

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern NJ Metro CBA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$123.04
Northern NJ Metro CBA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.30
Northern NJ Metro CBA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$92.28
Northern NJ Metro CBA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$40.33
Northern NJ Metro CBA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.03
Northern NJ Metro CBA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$30.25
Northern NJ Metro CBA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$17.32
Northern NJ Metro CBA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.73
Northern NJ Metro CBA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$12.99
Northern NJ Metro CBA	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.64
Northern NJ Metro CBA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.46
Northern NJ Metro CBA	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.98
Northern NJ Metro CBA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$47.29
Northern NJ Metro CBA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.73
Northern NJ Metro CBA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$35.47
Northern NJ Metro CBA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$17.50
Northern NJ Metro CBA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.75

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern NJ Metro CBA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$13.13
Northern NJ Metro CBA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.55
Northern NJ Metro CBA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.26
Northern NJ Metro CBA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.41
Northern-Chicago Metro CBA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$46.56
Northern-Chicago Metro CBA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.66
Northern-Chicago Metro CBA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.92
Northern-Chicago Metro CBA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$45.07
Northern-Chicago Metro CBA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.51
Northern-Chicago Metro CBA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.80
Northern-Chicago Metro CBA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$261.50
Northern-Chicago Metro CBA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$26.15
Northern-Chicago Metro CBA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$196.13
Northern-Chicago Metro CBA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$68.14
Northern-Chicago Metro CBA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.81
Northern-Chicago Metro CBA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$51.11
Northern-Chicago Metro CBA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$57.25

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern-Chicago Metro CBA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.73
Northern-Chicago Metro CBA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$42.94
Northern-Chicago Metro CBA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$377.86
Northern-Chicago Metro CBA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.79
Northern-Chicago Metro CBA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$283.40
Northern-Chicago Metro CBA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$82.50
Northern-Chicago Metro CBA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.25
Northern-Chicago Metro CBA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$61.88
Northern-Chicago Metro CBA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$133.20
Northern-Chicago Metro CBA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$13.32
Northern-Chicago Metro CBA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$99.90
Northern-Chicago Metro CBA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$42.19
Northern-Chicago Metro CBA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.22
Northern-Chicago Metro CBA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$31.64
Northern-Chicago Metro CBA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.25
Northern-Chicago Metro CBA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.83
Northern-Chicago Metro CBA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.69

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Northern-Chicago Metro CBA	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.14
Northern-Chicago Metro CBA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.51
Northern-Chicago Metro CBA	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.36
Northern-Chicago Metro CBA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$51.48
Northern-Chicago Metro CBA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.15
Northern-Chicago Metro CBA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$38.61
Northern-Chicago Metro CBA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.18
Northern-Chicago Metro CBA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.92
Northern-Chicago Metro CBA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.39
Northern-Chicago Metro CBA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.54
Northern-Chicago Metro CBA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.25
Northern-Chicago Metro CBA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.41
Ocala, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$43.29
Ocala, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.33
Ocala, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.47
Ocala, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$42.69
Ocala, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.27

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Ocala, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.02
Ocala, FL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$239.87
Ocala, FL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$23.99
Ocala, FL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$179.90
Ocala, FL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$72.74
Ocala, FL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.27
Ocala, FL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$54.56
Ocala, FL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$51.42
Ocala, FL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.14
Ocala, FL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$38.57
Ocala, FL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$330.90
Ocala, FL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$33.09
Ocala, FL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$248.18
Ocala, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$82.00
Ocala, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.20
Ocala, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$61.50
Ocala, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$125.65

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Ocala, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.57
Ocala, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$94.24
Ocala, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$38.00
Ocala, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$3.80
Ocala, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$28.50
Ocala, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.50
Ocala, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.85
Ocala, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.88
Ocala, FL	E0156	SEAT ATTACHMENT, WALKER	NU			\$12.36
Ocala, FL	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.24
Ocala, FL	E0156	SEAT ATTACHMENT, WALKER	UE			\$9.27
Ocala, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$46.30
Ocala, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.63
Ocala, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$34.73
Ocala, FL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$18.19
Ocala, FL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.82
Ocala, FL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$13.64

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Ocala, FL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$11.88
Ocala, FL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.19
Ocala, FL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$8.91
Oklahoma City, OK	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$40.28
Oklahoma City, OK	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.03
Oklahoma City, OK	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$30.21
Oklahoma City, OK	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$40.25
Oklahoma City, OK	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.03
Oklahoma City, OK	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$30.19
Oklahoma City, OK	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$240.00
Oklahoma City, OK	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$24.00
Oklahoma City, OK	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$180.00
Oklahoma City, OK	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$65.47
Oklahoma City, OK	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.55
Oklahoma City, OK	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$49.10
Oklahoma City, OK	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$55.00
Oklahoma City, OK	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.50

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oklahoma City, OK	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$41.25
Oklahoma City, OK	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$375.72
Oklahoma City, OK	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.57
Oklahoma City, OK	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$281.79
Oklahoma City, OK	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$74.00
Oklahoma City, OK	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.40
Oklahoma City, OK	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$55.50
Oklahoma City, OK	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$103.32
Oklahoma City, OK	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$10.33
Oklahoma City, OK	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$77.49
Oklahoma City, OK	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$39.60
Oklahoma City, OK	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$3.96
Oklahoma City, OK	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$29.70
Oklahoma City, OK	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$17.25
Oklahoma City, OK	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.73
Oklahoma City, OK	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$12.94
Oklahoma City, OK	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oklahoma City, OK	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.40
Oklahoma City, OK	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.50
Oklahoma City, OK	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$48.00
Oklahoma City, OK	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.80
Oklahoma City, OK	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$36.00
Oklahoma City, OK	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$17.06
Oklahoma City, OK	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.71
Oklahoma City, OK	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$12.80
Oklahoma City, OK	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.38
Oklahoma City, OK	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.24
Oklahoma City, OK	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.29
Omaha-Council Bluffs, NE-IA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$47.13
Omaha-Council Bluffs, NE-IA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.71
Omaha-Council Bluffs, NE-IA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$35.35
Omaha-Council Bluffs, NE-IA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$42.00
Omaha-Council Bluffs, NE-IA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.20
Omaha-Council Bluffs, NE-IA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$31.50

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Omaha-Council Bluffs, NE-IA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$258.72
Omaha-Council Bluffs, NE-IA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$25.87
Omaha-Council Bluffs, NE-IA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$194.04
Omaha-Council Bluffs, NE-IA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$67.29
Omaha-Council Bluffs, NE-IA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.73
Omaha-Council Bluffs, NE-IA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$50.47
Omaha-Council Bluffs, NE-IA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$50.00
Omaha-Council Bluffs, NE-IA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.00
Omaha-Council Bluffs, NE-IA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$37.50
Omaha-Council Bluffs, NE-IA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$383.15
Omaha-Council Bluffs, NE-IA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$38.32
Omaha-Council Bluffs, NE-IA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$287.36
Omaha-Council Bluffs, NE-IA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$84.60
Omaha-Council Bluffs, NE-IA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.46
Omaha-Council Bluffs, NE-IA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$63.45
Omaha-Council Bluffs, NE-IA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$117.78
Omaha-Council Bluffs, NE-IA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$11.78

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Omaha-Council Bluffs, NE-IA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$88.34
Omaha-Council Bluffs, NE-IA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$40.00
Omaha-Council Bluffs, NE-IA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.00
Omaha-Council Bluffs, NE-IA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$30.00
Omaha-Council Bluffs, NE-IA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.63
Omaha-Council Bluffs, NE-IA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.86
Omaha-Council Bluffs, NE-IA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.97
Omaha-Council Bluffs, NE-IA	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.50
Omaha-Council Bluffs, NE-IA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.45
Omaha-Council Bluffs, NE-IA	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.88
Omaha-Council Bluffs, NE-IA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$49.98
Omaha-Council Bluffs, NE-IA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.00
Omaha-Council Bluffs, NE-IA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$37.49
Omaha-Council Bluffs, NE-IA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$18.23
Omaha-Council Bluffs, NE-IA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.82
Omaha-Council Bluffs, NE-IA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$13.67
Omaha-Council Bluffs, NE-IA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Omaha-Council Bluffs, NE-IA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.30
Omaha-Council Bluffs, NE-IA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.75
Orange County CBA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$44.86
Orange County CBA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.49
Orange County CBA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.65
Orange County CBA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$40.25
Orange County CBA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.03
Orange County CBA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$30.19
Orange County CBA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$247.00
Orange County CBA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$24.70
Orange County CBA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$185.25
Orange County CBA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$69.97
Orange County CBA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.00
Orange County CBA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$52.48
Orange County CBA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$48.00
Orange County CBA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$4.80
Orange County CBA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$36.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orange County CBA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$298.91
Orange County CBA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$29.89
Orange County CBA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$224.18
Orange County CBA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$70.00
Orange County CBA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.00
Orange County CBA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$52.50
Orange County CBA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$112.61
Orange County CBA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$11.26
Orange County CBA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$84.46
Orange County CBA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$39.70
Orange County CBA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$3.97
Orange County CBA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$29.78
Orange County CBA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.63
Orange County CBA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.86
Orange County CBA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.97
Orange County CBA	E0156	SEAT ATTACHMENT, WALKER	NU			\$13.70
Orange County CBA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.37

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orange County CBA	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.28
Orange County CBA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$43.99
Orange County CBA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.40
Orange County CBA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$32.99
Orange County CBA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$17.86
Orange County CBA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.79
Orange County CBA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$13.40
Orange County CBA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.35
Orange County CBA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.24
Orange County CBA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.26
Oxnard-Thousand Oaks-Ventura, CA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$44.45
Oxnard-Thousand Oaks-Ventura, CA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.45
Oxnard-Thousand Oaks-Ventura, CA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.34
Oxnard-Thousand Oaks-Ventura, CA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$42.35
Oxnard-Thousand Oaks-Ventura, CA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.24
Oxnard-Thousand Oaks-Ventura, CA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$31.76
Oxnard-Thousand Oaks-Ventura, CA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$244.58

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oxnard-Thousand Oaks-Ventura, CA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$24.46
Oxnard-Thousand Oaks-Ventura, CA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$183.44
Oxnard-Thousand Oaks-Ventura, CA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$69.84
Oxnard-Thousand Oaks-Ventura, CA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.98
Oxnard-Thousand Oaks-Ventura, CA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$52.38
Oxnard-Thousand Oaks-Ventura, CA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$55.00
Oxnard-Thousand Oaks-Ventura, CA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.50
Oxnard-Thousand Oaks-Ventura, CA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$41.25
Oxnard-Thousand Oaks-Ventura, CA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$326.71
Oxnard-Thousand Oaks-Ventura, CA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$32.67
Oxnard-Thousand Oaks-Ventura, CA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$245.03
Oxnard-Thousand Oaks-Ventura, CA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$75.99
Oxnard-Thousand Oaks-Ventura, CA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.60
Oxnard-Thousand Oaks-Ventura, CA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$56.99
Oxnard-Thousand Oaks-Ventura, CA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$117.00
Oxnard-Thousand Oaks-Ventura, CA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$11.70
Oxnard-Thousand Oaks-Ventura, CA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$87.75

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oxnard-Thousand Oaks-Ventura, CA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$39.99
Oxnard-Thousand Oaks-Ventura, CA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.00
Oxnard-Thousand Oaks-Ventura, CA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$29.99
Oxnard-Thousand Oaks-Ventura, CA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.63
Oxnard-Thousand Oaks-Ventura, CA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.86
Oxnard-Thousand Oaks-Ventura, CA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.97
Oxnard-Thousand Oaks-Ventura, CA	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.18
Oxnard-Thousand Oaks-Ventura, CA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.42
Oxnard-Thousand Oaks-Ventura, CA	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.64
Oxnard-Thousand Oaks-Ventura, CA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$49.11
Oxnard-Thousand Oaks-Ventura, CA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.91
Oxnard-Thousand Oaks-Ventura, CA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$36.83
Oxnard-Thousand Oaks-Ventura, CA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.00
Oxnard-Thousand Oaks-Ventura, CA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.90
Oxnard-Thousand Oaks-Ventura, CA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.25
Oxnard-Thousand Oaks-Ventura, CA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.69
Oxnard-Thousand Oaks-Ventura, CA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.27

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Oxnard-Thousand Oaks-Ventura, CA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.52
Palm Bay-Melbourne-Titusville, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$40.14
Palm Bay-Melbourne-Titusville, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.01
Palm Bay-Melbourne-Titusville, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$30.11
Palm Bay-Melbourne-Titusville, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$43.47
Palm Bay-Melbourne-Titusville, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.35
Palm Bay-Melbourne-Titusville, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.60
Palm Bay-Melbourne-Titusville, FL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$232.44
Palm Bay-Melbourne-Titusville, FL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$23.24
Palm Bay-Melbourne-Titusville, FL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$174.33
Palm Bay-Melbourne-Titusville, FL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$60.86
Palm Bay-Melbourne-Titusville, FL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.09
Palm Bay-Melbourne-Titusville, FL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$45.65
Palm Bay-Melbourne-Titusville, FL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$51.51
Palm Bay-Melbourne-Titusville, FL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.15
Palm Bay-Melbourne-Titusville, FL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$38.63
Palm Bay-Melbourne-Titusville, FL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$320.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Palm Bay-Melbourne-Titusville, FL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$32.00
Palm Bay-Melbourne-Titusville, FL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$240.00
Palm Bay-Melbourne-Titusville, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$73.60
Palm Bay-Melbourne-Titusville, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.36
Palm Bay-Melbourne-Titusville, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$55.20
Palm Bay-Melbourne-Titusville, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$122.50
Palm Bay-Melbourne-Titusville, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.25
Palm Bay-Melbourne-Titusville, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$91.88
Palm Bay-Melbourne-Titusville, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$35.25
Palm Bay-Melbourne-Titusville, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$3.53
Palm Bay-Melbourne-Titusville, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$26.44
Palm Bay-Melbourne-Titusville, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$15.89
Palm Bay-Melbourne-Titusville, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.59
Palm Bay-Melbourne-Titusville, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$11.92
Palm Bay-Melbourne-Titusville, FL	E0156	SEAT ATTACHMENT, WALKER	NU			\$12.82
Palm Bay-Melbourne-Titusville, FL	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.28
Palm Bay-Melbourne-Titusville, FL	E0156	SEAT ATTACHMENT, WALKER	UE			\$9.62

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Palm Bay-Melbourne-Titusville, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$43.00
Palm Bay-Melbourne-Titusville, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.30
Palm Bay-Melbourne-Titusville, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$32.25
Palm Bay-Melbourne-Titusville, FL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$16.16
Palm Bay-Melbourne-Titusville, FL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.62
Palm Bay-Melbourne-Titusville, FL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$12.12
Palm Bay-Melbourne-Titusville, FL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$11.88
Palm Bay-Melbourne-Titusville, FL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.19
Palm Bay-Melbourne-Titusville, FL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$8.91
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$42.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.20
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$31.50
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$40.30
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.03
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$30.23
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$238.69
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$23.87

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$179.02
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$61.91
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.19
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$46.43
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$56.21
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.62
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$42.16
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$375.72
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.57
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$281.79
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$76.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.60
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$57.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$123.58
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.36
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$92.69
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$40.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$30.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$17.21
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.72
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$12.91
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.10
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.51
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.33
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$46.42
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.64
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$34.82
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$18.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.80
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$13.50
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.00
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.30
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.75

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Phoenix-Mesa-Glendale, AZ	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$43.82
Phoenix-Mesa-Glendale, AZ	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.38
Phoenix-Mesa-Glendale, AZ	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.87
Phoenix-Mesa-Glendale, AZ	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$44.39
Phoenix-Mesa-Glendale, AZ	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.44
Phoenix-Mesa-Glendale, AZ	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.29
Phoenix-Mesa-Glendale, AZ	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$240.44
Phoenix-Mesa-Glendale, AZ	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$24.04
Phoenix-Mesa-Glendale, AZ	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$180.33
Phoenix-Mesa-Glendale, AZ	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$65.47
Phoenix-Mesa-Glendale, AZ	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.55
Phoenix-Mesa-Glendale, AZ	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$49.10
Phoenix-Mesa-Glendale, AZ	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$55.00
Phoenix-Mesa-Glendale, AZ	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.50
Phoenix-Mesa-Glendale, AZ	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$41.25
Phoenix-Mesa-Glendale, AZ	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$330.00
Phoenix-Mesa-Glendale, AZ	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$33.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Phoenix-Mesa-Glendale, AZ	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$247.50
Phoenix-Mesa-Glendale, AZ	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$77.62
Phoenix-Mesa-Glendale, AZ	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.76
Phoenix-Mesa-Glendale, AZ	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$58.22
Phoenix-Mesa-Glendale, AZ	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$128.00
Phoenix-Mesa-Glendale, AZ	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.80
Phoenix-Mesa-Glendale, AZ	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$96.00
Phoenix-Mesa-Glendale, AZ	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$43.54
Phoenix-Mesa-Glendale, AZ	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.35
Phoenix-Mesa-Glendale, AZ	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$32.66
Phoenix-Mesa-Glendale, AZ	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$17.88
Phoenix-Mesa-Glendale, AZ	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.79
Phoenix-Mesa-Glendale, AZ	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.41
Phoenix-Mesa-Glendale, AZ	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.08
Phoenix-Mesa-Glendale, AZ	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.51
Phoenix-Mesa-Glendale, AZ	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.31
Phoenix-Mesa-Glendale, AZ	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$49.30

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Phoenix-Mesa-Glendale, AZ	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.93
Phoenix-Mesa-Glendale, AZ	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$36.98
Phoenix-Mesa-Glendale, AZ	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$18.00
Phoenix-Mesa-Glendale, AZ	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.80
Phoenix-Mesa-Glendale, AZ	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$13.50
Phoenix-Mesa-Glendale, AZ	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.38
Phoenix-Mesa-Glendale, AZ	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.24
Phoenix-Mesa-Glendale, AZ	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.29
Portland-Vancouver-Hillsboro, OR-WA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$45.69
Portland-Vancouver-Hillsboro, OR-WA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.57
Portland-Vancouver-Hillsboro, OR-WA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.27
Portland-Vancouver-Hillsboro, OR-WA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$44.43
Portland-Vancouver-Hillsboro, OR-WA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.44
Portland-Vancouver-Hillsboro, OR-WA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.32
Portland-Vancouver-Hillsboro, OR-WA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$247.12
Portland-Vancouver-Hillsboro, OR-WA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$24.71
Portland-Vancouver-Hillsboro, OR-WA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$185.34

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Portland-Vancouver-Hillsboro, OR-WA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$70.33
Portland-Vancouver-Hillsboro, OR-WA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.03
Portland-Vancouver-Hillsboro, OR-WA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$52.75
Portland-Vancouver-Hillsboro, OR-WA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$58.22
Portland-Vancouver-Hillsboro, OR-WA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.82
Portland-Vancouver-Hillsboro, OR-WA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$43.67
Portland-Vancouver-Hillsboro, OR-WA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$393.79
Portland-Vancouver-Hillsboro, OR-WA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$39.38
Portland-Vancouver-Hillsboro, OR-WA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$295.34
Portland-Vancouver-Hillsboro, OR-WA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$83.00
Portland-Vancouver-Hillsboro, OR-WA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.30
Portland-Vancouver-Hillsboro, OR-WA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$62.25
Portland-Vancouver-Hillsboro, OR-WA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$128.32
Portland-Vancouver-Hillsboro, OR-WA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.83
Portland-Vancouver-Hillsboro, OR-WA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$96.24
Portland-Vancouver-Hillsboro, OR-WA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$44.00
Portland-Vancouver-Hillsboro, OR-WA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.40

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Portland-Vancouver-Hillsboro, OR-WA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$33.00
Portland-Vancouver-Hillsboro, OR-WA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.37
Portland-Vancouver-Hillsboro, OR-WA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.84
Portland-Vancouver-Hillsboro, OR-WA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.78
Portland-Vancouver-Hillsboro, OR-WA	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.50
Portland-Vancouver-Hillsboro, OR-WA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.55
Portland-Vancouver-Hillsboro, OR-WA	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.63
Portland-Vancouver-Hillsboro, OR-WA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$60.00
Portland-Vancouver-Hillsboro, OR-WA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$6.00
Portland-Vancouver-Hillsboro, OR-WA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$45.00
Portland-Vancouver-Hillsboro, OR-WA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$18.25
Portland-Vancouver-Hillsboro, OR-WA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.83
Portland-Vancouver-Hillsboro, OR-WA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$13.69
Portland-Vancouver-Hillsboro, OR-WA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.75
Portland-Vancouver-Hillsboro, OR-WA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.28
Portland-Vancouver-Hillsboro, OR-WA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.56
Poughkeepsie-Newburgh-Middletown, NY	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$41.35

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Poughkeepsie-Newburgh-Middletown, NY	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.14
Poughkeepsie-Newburgh-Middletown, NY	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$31.01
Poughkeepsie-Newburgh-Middletown, NY	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$39.40
Poughkeepsie-Newburgh-Middletown, NY	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$3.94
Poughkeepsie-Newburgh-Middletown, NY	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$29.55
Poughkeepsie-Newburgh-Middletown, NY	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$240.98
Poughkeepsie-Newburgh-Middletown, NY	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$24.10
Poughkeepsie-Newburgh-Middletown, NY	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$180.74
Poughkeepsie-Newburgh-Middletown, NY	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$61.56
Poughkeepsie-Newburgh-Middletown, NY	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.16
Poughkeepsie-Newburgh-Middletown, NY	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$46.17
Poughkeepsie-Newburgh-Middletown, NY	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$50.24
Poughkeepsie-Newburgh-Middletown, NY	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.02
Poughkeepsie-Newburgh-Middletown, NY	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$37.68
Poughkeepsie-Newburgh-Middletown, NY	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$347.90
Poughkeepsie-Newburgh-Middletown, NY	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$34.79
Poughkeepsie-Newburgh-Middletown, NY	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$260.93

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Poughkeepsie-Newburgh-Middletown, NY	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$74.86
Poughkeepsie-Newburgh-Middletown, NY	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.49
Poughkeepsie-Newburgh-Middletown, NY	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$56.15
Poughkeepsie-Newburgh-Middletown, NY	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$102.26
Poughkeepsie-Newburgh-Middletown, NY	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$10.23
Poughkeepsie-Newburgh-Middletown, NY	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$76.70
Poughkeepsie-Newburgh-Middletown, NY	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$40.00
Poughkeepsie-Newburgh-Middletown, NY	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.00
Poughkeepsie-Newburgh-Middletown, NY	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$30.00
Poughkeepsie-Newburgh-Middletown, NY	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$17.07
Poughkeepsie-Newburgh-Middletown, NY	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.71
Poughkeepsie-Newburgh-Middletown, NY	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$12.80
Poughkeepsie-Newburgh-Middletown, NY	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.25
Poughkeepsie-Newburgh-Middletown, NY	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.43
Poughkeepsie-Newburgh-Middletown, NY	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.69
Poughkeepsie-Newburgh-Middletown, NY	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$48.80
Poughkeepsie-Newburgh-Middletown, NY	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.88

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Poughkeepsie-Newburgh-Middletown, NY	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$36.60
Poughkeepsie-Newburgh-Middletown, NY	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$17.14
Poughkeepsie-Newburgh-Middletown, NY	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.71
Poughkeepsie-Newburgh-Middletown, NY	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$12.86
Poughkeepsie-Newburgh-Middletown, NY	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.96
Poughkeepsie-Newburgh-Middletown, NY	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.30
Poughkeepsie-Newburgh-Middletown, NY	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.72
Providence-New Bedford-Fall River, RI-MA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$46.00
Providence-New Bedford-Fall River, RI-MA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.60
Providence-New Bedford-Fall River, RI-MA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.50
Providence-New Bedford-Fall River, RI-MA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$44.86
Providence-New Bedford-Fall River, RI-MA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.49
Providence-New Bedford-Fall River, RI-MA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.65
Providence-New Bedford-Fall River, RI-MA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$295.00
Providence-New Bedford-Fall River, RI-MA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$29.50
Providence-New Bedford-Fall River, RI-MA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$221.25
Providence-New Bedford-Fall River, RI-MA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$75.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Providence-New Bedford-Fall River, RI-MA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.50
Providence-New Bedford-Fall River, RI-MA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$56.25
Providence-New Bedford-Fall River, RI-MA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$51.00
Providence-New Bedford-Fall River, RI-MA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.10
Providence-New Bedford-Fall River, RI-MA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$38.25
Providence-New Bedford-Fall River, RI-MA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$380.00
Providence-New Bedford-Fall River, RI-MA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$38.00
Providence-New Bedford-Fall River, RI-MA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$285.00
Providence-New Bedford-Fall River, RI-MA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$82.00
Providence-New Bedford-Fall River, RI-MA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.20
Providence-New Bedford-Fall River, RI-MA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$61.50
Providence-New Bedford-Fall River, RI-MA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$126.23
Providence-New Bedford-Fall River, RI-MA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.62
Providence-New Bedford-Fall River, RI-MA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$94.67
Providence-New Bedford-Fall River, RI-MA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$43.54
Providence-New Bedford-Fall River, RI-MA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.35
Providence-New Bedford-Fall River, RI-MA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$32.66

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Providence-New Bedford-Fall River, RI-MA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.63
Providence-New Bedford-Fall River, RI-MA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.86
Providence-New Bedford-Fall River, RI-MA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.97
Providence-New Bedford-Fall River, RI-MA	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.10
Providence-New Bedford-Fall River, RI-MA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.51
Providence-New Bedford-Fall River, RI-MA	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.33
Providence-New Bedford-Fall River, RI-MA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$60.00
Providence-New Bedford-Fall River, RI-MA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$6.00
Providence-New Bedford-Fall River, RI-MA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$45.00
Providence-New Bedford-Fall River, RI-MA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.72
Providence-New Bedford-Fall River, RI-MA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.97
Providence-New Bedford-Fall River, RI-MA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.79
Providence-New Bedford-Fall River, RI-MA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.00
Providence-New Bedford-Fall River, RI-MA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.30
Providence-New Bedford-Fall River, RI-MA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.75
Raleigh-Cary, NC	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$46.00
Raleigh-Cary, NC	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.60

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Raleigh-Cary, NC	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.50
Raleigh-Cary, NC	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$48.00
Raleigh-Cary, NC	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.80
Raleigh-Cary, NC	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$36.00
Raleigh-Cary, NC	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$258.72
Raleigh-Cary, NC	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$25.87
Raleigh-Cary, NC	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$194.04
Raleigh-Cary, NC	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$75.00
Raleigh-Cary, NC	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.50
Raleigh-Cary, NC	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$56.25
Raleigh-Cary, NC	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$55.49
Raleigh-Cary, NC	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.55
Raleigh-Cary, NC	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$41.62
Raleigh-Cary, NC	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$380.00
Raleigh-Cary, NC	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$38.00
Raleigh-Cary, NC	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$285.00
Raleigh-Cary, NC	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$82.34

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Raleigh-Cary, NC	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.23
Raleigh-Cary, NC	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$61.76
Raleigh-Cary, NC	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$132.61
Raleigh-Cary, NC	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$13.26
Raleigh-Cary, NC	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$99.46
Raleigh-Cary, NC	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$41.12
Raleigh-Cary, NC	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.11
Raleigh-Cary, NC	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$30.84
Raleigh-Cary, NC	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.55
Raleigh-Cary, NC	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.86
Raleigh-Cary, NC	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.91
Raleigh-Cary, NC	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.32
Raleigh-Cary, NC	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.53
Raleigh-Cary, NC	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.49
Raleigh-Cary, NC	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$56.13
Raleigh-Cary, NC	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.61
Raleigh-Cary, NC	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$42.10

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Raleigh-Cary, NC	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$20.75
Raleigh-Cary, NC	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$2.08
Raleigh-Cary, NC	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$15.56
Raleigh-Cary, NC	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$14.00
Raleigh-Cary, NC	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.40
Raleigh-Cary, NC	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$10.50
Richmond, VA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$48.04
Richmond, VA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.80
Richmond, VA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$36.03
Richmond, VA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$44.39
Richmond, VA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.44
Richmond, VA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.29
Richmond, VA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$290.00
Richmond, VA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$29.00
Richmond, VA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$217.50
Richmond, VA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$73.98
Richmond, VA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.40

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Richmond, VA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$55.49
Richmond, VA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$52.04
Richmond, VA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.20
Richmond, VA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$39.03
Richmond, VA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$404.43
Richmond, VA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$40.44
Richmond, VA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$303.32
Richmond, VA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$84.60
Richmond, VA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.46
Richmond, VA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$63.45
Richmond, VA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$125.10
Richmond, VA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.51
Richmond, VA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$93.83
Richmond, VA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$43.54
Richmond, VA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.35
Richmond, VA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$32.66
Richmond, VA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.63

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Richmond, VA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.86
Richmond, VA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.97
Richmond, VA	E0156	SEAT ATTACHMENT, WALKER	NU			\$17.17
Richmond, VA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.72
Richmond, VA	E0156	SEAT ATTACHMENT, WALKER	UE			\$12.88
Richmond, VA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$52.00
Richmond, VA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.20
Richmond, VA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$39.00
Richmond, VA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.24
Richmond, VA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.92
Richmond, VA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.43
Richmond, VA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.69
Richmond, VA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.27
Richmond, VA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.52
Rochester, NY	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$47.13
Rochester, NY	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.71
Rochester, NY	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$35.35

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Rochester, NY	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$45.00
Rochester, NY	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.50
Rochester, NY	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.75
Rochester, NY	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$295.00
Rochester, NY	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$29.50
Rochester, NY	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$221.25
Rochester, NY	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$67.29
Rochester, NY	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.73
Rochester, NY	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$50.47
Rochester, NY	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$55.00
Rochester, NY	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.50
Rochester, NY	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$41.25
Rochester, NY	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$380.00
Rochester, NY	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$38.00
Rochester, NY	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$285.00
Rochester, NY	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$82.00
Rochester, NY	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.20

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Rochester, NY	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$61.50
Rochester, NY	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$121.92
Rochester, NY	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.19
Rochester, NY	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$91.44
Rochester, NY	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$40.66
Rochester, NY	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.07
Rochester, NY	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$30.50
Rochester, NY	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$17.36
Rochester, NY	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.74
Rochester, NY	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.02
Rochester, NY	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.79
Rochester, NY	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.48
Rochester, NY	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.09
Rochester, NY	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$50.00
Rochester, NY	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.00
Rochester, NY	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$37.50
Rochester, NY	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.72

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Rochester, NY	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.97
Rochester, NY	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.79
Rochester, NY	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.00
Rochester, NY	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.30
Rochester, NY	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.75
Sacramento--Arden-Arcade--Roseville, CA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$45.76
Sacramento--Arden-Arcade--Roseville, CA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.58
Sacramento--Arden-Arcade--Roseville, CA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.32
Sacramento--Arden-Arcade--Roseville, CA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$43.08
Sacramento--Arden-Arcade--Roseville, CA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.31
Sacramento--Arden-Arcade--Roseville, CA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.31
Sacramento--Arden-Arcade--Roseville, CA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$244.58
Sacramento--Arden-Arcade--Roseville, CA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$24.46
Sacramento--Arden-Arcade--Roseville, CA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$183.44
Sacramento--Arden-Arcade--Roseville, CA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$69.84
Sacramento--Arden-Arcade--Roseville, CA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.98
Sacramento--Arden-Arcade--Roseville, CA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$52.38

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Sacramento--Arden-Arcade--Roseville, CA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$56.96
Sacramento--Arden-Arcade--Roseville, CA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.70
Sacramento--Arden-Arcade--Roseville, CA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$42.72
Sacramento--Arden-Arcade--Roseville, CA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$369.75
Sacramento--Arden-Arcade--Roseville, CA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$36.98
Sacramento--Arden-Arcade--Roseville, CA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$277.31
Sacramento--Arden-Arcade--Roseville, CA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$78.50
Sacramento--Arden-Arcade--Roseville, CA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.85
Sacramento--Arden-Arcade--Roseville, CA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$58.88
Sacramento--Arden-Arcade--Roseville, CA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$118.13
Sacramento--Arden-Arcade--Roseville, CA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$11.81
Sacramento--Arden-Arcade--Roseville, CA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$88.60
Sacramento--Arden-Arcade--Roseville, CA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$42.74
Sacramento--Arden-Arcade--Roseville, CA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.27
Sacramento--Arden-Arcade--Roseville, CA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$32.06
Sacramento--Arden-Arcade--Roseville, CA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.08
Sacramento--Arden-Arcade--Roseville, CA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.81

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Sacramento--Arden-Arcade--Roseville, CA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.56
Sacramento--Arden-Arcade--Roseville, CA	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.68
Sacramento--Arden-Arcade--Roseville, CA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.47
Sacramento--Arden-Arcade--Roseville, CA	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.01
Sacramento--Arden-Arcade--Roseville, CA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$48.56
Sacramento--Arden-Arcade--Roseville, CA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.86
Sacramento--Arden-Arcade--Roseville, CA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$36.42
Sacramento--Arden-Arcade--Roseville, CA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$18.78
Sacramento--Arden-Arcade--Roseville, CA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.88
Sacramento--Arden-Arcade--Roseville, CA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.09
Sacramento--Arden-Arcade--Roseville, CA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.00
Sacramento--Arden-Arcade--Roseville, CA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.20
Sacramento--Arden-Arcade--Roseville, CA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.00
Salt Lake City, UT	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$48.59
Salt Lake City, UT	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.86
Salt Lake City, UT	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$36.44
Salt Lake City, UT	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$40.22

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Salt Lake City, UT	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.02
Salt Lake City, UT	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$30.17
Salt Lake City, UT	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$251.93
Salt Lake City, UT	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$25.19
Salt Lake City, UT	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$188.95
Salt Lake City, UT	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$71.14
Salt Lake City, UT	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.11
Salt Lake City, UT	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$53.36
Salt Lake City, UT	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$57.14
Salt Lake City, UT	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.71
Salt Lake City, UT	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$42.86
Salt Lake City, UT	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$381.58
Salt Lake City, UT	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$38.16
Salt Lake City, UT	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$286.19
Salt Lake City, UT	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$79.80
Salt Lake City, UT	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.98
Salt Lake City, UT	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$59.85

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Salt Lake City, UT	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$118.89
Salt Lake City, UT	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$11.89
Salt Lake City, UT	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$89.17
Salt Lake City, UT	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$41.04
Salt Lake City, UT	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.10
Salt Lake City, UT	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$30.78
Salt Lake City, UT	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$20.50
Salt Lake City, UT	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$2.05
Salt Lake City, UT	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$15.38
Salt Lake City, UT	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.75
Salt Lake City, UT	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.48
Salt Lake City, UT	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.06
Salt Lake City, UT	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$52.30
Salt Lake City, UT	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.23
Salt Lake City, UT	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$39.23
Salt Lake City, UT	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$20.58
Salt Lake City, UT	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$2.06

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Salt Lake City, UT	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$15.44
Salt Lake City, UT	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.34
Salt Lake City, UT	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.33
Salt Lake City, UT	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$10.01
San Antonio-New Braunfels, TX	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$41.82
San Antonio-New Braunfels, TX	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.18
San Antonio-New Braunfels, TX	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$31.37
San Antonio-New Braunfels, TX	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$42.01
San Antonio-New Braunfels, TX	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.20
San Antonio-New Braunfels, TX	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$31.51
San Antonio-New Braunfels, TX	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$258.72
San Antonio-New Braunfels, TX	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$25.87
San Antonio-New Braunfels, TX	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$194.04
San Antonio-New Braunfels, TX	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$65.35
San Antonio-New Braunfels, TX	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.54
San Antonio-New Braunfels, TX	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$49.01
San Antonio-New Braunfels, TX	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$50.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Antonio-New Braunfels, TX	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.00
San Antonio-New Braunfels, TX	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$37.50
San Antonio-New Braunfels, TX	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$375.72
San Antonio-New Braunfels, TX	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.57
San Antonio-New Braunfels, TX	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$281.79
San Antonio-New Braunfels, TX	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$74.05
San Antonio-New Braunfels, TX	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.41
San Antonio-New Braunfels, TX	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$55.54
San Antonio-New Braunfels, TX	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$119.70
San Antonio-New Braunfels, TX	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$11.97
San Antonio-New Braunfels, TX	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$89.78
San Antonio-New Braunfels, TX	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$41.22
San Antonio-New Braunfels, TX	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.12
San Antonio-New Braunfels, TX	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$30.92
San Antonio-New Braunfels, TX	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$17.45
San Antonio-New Braunfels, TX	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.75
San Antonio-New Braunfels, TX	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.09

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Antonio-New Braunfels, TX	E0156	SEAT ATTACHMENT, WALKER	NU			\$13.36
San Antonio-New Braunfels, TX	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.34
San Antonio-New Braunfels, TX	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.02
San Antonio-New Braunfels, TX	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$46.47
San Antonio-New Braunfels, TX	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.65
San Antonio-New Braunfels, TX	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$34.85
San Antonio-New Braunfels, TX	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$18.00
San Antonio-New Braunfels, TX	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.80
San Antonio-New Braunfels, TX	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$13.50
San Antonio-New Braunfels, TX	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.69
San Antonio-New Braunfels, TX	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.27
San Antonio-New Braunfels, TX	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.52
San Diego-Carlsbad-San Marcos, CA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$44.45
San Diego-Carlsbad-San Marcos, CA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.45
San Diego-Carlsbad-San Marcos, CA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.34
San Diego-Carlsbad-San Marcos, CA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$42.69
San Diego-Carlsbad-San Marcos, CA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.27

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Diego-Carlsbad-San Marcos, CA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.02
San Diego-Carlsbad-San Marcos, CA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$244.58
San Diego-Carlsbad-San Marcos, CA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$24.46
San Diego-Carlsbad-San Marcos, CA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$183.44
San Diego-Carlsbad-San Marcos, CA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$69.84
San Diego-Carlsbad-San Marcos, CA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.98
San Diego-Carlsbad-San Marcos, CA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$52.38
San Diego-Carlsbad-San Marcos, CA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$50.00
San Diego-Carlsbad-San Marcos, CA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.00
San Diego-Carlsbad-San Marcos, CA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$37.50
San Diego-Carlsbad-San Marcos, CA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$326.71
San Diego-Carlsbad-San Marcos, CA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$32.67
San Diego-Carlsbad-San Marcos, CA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$245.03
San Diego-Carlsbad-San Marcos, CA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$78.96
San Diego-Carlsbad-San Marcos, CA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.90
San Diego-Carlsbad-San Marcos, CA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$59.22
San Diego-Carlsbad-San Marcos, CA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$117.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Diego-Carlsbad-San Marcos, CA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$11.70
San Diego-Carlsbad-San Marcos, CA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$87.75
San Diego-Carlsbad-San Marcos, CA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$41.65
San Diego-Carlsbad-San Marcos, CA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.17
San Diego-Carlsbad-San Marcos, CA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$31.24
San Diego-Carlsbad-San Marcos, CA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.95
San Diego-Carlsbad-San Marcos, CA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.90
San Diego-Carlsbad-San Marcos, CA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$14.21
San Diego-Carlsbad-San Marcos, CA	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.50
San Diego-Carlsbad-San Marcos, CA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.45
San Diego-Carlsbad-San Marcos, CA	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.88
San Diego-Carlsbad-San Marcos, CA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$49.11
San Diego-Carlsbad-San Marcos, CA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.91
San Diego-Carlsbad-San Marcos, CA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$36.83
San Diego-Carlsbad-San Marcos, CA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$18.95
San Diego-Carlsbad-San Marcos, CA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.90
San Diego-Carlsbad-San Marcos, CA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.21

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Diego-Carlsbad-San Marcos, CA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.69
San Diego-Carlsbad-San Marcos, CA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.27
San Diego-Carlsbad-San Marcos, CA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.52
San Francisco-Oakland-Fremont, CA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$46.25
San Francisco-Oakland-Fremont, CA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.63
San Francisco-Oakland-Fremont, CA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.69
San Francisco-Oakland-Fremont, CA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$45.82
San Francisco-Oakland-Fremont, CA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.58
San Francisco-Oakland-Fremont, CA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.37
San Francisco-Oakland-Fremont, CA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$262.86
San Francisco-Oakland-Fremont, CA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$26.29
San Francisco-Oakland-Fremont, CA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$197.15
San Francisco-Oakland-Fremont, CA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$69.92
San Francisco-Oakland-Fremont, CA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.99
San Francisco-Oakland-Fremont, CA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$52.44
San Francisco-Oakland-Fremont, CA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$58.04
San Francisco-Oakland-Fremont, CA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.80

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Francisco-Oakland-Fremont, CA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$43.53
San Francisco-Oakland-Fremont, CA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$369.75
San Francisco-Oakland-Fremont, CA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$36.98
San Francisco-Oakland-Fremont, CA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$277.31
San Francisco-Oakland-Fremont, CA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$82.12
San Francisco-Oakland-Fremont, CA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.21
San Francisco-Oakland-Fremont, CA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$61.59
San Francisco-Oakland-Fremont, CA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$125.20
San Francisco-Oakland-Fremont, CA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.52
San Francisco-Oakland-Fremont, CA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$93.90
San Francisco-Oakland-Fremont, CA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$44.27
San Francisco-Oakland-Fremont, CA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.43
San Francisco-Oakland-Fremont, CA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$33.20
San Francisco-Oakland-Fremont, CA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$19.50
San Francisco-Oakland-Fremont, CA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.95
San Francisco-Oakland-Fremont, CA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$14.63
San Francisco-Oakland-Fremont, CA	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.98

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Francisco-Oakland-Fremont, CA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.50
San Francisco-Oakland-Fremont, CA	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.24
San Francisco-Oakland-Fremont, CA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$49.11
San Francisco-Oakland-Fremont, CA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.91
San Francisco-Oakland-Fremont, CA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$36.83
San Francisco-Oakland-Fremont, CA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.40
San Francisco-Oakland-Fremont, CA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.94
San Francisco-Oakland-Fremont, CA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.55
San Francisco-Oakland-Fremont, CA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.92
San Francisco-Oakland-Fremont, CA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.29
San Francisco-Oakland-Fremont, CA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.69
San Jose-Sunnyvale-Santa Clara, CA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$46.32
San Jose-Sunnyvale-Santa Clara, CA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.63
San Jose-Sunnyvale-Santa Clara, CA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.74
San Jose-Sunnyvale-Santa Clara, CA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$45.04
San Jose-Sunnyvale-Santa Clara, CA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.50
San Jose-Sunnyvale-Santa Clara, CA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.78

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Jose-Sunnyvale-Santa Clara, CA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$251.65
San Jose-Sunnyvale-Santa Clara, CA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$25.17
San Jose-Sunnyvale-Santa Clara, CA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$188.74
San Jose-Sunnyvale-Santa Clara, CA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$68.56
San Jose-Sunnyvale-Santa Clara, CA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.86
San Jose-Sunnyvale-Santa Clara, CA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$51.42
San Jose-Sunnyvale-Santa Clara, CA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$57.96
San Jose-Sunnyvale-Santa Clara, CA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.80
San Jose-Sunnyvale-Santa Clara, CA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$43.47
San Jose-Sunnyvale-Santa Clara, CA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$363.78
San Jose-Sunnyvale-Santa Clara, CA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$36.38
San Jose-Sunnyvale-Santa Clara, CA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$272.84
San Jose-Sunnyvale-Santa Clara, CA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$82.36
San Jose-Sunnyvale-Santa Clara, CA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.24
San Jose-Sunnyvale-Santa Clara, CA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$61.77
San Jose-Sunnyvale-Santa Clara, CA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$121.50
San Jose-Sunnyvale-Santa Clara, CA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.15

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Jose-Sunnyvale-Santa Clara, CA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$91.13
San Jose-Sunnyvale-Santa Clara, CA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$43.04
San Jose-Sunnyvale-Santa Clara, CA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.30
San Jose-Sunnyvale-Santa Clara, CA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$32.28
San Jose-Sunnyvale-Santa Clara, CA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.96
San Jose-Sunnyvale-Santa Clara, CA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.90
San Jose-Sunnyvale-Santa Clara, CA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$14.22
San Jose-Sunnyvale-Santa Clara, CA	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.68
San Jose-Sunnyvale-Santa Clara, CA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.47
San Jose-Sunnyvale-Santa Clara, CA	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.01
San Jose-Sunnyvale-Santa Clara, CA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$49.54
San Jose-Sunnyvale-Santa Clara, CA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.95
San Jose-Sunnyvale-Santa Clara, CA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$37.16
San Jose-Sunnyvale-Santa Clara, CA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.36
San Jose-Sunnyvale-Santa Clara, CA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.94
San Jose-Sunnyvale-Santa Clara, CA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.52
San Jose-Sunnyvale-Santa Clara, CA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.80

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
San Jose-Sunnyvale-Santa Clara, CA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.28
San Jose-Sunnyvale-Santa Clara, CA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.60
Scranton--Wilkes-Barre, PA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$41.29
Scranton--Wilkes-Barre, PA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.13
Scranton--Wilkes-Barre, PA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$30.97
Scranton--Wilkes-Barre, PA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$42.82
Scranton--Wilkes-Barre, PA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.28
Scranton--Wilkes-Barre, PA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.12
Scranton--Wilkes-Barre, PA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$258.72
Scranton--Wilkes-Barre, PA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$25.87
Scranton--Wilkes-Barre, PA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$194.04
Scranton--Wilkes-Barre, PA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$65.07
Scranton--Wilkes-Barre, PA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.51
Scranton--Wilkes-Barre, PA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$48.80
Scranton--Wilkes-Barre, PA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$57.33
Scranton--Wilkes-Barre, PA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.73
Scranton--Wilkes-Barre, PA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$43.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Scranton--Wilkes-Barre, PA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$345.79
Scranton--Wilkes-Barre, PA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$34.58
Scranton--Wilkes-Barre, PA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$259.34
Scranton--Wilkes-Barre, PA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$78.05
Scranton--Wilkes-Barre, PA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.81
Scranton--Wilkes-Barre, PA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$58.54
Scranton--Wilkes-Barre, PA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$125.10
Scranton--Wilkes-Barre, PA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.51
Scranton--Wilkes-Barre, PA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$93.83
Scranton--Wilkes-Barre, PA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$40.00
Scranton--Wilkes-Barre, PA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.00
Scranton--Wilkes-Barre, PA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$30.00
Scranton--Wilkes-Barre, PA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$17.94
Scranton--Wilkes-Barre, PA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.79
Scranton--Wilkes-Barre, PA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.46
Scranton--Wilkes-Barre, PA	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.50
Scranton--Wilkes-Barre, PA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.45

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Scranton--Wilkes-Barre, PA	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.88
Scranton--Wilkes-Barre, PA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$46.88
Scranton--Wilkes-Barre, PA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.69
Scranton--Wilkes-Barre, PA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$35.16
Scranton--Wilkes-Barre, PA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$17.98
Scranton--Wilkes-Barre, PA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.80
Scranton--Wilkes-Barre, PA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$13.49
Scranton--Wilkes-Barre, PA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.69
Scranton--Wilkes-Barre, PA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.27
Scranton--Wilkes-Barre, PA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.52
Seattle-Tacoma-Bellevue, WA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$48.76
Seattle-Tacoma-Bellevue, WA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.88
Seattle-Tacoma-Bellevue, WA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$36.57
Seattle-Tacoma-Bellevue, WA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$48.44
Seattle-Tacoma-Bellevue, WA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.84
Seattle-Tacoma-Bellevue, WA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$36.33
Seattle-Tacoma-Bellevue, WA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$263.74

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Seattle-Tacoma-Bellevue, WA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$26.37
Seattle-Tacoma-Bellevue, WA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$197.81
Seattle-Tacoma-Bellevue, WA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$75.92
Seattle-Tacoma-Bellevue, WA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.59
Seattle-Tacoma-Bellevue, WA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$56.94
Seattle-Tacoma-Bellevue, WA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$59.98
Seattle-Tacoma-Bellevue, WA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.00
Seattle-Tacoma-Bellevue, WA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$44.99
Seattle-Tacoma-Bellevue, WA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$407.04
Seattle-Tacoma-Bellevue, WA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$40.70
Seattle-Tacoma-Bellevue, WA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$305.28
Seattle-Tacoma-Bellevue, WA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$83.84
Seattle-Tacoma-Bellevue, WA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.38
Seattle-Tacoma-Bellevue, WA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$62.88
Seattle-Tacoma-Bellevue, WA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$138.00
Seattle-Tacoma-Bellevue, WA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$13.80
Seattle-Tacoma-Bellevue, WA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$103.50

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Seattle-Tacoma-Bellevue, WA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$48.00
Seattle-Tacoma-Bellevue, WA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.80
Seattle-Tacoma-Bellevue, WA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$36.00
Seattle-Tacoma-Bellevue, WA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$20.08
Seattle-Tacoma-Bellevue, WA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$2.01
Seattle-Tacoma-Bellevue, WA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$15.06
Seattle-Tacoma-Bellevue, WA	E0156	SEAT ATTACHMENT, WALKER	NU			\$17.08
Seattle-Tacoma-Bellevue, WA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.71
Seattle-Tacoma-Bellevue, WA	E0156	SEAT ATTACHMENT, WALKER	UE			\$12.81
Seattle-Tacoma-Bellevue, WA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$53.66
Seattle-Tacoma-Bellevue, WA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.37
Seattle-Tacoma-Bellevue, WA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$40.25
Seattle-Tacoma-Bellevue, WA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$21.72
Seattle-Tacoma-Bellevue, WA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$2.17
Seattle-Tacoma-Bellevue, WA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$16.29
Seattle-Tacoma-Bellevue, WA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.82
Seattle-Tacoma-Bellevue, WA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.28

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Seattle-Tacoma-Bellevue, WA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.62
South-West-Chicago-Metro CBA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$46.00
South-West-Chicago-Metro CBA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.60
South-West-Chicago-Metro CBA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.50
South-West-Chicago-Metro CBA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$47.00
South-West-Chicago-Metro CBA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.70
South-West-Chicago-Metro CBA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$35.25
South-West-Chicago-Metro CBA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$258.72
South-West-Chicago-Metro CBA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$25.87
South-West-Chicago-Metro CBA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$194.04
South-West-Chicago-Metro CBA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$73.84
South-West-Chicago-Metro CBA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.38
South-West-Chicago-Metro CBA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$55.38
South-West-Chicago-Metro CBA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$56.22
South-West-Chicago-Metro CBA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.62
South-West-Chicago-Metro CBA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$42.17
South-West-Chicago-Metro CBA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$372.50

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
South-West-Chicago-Metro CBA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.25
South-West-Chicago-Metro CBA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$279.38
South-West-Chicago-Metro CBA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$83.00
South-West-Chicago-Metro CBA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.30
South-West-Chicago-Metro CBA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$62.25
South-West-Chicago-Metro CBA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$135.00
South-West-Chicago-Metro CBA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$13.50
South-West-Chicago-Metro CBA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$101.25
South-West-Chicago-Metro CBA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$43.00
South-West-Chicago-Metro CBA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.30
South-West-Chicago-Metro CBA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$32.25
South-West-Chicago-Metro CBA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.63
South-West-Chicago-Metro CBA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.86
South-West-Chicago-Metro CBA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.97
South-West-Chicago-Metro CBA	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.14
South-West-Chicago-Metro CBA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.41
South-West-Chicago-Metro CBA	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.61

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
South-West-Chicago-Metro CBA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$51.47
South-West-Chicago-Metro CBA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.15
South-West-Chicago-Metro CBA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$38.60
South-West-Chicago-Metro CBA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.72
South-West-Chicago-Metro CBA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.97
South-West-Chicago-Metro CBA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.79
South-West-Chicago-Metro CBA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.69
South-West-Chicago-Metro CBA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.27
South-West-Chicago-Metro CBA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.52
Southern NY Metro CBA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$44.64
Southern NY Metro CBA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.46
Southern NY Metro CBA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.48
Southern NY Metro CBA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$42.73
Southern NY Metro CBA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.27
Southern NY Metro CBA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.05
Southern NY Metro CBA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$234.24
Southern NY Metro CBA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$23.42

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Southern NY Metro CBA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$175.68
Southern NY Metro CBA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$64.50
Southern NY Metro CBA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.45
Southern NY Metro CBA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$48.38
Southern NY Metro CBA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$58.94
Southern NY Metro CBA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.89
Southern NY Metro CBA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$44.21
Southern NY Metro CBA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$375.36
Southern NY Metro CBA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.54
Southern NY Metro CBA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$281.52
Southern NY Metro CBA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$82.34
Southern NY Metro CBA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.23
Southern NY Metro CBA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$61.76
Southern NY Metro CBA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$127.80
Southern NY Metro CBA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.78
Southern NY Metro CBA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$95.85
Southern NY Metro CBA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$43.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Southern NY Metro CBA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.30
Southern NY Metro CBA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$32.25
Southern NY Metro CBA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$17.76
Southern NY Metro CBA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.78
Southern NY Metro CBA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.32
Southern NY Metro CBA	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.92
Southern NY Metro CBA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.49
Southern NY Metro CBA	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.19
Southern NY Metro CBA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$48.50
Southern NY Metro CBA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.85
Southern NY Metro CBA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$36.38
Southern NY Metro CBA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$18.62
Southern NY Metro CBA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.86
Southern NY Metro CBA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$13.97
Southern NY Metro CBA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.61
Southern NY Metro CBA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.26
Southern NY Metro CBA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.46

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Springfield, MA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$45.52
Springfield, MA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.55
Springfield, MA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.14
Springfield, MA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$46.00
Springfield, MA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.60
Springfield, MA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.50
Springfield, MA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$253.79
Springfield, MA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$25.38
Springfield, MA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$190.34
Springfield, MA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$70.00
Springfield, MA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.00
Springfield, MA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$52.50
Springfield, MA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$59.52
Springfield, MA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.95
Springfield, MA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$44.64
Springfield, MA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$375.72
Springfield, MA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.57

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Springfield, MA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$281.79
Springfield, MA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$84.60
Springfield, MA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.46
Springfield, MA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$63.45
Springfield, MA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$126.23
Springfield, MA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.62
Springfield, MA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$94.67
Springfield, MA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$43.00
Springfield, MA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.30
Springfield, MA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$32.25
Springfield, MA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$19.00
Springfield, MA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.90
Springfield, MA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$14.25
Springfield, MA	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.00
Springfield, MA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.50
Springfield, MA	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.25
Springfield, MA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$57.65

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Springfield, MA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.77
Springfield, MA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$43.24
Springfield, MA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$21.00
Springfield, MA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$2.10
Springfield, MA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$15.75
Springfield, MA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.53
Springfield, MA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.25
Springfield, MA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.40
St. Louis, MO-IL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$45.16
St. Louis, MO-IL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.52
St. Louis, MO-IL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.87
St. Louis, MO-IL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$41.47
St. Louis, MO-IL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.15
St. Louis, MO-IL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$31.10
St. Louis, MO-IL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$259.60
St. Louis, MO-IL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$25.96
St. Louis, MO-IL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$194.70

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
St. Louis, MO-IL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$71.09
St. Louis, MO-IL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.11
St. Louis, MO-IL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$53.32
St. Louis, MO-IL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$53.52
St. Louis, MO-IL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.35
St. Louis, MO-IL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$40.14
St. Louis, MO-IL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$377.86
St. Louis, MO-IL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.79
St. Louis, MO-IL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$283.40
St. Louis, MO-IL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$82.67
St. Louis, MO-IL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.27
St. Louis, MO-IL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$62.00
St. Louis, MO-IL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$115.72
St. Louis, MO-IL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$11.57
St. Louis, MO-IL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$86.79
St. Louis, MO-IL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$42.00
St. Louis, MO-IL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.20

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
St. Louis, MO-IL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$31.50
St. Louis, MO-IL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$17.32
St. Louis, MO-IL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.73
St. Louis, MO-IL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$12.99
St. Louis, MO-IL	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.78
St. Louis, MO-IL	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.48
St. Louis, MO-IL	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.09
St. Louis, MO-IL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$49.49
St. Louis, MO-IL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.95
St. Louis, MO-IL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$37.12
St. Louis, MO-IL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$18.88
St. Louis, MO-IL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.89
St. Louis, MO-IL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.16
St. Louis, MO-IL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.34
St. Louis, MO-IL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.23
St. Louis, MO-IL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.26
Stockton, CA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$47.13

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Stockton, CA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.71
Stockton, CA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$35.35
Stockton, CA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$42.69
Stockton, CA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.27
Stockton, CA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.02
Stockton, CA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$258.72
Stockton, CA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$25.87
Stockton, CA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$194.04
Stockton, CA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$70.45
Stockton, CA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.05
Stockton, CA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$52.84
Stockton, CA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$55.00
Stockton, CA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.50
Stockton, CA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$41.25
Stockton, CA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$375.72
Stockton, CA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.57
Stockton, CA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$281.79

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Stockton, CA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$77.64
Stockton, CA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.76
Stockton, CA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$58.23
Stockton, CA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$115.72
Stockton, CA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$11.57
Stockton, CA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$86.79
Stockton, CA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$39.60
Stockton, CA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$3.96
Stockton, CA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$29.70
Stockton, CA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$19.28
Stockton, CA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.93
Stockton, CA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$14.46
Stockton, CA	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.50
Stockton, CA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.45
Stockton, CA	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.88
Stockton, CA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$49.98
Stockton, CA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Stockton, CA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$37.49
Stockton, CA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$20.00
Stockton, CA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$2.00
Stockton, CA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$15.00
Stockton, CA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.00
Stockton, CA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.20
Stockton, CA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.00
Suffolk County CBA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$41.94
Suffolk County CBA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.19
Suffolk County CBA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$31.46
Suffolk County CBA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$43.37
Suffolk County CBA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.34
Suffolk County CBA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.53
Suffolk County CBA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$242.62
Suffolk County CBA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$24.26
Suffolk County CBA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$181.97
Suffolk County CBA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$62.54

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Suffolk County CBA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.25
Suffolk County CBA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$46.91
Suffolk County CBA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$53.00
Suffolk County CBA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.30
Suffolk County CBA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$39.75
Suffolk County CBA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$350.61
Suffolk County CBA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$35.06
Suffolk County CBA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$262.96
Suffolk County CBA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$74.80
Suffolk County CBA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.48
Suffolk County CBA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$56.10
Suffolk County CBA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$116.26
Suffolk County CBA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$11.63
Suffolk County CBA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$87.20
Suffolk County CBA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$40.00
Suffolk County CBA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.00
Suffolk County CBA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$30.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Suffolk County CBA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$16.82
Suffolk County CBA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.68
Suffolk County CBA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$12.62
Suffolk County CBA	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.10
Suffolk County CBA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.41
Suffolk County CBA	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.58
Suffolk County CBA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$47.06
Suffolk County CBA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.71
Suffolk County CBA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$35.30
Suffolk County CBA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$17.14
Suffolk County CBA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.71
Suffolk County CBA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$12.86
Suffolk County CBA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.28
Suffolk County CBA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.23
Suffolk County CBA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.21
Syracuse, NY	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$41.41
Syracuse, NY	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.14

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Syracuse, NY	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$31.06
Syracuse, NY	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$42.89
Syracuse, NY	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.29
Syracuse, NY	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.17
Syracuse, NY	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$259.00
Syracuse, NY	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$25.90
Syracuse, NY	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$194.25
Syracuse, NY	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$67.29
Syracuse, NY	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.73
Syracuse, NY	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$50.47
Syracuse, NY	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$55.00
Syracuse, NY	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.50
Syracuse, NY	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$41.25
Syracuse, NY	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$350.00
Syracuse, NY	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$35.00
Syracuse, NY	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$262.50
Syracuse, NY	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$78.35

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Syracuse, NY	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.84
Syracuse, NY	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$58.76
Syracuse, NY	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$103.32
Syracuse, NY	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$10.33
Syracuse, NY	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$77.49
Syracuse, NY	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$40.66
Syracuse, NY	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.07
Syracuse, NY	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$30.50
Syracuse, NY	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.63
Syracuse, NY	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.86
Syracuse, NY	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.97
Syracuse, NY	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.50
Syracuse, NY	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.45
Syracuse, NY	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.88
Syracuse, NY	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$49.98
Syracuse, NY	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.00
Syracuse, NY	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$37.49

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Syracuse, NY	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.49
Syracuse, NY	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.95
Syracuse, NY	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.62
Syracuse, NY	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.92
Syracuse, NY	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.29
Syracuse, NY	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.69
Tampa-St. Petersburg-Clearwater, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$40.00
Tampa-St. Petersburg-Clearwater, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.00
Tampa-St. Petersburg-Clearwater, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$30.00
Tampa-St. Petersburg-Clearwater, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$44.25
Tampa-St. Petersburg-Clearwater, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.43
Tampa-St. Petersburg-Clearwater, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.19
Tampa-St. Petersburg-Clearwater, FL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$239.87
Tampa-St. Petersburg-Clearwater, FL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$23.99
Tampa-St. Petersburg-Clearwater, FL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$179.90
Tampa-St. Petersburg-Clearwater, FL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$62.00
Tampa-St. Petersburg-Clearwater, FL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.20

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tampa-St. Petersburg-Clearwater, FL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$46.50
Tampa-St. Petersburg-Clearwater, FL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$51.42
Tampa-St. Petersburg-Clearwater, FL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.14
Tampa-St. Petersburg-Clearwater, FL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$38.57
Tampa-St. Petersburg-Clearwater, FL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$325.00
Tampa-St. Petersburg-Clearwater, FL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$32.50
Tampa-St. Petersburg-Clearwater, FL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$243.75
Tampa-St. Petersburg-Clearwater, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$75.00
Tampa-St. Petersburg-Clearwater, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.50
Tampa-St. Petersburg-Clearwater, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$56.25
Tampa-St. Petersburg-Clearwater, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$120.00
Tampa-St. Petersburg-Clearwater, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.00
Tampa-St. Petersburg-Clearwater, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$90.00
Tampa-St. Petersburg-Clearwater, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$35.00
Tampa-St. Petersburg-Clearwater, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$3.50
Tampa-St. Petersburg-Clearwater, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$26.25
Tampa-St. Petersburg-Clearwater, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$15.78

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tampa-St. Petersburg-Clearwater, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.58
Tampa-St. Petersburg-Clearwater, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$11.84
Tampa-St. Petersburg-Clearwater, FL	E0156	SEAT ATTACHMENT, WALKER	NU			\$13.55
Tampa-St. Petersburg-Clearwater, FL	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.36
Tampa-St. Petersburg-Clearwater, FL	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.16
Tampa-St. Petersburg-Clearwater, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$45.00
Tampa-St. Petersburg-Clearwater, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.50
Tampa-St. Petersburg-Clearwater, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$33.75
Tampa-St. Petersburg-Clearwater, FL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$16.32
Tampa-St. Petersburg-Clearwater, FL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.63
Tampa-St. Petersburg-Clearwater, FL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$12.24
Tampa-St. Petersburg-Clearwater, FL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$11.88
Tampa-St. Petersburg-Clearwater, FL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.19
Tampa-St. Petersburg-Clearwater, FL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$8.91
Toledo, OH	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$42.82
Toledo, OH	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.28
Toledo, OH	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.12

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Toledo, OH	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$41.89
Toledo, OH	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.19
Toledo, OH	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$31.42
Toledo, OH	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$239.61
Toledo, OH	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$23.96
Toledo, OH	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$179.71
Toledo, OH	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$56.75
Toledo, OH	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.68
Toledo, OH	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$42.56
Toledo, OH	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$44.48
Toledo, OH	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$4.45
Toledo, OH	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$33.36
Toledo, OH	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$337.86
Toledo, OH	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$33.79
Toledo, OH	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$253.40
Toledo, OH	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$69.72
Toledo, OH	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$6.97

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Toledo, OH	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$52.29
Toledo, OH	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$91.54
Toledo, OH	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$9.15
Toledo, OH	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$68.66
Toledo, OH	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$37.55
Toledo, OH	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$3.76
Toledo, OH	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$28.16
Toledo, OH	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$17.82
Toledo, OH	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.78
Toledo, OH	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.37
Toledo, OH	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.98
Toledo, OH	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.50
Toledo, OH	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.24
Toledo, OH	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$45.49
Toledo, OH	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.55
Toledo, OH	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$34.12
Toledo, OH	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$18.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Toledo, OH	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.80
Toledo, OH	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$13.50
Toledo, OH	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$11.60
Toledo, OH	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.16
Toledo, OH	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$8.70
Tucson, AZ	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$45.80
Tucson, AZ	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.58
Tucson, AZ	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.35
Tucson, AZ	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$43.54
Tucson, AZ	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.35
Tucson, AZ	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.66
Tucson, AZ	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$236.00
Tucson, AZ	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$23.60
Tucson, AZ	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$177.00
Tucson, AZ	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$70.24
Tucson, AZ	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.02
Tucson, AZ	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$52.68

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tucson, AZ	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$57.14
Tucson, AZ	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.71
Tucson, AZ	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$42.86
Tucson, AZ	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$337.50
Tucson, AZ	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$33.75
Tucson, AZ	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$253.13
Tucson, AZ	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$80.31
Tucson, AZ	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.03
Tucson, AZ	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$60.23
Tucson, AZ	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$128.16
Tucson, AZ	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.82
Tucson, AZ	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$96.12
Tucson, AZ	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$41.50
Tucson, AZ	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.15
Tucson, AZ	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$31.13
Tucson, AZ	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.16
Tucson, AZ	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.82

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tucson, AZ	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.62
Tucson, AZ	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.00
Tucson, AZ	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.40
Tucson, AZ	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.50
Tucson, AZ	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$50.56
Tucson, AZ	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.06
Tucson, AZ	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$37.92
Tucson, AZ	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$18.50
Tucson, AZ	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.85
Tucson, AZ	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$13.88
Tucson, AZ	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.31
Tucson, AZ	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.23
Tucson, AZ	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.23
Tulsa, OK	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$43.82
Tulsa, OK	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.38
Tulsa, OK	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$32.87
Tulsa, OK	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$42.03

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tulsa, OK	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.20
Tulsa, OK	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$31.52
Tulsa, OK	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$250.00
Tulsa, OK	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$25.00
Tulsa, OK	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$187.50
Tulsa, OK	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$67.29
Tulsa, OK	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.73
Tulsa, OK	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$50.47
Tulsa, OK	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$55.00
Tulsa, OK	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.50
Tulsa, OK	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$41.25
Tulsa, OK	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$375.72
Tulsa, OK	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.57
Tulsa, OK	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$281.79
Tulsa, OK	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$77.62
Tulsa, OK	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.76
Tulsa, OK	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$58.22

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tulsa, OK	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$117.78
Tulsa, OK	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$11.78
Tulsa, OK	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$88.34
Tulsa, OK	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$41.22
Tulsa, OK	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.12
Tulsa, OK	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$30.92
Tulsa, OK	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.00
Tulsa, OK	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.80
Tulsa, OK	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.50
Tulsa, OK	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.99
Tulsa, OK	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.50
Tulsa, OK	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.24
Tulsa, OK	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$49.98
Tulsa, OK	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.00
Tulsa, OK	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$37.49
Tulsa, OK	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.72
Tulsa, OK	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.97

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Tulsa, OK	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.79
Tulsa, OK	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.69
Tulsa, OK	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.27
Tulsa, OK	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.52
Virginia Beach-Norfolk-Newport News, VA-NC	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$46.56
Virginia Beach-Norfolk-Newport News, VA-NC	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.66
Virginia Beach-Norfolk-Newport News, VA-NC	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.92
Virginia Beach-Norfolk-Newport News, VA-NC	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$48.06
Virginia Beach-Norfolk-Newport News, VA-NC	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.81
Virginia Beach-Norfolk-Newport News, VA-NC	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$36.05
Virginia Beach-Norfolk-Newport News, VA-NC	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$259.36
Virginia Beach-Norfolk-Newport News, VA-NC	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$25.94
Virginia Beach-Norfolk-Newport News, VA-NC	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$194.52
Virginia Beach-Norfolk-Newport News, VA-NC	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$74.86
Virginia Beach-Norfolk-Newport News, VA-NC	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.49
Virginia Beach-Norfolk-Newport News, VA-NC	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$56.15
Virginia Beach-Norfolk-Newport News, VA-NC	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$55.00

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Virginia Beach-Norfolk-Newport News, VA-NC	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.50
Virginia Beach-Norfolk-Newport News, VA-NC	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$41.25
Virginia Beach-Norfolk-Newport News, VA-NC	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$377.86
Virginia Beach-Norfolk-Newport News, VA-NC	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.79
Virginia Beach-Norfolk-Newport News, VA-NC	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$283.40
Virginia Beach-Norfolk-Newport News, VA-NC	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$83.80
Virginia Beach-Norfolk-Newport News, VA-NC	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.38
Virginia Beach-Norfolk-Newport News, VA-NC	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$62.85
Virginia Beach-Norfolk-Newport News, VA-NC	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$137.00
Virginia Beach-Norfolk-Newport News, VA-NC	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$13.70
Virginia Beach-Norfolk-Newport News, VA-NC	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$102.75
Virginia Beach-Norfolk-Newport News, VA-NC	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$43.87
Virginia Beach-Norfolk-Newport News, VA-NC	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.39
Virginia Beach-Norfolk-Newport News, VA-NC	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$32.90
Virginia Beach-Norfolk-Newport News, VA-NC	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$19.50
Virginia Beach-Norfolk-Newport News, VA-NC	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.95
Virginia Beach-Norfolk-Newport News, VA-NC	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$14.63

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Virginia Beach-Norfolk-Newport News, VA-NC	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.32
Virginia Beach-Norfolk-Newport News, VA-NC	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.53
Virginia Beach-Norfolk-Newport News, VA-NC	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.49
Virginia Beach-Norfolk-Newport News, VA-NC	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$54.62
Virginia Beach-Norfolk-Newport News, VA-NC	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.46
Virginia Beach-Norfolk-Newport News, VA-NC	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$40.97
Virginia Beach-Norfolk-Newport News, VA-NC	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$20.27
Virginia Beach-Norfolk-Newport News, VA-NC	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$2.03
Virginia Beach-Norfolk-Newport News, VA-NC	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$15.20
Virginia Beach-Norfolk-Newport News, VA-NC	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.25
Virginia Beach-Norfolk-Newport News, VA-NC	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.33
Virginia Beach-Norfolk-Newport News, VA-NC	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.94
Visalia-Porterville, CA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$54.88
Visalia-Porterville, CA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$5.49
Visalia-Porterville, CA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$41.16
Visalia-Porterville, CA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$42.52
Visalia-Porterville, CA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.25

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Visalia-Porterville, CA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$31.89
Visalia-Porterville, CA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$283.10
Visalia-Porterville, CA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$28.31
Visalia-Porterville, CA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$212.33
Visalia-Porterville, CA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$73.50
Visalia-Porterville, CA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.35
Visalia-Porterville, CA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$55.13
Visalia-Porterville, CA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$54.50
Visalia-Porterville, CA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.45
Visalia-Porterville, CA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$40.88
Visalia-Porterville, CA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$369.06
Visalia-Porterville, CA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$36.91
Visalia-Porterville, CA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$276.80
Visalia-Porterville, CA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$84.80
Visalia-Porterville, CA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.48
Visalia-Porterville, CA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$63.60
Visalia-Porterville, CA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$117.39

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Visalia-Porterville, CA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$11.74
Visalia-Porterville, CA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$88.04
Visalia-Porterville, CA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$40.82
Visalia-Porterville, CA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.08
Visalia-Porterville, CA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$30.62
Visalia-Porterville, CA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$20.50
Visalia-Porterville, CA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$2.05
Visalia-Porterville, CA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$15.38
Visalia-Porterville, CA	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.16
Visalia-Porterville, CA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.42
Visalia-Porterville, CA	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.62
Visalia-Porterville, CA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$56.85
Visalia-Porterville, CA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.69
Visalia-Porterville, CA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$42.64
Visalia-Porterville, CA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$21.00
Visalia-Porterville, CA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$2.10
Visalia-Porterville, CA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$15.75

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Visalia-Porterville, CA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.34
Visalia-Porterville, CA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.33
Visalia-Porterville, CA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$10.01
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$47.12
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.71
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$35.34
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$47.64
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.76
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$35.73
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$262.86
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$26.29
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$197.15
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$72.54
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.25
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$54.41
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$57.64
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.76

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$43.23
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$377.86
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.79
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$283.40
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$83.42
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.34
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$62.57
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$136.25
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$13.63
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$102.19
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$41.74
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.17
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$31.31
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$20.50
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$2.05
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$15.38
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.43

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.54
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.57
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$49.54
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.95
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$37.16
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$18.98
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.90
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.24
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.80
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.28
Washington-Arlington-Alexandria, DC-VA-MD-WV	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.60
Wichita, KS	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$46.40
Wichita, KS	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.64
Wichita, KS	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.80
Wichita, KS	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$45.21
Wichita, KS	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.52
Wichita, KS	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.91

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Wichita, KS	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$248.53
Wichita, KS	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$24.85
Wichita, KS	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$186.40
Wichita, KS	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$69.66
Wichita, KS	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.97
Wichita, KS	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$52.25
Wichita, KS	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$57.00
Wichita, KS	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.70
Wichita, KS	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$42.75
Wichita, KS	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$377.86
Wichita, KS	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.79
Wichita, KS	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$283.40
Wichita, KS	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$84.64
Wichita, KS	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.46
Wichita, KS	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$63.48
Wichita, KS	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$126.39
Wichita, KS	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.64

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Wichita, KS	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$94.79
Wichita, KS	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$43.50
Wichita, KS	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.35
Wichita, KS	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$32.63
Wichita, KS	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.32
Wichita, KS	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.83
Wichita, KS	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.74
Wichita, KS	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.75
Wichita, KS	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.58
Wichita, KS	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.81
Wichita, KS	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$47.64
Wichita, KS	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.76
Wichita, KS	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$35.73
Wichita, KS	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.36
Wichita, KS	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.94
Wichita, KS	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.52
Wichita, KS	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.34

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Wichita, KS	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.23
Wichita, KS	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.26
Worcester, MA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$45.32
Worcester, MA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.53
Worcester, MA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.99
Worcester, MA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$44.93
Worcester, MA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.49
Worcester, MA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.70
Worcester, MA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$279.36
Worcester, MA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$27.94
Worcester, MA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$209.52
Worcester, MA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$71.14
Worcester, MA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.11
Worcester, MA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$53.36
Worcester, MA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$56.50
Worcester, MA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.65
Worcester, MA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$42.38

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Worcester, MA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$360.36
Worcester, MA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$36.04
Worcester, MA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$270.27
Worcester, MA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$77.38
Worcester, MA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$7.74
Worcester, MA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$58.04
Worcester, MA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$123.12
Worcester, MA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.31
Worcester, MA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$92.34
Worcester, MA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$40.00
Worcester, MA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.00
Worcester, MA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$30.00
Worcester, MA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.32
Worcester, MA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.83
Worcester, MA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.74
Worcester, MA	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.25
Worcester, MA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.43

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Worcester, MA	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.69
Worcester, MA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$54.99
Worcester, MA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.50
Worcester, MA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$41.24
Worcester, MA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$20.86
Worcester, MA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$2.09
Worcester, MA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$15.65
Worcester, MA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.34
Worcester, MA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.33
Worcester, MA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$10.01
Youngstown-Warren-Boardman, OH-PA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$37.25
Youngstown-Warren-Boardman, OH-PA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$3.73
Youngstown-Warren-Boardman, OH-PA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$27.94
Youngstown-Warren-Boardman, OH-PA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$38.64
Youngstown-Warren-Boardman, OH-PA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$3.86
Youngstown-Warren-Boardman, OH-PA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$28.98
Youngstown-Warren-Boardman, OH-PA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$218.25

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Youngstown-Warren-Boardman, OH-PA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$21.83
Youngstown-Warren-Boardman, OH-PA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$163.69
Youngstown-Warren-Boardman, OH-PA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$56.75
Youngstown-Warren-Boardman, OH-PA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.68
Youngstown-Warren-Boardman, OH-PA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$42.56
Youngstown-Warren-Boardman, OH-PA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$45.00
Youngstown-Warren-Boardman, OH-PA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$4.50
Youngstown-Warren-Boardman, OH-PA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$33.75
Youngstown-Warren-Boardman, OH-PA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$280.85
Youngstown-Warren-Boardman, OH-PA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$28.09
Youngstown-Warren-Boardman, OH-PA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$210.64
Youngstown-Warren-Boardman, OH-PA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$66.15
Youngstown-Warren-Boardman, OH-PA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$6.62
Youngstown-Warren-Boardman, OH-PA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$49.61
Youngstown-Warren-Boardman, OH-PA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$100.46
Youngstown-Warren-Boardman, OH-PA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$10.05
Youngstown-Warren-Boardman, OH-PA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$75.35

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Youngstown-Warren-Boardman, OH-PA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$35.46
Youngstown-Warren-Boardman, OH-PA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$3.55
Youngstown-Warren-Boardman, OH-PA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$26.60
Youngstown-Warren-Boardman, OH-PA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$15.10
Youngstown-Warren-Boardman, OH-PA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.51
Youngstown-Warren-Boardman, OH-PA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$11.33
Youngstown-Warren-Boardman, OH-PA	E0156	SEAT ATTACHMENT, WALKER	NU			\$13.08
Youngstown-Warren-Boardman, OH-PA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.31
Youngstown-Warren-Boardman, OH-PA	E0156	SEAT ATTACHMENT, WALKER	UE			\$9.81
Youngstown-Warren-Boardman, OH-PA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$40.02
Youngstown-Warren-Boardman, OH-PA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.00
Youngstown-Warren-Boardman, OH-PA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$30.02
Youngstown-Warren-Boardman, OH-PA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$16.36
Youngstown-Warren-Boardman, OH-PA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.64
Youngstown-Warren-Boardman, OH-PA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$12.27
Youngstown-Warren-Boardman, OH-PA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$10.80
Youngstown-Warren-Boardman, OH-PA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.08

Walkers and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Youngstown-Warren-Boardman, OH-PA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$8.10

Single Payment Amounts
National Mail-Order Diabetic Supplies

HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
A4233	REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	NU	KL		\$0.58
A4234	REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	NU	KL		\$2.50
A4235	REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	NU	KL		\$1.06
A4236	REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	NU	KL		\$1.19
A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50 STRIPS	NU	KL		\$10.41
A4256	NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS	KL			\$4.00
A4258	SPRING-POWERED DEVICE FOR LANCET, EACH	KL			\$2.52
A4259	LANCETS, PER BOX OF 100	KL			\$1.65