

**2019 Durable Medical Equipment Fee Schedule
Effective 04/01/19 - 03/31/20**

2019 New Procedure Codes, Effective 01/01/19

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
A4206	Syringe With Needle, Sterile 1cc Or Less, Each	\$ 0.27	Per BMS - Purchase
A4207	Syringe With Needle, Sterile 2cc, Each	\$ 0.31	Per BMS - Purchase
A4208	Syringe With Needle, Sterile 3cc, Each	\$ 0.30	Per BMS - Purchase
A4209	Syringe With Needle, Sterile 5cc Or Greater, Each	\$ 0.30	Per BMS - Purchase
A4213	Syringe, Sterile, 20 cc Or Greater, Each	\$ 4.32	Per BMS - Purchase
A4215	Needle, Sterile, Any Size Each	\$ 0.24	Per BMS - Purchase
A4216	Sterile Water, Saline And/Or Dextrose Diluent/Flush, 10	\$ 0.39	Purchase
A4217	Sterile Water/Saline, 500 Ml	\$ 2.89	Purchase
A4221	Supplies For Maintenance Of Drug Infusion Catheter, Pe	\$ 18.54	Purchase
A4222	Infusion Supplies For External Drug Infusion Pump, Per	\$ 36.08	Purchase
A4223	Infusion Supplies Not Used With External Infusion Pum	\$ 21.51	Per BMS - Purchase
A4224	Supply insulin inf cath/wk	\$ 18.54	Purchase
A4225	Sup/ext insulin inf pump syr	\$ 2.29	Purchase
A4230	Infusion Set For External Insulin Pump, Non Needle Car	\$ 14.00	Per BMS - Purchase
A4231	Infusion Set For External Insulin Pump, Needle Type	\$ 14.00	Per BMS - Purchase
A4232	Syringe With Needle For External Insulin Pump, Sterile,	\$ 2.62	Per BMS - Purchase
A4233	Replacement Battery, Alkaline 9 (Other Than T Cell) Fo	\$ 0.41	Purchase
A4234	Replacement Battery, Alkaline, J Cell, For Use With Me	\$ 1.89	Purchase
A4235	Replacement Battery, Lithium, For Use With Medically	\$ 0.80	Purchase
A4236	Replacement Battery, Silver Oxide, For Use With Medic	\$ 0.93	Purchase
A4244	Alcohol Or Peroxide, Per Pint	\$ 0.94	Per BMS - Purchase
A4245	Alcohol Wipes, Per Box	\$ 1.00	Per BMS - Purchase
A4246	Betadine Or Phisohex Solution, Per Pint	\$ 11.43	Per BMS - Purchase
A4247	Betadine Or Iodine Swabs/Wipes, Per Box	\$ 11.00	Per BMS - Purchase
A4310	Insertion Tray Without Drainage Bag And Without Cath	\$ 7.11	Purchase
A4311	Insertion Tray Without Drainage Bag With Indwelling C	\$ 13.65	Purchase
A4312	Insertion Tray Without Drainage Bag With Indwelling C	\$ 16.62	Purchase
A4313	Insertion Tray Without Drainage Bag With Indwelling C	\$ 17.06	Purchase
A4314	Insertion Tray With Drainage Bag With Indwelling Cath	\$ 23.29	Purchase
A4315	Insertion Tray With Drainage Bag With Indwelling Cath	\$ 24.30	Purchase
A4316	Insertion Tray With Drainage Bag With Indwelling Cath	\$ 26.16	Purchase
A4320	Irrigation Tray With Bulb Or Piston Syringe, Any Purpo	\$ 4.38	Purchase
A4322	Irrigation Syringe, Bulb Or Piston, Each	\$ 2.68	Purchase
A4326	Male External Catheter With Integral Collection Chamb	\$ 9.55	Purchase
A4327	Female External Urinary Collection Device; Meatal Cup	\$ 38.93	Purchase
A4328	Female External Urinary Collection Device; Pouch, Eac	\$ 9.33	Purchase
A4330	Perianal Fecal Collection Pouch With Adhesive, Each	\$ 5.61	Purchase
A4331	Extension Drainage Tubing, Any Type, Any Length, Wit	\$ 2.93	Purchase
A4332	Lubricant, Individual Sterile Packet, Each	\$ 0.10	Purchase
A4333	Urinary Catheter Anchoring Device, Adhesive Skin Atta	\$ 2.04	Purchase
A4334	Urinary Catheter Anchoring Device, Leg Strap, Each	\$ 4.54	Purchase
A4335	Incontinence Supply; Miscellaneous	#N/A	Cost Invoice
A4338	Indwelling Catheter; Foley Type, Two-Way Latex With	\$ 11.30	Purchase
A4340	Indwelling Catheter; Specialty Type, Eg; Coude, Mushr	\$ 24.86	Purchase
A4344	Indwelling Catheter, Foley Type, Two-Way, All Silicone	\$ 14.74	Purchase
A4346	Indwelling Catheter; Foley Type, Three Way For Contin	\$ 18.04	Purchase
A4349	Male External Catheter, With Or Without Adhesive, Dis	\$ 1.86	Purchase
A4351	Intermittent Urinary Catheter; Straight Tip, With Or Wit	\$ 1.57	Purchase
A4352	Intermittent Urinary Catheter; Coude (Curved) Tip, With	\$ 5.03	Purchase
A4353	Intermittent Urinary Catheter, With Insertion Supplies	\$ 6.44	Purchase

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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
A4354	Insertion Tray With Drainage Bag But Without Catheter	\$ 10.87	Purchase
A4355	Irrigation Tubing Set For Continuous Bladder Irrigation	\$ 8.10	Purchase
A4356	External Urethral Clamp Or Compression Device (Not T	\$ 42.02	Purchase
A4357	Bedside Drainage Bag, Day Or Night, With Or Without	\$ 8.94	Purchase
A4358	Urinary Drainage Bag, Leg Or Abdomen, Vinyl, With O	\$ 6.10	Purchase
A4361	Ostomy Faceplate, Each	\$ 16.92	Purchase
A4362	Skin Barrier; Solid, 4 X 4 Or Equivalent; Each	\$ 3.13	Purchase
A4363	Ostomy Clamp, Replacement	\$ 2.18	Purchase
A4364	Adhesive, Liquid Or Equal, Any Type, Per Oz	\$ 2.30	Purchase
A4366	Ostomy Vent, Any Type, Each	\$ 1.19	Purchase
A4367	Ostomy Belt, Each	\$ 6.78	Purchase
A4368	Ostomy Filter, Any Type, Each	\$ 0.23	Purchase
A4369	Ostomy Skin Barrier, Liquid (Spray, Brush, Etc), Per Oz	\$ 2.23	Purchase
A4371	Ostomy Skin Barrier, Powder, Per Oz	\$ 3.35	Purchase
A4372	Ostomy Skin Barrier, Solid 4 X 4 Or Equivalent, Standar	\$ 3.86	Purchase
A4373	Ostomy Skin Barrier, With Flange (Solid, Flexible Or A	\$ 5.78	Purchase
A4375	Ostomy Pouch, Drainable, With Faceplate Attached, Pla	\$ 15.82	Purchase
A4376	Ostomy Pouch, Drainable, With Faceplate Attached, Rub	\$ 43.83	Purchase
A4377	Ostomy Pouch, Drainable, For Use On Faceplate, Plastic	\$ 3.95	Purchase
A4378	Ostomy Pouch, Drainable, For Use On Faceplate, Rubbe	\$ 28.32	Purchase
A4379	Ostomy Pouch, Urinary, With Faceplate Attached, Plasti	\$ 13.83	Purchase
A4380	Ostomy Pouch, Urinary, With Faceplate Attached, Rubb	\$ 34.38	Purchase
A4381	Ostomy Pouch, Urinary, For Use On Faceplate, Plastic, I	\$ 4.26	Purchase
A4382	Ostomy Pouch, Urinary, For Use On Faceplate, Heavy P	\$ 22.67	Purchase
A4383	Ostomy Pouch, Urinary, For Use On Faceplate, Rubber,	\$ 25.97	Purchase
A4384	Ostomy Faceplate Equivalent, Silicone Ring, Each	\$ 8.86	Purchase
A4385	Ostomy Skin Barrier, Solid 4X4 Or Equivalent, Extende	\$ 4.70	Purchase
A4387	Ostomy Pouch, Closed, With Barrier Attached, With Bu	\$ 2.07	Purchase
A4388	Ostomy Pouch, Drainable, With Extended Wear Barrier	\$ 4.02	Purchase
A4389	Ostomy Pouch, Drainable, With Barrier Attached, With	\$ 5.73	Purchase
A4390	Ostomy Pouch, Drainable, With Extended Wear Barrier	\$ 8.85	Purchase
A4391	Ostomy Pouch, Urinary, With Extended Wear Barrier A	\$ 6.51	Purchase
A4392	Ostomy Pouch, Urinary, With Standard Wear Barrier Att	\$ 7.53	Purchase
A4393	Ostomy Pouch, Urinary, With Extended Wear Barrier At	\$ 8.33	Purchase
A4394	Ostomy Deodorant For Use In Ostomy Pouch, Liquid, Pe	\$ 2.38	Purchase
A4395	Ostomy Deodorant For Use In Ostomy Pouch, Solid, Per	\$ 0.04	Purchase
A4396	Ostomy Belt With Peristomal Hernia Support	\$ 37.29	Purchase
A4397	Irrigation Supply; Sleeve, Each	\$ 4.41	Purchase
A4398	Ostomy Irrigation Supply; Bag, Each	\$ 12.74	Purchase
A4399	Ostomy Irrigation Supply; Cone/Catheter, Including Bru	\$ 9.60	Purchase
A4400	Ostomy Irrigation Set	\$ 45.02	Purchase
A4402	Lubricant, Per Ounce	\$ 1.47	Purchase
A4404	Ostomy Ring, Each	\$ 1.42	Purchase
A4405	Ostomy Skin Barrier, Non-Pectin Based, Paste, Per Ounc	\$ 3.14	Purchase
A4406	Ostomy Skin Barrier, Pectin-Based, Paste, Per Ounce	\$ 5.27	Purchase
A4407	Ostomy Skin Barrier, With Flange (Solid, Flexible, Or A	\$ 8.07	Purchase
A4408	Ostomy Skin Barrier, With Flange (Solid, Flexible Or A	\$ 9.10	Purchase
A4409	Ostomy Skin Barrier, With Flange (Solid, Flexible Or A	\$ 5.73	Purchase
A4410	Ostomy Skin Barrier, With Flange (Solid, Flexible Or A	\$ 8.33	Purchase
A4411	Ostomy Skin Barrier, Solid 4 X 4 Or Equivalent, Extend	\$ 4.70	Purchase

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2019 New Procedure Codes, Effective 01/01/19

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
A4412	Ostomy Pouch, Drainable, High Output, For Use On A E	\$ 2.49	Purchase
A4413	Ostomy Pouch, Drainable, High Output, For Use On A B	\$ 5.07	Purchase
A4414	Ostomy Skin Barrier, With Flange (Solid, Flexible Or Ac	\$ 4.54	Purchase
A4415	Ostomy Skin Barrier, With Flange (Solid, Flexible Or Ac	\$ 5.52	Purchase
A4416	Ostomy Pouch, Closed, With Barrier Attached, With Fil	\$ 2.54	Purchase
A4417	Ostomy Pouch, Closed, With Barrier Attached, With Bu	\$ 3.43	Purchase
A4418	Ostomy Pouch, Closed; Without Barrier Attached, With	\$ 1.67	Purchase
A4419	Ostomy Pouch, Closed; For Use On Barrier With Non-L	\$ 1.59	Purchase
A4420	Ostomy Pouch, Closed; For Use On Barrier With Lockin	\$ -	Cost Invoice
A4421	Ostomy Supply; Miscellaneous	#N/A	Cost Invoice
A4422	Ostomy Absorbent Material (Sheet/Pad/Crystal Packet) I	\$ 0.10	Purchase
A4423	Ostomy Pouch, Closed; For Use On Barrier With Lockin	\$ 1.71	Purchase
A4424	Ostomy Pouch, Drainable, With Barrier Attached, With	\$ 4.38	Purchase
A4425	Ostomy Pouch, Drainable; For Use On Barrier With Nor	\$ 3.30	Purchase
A4426	Ostomy Pouch, Drainable; For Use On Barrier With Loc	\$ 2.51	Purchase
A4427	Ostomy Pouch, Drainable; For Use On Barrier With Loc	\$ 2.56	Purchase
A4428	Ostomy Pouch, Urinary, With Extended Wear Barrier A	\$ 6.00	Purchase
A4429	Ostomy Pouch, Urinary, With Barrier Attached, With Bu	\$ 7.59	Purchase
A4430	Ostomy Pouch, Urinary, With Extended Wear Barrier A	\$ 7.84	Purchase
A4431	Ostomy Pouch, Urinary; With Barrier Attached, With Fa	\$ 5.73	Purchase
A4432	Ostomy Pouch, Urinary; For Use On Barrier With Non-I	\$ 3.30	Purchase
A4433	Ostomy Pouch, Urinary; For Use On Barrier With Lockin	\$ 3.09	Purchase
A4434	Ostomy Pouch, Urinary; For Use On Barrier With Lockin	\$ 3.46	Purchase
A4435	1Pc Ost Pch Drain Hgh Output	\$ 5.31	Purchase
A4450	Tape, Non-Waterproof, Per 18 Square Inches	\$ 0.07	Purchase
A4452	Tape, Waterproof, Per 18 Square Inches	\$ 0.33	Purchase
A4455	Adhesive Remover Or Solvent (For Tape, Cement Or Ot	\$ 1.32	Purchase
A4456	Adhesive remover, wipes	\$ 0.22	Purchase
A4461	Surgical Dressing Holder, Non-Reusable, Each	\$ 3.04	Purchase
A4463	Surgical Dressing Holder, Reusable, Each	\$ 12.26	Purchase
A4481	Tracheostoma Filter, Any Type, Any Size, Each	\$ 0.34	Purchase
A4490	Surgical Stockings Above Knee Length, Each	\$ 29.70	Per BMS - Purchase
A4495	Surgical Stockings Thigh Length, Each	\$ 29.70	Per BMS - Purchase
A4500	Surgical Stockings Below Knee Length, Each	\$ 31.50	Per BMS - Purchase
A4510	Surgical Stockings Full Length, Each	\$ 84.15	Per BMS - Purchase
A4520	Incontinence Garment, Any Type, (E.G. Brief, Diaper), I	\$ 0.75	Per BMS - Purchase
A4550	Surgical Tray	\$ 8.00	Per BMS - Purchase
A4554	Disposable Underpads, All Sizes, (E.G., Chux'S)	\$ 0.31	Per BMS - Purchase
A4555	Electrode/transducer for use with electrical stimulation d	#N/A	Cost Invoice
A4556	Electrodes, (E.G., Apnea Monitor), Per Pair	\$ 9.50	Purchase
A4557	Lead Wires, (E.G., Apnea Monitor), Per Pair	\$ 12.66	Purchase
A4561	Pessary, Rubber, Any Type	\$ 18.38	Purchase
A4562	Pessary, Non Rubber, Any Type	\$ 45.76	Purchase
A4565	Slings	\$ 7.09	Purchase
A4570	Splint	\$ 67.50	Per BMS - Purchase
A4595	Electrical Stimulator Supplies, 2 Lead, Per Month, (E.G.	\$ 17.66	Purchase
A4601	Lithium Ion Battery For Non-Prosthetic Use, Replaceme	\$ 26.00	Per BMS - Purchase
A4604	Tubing With Integrated Hearing Element For Use With I	\$ 43.84	Purchase
A4605	Tracheal Suction Catheter, Closed System, Each	\$ 15.10	Purchase
A4606	Oxygen Probe For Use With Oximeter Device, Replacen	\$ 100.00	Per BMS - Purchase

**2019 Durable Medical Equipment Fee Schedule
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2019 New Procedure Codes, Effective 01/01/19

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
A4614	Peak Expiratory Flow Rate Meter, Hand Held	\$ 21.90	Purchase
A4619	Face Tent	\$ 1.66	Purchase
A4623	Tracheostomy, Inner Cannula	\$ 5.13	Purchase
A4624	Tracheal Suction Catheter, Any Type Other Than Closed	\$ 2.42	Purchase
A4625	Tracheostomy Care Kit For New Tracheostomy	\$ 6.38	Purchase
A4627	Spacer, Bag Or Reservoir, With Or Without Mask, For U	\$ 20.61	Per BMS - Purchase
A4628	Oropharyngeal Suction Catheter, Each	\$ 3.45	Purchase
A4629	Tracheostomy Care Kit For Established Tracheostomy	\$ 4.28	Purchase
A4635	Underarm Pad, Crutch, Replacement, Each	\$ 4.71	Purchase
A4636	Replacement, Handgrip, Cane, Crutch, Or Walker, Each	\$ 2.66	Purchase
A4637	Replacement, Tip, Cane, Crutch, Walker, Each.	\$ 1.54	Purchase
A4640	Replacement Pad For Use With Medically Necessary Al	\$ 47.62	Purchase
A4649	Surgical Supply; Miscellaneous	#N/A	Cost Invoice
A4927	Gloves, Non-Sterile, Per 100	\$ 42.71	Per BMS - Purchase
A5051	Ostomy Pouch, Closed; With Barrier Attached (1Piece),	\$ 1.90	Purchase
A5052	Ostomy Pouch, Closed; Without Barrier Attached (1 Pie	\$ 1.37	Purchase
A5053	Ostomy Pouch, Closed; For Use On Faceplate, Each	\$ 1.59	Purchase
A5054	Ostomy Pouch, Closed; For Use On Barrier With Flange	\$ 1.66	Purchase
A5055	Stoma Cap	\$ 1.22	Purchase
A5056	1 Pc Ost Pouch W Filter	\$ 4.30	Purchase
A5057	1 Pc Ost Pou W Built-In Conv	\$ 8.85	Purchase
A5061	Ostomy Pouch, Drainable; With Barrier Attached, (1 Pie	\$ 3.25	Purchase
A5062	Ostomy Pouch, Drainable; Without Barrier Attached (1 I	\$ 1.92	Purchase
A5063	Ostomy Pouch, Drainable; For Use On Barrier With Flar	\$ 2.49	Purchase
A5071	Ostomy Pouch, Urinary; With Barrier Attached (1 Piece)	\$ 5.54	Purchase
A5072	Ostomy Pouch, Urinary; Without Barrier Attached (1 Pie	\$ 3.25	Purchase
A5073	Ostomy Pouch, Urinary; For Use On Barrier With Flange	\$ 2.88	Purchase
A5081	Continent Device; Plug For Continent Stoma	\$ 3.06	Purchase
A5082	Continent Device; Catheter For Continent Stoma	\$ 10.96	Purchase
A5083	Continent Device, Stoma Absorptive Cover For Continen	\$ 0.59	Purchase
A5093	Ostomy Accessory; Convex Insert	\$ 1.53	Purchase
A5102	Bedside Drainage Bottle With Or Without Tubing, Rigid	\$ 20.64	Purchase
A5105	Urinary Suspensory With Leg Bag, With Or Without Tul	\$ 37.56	Purchase
A5112	Urinary Leg Bag; Latex	\$ 29.02	Purchase
A5113	Leg Strap; Latex, Replacement Only, Per Set	\$ 3.70	Purchase
A5114	Leg Strap; Foam Or Fabric, Replacement Only, Per Set	\$ 7.01	Purchase
A5120	Skin Barrier, Wipes Or Swabs, Each	\$ 0.20	Purchase
A5121	Skin Barrier; Solid, 6 X 6 Or Equivalent, Each	\$ 6.58	Purchase
A5122	Skin Barrier; Solid, 8 X 8 Or Equivalent, Each	\$ 11.83	Purchase
A5126	Adhesive Or Non-Adhesive; Disk Or Foam Pad	\$ 1.02	Purchase
A5131	Appliance Cleaner, Incontinence And Ostomy Appliance	\$ 12.41	Purchase
A5500	For Diabetics Only, Fitting (Including Follow Up), Cust	\$ 58.57	Purchase
A5501	For Diabetics Only, Fitting (Including Follow Up), Cust	\$ 175.67	Purchase
A5503	For Diabetics Only, Modification (Including Fitting) Of	\$ 28.99	Purchase
A5504	For Diabetics Only, Modification (Including Fitting) Of	\$ 28.99	Purchase
A5505	For Diabetics Only, Modification (Including Fitting) Of	\$ 28.99	Purchase
A5506	For Diabetics Only, Modification (Including Fitting) Of	\$ 28.99	Purchase
A5507	For Diabetics Only, Not Otherwise Specified Modificati	\$ 28.99	Purchase
A5512	For Diabetics Only, Multiple Density Insert, DirectForm	\$ 23.89	Purchase
A5513	For Diabetics Only, Multiple Density Insert, Custom Mo	\$ 35.65	Purchase

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Effective 04/01/19 - 03/31/20

2019 New Procedure Codes, Effective 01/01/19

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
A5514	Mult den insert dir carv/cam	\$ 35.65	Purchase - 2019 New Code
A6154	Wound Pouch, Each	\$ 12.84	Purchase
A6196	Alginate Or Other Fiber Gelling Dressing, Wound Cover	\$ 6.78	Purchase
A6197	Alginate Or Other Fiber Gelling Dressing, Wound Cover	\$ 15.14	Purchase
A6198	Alginate Or Other Fiber Gelling Dressing, Wound Cover	\$ 14.12	Per BMS - Purchase
A6199	Alginate Or Other Fiber Gelling Dressing, Wound Filler	\$ 4.87	Purchase
A6203	Composite Dressing, Pad Size 16 Sq. In. Or Less, With A	\$ 3.10	Purchase
A6204	Composite Dressing, Pad Size More Than 16 Sq. In. But	\$ 5.74	Purchase
A6205	Composite Dressing, Pad Size More Than 48 Sq. In., Wi	\$ 5.35	Per BMS - Purchase
A6206	Contact Layer, 16 Sq. In. Or Less, Each Dressing	\$ 5.35	Per BMS - Purchase
A6207	Contact Layer, More Than 16 Sq. In. But Less Than Or I	\$ 6.76	Purchase
A6208	Contact Layer, More Than 48 Sq. In., Each Dressing	\$ 6.30	Per BMS - Purchase
A6209	Foam Dressing, Wound Cover, Pad Size 16 Sq. In. Or Le	\$ 6.88	Purchase
A6210	Foam Dressing, Wound Cover, Pad Size More Than16 Sq	\$ 18.35	Purchase
A6211	Foam Dressing, Wound Cover, Pad Size More Than48 Sq	\$ 27.06	Purchase
A6212	Foam Dressing, Wound Cover, Pad Size 16 Sq. In. Or Le	\$ 8.94	Purchase
A6213	Foam Dressing, Wound Cover, Pad Size More Than16 Sq	\$ 8.34	Per BMS - Purchase
A6214	Foam Dressing, Wound Cover, Pad Size More Than48 Sq	\$ 9.48	Purchase
A6215	Foam Dressing, Wound Filler, Per Gram	#N/A	Cost Invoice
A6216	Gauze, Non-Impregnated, Non-Sterile, Pad Size 16Sq. In	\$ 0.04	Purchase
A6217	Gauze, Non-Impregnated, Non-Sterile, Pad Size More T	\$ 0.32	Per BMS - Purchase
A6218	Gauze, Non-Impregnated, Non-Sterile, Pad Size More T	\$ 0.54	Per BMS - Purchase
A6219	Gauze, Non-Impregnated, Pad Size 16 Sq. In. Or Less, V	\$ 0.88	Purchase
A6220	Gauze, Non-Impregnated, Pad Size More Than 16 Sq. In	\$ 2.38	Purchase
A6221	Gauze, Non-Impregnated, Pad Size More Than 48 Sq. In	\$ 1.93	Per BMS - Purchase
A6222	Gauze, Impregnated With Other Than Water, Normal Sa	\$ 1.97	Purchase
A6223	Gauze, Impregnated With Other Than Water, Normal Sa	\$ 2.23	Purchase
A6224	Gauze, Impregnated With Other Than Water,Normal Sal	\$ 3.32	Purchase
A6231	Gauze, Impregnated, Hydrogel, For Direct Wound Conta	\$ 4.30	Purchase
A6232	Gauze, Impregnated, Hydrogel, For Direct Wound Conta	\$ 6.32	Purchase
A6233	Gauze, Impregnated, Hydrogel For Direct Wound Conta	\$ 17.66	Purchase
A6234	Hydrocolloid Dressing, Wound Cover, Pad Size 16Sq. In	\$ 6.02	Purchase
A6235	Hydrocolloid Dressing, Wound Cover, Pad Size More Th	\$ 15.50	Purchase
A6236	Hydrocolloid Dressing, Wound Cover, Pad Size More Th	\$ 25.10	Purchase
A6237	Hydrocolloid Dressing, Wound Cover, Pad Size 16Sq. In	\$ 7.29	Purchase
A6238	Hydrocolloid Dressing, Wound Cover, Pad Size More Th	\$ 21.00	Purchase
A6239	Hydrocolloid Dressing, Wound Cover, Pad Size More Th	\$ 15.84	Per BMS - Purchase
A6240	Hydrocolloid Dressing, Wound Filler, Paste, Per Fluid O	\$ 11.28	Purchase
A6241	Hydrocolloid Dressing, Wound Filler, Dry Form, Per Gra	\$ 2.37	Purchase
A6242	Hydrogel Dressing, Wound Cover, Pad Size 16 Sq. In. O	\$ 5.58	Purchase
A6243	Hydrogel Dressing, Wound Cover, Pad Size More Than	\$ 11.35	Purchase
A6244	Hydrogel Dressing, Wound Cover, Pad Size More Than	\$ 36.18	Purchase
A6245	Hydrogel Dressing, Wound Cover, Pad Size 16 Sq. In. O	\$ 6.70	Purchase
A6246	Hydrogel Dressing, Wound Cover, Pad Size More Than	\$ 9.15	Purchase
A6247	Hydrogel Dressing, Wound Cover, Pad Size More Than	\$ 21.90	Purchase
A6248	Hydrogel Dressing, Wound Filler, Gel, Per Fluid Ounce	\$ 14.97	Purchase
A6250	Skin Sealants, Protectants, Moisturizers, Ointments, Any	\$ 15.00	Per BMS - Purchase
A6251	Specialty Absorptive Dressing, Wound Cover, Pad Size	\$ 1.83	Purchase
A6252	Specialty Absorptive Dressing, Wound Cover, Pad Size M	\$ 3.00	Purchase
A6253	Specialty Absorptive Dressing, Wound Cover, Pad Size M	\$ 5.83	Purchase

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A6254	Specialty Absorptive Dressing, Wound Cover, Pad Size	\$ 1.10	Purchase
A6255	Specialty Absorptive Dressing, Wound Cover, PadSize M	\$ 2.80	Purchase
A6256	Specialty Absorptive Dressing, Wound Cover, Pad Size	\$ 2.61	Per BMS - Purchase
A6257	Transparent Film, 16 Sq. In. Or Less, Each Dressing	\$ 1.42	Purchase
A6258	Transparent Film, More Than 16 Sq. In. But Less Than C	\$ 3.97	Purchase
A6259	Transparent Film, More Than 48 Sq. In., Each Dressing	\$ 10.07	Purchase
A6260	Wound Cleansers, Any Type, Any Size	\$ 18.00	Per BMS - Purchase
A6261	Wound Filler, Gel/Paste, Per Fluid Ounce, Not Elsewhere	#N/A	Cost Invoice
A6262	Wound Filler, Dry Form, Per Gram, Not Elsewhere Clas	#N/A	Cost Invoice
A6266	Gauze, Impregnated, Other Than Water, Normal Saline,	\$ 1.77	Purchase
A6402	Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or	\$ 0.10	Purchase
A6403	Gauze, Non-Impregnated, Sterile, Pad Size More Than 1	\$ 0.39	Purchase
A6404	Gauze, Non-Impregnated, Sterile, Pad Size More Than 4	\$ 2.16	Per BMS - Purchase
A6407	Packing Strips, Non-Impregnated, Up To 2 Inches In Wi	\$ 1.73	Purchase
A6441	Padding Bandage, Non-Elastic, Non-Woven/Non- Knitte	\$ 0.63	Purchase
A6442	Conforming Bandage, Non-Elastic, Knitted/Woven, Non	\$ 0.14	Purchase
A6443	Conforming Bandage, Non-Elastic, Knitted/Woven, Non	\$ 0.26	Purchase
A6444	Conforming Bandage, Non-Elastic, Knitted/Woven, Non	\$ 0.51	Purchase
A6445	Conforming Bandage, Non-Elastic, Knitted/Woven, Ster	\$ 0.30	Purchase
A6446	Conforming Bandage, Non-Elastic, Knitted/Woven, Ster	\$ 0.37	Purchase
A6447	Conforming Bandage, Non-Elastic, Knitted/Woven, Ster	\$ 0.63	Purchase
A6448	Light Compression Bandage, Elastic, Knitted/Woven, W	\$ 1.06	Purchase
A6449	Light Compression Bandage, Elastic, Knitted/Woven, W	\$ 1.62	Purchase
A6450	Light Compression Bandage, Elastic, Knitted/Woven, W	\$ 1.62	Purchase
A6451	Moderate Compression Bandage, Elastic, Knitted/Wover	\$ 1.62	Purchase
A6452	High Compression Bandage, Elastic, Knitted/Woven, Lo	\$ 5.44	Purchase
A6453	Self-Adherent Bandage, Elastic, Non-Knitted/Non- Wov	\$ 0.58	Purchase
A6454	Self-Adherent Bandage, Elastic, Non-Knitted/Non- Wov	\$ 0.72	Purchase
A6455	Self-Adherent Bandage, Elastic, Non-Knitted/Non- Wov	\$ 1.29	Purchase
A6456	Zinc Paste Impregnated Bandage, Non-Elastic, Knitted/V	\$ 1.17	Purchase
A6501	Compression Burn Garment, Body Suite (Head To Foot)	\$ -	Cost Invoice
A6502	Compression Burn Garment, Chin Strap, Custom Fabrica	\$ -	Cost Invoice
A6503	Compression Burn Garment, Facial Hood, Custom Fabri	\$ -	Cost Invoice
A6504	Compression Burn Garment, Glove To Wrist, Custom Fa	\$ -	Cost Invoice
A6505	Compression Burn Garment, Glove To Elbow, Custom F	\$ -	Cost Invoice
A6506	Compression Burn Garment, Glove To Axilla, Custom F	\$ -	Cost Invoice
A6507	Compression Burn Garment, Foot To Knee Length, Cust	\$ -	Cost Invoice
A6508	Compression Burn Garment, Foot To Thigh Length, Cus	\$ -	Cost Invoice
A6509	Compression Burn Garment, Upper Trunk To Waist Incl	\$ -	Cost Invoice
A6510	Compression Burn Garment, Trunk, Including Arms Dov	\$ -	Cost Invoice
A6511	Compression Burn Garment, Lower Trunk Including Leg	\$ -	Cost Invoice
A6512	Compression Burn Garment, Not Otherwise Classified	#N/A	Cost Invoice
A6513	Compression Burn Mask, Face And/Or Neck, Plastic Or	\$ -	Cost Invoice
A6530	Gradient Compression Stocking, Below Knee, 18-30 Mr	\$ 25.20	Per BMS - Purchase
A6531	Gradient Compression Stocking, Below Knee, 30-40 Mr	\$ 39.85	Purchase
A6532	Gradient Compression Stocking, Below Knee, 40-50 Mr	\$ 56.15	Purchase
A6533	Gradient Compression Stocking, Thigh Length, 18-30 M	\$ 29.70	Per BMS - Purchase
A6534	Gradient Compression Stocking, Thigh Length, 30-40 M	\$ 29.70	Per BMS - Purchase
A6535	Gradient Compression Stocking, Thigh Length, 40-50 M	\$ 29.70	Per BMS - Purchase
A6536	Gradient Compression Stocking, Full Length/Chap Style	\$ 29.70	Per BMS - Purchase

**2019 Durable Medical Equipment Fee Schedule
Effective 04/01/19 - 03/31/20**

2019 New Procedure Codes, Effective 01/01/19

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
A6537	Gradient Compression Stocking Full Length/Chap Style,	\$ 29.70	Per BMS - Purchase
A6538	Gradient Compression Stocking, Full Length/Chap Style	#N/A	Cost Invoice
A6539	Gradient Compression Stocking, Waist Length,18-30 M	\$ 84.15	Per BMS - Purchase
A6540	Gradient Compression Stocking, Waist Length, 30-40 M	#N/A	Cost Invoice
A6541	Gradient Compression Stocking, Waist Length, 40-50 M	#N/A	Cost Invoice
A6544	Gradient Compression Stocking, Garter Belt	\$ 13.50	Per BMS - Purchase
A6549	Gradient Compression Stocking, Not Otherwise Specifie	#N/A	Cost Invoice
A6550	Wound Care Set, For Negative Pressure Wound Therapy	\$ 21.73	Purchase
A7000	Canister, Disposable, Used With Suction Pump, Each	\$ 6.74	Purchase
A7002	Tubing, Used With Suction Pump, Each	\$ 3.53	Purchase
A7003	Administration Set, With Small Volume Nonfiltered Pne	\$ 1.73	Purchase
A7004	Small Volume Nonfiltered Pneumatic Nebulizer, Dispos	\$ 1.38	Purchase
A7005	Administration Set, With Small Volume Nonfiltered Pne	\$ 19.30	Purchase
A7006	Administration Set, With Small Volume Filtered Pneum	\$ 7.50	Purchase
A7010	Disposable Corrugated Tubing	\$ 17.47	Purchase
A7012	Nebulizer Water Collec Devic	\$ 2.69	Purchase
A7013	Filter, Disposable, Used With Aerosol Compressor	\$ 0.62	Purchase
A7015	Aerosol Mask, Used With Dme Nebulizer	\$ 1.30	Purchase
A7020	Interface, Cough Stim Device	\$ 13.34	Purchase
A7030	Full Face Mask Used With Positive Airway Pressure De	\$ 113.62	Purchase
A7031	Face Mask Interface, Replacement For Full Face Mask, I	\$ 42.42	Purchase
A7032	Cushion For Use On Nasal Mask Interface, Replacement	\$ 24.32	Purchase
A7033	Pillow For Use On Nasal Cannula Type Interface, Repla	\$ 18.02	Purchase
A7034	Nasal Interface (Mask Or Cannula Type) Used With Pos	\$ 70.93	Purchase
A7035	Headgear Used With Positive Airway Pressure Device	\$ 23.79	Purchase
A7036	Chinstrap Used With Positive Airway Pressure Device	\$ 10.73	Purchase
A7037	Tubing Used With Positive Airway Pressure Device	\$ 21.42	Purchase
A7038	Filter, Disposable, Used With Positive Airway Pressure	\$ 2.74	Purchase
A7039	Filter, Non Disposable, Used With Positive Airway Pres	\$ 8.19	Purchase
A7045	Exhalation Port With Or Without Swivel Used With Acc	\$ 12.97	Purchase
A7046	Water Chamber For Humidifier, Used With Positive Air	\$ 13.53	Purchase
A7507	Filter Holder And Integrated Filter Without Adhesive, Fo	\$ 2.29	Purchase
A7508	Housing And Integrated Adhesive, For Use In A Tracheo	\$ 2.64	Purchase
A7509	Filter Holder And Integrated Filter Housing, And Adhes	\$ 1.30	Purchase
A7520	Tracheostomy/Laryngectomy Tube, Non-Cuffed, Polyvir	\$ 43.74	Purchase
A7521	Tracheostomy/Laryngectomy Tube, Cuffed, Polyvinylch	\$ 43.33	Purchase
A7522	Tracheostomy/Laryngectomy Tube, Stainless Steel Or Ed	\$ 41.60	Purchase
A7523	Tracheostomy Shower Protector, Each	#N/A	Cost Invoice
A7524	Tracheostoma Stent/Stud/Button, Each	\$ 71.30	Purchase
A7525	Tracheostomy Mask, Each	\$ 1.90	Purchase
A7526	Tracheostomy Tube Collar/Holder, Each	\$ 3.12	Purchase
A7527	Tracheostomy/Laryngectomy Tube Plug/Stop, Each	\$ 3.30	Purchase
A8000	Helmet, Protective, Soft Prefabricated, Includes All Con	\$ 141.26	Purchase
A8001	Helmet, Protective, Hard, Prefabricated, Includes All Co	\$ 141.26	Purchase
A8002	Helmet, Protective, Soft, Custom Fabricated, Includes A	\$ 375.35	Per BMS - Purchase
A8003	Helmet, Protective, Hard, Custom Fabricated, Includes A	\$ 375.35	Per BMS - Purchase
B4034	Enteral Feeding Supply Kit; Syringe Fed, Per Day	\$ 3.94	Purchase
B4035	Enteral Feeding Supply Kit; Pump Fed, Per Day	\$ 7.27	Purchase
B4036	Enteral Feeding Supply Kit; Gravity Fed, Per Day	\$ 5.23	Purchase
B4081	Nasogastric Tubing With Stylet	\$ 15.92	Purchase

**2019 Durable Medical Equipment Fee Schedule
Effective 04/01/19 - 03/31/20**

2019 New Procedure Codes, Effective 01/01/19

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
B4082	Nasogastric Tubing Without Stylet	\$ 11.65	Purchase
B4083	Stomach Tube - Levine Type	\$ 1.77	Purchase
B4087	Gastrostomy/Jejunostomy Tube, Standard, Any Material	\$ 26.93	Purchase
B4088	Gastrostomy/Jejunostomy Tube, Low-Profile, Any Material	\$ 28.93	Purchase
B4164	Parenteral Nutrition Solution: Carbohydrates (Dextrose),	\$ 16.26	Purchase
B4168	Parenteral Nutrition Solution; Amino Acid, 3.5%, (500 M	\$ 23.70	Purchase
B4172	Parenteral Nutrition Solution; Amino Acid, 5.5% Throug	\$ 30.50	Per BMS - Purchase
B4176	Parenteral Nutrition Solution; Amino Acid, 7% Throug	\$ 45.86	Purchase
B4178	Parenteral Nutrition Solution: Amino Acid, Greater Than	\$ 55.03	Purchase
B4180	Parenteral Nutrition Solution; Carbohydrates (Dextrose),	\$ 23.34	Purchase
B4185	Parental Nutrition Solution, Per 10 Grams Lipids	\$ 10.74	Purchase
B4189	Parenteral Nutrition Solution; Compounded Amino Acid	\$ 170.02	Purchase
B4193	Parenteral Nutrition Solution; Compounded Amino Acid	\$ 219.69	Purchase
B4197	Parenteral Nutrition Solution; Compounded Amino Acid	\$ 267.47	Purchase
B4199	Parenteral Nutrition Solution; Compounded Amino Acid	\$ 305.62	Purchase
B4216	Parenteral Nutrition; Additives (Vitamins, Trace Element	\$ 7.38	Purchase
B4220	Parenteral Nutrition Supply Kit; Premix, Per Day	\$ 7.66	Purchase
B4222	Parenteral Nutrition Supply Kit; Home Mix, Per Day	\$ 9.45	Purchase
B4224	Parenteral Nutrition Administration Kit, Per Day	\$ 23.91	Purchase
B5000	Parenteral Nutrition Solution: Compounded Amino Acid	\$ 11.38	Purchase
B5100	Parenteral Nutrition Solution: Compounded Amino Acid	\$ 4.44	Purchase
B5200	Parenteral Nutrition Solution: Compounded Amino Acid	\$ 4.94	Per BMS - Purchase
B9002	Enteral Nutrition Infusion Pump - With Alarm	\$ 77.59	10 mth CAP rental
B9004	Parenteral Nutrition Infusion Pump, Portable	\$ 382.05	10 mth CAP rental
B9006	Parenteral Nutrition Infusion Pump, Stationary	\$ 382.05	10 mth CAP rental
B9998	Noc For Enteral Supplies	#N/A	Cost Invoice
B9999	Noc For Parenteral Supplies	#N/A	Cost Invoice
E0100	Cane, Includes Canes Of All Materials, Adjustable Or Fi	\$ 17.99	Purchase
E0105	Cane, Quad Or Three Prong, Includes Canes Of All Mat	\$ 41.83	Purchase
E0110	Crutches, Forearm, Includes Crutches Of Various Mater	\$ 60.75	Purchase
E0111	Crutch Forearm, Includes Crutches Of Various Materials	\$ 44.59	Purchase
E0112	Crutches Underarm, Wood, Adjustable Or Fixed, Pair, W	\$ 30.90	Purchase
E0113	Crutch Underarm, Wood, Adjustable Or Fixed, Each, W	\$ 16.55	Purchase
E0114	Crutches Underarm, Other Than Wood, Adjustable Or F	\$ 36.95	Purchase
E0116	Crutch, Underarm, Other Than Wood, Adjustable Or Fix	\$ 21.73	Purchase
E0130	Walker, Rigid (Pickup), Adjustable Or Fixed Height	\$ 47.27	Purchase
E0135	Walker, Folding (Pickup), Adjustable Or Fixed Height	\$ 49.78	Purchase
E0140	Walker, With Trunk Support, Adjustable Or Fixed Heigh	\$ 262.80	Medicare is rental/BMS - Purchase(X 10)
E0141	Walker, Rigid, Wheeled, Adjustable Or Fixed Height	\$ 59.15	Purchase
E0143	Walker, Folding, Wheeled, Adjustable Or Fixed Height	\$ 60.82	Purchase
E0147	Walker, Heavy Duty, Multiple Braking System, Variable	\$ 402.18	Purchase
E0148	Walker, Heavy Duty, Without Wheels, Rigid Or Folding	\$ 85.71	Purchase
E0149	Walker, Heavy Duty, Wheeled, Rigid Or Folding, Any T	\$ 138.64	Medicare is rental/BMS - Purchase(X 10)
E0153	Platform Attachment, Forearm Crutch, Each	\$ 54.34	Purchase
E0154	Platform Attachment, Walker, Each	\$ 44.68	Purchase
E0155	Wheel Attachment, Rigid Pick-Up Walker, Per Pair	\$ 21.43	Purchase
E0156	Seat Attachment, Walker	\$ 15.63	Purchase
E0157	Crutch Attachment, Walker, Each	\$ 51.56	Purchase
E0158	Leg Extensions For Walker, Per Set Of Four (4)	\$ 21.99	Purchase
E0159	Brake Attachment For Wheeled Walker, Replacement, E	\$ 13.35	Purchase

**2019 Durable Medical Equipment Fee Schedule
Effective 04/01/19 - 03/31/20**

2019 New Procedure Codes, Effective 01/01/19

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
E0160	Sitz Type Bath Or Equipment, Portable, Used With Or V	\$ 25.26	Purchase
E0161	Sitz Type Bath Or Equipment, Portable, Used With Or V	\$ 22.62	Purchase
E0162	Sitz Bath Chair	\$ 128.86	Purchase
E0163	Commode Chair, Mobile Or Stationary, With Fixed Arm	\$ 71.51	Purchase
E0165	Commode Chair, Mobile Or Stationary, With Detachable	\$ 124.96	Medicare is rental/BMS - Purchase(X 10)
E0167	Pail Or Pan For Use With Commode Chair, Replacemen	\$ 10.15	Purchase
E0168	Commode Chair, Extra Wide And/Or Heavy Duty, Static	\$ 119.45	Purchase
E0181	Powered Pressure Reducing Mattress Overlay/Pad, Alter	\$ 186.32	Medicare is rental/BMS - Purchase(X 10)
E0182	Pump For Alternating Pressure Pad, For Replacement Or	\$ 191.28	Medicare is rental/BMS - Purchase(X 10)
E0184	Dry Pressure Mattress	\$ 144.87	Purchase
E0185	Gel Or Gel-Like Pressure Pad For Mattress, Standard M	\$ 197.53	Purchase
E0186	Air Pressure Mattress	\$ 173.28	Medicare is rental/BMS - Purchase(X 10)
E0187	Water Pressure Mattress	\$ 197.68	Medicare is rental/BMS - Purchase(X 10)
E0188	Synthetic Sheepskin Pad	\$ 22.69	Purchase
E0189	Lambswool Sheepskin Pad, Any Size	\$ 45.16	Purchase
E0190	Positioning Cushion/Pillow/Wedge, Any Shape Or Size,	\$ 14.18	Per BMS - Purchase
E0191	Heel Or Elbow Protector, Each	\$ 9.16	Purchase
E0196	Gel Pressure Mattress	\$ 280.64	Medicare is rental/BMS - Purchase(X 10)
E0197	Air Pressure Pad For Mattress, Standard Mattress Length	\$ 218.24	Medicare is rental/BMS - Purchase(X 10)
E0198	Water Pressure Pad For Mattress, Standard Mattress Length	\$ 204.08	Medicare is rental/BMS - Purchase(X 10)
E0199	Dry Pressure Pad For Mattress, Standard Mattress Length	\$ 25.10	Purchase
E0202	Phototherapy (Bilirubin) Light With Photometer	\$ 57.67	Rental
E0240	Bath/Shower Chair, With Or Without Wheels, Any Size	#N/A	Cost Invoice
E0241	Bath Tub Wall Rail, Each	\$ 63.00	Per BMS - Purchase
E0243	Toilet Rail, Each	\$ 28.35	Per BMS - Purchase
E0244	Raised Toilet Seat	\$ 81.00	Per BMS - Purchase
E0245	Tub Stool Or Bench	\$ 141.75	Per BMS - Purchase
E0247	Transfer Bench For Tub Or Toilet With Or Without Con	#N/A	Cost Invoice
E0248	Transfer Bench, Heavy Duty, For Tub Or Toilet With Or	#N/A	Cost Invoice
E0250	Hospital Bed, Fixed Height, With Any Type Side Rails,	\$ 64.75	10 mth CAP rental
E0255	Hospital Bed, Variable Height, Hi-Lo, With Any Type S	\$ 72.78	10 mth CAP rental
E0260	Hospital Bed, Semi-Electric (Head And Foot Adjustmen	\$ 81.92	10 mth CAP rental
E0261	Hosp bed semi-electr w/o mat	\$ 74.64	10 mth CAP rental
E0271	Mattress, Innerspring	\$ 127.69	Purchase
E0272	Mattress, Foam Rubber	\$ 135.53	Purchase
E0275	Bed Pan, Standard, Metal Or Plastic	\$ 13.01	Purchase
E0276	Bed Pan, Fracture, Metal Or Plastic	\$ 11.25	Purchase
E0277	Powered Pressure-Reducing Air Mattress	\$ 361.39	10 mth CAP rental
E0300	Pediatric Crib, Hospital Grade, Fully Enclosed	\$ 212.60	10 mth CAP rental
E0303	Hospital Bed, Heavy Duty, Extra Wide, With Weight Ca	\$ 186.44	10 mth CAP rental
E0304	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weig	\$ 512.23	10 mth CAP rental
E0305	Bed Side Rails, Half Length	\$ 106.00	Medicare is rental/BMS - Purchase(X 10)
E0310	Bed Side Rails, Full Length	\$ 121.14	Purchase
E0325	Urinal; Male, Jug-Type, Any Material	\$ 7.86	Purchase
E0326	Urinal; Female, Jug-Type, Any Material	\$ 9.00	Purchase
E0371	Nonpowered Advanced Pressure Reducing Overlay For I	\$ 252.54	10 mth CAP rental
E0424	Stationary Compressed Gaseous Oxygen System, Rental	\$ 107.77	Monthly rental
E0431	Portable Gaseous Oxygen System, Rental; Includes Porta	\$ 19.20	Monthly rental
E0434	Portable Liquid Oxygen System, Rental; Includes Portab	\$ 35.46	Monthly rental
E0439	Stationary Liquid Oxygen System, Rental; Includes Cont	\$ 107.77	Monthly rental

**2019 Durable Medical Equipment Fee Schedule
Effective 04/01/19 - 03/31/20**

2019 New Procedure Codes, Effective 01/01/19

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
E0441	Oxygen Contents, Gaseous (For Use With Owned Gaseo	\$ 51.36	Monthly rental
E0443	Portable Oxygen Contents, Gaseous (For Use Only With	\$ 49.35	Monthly rental
E0445	Oximeter Device For Measuring Blood Oxygen Levels N	\$ 250.00	Per BMS - 10 Mth CAP Rental
E0457	Chest shell/Cuirass	\$ 48.91	Per BMS - Purchase
E0459	Chest wrap	\$ 40.14	Per BMS - Purchase
E0465	Home vent invasive interface	\$ 879.22	Monthly rental
E0466	Home vent non-invasive inter	\$ 879.22	Monthly rental
E0470	Respiratory Assist Device, Bi-Level Pressure Capability,	\$ 148.42	Monthly rental
E0471	Respiratory Assist Device, Bi-Level Pressure Capability,	\$ 370.71	Monthly rental
E0472	Respiratory Assist Device, Bi-Level Pressure Capability,	\$ 428.17	Monthly rental
E0480	Percussor, Electric Or Pneumatic, Home Model	\$ 37.12	10 mth CAP rental
E0482	Cough Stimulating Device, Alternating Positive And Ne	\$ 382.71	10 mth CAP rental
E0483	High Frequency Chest Wall Oscillation Air-Pulse Gener	\$ 979.26	10 mth CAP rental
E0484	Oscillatory Positive Expiratory Pressure Device, Non-El	\$ 34.02	Purchase
E0555	Humidifier, durable, glass or autoclavable plastic bottle	\$ 7.38	Per BMS - Purchase
E0561	Humidifier, Non-Heated, Used With Positive Airway Pre	\$ 73.64	Purchase
E0562	Humidifier, Heated, Used With Positive Airway Pressur	\$ 179.12	Purchase
E0565	Compressor, Air Power Source For Equipment Which Is	\$ 41.92	10 mth CAP rental
E0570	Nebulizer, With Compressor	\$ 98.88	Medicare is rental/BMS - Purchase(X 10)
E0600	Respiratory Suction Pump, Home Model, Portable Or St	\$ 421.76	Medicare is rental/BMS - Purchase(X 10)
E0601	Continuous Airway Pressure (Cpap) Device	\$ 60.81	10 mth CAP rental
E0602	Breast Pump, Manual, Any Type	\$ 27.18	Purchase
E0603	Breast Pump, Electric (Ac And/Or Dc), Any Type	\$ 55.00	Per BMS - Purchase
E0605	Vaporizer, Room Type	\$ 23.06	Purchase
E0606	Postural Drainage Board	\$ 211.44	Medicare is rental/BMS - Purchase(X 10)
E0617	Automatic ext defibrillator	\$ 280.05	10 mth CAP rental
E0619	Apnea Monitor, With Recording Feature	\$ 323.00	Per BMS - 10 Mth CAP Rental
E0621	Sling Or Seat, Patient Lift, Canvas Or Nylon	\$ 73.28	Purchase
E0630	Patient Lift, Hydraulic Or Mechanical, Includes Any Sea	\$ 70.36	10 mth CAP rental
E0650	Pneumatic Compressor, Non-Segmental Home Model	\$ 81.86	10 mth CAP rental
E0651	Pneumatic Compressor, Segmental Home Model Withou	\$ 73.46	10 mth CAP rental
E0652	Pneumatic Compressor, Segmental Home Model With C	\$ 482.59	10 mth CAP rental
E0655	Non-Segmental Pneumatic Appliance For Use With Pne	\$ 99.42	Purchase
E0660	Non-Segmental Pneumatic Appliance For Use With Pne	\$ 147.15	Purchase
E0665	Non-Segmental Pneumatic Appliance For Use With Pne	\$ 107.26	Purchase
E0666	Non-Segmental Pneumatic Appliance For Use With Pne	\$ 127.20	Purchase
E0667	Segmental Pneumatic Appliance For Use With Pneumat	\$ 298.22	Purchase
E0668	Segmental Pneumatic Appliance For Use With Pneumat	\$ 345.96	Purchase
E0669	Segmental Pneumatic Appliance For Use With Pneumat	\$ 160.32	Purchase
E0671	Segmental Gradient Pressure Pneumatic Appliance, Full	\$ 382.58	Purchase
E0672	Segmental Gradient Pressure Pneumatic Appliance, Full	\$ 297.26	Purchase
E0673	Segmental Gradient Pressure Pneumatic Appliance, Half	\$ 247.01	Purchase
E0705	Transfer Device, Any Type, Each	\$ 41.31	Purchase
E0720	Transcutaneous Electrical Nerve Stimulation (Tens) De	\$ 197.83	Purchase
E0730	Transcutaneous Electrical Nerve Stimulation (Tens) Dev	\$ 198.06	Purchase
E0747	Osteogenesis Stimulator, Electrical, Non- Invasive, Othe	\$ 3,607.10	Purchase
E0748	Osteogenesis Stimulator, Electrical, Non- Invasive, Spin	\$ 3,583.74	Purchase
E0760	Osteogenesis Stimulator, Low Intensity Ultrasound, Non	\$ 2,978.02	Purchase
E0766	Elec stim cancer treatment	\$ 340.44	Per BMS - 10 Mth CAP Rental
E0781	Ambulatory Infusion Pump, Single Or Multiple Channel	\$ 211.66	10 mth CAP rental

**2019 Durable Medical Equipment Fee Schedule
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2019 New Procedure Codes, Effective 01/01/19

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
E0784	External Ambulatory Infusion Pump, Insulin	\$ 367.10	10 mth CAP rental
E0860	Traction Equipment, Overdoor, Cervical	\$ 34.26	Purchase
E0910	Trapeze Bars, A/K/A Patient Helper, Attached To Bed, V	\$ 120.64	Medicare is rental/BMS - Purchase(X 10)
E0911	Trapeze Bar, Heavy Duty, For Patient Weight Capacity C	\$ 377.44	Medicare is rental/BMS - Purchase(X 10)
E0912	Trapeze Bar, Heavy Duty, For Patient Weight Capacity C	\$ 802.96	Medicare is rental/BMS - Purchase(X 10)
E0935	Continuous Passive Motion Exercise Device For Use On	\$ 20.95	Rental Per day
E0940	Trapeze Bar, Free Standing, Complete With Grab Bar	\$ 207.04	Medicare is rental/BMS - Purchase(X 10)
E0942	Cervical Head Harness/Halter	\$ 16.27	Purchase
E0950	Wheelchair Accessory, Tray, Each	\$ 67.07	Purchase
E0951	Heel Loop/Holder, Any Type, With Or Without Ankle S	\$ 11.92	Purchase
E0952	Toe Loop/Holder, Any Type, Each	\$ 12.71	Purchase
E0953	Wheelchair accessory, lateral thigh or knee support, any	\$ 71.26	Purchase
E0954	Wheelchair accessory, foot box, any type, includes attach	\$ 41.35	Purchase
E0955	Wheelchair Accessory, Headrest, Cushioned, Any Type,	\$ 141.28	Medicare is rental/BMS - Purchase(X 10)
E0956	Wheelchair Accessory, Lateral Trunk Or Hip Support, A	\$ 71.26	Purchase
E0957	Wheelchair Accessory, Medial Thigh Support, Any Type	\$ 105.30	Purchase
E0958	Manual Wheelchair Accessory, One-Arm Drive Attachm	\$ 375.44	Medicare is rental/BMS - Purchase(X 10)
E0959	Manual Wheelchair Accessory, Adapter For Amputee, E	\$ 34.62	Purchase
E0960	Wheelchair Accessory, Shoulder Harness/Straps Or Che	\$ 66.58	Purchase
E0961	Manual Wheelchair Accessory, Wheel Lock Brake Exter	\$ 22.30	Purchase
E0966	Manual Wheelchair Accessory, Headrest Extension, Eac	\$ 57.06	Purchase
E0967	Manual Wheelchair Accessory, Hand Rim With Projecti	\$ 60.50	Purchase
E0968	Commode Seat, Wheelchair	\$ 165.04	Medicare is rental/BMS - Purchase(X 10)
E0969	Narrowing Device, Wheelchair	\$ 136.94	Purchase
E0970	No.2 Footplates, Except For Elevating Leg Rest	#N/A	Cost Invoice
E0971	Manual Wheelchair Accessory, Anti-Tipping Device Eac	\$ 32.68	Purchase
E0973	Wheelchair Accessory, Adjustable Height, Detachable A	\$ 61.23	Purchase
E0974	Manual Wheelchair Accessory, Anti-Rollback Device, E	\$ 66.96	Purchase
E0978	Wheelchair Accessory, Positioning Belt/Safety Belt/Pelv	\$ 26.94	Purchase
E0980	Safety Vest, Wheelchair	\$ 29.44	Purchase
E0981	Wheelchair Accessory, Seat Upholstery, Replacement O	\$ 31.82	Purchase
E0982	Wheelchair Accessory, Back Upholstery, Replacement C	\$ 34.77	Purchase
E0983	Manual Wheelchair Accessory, Power Add-On To Conv	\$ 2,228.96	Medicare is rental/BMS - Purchase(X 10)
E0984	Manual Wheelchair Accessory, Power Add-On To Conv	\$ 1,557.92	Medicare is rental/BMS - Purchase(X 10)
E0988	Lever-Activated Wheel Drive	\$ 2,757.36	Medicare is rental/BMS - Purchase(X 10)
E0990	Wheelchair Accessory, Elevating Leg Rest, Complete A	\$ 69.13	Purchase
E0992	Manual Wheelchair Accessory, Solid Seat Insert	\$ 70.87	Purchase
E1002	Wheelchair Accessory, Power Seating System, Tilt Only	\$ 3,056.48	Medicare is rental/BMS - Purchase(X 10)
E1003	Wheelchair Accessory, Power Seating System, Recline C	\$ 3,437.52	Medicare is rental/BMS - Purchase(X 10)
E1004	Wheelchair Accessory, Power Seating System, Recline C	\$ 3,795.04	Medicare is rental/BMS - Purchase(X 10)
E1005	Wheelchair Accessory, Power Seatng System, Recline O	\$ 4,129.36	Medicare is rental/BMS - Purchase(X 10)
E1006	Wheelchair Accessory, Power Seating System, Combina	\$ 5,074.40	Medicare is rental/BMS - Purchase(X 10)
E1007	Wheelchair Accessory, Power Seating System, Combina	\$ 6,587.92	Medicare is rental/BMS - Purchase(X 10)
E1008	Wheelchair Accessory, Power Seating System, Combina	\$ 6,668.40	Medicare is rental/BMS - Purchase(X 10)
E1009	Wheelchair Accessory, Addition To Power Seating Syste	\$ -	Cost Invoice
E1010	Wheelchair Accessory, Addition To Power Seating Syste	\$ 888.72	Medicare is rental/BMS - Purchase(X 10)
E1011	Modification To Pediatric Size Wheelchair, Width Adjus	\$ -	Cost Invoice
E1012	Ctr mount pwr elev leg rest	\$ 888.72	Medicare is rental/BMS - Purchase(X 10)
E1014	Reclining Back, Addition To Pediatric Size Wheelchair	\$ 336.48	Medicare is rental/BMS - Purchase(X 10)
E1015	Shock Absorber For Manual Wheelchair, Each	\$ 102.86	Purchase

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2019 New Procedure Codes, Effective 01/01/19

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
E1016	Shock Absorber For Power Wheelchair, Each	\$ 99.10	Purchase
E1020	Residual Limb Support System For Wheelchair	\$ 172.00	Medicare is rental/BMS - Purchase(X 10)
E1028	Wheelchair Accessory, Manual Swingaway, Retractable	\$ 138.48	Medicare is rental/BMS - Purchase(X 10)
E1029	Wheelchair Accessory, Ventilator Tray, Fixed	\$ 293.04	Medicare is rental/BMS - Purchase(X 10)
E1030	Wheelchair Accessory, Ventilator Tray, Gimbale	\$ 919.92	Medicare is rental/BMS - Purchase(X 10)
E1031	Rollabout Chair, Any And All Types With Castors5" Or C	\$ 41.26	10 mth CAP rental
E1161	Manual Adult Size Wheelchair, Includes Tilt In Space	\$ 2,179.36	Medicare is rental/BMS - Purchase(X 10)
E1225	Wheelchair Accessory, Manual Semi-Reclining Back, (F	\$ 366.72	Medicare is rental/BMS - Purchase(X 10)
E1226	Wheelchair Accessory, Manual Fully Reclining Back, (R	\$ 402.59	Purchase
E1229	Wheelchair, Pediatric Size, Not Otherwise Specified	#N/A	Cost Invoice
E1231	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjusta	\$ 1,710.73	Per BMS - Purchase
E1232	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adju	\$ 1,969.84	Medicare is rental/BMS - Purchase(X 10)
E1233	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjusta	\$ 2,040.88	Medicare is rental/BMS - Purchase(X 10)
E1234	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adju	\$ 1,776.80	Medicare is rental/BMS - Purchase(X 10)
E1235	Wheelchair, Pediatric Size, Rigid, Adjustable, With Seat	\$ 1,711.04	Medicare is rental/BMS - Purchase(X 10)
E1236	Wheelchair, Pediatric Size, Folding, Adjustable, With Se	\$ 1,509.44	Medicare is rental/BMS - Purchase(X 10)
E1237	Wheelchair, Pediatric Size, Rigid, Adjustable, Without S	\$ 1,522.64	Medicare is rental/BMS - Purchase(X 10)
E1238	Wheelchair, Pediatric Size, Folding, Adjustable, Withou	\$ 1,509.44	Medicare is rental/BMS - Purchase(X 10)
E1239	Power Wheelchair, Pediatric Size, Not Otherwise Specif	#N/A	Cost Invoice
E1372	Immersion External Heater For Nebulizer	\$ 116.61	Purchase
E1390	Oxygen Concentrator, Single Delivery Port, Capable Of	\$ 107.77	Rental
E1399	Durable Medical Equipment, Miscellaneous	#N/A	Cost Invoice
E2100	Blood Glucose Monitor With Integrated Voice Synthesiz	\$ 592.44	Purchase
E2201	Manual Wheelchair Accessory, Nonstandard Seat Frame	\$ 300.54	Purchase
E2202	Manual Wheelchair Accessory, Nonstandard Seat Frame	\$ 405.80	Purchase
E2203	Manual Wheelchair Accessory, Nonstandard Seat Frame	\$ 396.03	Purchase
E2204	Manual Wheelchair Accessory, Nonstandard Seat Frame	\$ 681.58	Purchase
E2205	Manual Wheelchair Accessory, Handrim WithoutProject	\$ 29.56	Purchase
E2206	Manual Wheelchair Accessory, Wheel Lock Assembly, C	\$ 34.65	Purchase
E2207	Wheelchair Accessory, Crutch And Cane Holder, Each	\$ 39.00	Purchase
E2208	Wheelchair Accessory, Cylinder Tank Carrier, Each	\$ 79.12	Purchase
E2209	Accessory, Arm Tough, With Or Without Handsupport, I	\$ 77.42	Purchase
E2210	Wheelchair Accessory, Bearngs, Any Type, Replacemen	\$ 4.82	Purchase
E2211	Manual Wheelchair Accessory, Pneumatic Propulsion Ti	\$ 30.21	Purchase
E2212	Manual Wheelchair Accessory, Tube For Pneumatic Pro	\$ 5.30	Purchase
E2213	Manual Wheelchair Accessory, Insert For Pneumatic Pro	\$ 26.41	Purchase
E2214	Manual Wheelchair Accessory, Pneumatic Caster Tire, A	\$ 27.74	Purchase
E2215	Manual Wheelchair Accessory, Tube For Pneumatic Cas	\$ 8.70	Purchase
E2216	Manual Wheelchair Accessory, Foam Filled Propulsion T	\$ -	Cost Invoice
E2217	Manual Wheelchair Accessory, Foam Filled Caster Tire,	\$ -	Cost Invoice
E2218	Manual Wheelchair Accessory, Foam Propulsion Tire, Ar	\$ -	Cost Invoice
E2219	Manual Wheelchair Accessory, Foam Caster Tire, Any S	\$ 36.17	Purchase
E2220	Manual Wheelchair Accessory, Solid (Rubber/Plastic) Pr	\$ 23.73	Purchase
E2221	Manual Wheelchair Accessory, Solid (Rubber/Plastic) Ca	\$ 22.86	Purchase
E2222	Manual Wheelchair Accessory, Solid (Rubber/Plastic) C	\$ 18.97	Purchase
E2224	Manual Wheelchair Accessory, Propulsion Wheel Exclu	\$ 76.77	Purchase
E2225	Manual Wheelchair Accessory, Caster Wheel Excludes T	\$ 15.83	Purchase
E2226	Manual Wheelchair Accessory, Caster Fork, Any Size, R	\$ 33.86	Purchase
E2227	Manual Wheelchair Accessory, Gear Reduction Drive W	\$ 172.32	Medicare is rental/BMS - Purchase(X 10)
E2228	Manual Wheelchair Accessory, Wheel Braking System A	\$ 827.84	Medicare is rental/BMS - Purchase(X 10)

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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
E2231	Solid Seat Support Base	\$ 128.73	Purchase
E2291	Back, Planar, For Pediatric Size Wheelchair Including Fi	#N/A	Cost Invoice
E2292	Seat, Planar, For Pediatric Size Wheelchair Including Fi	#N/A	Cost Invoice
E2293	Back, Contoured, For Pediatric Size Wheelchair Includin	#N/A	Cost Invoice
E2294	Seat, Contoured, For Pediatric Size Wheelchair Includin	#N/A	Cost Invoice
E2295	Manual Wheelchair Accessory, For Pediatric Size Whee	#N/A	Cost Invoice
E2310	Power Wheelchair Accessory, Electronic Connection Be	\$ 888.32	Medicare is rental/BMS - Purchase(X 10)
E2311	Power Wheelchair Accessory, Electronic Connection Be	\$ 1,795.84	Medicare is rental/BMS - Purchase(X 10)
E2312	Power Wheelchair Accessory, Hand Or Chin Control Int	\$ 1,857.52	Medicare is rental/BMS - Purchase(X 10)
E2313	Power Wheelchair Accessory, Harness For Upgrade To I	\$ 295.20	Medicare is rental/BMS - Purchase(X 10)
E2321	Power Wheelchair Accessory, Hand Control Interface, R	\$ 1,206.80	Medicare is rental/BMS - Purchase(X 10)
E2322	Power Wheelchair Accessory, Hand Control Interface, M	\$ 1,103.92	Medicare is rental/BMS - Purchase(X 10)
E2323	Power Wheelchair Accessory, Specialty Joystick Handle	\$ 53.98	Purchase
E2324	Power Wheelchair Accessory, Chin Cup For Chin Contr	\$ 34.78	Purchase
E2325	Power Wheelchair Accessory, Sip And Puff Interface, N	\$ 1,054.72	Medicare is rental/BMS - Purchase(X 10)
E2326	Power Wheelchair Accessory, Breath Tube Kit For Sip A	\$ 274.24	Medicare is rental/BMS - Purchase(X 10)
E2327	Power Wheelchair Accessory, Head Control Interface, M	\$ 2,054.24	Medicare is rental/BMS - Purchase(X 10)
E2328	Power Wheelchair Accessory, Head Control Or Extremi	\$ 3,887.04	Medicare is rental/BMS - Purchase(X 10)
E2329	Power Wheelchair Accessory, Head Control Interface, C	\$ 1,394.48	Medicare is rental/BMS - Purchase(X 10)
E2330	Power Wheelchair Accessory, Head Control Interface, P	\$ 2,689.60	Medicare is rental/BMS - Purchase(X 10)
E2340	Power Wheelchair Accessory, Nonstandard Seat Frame V	\$ 330.09	Purchase
E2341	Power Wheelchair Accessory, Nonstandard Seat Frame V	\$ 495.17	Purchase
E2342	Power Wheelchair Accessory, Nonstandard Seat Frame I	\$ 412.65	Purchase
E2343	Power Wheelchair Accessory, Nonstandard Seat Frame I	\$ 660.24	Purchase
E2351	Power Wheelchair Accessory, Electronic Interface To O	\$ 553.21	Purchase
E2359	Gr34 sealed leadacid battery	\$ 150.02	Purchase
E2360	Power Wheelchair Accessory, 22 Nf Non-Sealed Lead A	\$ 96.67	Purchase
E2361	Power Wheelchair Accessory, 22Nf Sealed Lead Acid B	\$ 103.51	Purchase
E2362	Power Wheelchair Accessory, Group 24 Non- Sealed Le	\$ 84.73	Purchase
E2363	Power Wheelchair Accessory, Group 24 Sealed Lead Ac	\$ 134.70	Purchase
E2364	Power Wheelchair Accessory, U-1 Non-Sealed Lead Ac	\$ 93.22	Purchase
E2365	Power Wheelchair Accessory, U-1 Sealed Lead Acid Ba	\$ 76.62	Purchase
E2366	Power Wheelchair Accessory, Battery Charger, Single M	\$ 170.11	Purchase
E2368	Power Wheelchair Component, Motor, Replacement On	\$ 376.00	Medicare is rental/BMS - Purchase(X 10)
E2369	Power Wheelchair Component, Gear Box, Replacement	\$ 340.56	Medicare is rental/BMS - Purchase(X 10)
E2370	Power Wheelchair Component, Motor And Gear Box Co	\$ 540.40	Medicare is rental/BMS - Purchase(X 10)
E2371	Power Wheelchair Accessory, Group 27 Sealed Lead Ac	\$ 118.26	Purchase
E2372	Power Wheelchair Accessory, Group 27 Non- Sealed Le	\$ -	Cost Invoice
E2373	Power Wheelchair Accessory, Hand Or ChinControl Inte	\$ 632.48	Medicare is rental/BMS - Purchase(X 10)
E2374	Power Wheelchair Accessory, Hand Or Chin Control Int	\$ 407.36	Medicare is rental/BMS - Purchase(X 10)
E2375	Power Wheelchair Accessory, Non-Expandable Controll	\$ 622.40	Medicare is rental/BMS - Purchase(X 10)
E2376	Power Wheelchair Accessory, Expandable Controller, In	\$ 1,018.08	Medicare is rental/BMS - Purchase(X 10)
E2377	Power Wheelchair Accessory, ExpandableController, Inl	\$ 372.56	Medicare is rental/BMS - Purchase(X 10)
E2378	Pw Actuator Replacement	\$ 469.44	Medicare is rental/BMS - Purchase(X 10)
E2381	Power Wheelchair Accessory, Pneumatic Drive Wheel T	\$ 55.70	Purchase
E2382	Power Wheelchair Accessory, Tube For Pneumatic Driv	\$ 15.36	Purchase
E2383	Power Wheelchair Accessory, Insert For Pneumatic Dri	\$ 113.70	Purchase
E2384	Power Wheelchair Accessory, Pneumatic Caster Tire, A	\$ 57.79	Purchase
E2385	Power Wheelchair Accessory, Tube ForPneumatic Caste	\$ 36.74	Purchase
E2386	Power Wheelchair Accessory, Foam Filled Drive Wheel	\$ 102.58	Purchase

**2019 Durable Medical Equipment Fee Schedule
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
E2387	Power Wheelchair Accessory, Foam Filled Caster Tire, A	\$ 46.33	Purchase
E2388	Power Wheelchair Accessory, Foam Drive Wheel Tire, A	\$ 38.58	Purchase
E2389	Power Wheelchair Accessory, Foam Caster Tire, Any Si	\$ 21.26	Purchase
E2390	Power Wheelchair Accessory, Solid (Rubber/Plastic) Dr	\$ 33.07	Purchase
E2391	Power Wheelchair Accessory, Solid (Rubber/Plastic) Ca	\$ 15.51	Purchase
E2392	Power Wheelchair Accessory, Solid (Rubber/Plastic) Ca	\$ 39.02	Purchase
E2394	Power Wheelchair Accessory, Drive Wheel Excludes Ti	\$ 54.80	Purchase
E2395	Power Wheelchair Accessory, Caster Wheel Excludes T	\$ 39.86	Purchase
E2396	Power Wheelchair Accessory, Caster Fork, Any Size, Re	\$ 46.42	Purchase
E2397	Power Wheelchair Accessory, Lithium-Based Battery, E	\$ 376.73	Purchase
E2402	Negative Pressure Wound Therapy Electrical Pump, Sta	\$ 962.62	10 mth CAP rental
E2500	Sgd Digitized Pre-Rec <=8Min	\$ 360.19	Purchase
E2502	Sgd Prerec Msg >8Min <=20Min	\$ 1,101.44	Purchase
E2504	Sgd Prerec Msg>20Min <=40Min	\$ 1,452.96	Purchase
E2506	Sgd Prerec Msg > 40 Min	\$ 2,130.47	Purchase
E2508	Sgd Spelling Phys Contact	\$ 3,294.42	Purchase
E2510	Sgd W Multi Methods Msg/Accs	\$ 6,234.26	Purchase
E2512	Sgd Accessory, Mounting Sys	\$ -	Cost Invoice
E2599	Accessory For Speech Generating Device	#N/A	Cost Invoice
E2601	General Use Wheelchair Seat Cushion, Width Less Than	\$ 40.56	Purchase
E2602	General Use Wheelchair Seat Cushion, Width 22Inches O	\$ 82.51	Purchase
E2603	Skin Protection Wheelchair Seat Cushion, Width Less Than	\$ 103.22	Purchase
E2604	Skin Protection Wheelchair Seat Cushion, Width 22 Inch	\$ 135.74	Purchase
E2605	Positioning Wheelchair Seat Cushion, Width Less Than	\$ 194.69	Purchase
E2606	Positioning Wheelchair Seat Cushion, Width 22Inches O	\$ 307.54	Purchase
E2607	Skin Protection And Positioning Wheelchair Seat Cushion	\$ 200.10	Purchase
E2608	Skin Protection And Positioning Wheelchair Seat Cushion	\$ 245.31	Purchase
E2609	Custom Fabricated Wheelchair Seat Cushion, Any Size	#N/A	Cost Invoice
E2611	General Use Wheelchair Back Cushion, Width Less Than	\$ 189.44	Purchase
E2612	General Use Wheelchair Back Cushion, Width 22Inches	\$ 295.47	Purchase
E2613	Positioning Wheelchair Back Cushion, Posterior, Width	\$ 285.29	Purchase
E2614	Positioning Wheelchair Back Cushion, Posterior, Width	\$ 406.66	Purchase
E2615	Positioning Wheelchair Back Cushion, Posterior- Latera	\$ 327.01	Purchase
E2616	Positioning Wheelchair Back Cushion, Posterior- Latera	\$ 440.18	Purchase
E2617	Custom Fabricated Wheelchair Back Cushion, Any Size	#N/A	Cost Invoice
E2619	Replacement Cover For Wheelchair Seat Cushion Or Ba	\$ 39.51	Purchase
E2620	Positioning Wheelchair Back Cushion, Planar Back With	\$ 375.46	Purchase
E2621	Positioning Wheelchair Back Cushion, Planar Back With	\$ 415.37	Purchase
E2622	Adj Skin Pro W/C Cus Wd<22In	\$ 253.01	Purchase
E2623	Adj Skin Pro Wc Cus Wd>=22In	\$ 320.98	Purchase
E2624	Adj Skin Pro/Pos Cus<22In	\$ 256.05	Purchase
E2625	Adj Skin Pro/Pos Wc Cus>=22	\$ 320.65	Purchase
E2626	Seo Mobile Arm Sup Att To Wc	\$ 551.89	Purchase
E2627	Arm Supp Att To Wc Rancho Ty	\$ 775.98	Purchase
E2628	Mobile Arm Supports Reclinin	\$ 584.58	Purchase
E2629	Friction Dampening Arm Supp	\$ 841.47	Purchase
E2630	Monosuspension Arm/Hand Supp	\$ 517.32	Purchase
E2631	Elevat Proximal Arm Support	\$ 206.94	Purchase
E2632	Offset/Lat Rocker Arm W/Ela	\$ 131.58	Purchase
E2633	Mobile Arm Support Supinator	\$ 111.61	Purchase

**2019 Durable Medical Equipment Fee Schedule
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2019 New Procedure Codes, Effective 01/01/19

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
K0001	Standard Wheelchair	\$ 34.33	10 mth CAP rental
K0002	Standard Hemi (Low Seat) Wheelchair	\$ 49.07	10 mth CAP rental
K0003	Lightweight Wheelchair	\$ 55.96	10 mth CAP rental
K0004	High Strength, Lightweight Wheelchair	\$ 74.79	10 mth CAP rental
K0005	Ultralightweight Wheelchair	\$ 170.27	10 mth CAP rental
K0006	Heavy Duty Wheelchair	\$ 75.96	10 mth CAP rental
K0007	Extra Heavy Duty Wheelchair	\$ 118.25	10 mth CAP rental
K0009	Other Manual Wheelchair/Base	\$ 68.49	10 mth CAP rental
K0015	Detachable, Non-Adjustable Height Armrest, Each	\$ 131.28	Medicare is rental/BMS - Purchase(X 10)
K0017	Detachable, Adjustable Height Armrest, Base, Each	\$ 38.71	Purchase
K0018	Detachable, Adjustable Height Armrest, Upper Portion,	\$ 21.74	Purchase
K0019	Arm Pad, Each	\$ 12.06	Purchase
K0020	Fixed, Adjustable Height Armrest, Pair	\$ 36.50	Purchase
K0037	High Mount Flip-Up Footrest, Each	\$ 32.50	Purchase
K0038	Leg Strap, Each	\$ 18.85	Purchase
K0039	Leg Strap, H Style, Each	\$ 41.16	Purchase
K0040	Adjustable Angle Footplate, Each	\$ 51.61	Purchase
K0041	Large Size Footplate, Each	\$ 39.90	Purchase
K0042	Standard Size Footplate, Each	\$ 26.60	Purchase
K0043	Footrest, Lower Extension Tube, Each	\$ 15.24	Purchase
K0044	Footrest, Upper Hanger Bracket, Each	\$ 13.13	Purchase
K0045	Footrest, Complete Assembly	\$ 43.92	Purchase
K0046	Elevating Legrest, Lower Extension Tube, Each	\$ 15.29	Purchase
K0047	Elevating Legrest, Upper Hanger Bracket, Each	\$ 57.01	Purchase
K0050	Ratchet Assembly	\$ 25.26	Purchase
K0051	Cam Release Assembly, Footrest Or Legrest, Each	\$ 40.44	Purchase
K0052	Swingaway, Detachable Footrests, Each	\$ 66.43	Purchase
K0053	Elevating Footrests, Articulating (Telescoping), Each	\$ 75.89	Purchase
K0056	Seat Height Less Than 17" Or Equal To Or Greater Than	\$ 83.26	Purchase
K0065	Spoke Protectors, Each	\$ 40.10	Purchase
K0069	Rear Wheel Assembly, Complete, With Solid Tire, Spok	\$ 85.68	Purchase
K0070	Rear Wheel Assembly, Complete, With Pneumatic Tire,	\$ 150.88	Medicare is rental/BMS - Purchase(X 10)
K0071	Front Caster Assembly, Complete, With Pneumatic Tire,	\$ 96.05	Purchase
K0072	Front Caster Assembly, Complete, With Semi- Pneumat	\$ 58.71	Purchase
K0073	Caster Pin Lock,Each	\$ 30.29	Purchase
K0077	Front Caster Assembly, Complete, With Solid Tire, Each	\$ 49.59	Purchase
K0098	Drive Belt For Power Wheelchair	\$ 20.56	Purchase
K0105	Iv Hanger, Each	\$ 87.51	Purchase
K0108	Wheelchair Component Or Accessory, Not Otherwise Sp	#N/A	Cost Invoice
K0195	Elevating Leg Rests, Pair (For Use With Capped Rental	\$ 128.32	Medicare is rental/BMS - Purchase(X 10)
K0606	Automatic External Defibrillator, With Integrated Electr	\$ 2,319.60	10 mth CAP rental
K0669	Wheelchair Accessory, Seat Or Back Cushion, Does Not	#N/A	Cost Invoice
K0730	Controlled Dose Inhalation Drug Delivery System	\$ 1,587.92	Medicare is rental/BMS - Purchase(X 10)
K0733	12-24Hr Sealed Lead Acid	\$ 23.94	Purchase
K0739	Repair Of Nonroutine Service For Dme Other Than Oxyg	\$ 12.56	Priced per MLN Matters MM11064
K0740	Repair Of Nonroutine Service For Oxygen Equipment R	\$ 6.30	Per BMS - Purchase
K0800	Power Operated Vehicle, Group 1 Standard, Patient Wei	\$ 86.63	Medicare is a Purchase/BMS 10 mth CAP rental
K0801	Power Operated Vehicle, Group 1 Heavy Duty, Patient V	\$ 147.31	Medicare is a Purchase/BMS 10 mth CAP rental
K0802	Power Operated Vehicle, Group 1 Very Heavy Duty, Pat	\$ 179.69	Medicare is a Purchase/BMS 10 mth CAP rental
K0806	Power Operated Vehicle, Group 2 Standard, Patient Wei	\$ 116.71	Medicare is a Purchase/BMS 10 mth CAP rental

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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
K0807	Power Operated Vehicle, Group 2 Heavy Duty, Patient V	\$ 178.86	Medicare is a Purchase/BMS 10 mth CAP rental
K0808	Power Operated Vehicle, Group 2 Very Heavy Duty, Pat	\$ 276.62	10 mth CAP rental
K0812	Power Operated Vehicle, Not Otherwise Classified	#N/A	Cost Invoice
K0813	Power Wheelchair, Group 1 Standard, Portable, Sling/Sc	\$ 254.75	10 mth CAP rental
K0814	Power Wheelchair, Group 1 Standard, Portable, Captain	\$ 298.80	10 mth CAP rental
K0815	Power Wheelchair, Group 1 Standard, Sling/Solid Seat A	\$ 336.17	10 mth CAP rental
K0816	Power Wheelchair, Group 1 Standard, Captains Chair, P	\$ 318.10	10 mth CAP rental
K0820	Power Wheelchair, Group 2 Standard, Portable, Sling/Sc	\$ 267.58	10 mth CAP rental
K0821	Power Wheelchair, Group 2 Standard, Portable, Captain	\$ 314.74	10 mth CAP rental
K0822	Power Wheelchair, Group 2 Standard, Sling/Solid Seat/E	\$ 364.70	10 mth CAP rental
K0823	Power Wheelchair, Group 2 Standard, Captains Chair, P	\$ 357.47	10 mth CAP rental
K0824	Power Wheelchair, Group 2 Heavy Duty, Sling/Solid Sea	\$ 470.03	10 mth CAP rental
K0825	Power Wheelchair, Group 2 Heavy Duty, Captains Chair	\$ 432.32	10 mth CAP rental
K0826	Power Wheelchair, Group 2 Very Heavy Duty, Sling/Soli	\$ 680.92	10 mth CAP rental
K0827	Power Wheelchair, Group 2 Very Heavy Duty, Captains C	\$ 586.19	10 mth CAP rental
K0828	Power Wheelchair, Group 2 Extra Heavy Duty, Sling/Sol	\$ 792.58	10 mth CAP rental
K0829	Power Wheelchair, Group 2 Extra Heavy Duty, Captains	\$ 748.32	10 mth CAP rental
K0830	Power Wheelchair, Group 2 Standard, Seat Elevator, Sli	\$ 354.07	Per BMS - 10 Mth CAP Rental
K0831	Power Wheelchair, Group 2 Standard, Seat Elevator, Ca	\$ 354.07	Per BMS - 10 Mth CAP Rental
K0835	Power Wheelchair, Group 2 Standard, Single Power Opt	\$ 381.95	10 mth CAP rental
K0836	Power Wheelchair, Group 2 Standard, Single Power Opt	\$ 396.12	10 mth CAP rental
K0837	Power Wheelchair, Group 2 Heavy Duty, Single Power C	\$ 468.37	10 mth CAP rental
K0838	Power Wheelchair, Group 2 Heavy Duty, Single Power C	\$ 417.51	10 mth CAP rental
K0839	Power Wheelchair, Group 2 Very Heavy Duty, Single Po	\$ 612.44	10 mth CAP rental
K0840	Power Wheelchair, Group 2 Extra Heavy Duty, Single P	\$ 932.70	10 mth CAP rental
K0841	Power Wheelchair, Group 2 Standard, Multiple Power C	\$ 415.32	10 mth CAP rental
K0842	Power Wheelchair, Group 2 Standard, Multiple Power C	\$ 415.10	10 mth CAP rental
K0843	Power Wheelchair, Group 2 Heavy Duty, Multiple Powe	\$ 497.10	10 mth CAP rental
K0848	Power Wheelchair, Group 3 Standard, Sling/Solid Seat/E	\$ 629.30	10 mth CAP rental
K0849	Power Wheelchair, Group 3 Standard, Captains Chair, P	\$ 605.02	10 mth CAP rental
K0850	Power Wheelchair, Group 3 Heavy Duty, Sling/Solid Sea	\$ 729.95	10 mth CAP rental
K0851	Power Wheelchair, Group 3 Heavy Duty, Captains Chair	\$ 701.86	10 mth CAP rental
K0852	Power Wheelchair, Group 3 Very Heavy Duty, Sling/Soli	\$ 843.42	10 mth CAP rental
K0853	Power Wheelchair, Group 3 Very Heavy Duty, Captains C	\$ 866.41	10 mth CAP rental
K0854	Power Wheelchair, Group 3 Extra Heavy Duty, Sling/Sol	\$ 1,147.80	10 mth CAP rental
K0855	Power Wheelchair, Group 3 Extra Heavy Duty, Captains	\$ 1,084.26	10 mth CAP rental
K0856	Power Wheelchair, Group 3 Standard, Single Power Opt	\$ 675.47	10 mth CAP rental
K0857	Power Wheelchair, Group 3 Standard, Single Power Opt	\$ 689.02	10 mth CAP rental
K0858	Power Wheelchair, Group 3 Heavy Duty, Single Power C	\$ 838.07	10 mth CAP rental
K0859	Power Wheelchair, Group 3 Heavy Duty, Single Power C	\$ 799.26	10 mth CAP rental
K0860	Power Wheelchair, Group 3 Very Heavy Duty, Single Po	\$ 1,197.30	10 mth CAP rental
K0861	Power Wheelchair, Group 3 Standard, Multiple Power C	\$ 676.55	10 mth CAP rental
K0862	Power Wheelchair, Group 3 Heavy Duty, Multiple Powe	\$ 838.07	10 mth CAP rental
K0863	Power Wheelchair, Group 3 Very Heavy Duty, Multiple	\$ 1,197.30	10 mth CAP rental
K0864	Power Wheelchair, Group 3 Extra Heavy Duty, Multiple	\$ 1,424.78	10 mth CAP rental
K0868	Power Wheelchair, Group 4 Standard, Sling/Solid Seat/E	#N/A	Cost Invoice
K0869	Power Wheelchair, Group 4 Standard, Captains Chair, P	#N/A	Cost Invoice
K0870	Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Sea	#N/A	Cost Invoice
K0871	Power Wheelchair, Group 4 Very Heavy Duty, Sling/Soli	#N/A	Cost Invoice
K0877	Power Wheelchair, Group 4 Standard, Single Power Opt	#N/A	Cost Invoice

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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
K0878	Power Wheelchair, Group 4 Standard, Single Power Opt	#N/A	Cost Invoice
K0879	Power Wheelchair, Group 4 Heavy Duty, Single Power C	#N/A	Cost Invoice
K0880	Power Wheelchair, Group 4 Very Heavy Duty, Single Po	#N/A	Cost Invoice
K0884	Power Wheelchair, Group 4 Standard, Multiple Power C	#N/A	Cost Invoice
K0885	Power Wheelchair, Group 4 Standard, Multiple Power C	#N/A	Cost Invoice
K0886	Power Wheelchair, Group 4 Heavy Duty, Multiple Powe	#N/A	Cost Invoice
K0890	Power Wheelchair, Group 5 Pediatric, Single Power Opt	#N/A	Cost Invoice
K0891	Power Wheelchair, Group 5 Pediatric, Multiple Power C	#N/A	Cost Invoice
K0898	Power Wheelchair, Not Otherwise Classified	#N/A	Cost Invoice
K0899	Power Mobility Device, Not Coded By Sadmerc Or Doe	#N/A	Cost Invoice
L0112	Cranial Cervical Orthosis, Congenital Torticollis Type W	\$ 1,085.08	Purchase
L0113	Cranial Cervical Torticollis	\$ 221.08	Purchase
L0120	Cervical, Flexible; Non-Adjustable (Foam Collar)	\$ 20.77	Purchase
L0130	Cervical, Flexible, Thermoplastic Collar, Molded To Pa	\$ 146.80	Purchase
L0140	Cervical, Semi-Rigid; Adjustable (Plastic Collar)	\$ 48.54	Purchase
L0150	Cervical, Semi-Rigid, Adjustable Molded Chin Cup(Plas	\$ 89.06	Purchase
L0160	Cervical, Semi-Rigid, Wire Frame Occipital/Mandibular	\$ 116.32	Purchase
L0170	Cervical Collar; Molded To Patient Model	\$ 478.98	Purchase
L0172	Cervical, Collar, Semi-Rigid, Thermoplastic Foam, Two	\$ 103.86	Purchase
L0174	Cervical, Collar, Semi-Rigid, Thermoplastic Foam, Two	\$ 204.02	Purchase
L0180	Cervical, Multiple Post Collar, Occipital/Mandibular Su	\$ 282.92	Purchase
L0190	Cervical, Multiple Post Collar, Occipital/Mandibular Su	\$ 367.90	Purchase
L0200	Cervical, Multiple Post Collar, Occipital/Mandibular Su	\$ 383.54	Purchase
L0220	Thoracic, Rib Belt, Custom Fabricated	\$ 104.74	Purchase
L0450	Tlso, Flexible, Provides Trunk Support, Upper Thoracic	\$ 131.51	Purchase
L0452	Tlfo, Flexible, Provides Trunk Support, Upper Thoracic	\$ 198.51	Per BMS - Purchase
L0454	Tlso Flexible, Provides Trunk Support, Extends From Sa	\$ 268.88	Purchase
L0456	Tlso, Flexible Provides Trunk Support, Thoracic Region	\$ 771.06	Purchase
L0466	Tlso, Sagittal Control, Rigid Posterior Frame And Flexib	\$ 280.09	Purchase
L0468	Tlso, Sagittal-Coronal Control, Rigid Posterior Frame A	\$ 371.07	Purchase
L0470	Tlso, Triplanar Control, Rigid Posterior Frame And Flex	\$ 473.51	Purchase
L0472	Tlso, Triplanar Control, Hyperextension, Rigid Anterior	\$ 300.31	Purchase
L0480	Tlso, Triplanar Control, One Piece Rigid Plastic Shell W	\$ 1,057.57	Purchase
L0482	Tlso, Triplanar Control, One Piece Rigid Plastic Shell W	\$ 1,228.41	Purchase
L0484	Tslo, Triplanar Control, Two Piece Rigid Plastic Shell W	\$ 1,319.89	Purchase
L0486	Tlfo, Triplanar Control, Two Piece Rigid Plastic Shell W	\$ 1,400.34	Purchase
L0488	Tlso, Triplanar Control, One Piece Rigid Plastic Shell W	\$ 778.22	Purchase
L0490	Tlso, Sagittal-Coronal Control, One Piece Rigid Plastic S	\$ 219.32	Purchase
L0491	Tlso, Sagittal-Coronal Control, Modular Segmented Spir	\$ 595.41	Purchase
L0492	Tlso, Sagittal-Coronal Control, Modular Segmented Spir	\$ 391.58	Purchase
L0621	Sacroiliac Orthosis, Flexible, Provides Pelvic-Sacral Sup	\$ 68.49	Purchase
L0622	Sacroiliac Orthosis, Flexible, Provides Pelvic-Sacral Sup	\$ 224.31	Purchase
L0623	Sacroiliac Orthosis, Provides Pelvic-Sacral Support, Wit	\$ 336.26	Per BMS - Purchase
L0624	Sacroiliac Orthosis, Provides Pelvic-Sacral Support, Wit	\$ -	Cost Invoice
L0625	Lumbar Orthosis, Flexible, Provides Lumbar Support, Po	\$ 42.70	Purchase
L0626	Lumbar Orthosis, Sagittal Control, With Rigid Posterior	\$ 60.42	Purchase
L0627	Lumbar Orthosis, Sagittal Control, With Rigid Anterior A	\$ 318.69	Purchase
L0628	Lso, Flexible, Provides Lumbo-Sacral Support, Posterior	\$ 65.05	Purchase
L0629	Lso, Flexible, Provides Lumbo-Sacral Support, Posterior	\$ 164.18	Per BMS - Purchase
L0630	Lso, Sagittal Control, With Rigid Posterior Panel(S), Pos	\$ 125.56	Purchase

2019 Durable Medical Equipment Fee Schedule
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2019 New Procedure Codes, Effective 01/01/19

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L0631	Lso, Sagittal Control, With Rigid Anterior And Posterior	\$ 795.87	Purchase
L0632	Lso, Sagittal Control, With Rigid Anterior And Posterior	\$ -	Cost Invoice
L0633	Lso, Sagittal-Coronal Control, With Rigid Posterior Fran	\$ 222.32	Purchase
L0634	Lso, Sagittal-Coronal Control, With Rigid Posterior Fran	\$ -	Cost Invoice
L0635	Lso, Sagittal-Coronal Control, Lumbar Flexion, Rigid Po	\$ 710.91	Purchase
L0636	Lso, Sagittal-Coronal Control, Lumbar Flexion Rigid Po	\$ 1,052.42	Purchase
L0637	Lso, Sagittal-Coronal Control, With Rigid Anterior And	\$ 832.86	Purchase
L0638	Lso, Sagittal-Coronal Control, With Rigid Anterior And	\$ 1,022.50	Purchase
L0639	Lso, Sagittal-Coronal Control, Rigid Shell (S)/Panel(S),	\$ 832.86	Purchase
L0640	Lso, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), I	\$ 811.26	Purchase
L0700	Ctlso, Anterior-Posterior-Lateral Control, Molded To Pa	\$ 1,518.31	Purchase
L0710	Ctlso, Anterior-Posterior-Lateral Control, Molded To Pa	\$ 1,551.14	Purchase
L0810	Halo Procedure, Cervical Halo Incorporated Into Jacket	\$ 1,939.90	Purchase
L0820	Halo Procedure, Cervical Halo Incorporated Into Plaster	\$ 1,741.19	Purchase
L0830	Halo Procedure, Cervical Halo Incorporated IntoMilwau	\$ 2,453.84	Purchase
L0859	Addition To Halo Procedure, Magnetic Resonance Imag	\$ 1,022.62	Purchase
L0861	Additional To Halo Procedure, Replacement Liner/Interf	\$ 167.10	Purchase
L0970	Tlso, Corset Front	\$ 99.87	Purchase
L0972	Lso, Corset Front	\$ 89.70	Purchase
L0974	Tlso, Full Corset	\$ 133.20	Purchase
L0976	Lso, Full Corset	\$ 118.76	Purchase
L0978	Axillary Crutch Extension	\$ 156.76	Purchase
L0980	Peroneal Straps, Pair	\$ 17.11	Purchase
L0982	Stocking Supporter Grips, Set Of Four (4)	\$ 12.10	Purchase
L0984	Protective Body Sock, Each	\$ 50.21	Purchase
L0999	Additional To Spinal Orthosis, Not Otherwise Specified	#N/A	Cost Invoice
L1000	Cervical-Thoracic-Lumbar-Sacral Orthosis (Ctlso) (Milv	\$ 1,523.32	Purchase
L1001	Cervical Thoracic Lumbar Sacral Orthosis Immobilizer,	\$ -	Cost Invoice
L1010	Additions To Cervical-Thoracic-Lumbar-Sacral Orthosis	\$ 49.85	Purchase
L1020	Addition To Ctlso Or Scoliosis Orthosis, Kyphosis Pad	\$ 64.20	Purchase
L1025	Addition To Ctlso Or Scoliosis Orthosis, Kyphosis Pad, I	\$ 122.54	Purchase
L1030	Addition To Ctlso Or Scoliosis Orthosis, Lumbar Bolster	\$ 47.24	Purchase
L1040	Addition To Ctlso Or Scoliosis Orthosis, Lumbar Or Lur	\$ 61.82	Purchase
L1050	Addition To Ctlso Or Scoliosis Orthosis, Sternal Pad	\$ 74.54	Purchase
L1060	Addition To Ctlso Or Scoliosis Orthosis, Thoracic Pad	\$ 89.39	Purchase
L1070	Addition To Ctlso Or Scoliosis Orthosis, Trapezius Sling	\$ 87.29	Purchase
L1080	Addition To Ctlso Or Scoliosis Orthosis, Outrigger	\$ 49.10	Purchase
L1085	Addition To Ctlso Or Scoliosis Orthosis. Outrigger, Bila	\$ 132.84	Purchase
L1090	Addition To Ctlso Or Scoliosis Orthosis, Lumbar Sling	\$ 87.88	Purchase
L1100	Addition To Ctlso Or Scoliosis Orthosis, Ring Flange, P	\$ 140.34	Purchase
L1110	Addition To Ctlso Or Scoliosis Orthosis. Ring Flange, P	\$ 189.69	Purchase
L1120	Addition To Ctlso Or Scoliosis Orthosis Covers For Up	\$ 32.08	Purchase
L1200	Thoracic-Lumbar-Sacral-Orthosis (Tlso), Inclusive Of F	\$ 1,163.69	Purchase
L1210	Addition To Tlso, (Low Profile); Lateral Thoracic Exten	\$ 194.34	Purchase
L1220	Addition To Tlso, (Low Profile), Anterior Thoracic Exte	\$ 185.65	Purchase
L1230	Addition To Tlso, (Low Profile), Milwaukee Type Super	\$ 475.87	Purchase
L1240	Addition To Tlso, (Low Profile), Lumbar Derotation Pac	\$ 64.34	Purchase
L1250	Addition To Tlso, (Low Profile), Anterior Axis Pad	\$ 64.34	Purchase
L1260	Addition To Tlso, (Low Profile), Anterior Thoracic Derc	\$ 65.68	Purchase
L1270	Addition To Tlso, (Low Profile), Abdominal Pad	\$ 66.73	Purchase

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2019 New Procedure Codes, Effective 01/01/19

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L1280	Addition To Tlso, (Low Profile), Rib Gusset (Elastic), E	\$ 76.75	Purchase
L1290	Addition To Tlso, (Low Profile), Lateral Trochanteric Pa	\$ 60.76	Purchase
L1300	Other Scoliosis Procedure, Body Jacket Molded To Patie	\$ 1,368.02	Purchase
L1310	Other Scoliosis Procedure, Post Operative Body Jacket	\$ 1,405.65	Purchase
L1499	Spinal Orthosis, Not Otherwise Specified	#N/A	Cost Invoice
L1600	Hip Orthosis, Ho), Abduction Control Of Hip Joints, Fle	\$ 95.70	Purchase
L1610	Ho, Abduction Control Of Hip Joints; Flexible, (Frejka C	\$ 42.23	Purchase
L1620	Ho, Abduction Control Of Hip Joints; Flexible, (Pavlik H	\$ 119.62	Purchase
L1630	Ho, Abduction Control Of Hip Joints; Semi-Flexible(Vor	\$ 125.85	Purchase
L1640	Ho, Abduction Control Of Hip Joints; Static, Pelvic Ban	\$ 383.10	Purchase
L1650	Ho, Abduction Control Of Hip Joints; Static, Adjustable.	\$ 193.86	Purchase
L1660	Ho, Abduction Control Of Hip Joints; Static, Plastic, Pre	\$ 127.10	Purchase
L1680	Ho, Abduction Control Of Hip Joints; Dynamic, Pelvic C	\$ 904.93	Purchase
L1685	Ho, Abduction Control Of Hip Joints; Postoperative Hip	\$ 923.53	Purchase
L1686	Ho, Abduction Control Of Hip Joints; Postoperative Hip	\$ 852.76	Purchase
L1690	Combination, Bilateral, Lumbo-Sacral, Hip, Femur Orth	\$ 1,499.17	Purchase
L1700	Legg Perthes Orthosis, (Toronto Type), Custom Fabricat	\$ 1,134.19	Purchase
L1710	Legg Perthes Orthosis, (Newington Type), Custom Fabri	\$ 1,327.70	Purchase
L1720	Legg Perthes Orthosis, Trilateral, (Tachdijan Type), Cus	\$ 978.67	Purchase
L1730	Legg Perthes Orthosis, (Scottish Rite Type), Custom Fab	\$ 840.58	Purchase
L1755	Legg Perthes Orthosis, (Pattern Bottom Type), Custom F	\$ 1,333.96	Purchase
L1810	Ko, Elastic With Joints, Prefabricated, Includes Fitting A	\$ 73.14	Purchase
L1820	Ko, Elastic With Condylar Pads And Joints, With Or Wi	\$ 113.32	Purchase
L1830	Ko, Immobilizer, Canvas Longitudinal, Prefabricated, In	\$ 68.91	Purchase
L1831	Ko, Locking Knee Joint(S), Positional Orthosis, Prefabri	\$ 228.17	Purchase
L1832	Knee Orthosis, Adjustable Knee Joints (Unicentric Or Pe	\$ 525.26	Purchase
L1834	Ko, Without Knee Joint, Rigid, Custom Fabricated	\$ 576.54	Purchase
L1836	Ko, Rigid, Without Joint(S), Includes Soft Interface Mat	\$ 103.46	Purchase
L1840	Ko, Derotation, Medial-Lateral, Anterior Cruciate Ligan	\$ 767.96	Purchase
L1843	Knee Orthosis, Single Upright, Thigh And Calf, With Ac	\$ 695.62	Purchase
L1844	Knee Orthosis, Double Upright, Thigh And Calf, With A	\$ 1,205.73	Purchase
L1845	Knee Orthosis, Double Upright, Thigh And Calf, With A	\$ 721.86	Purchase
L1846	Knee Orthosis, Double Upright, Thigh And Calf, With A	\$ 885.06	Purchase
L1847	Ko, Double Upright With Adjustable Joint, With Inflatab	\$ 445.91	Purchase
L1850	Ko, Swedish Type, Prefabricated, Includes Fitting And A	\$ 225.76	Purchase
L1860	Ko, Modification Of Supracondylar Prosthetic Socket, C	\$ 796.97	Purchase
L1900	Ankle-Foot Orthosis (Afo), Spring Wire, Dorsiflexion A	\$ 200.36	Purchase
L1902	Afo, Ankle Gauntlet, Prefabricated, Includes Fitting And	\$ 69.24	Purchase
L1904	Afo, Molded Ankle Gauntlet, Custom Fabricated	\$ 416.36	Purchase
L1906	Afo, Multiligamentous Ankle Support, Prefabricated, Inc	\$ 89.32	Purchase
L1907	Afo, Supramalleolar With Straps, With Or Without Inter	\$ 436.23	Purchase
L1910	Afo, Posterior, Single Bar, Clasp Attachment To Shoe C	\$ 202.85	Purchase
L1920	Afo, Single Upright With Static Or Adjustable Stop(Phe	\$ 259.65	Purchase
L1930	Afo, Plastic Or Other Material, Prefabricated, Includes F	\$ 175.70	Purchase
L1932	Afo, Rigid Anterior Tibial Section, Total Carbon Fiber C	\$ 691.82	Purchase
L1940	Afo, Plastic Or Other Material, Custom Fabricated	\$ 367.30	Purchase
L1945	Afo, Molded To Patient Model, Plastic, Rigid Anterior	\$ 878.15	Purchase
L1950	Afo, Spiral (Institute Of Rehabilitative Medicine Type),	\$ 582.26	Purchase
L1951	Afo, Spiral, (Institute Of Rehabilitative Medicine Type)F	\$ 651.10	Purchase
L1960	Afo, Posterior Solid Ankle, Plastic, Custom Fabricated	\$ 439.15	Purchase

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2019 New Procedure Codes, Effective 01/01/19

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L1970	Afo, Plastic With Ankle Joint, Custom Fabricated	\$ 528.49	Purchase
L1971	Afo, Plastic Or Other Material With Ankle Joint, Prefab	\$ 363.38	Purchase
L1980	Afo, Single Upright Free Plantar Dorsiflexion, Solid Stir	\$ 272.58	Purchase
L1990	Afo, Double Upright Free Plantar Dorsiflexion, Solid Sti	\$ 331.06	Purchase
L2000	Knee-Ankle-Foot-Orthosis (Kafo); Single Upright, Free	\$ 784.34	Purchase
L2005	Kafo, Any Material, Single Or Double Upright, Stance C	\$ 3,176.83	Purchase
L2010	Kafo, Single Upright, Free Ankle, Solid Stirrup, Thigh A	\$ 731.67	Purchase
L2020	Kafo, Double Upright, Free Ankle, Solid Stirrup, Thigh	\$ 921.28	Purchase
L2030	Kafo Double Upright, Free Ankle, Solid Stirrup, Thigh	\$ 836.31	Purchase
L2034	Kafo, Full Plastic, Single Upright, With Or Without Free	\$ 1,579.62	Purchase
L2035	Kafo, Full Plastic, Static (Pediatric Size), Prefabricated,	\$ 135.66	Purchase
L2036	Kafo, Full Plastic, Double Upright, With Or Without Fre	\$ 1,427.97	Purchase
L2037	Knee Ankle Foot Orthosis, Full Plastic, Single Upright, Y	\$ 1,332.22	Purchase
L2038	Knee Ankle Foot Orthosis, Full Plastic, With Or Witho	\$ 1,353.33	Purchase
L2040	Hip-Knee-Ankle-Foot Orthosis (Hkafo), Torsion Control	\$ 164.13	Purchase
L2050	Hkafo, Torsion Control, Bilateral Torsion Cables, Hip Jo	\$ 353.80	Purchase
L2060	Hkafo, Torsion Control, Bilateral Torsion Cables, Ball F	\$ 431.21	Purchase
L2070	Hkafo, Torsion Control, Unilateral Rotation Straps, Pelv	\$ 110.72	Purchase
L2080	Hkafo, Torsion Control, Unilateral Torsion Cable, Hip Jo	\$ 267.14	Purchase
L2090	Hkafo, Torsion Control, Unilateral Torsion Cable, Ball F	\$ 325.67	Purchase
L2106	Ankle-Foot-Orthosis (Afo), Fracture Orthosis, Tibial Fra	\$ 504.98	Purchase
L2108	Afo, Fracture Orthosis, Tibial Fracture Cast Orthosis, Cu	\$ 879.26	Purchase
L2112	Afo, Fracture Orthosis, Tibial Fracture Soft, Prefabricat	\$ 404.42	Purchase
L2114	Afo, Fracture Orthosis, Tibial Fracture Semi-Rigid, Pr	\$ 507.25	Purchase
L2116	Afo, Fracture Orthosis, Tibial Fracture Rigid, Prefabrica	\$ 583.63	Purchase
L2126	Knee-Ankle-Foot-Orthosis (Kafo), Fracture Orthosis, Fe	\$ 976.32	Purchase
L2128	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis.	\$ 1,382.53	Purchase
L2132	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis.	\$ 749.56	Purchase
L2134	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis.	\$ 799.83	Purchase
L2136	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis.	\$ 954.66	Purchase
L2180	Addition To Lower Extremity Fracture Orthosis, Plastic	\$ 89.10	Purchase
L2182	Addition To Lower Extremity Fracture Orthosis, Drop L	\$ 73.82	Purchase
L2184	Addition To Lower Extremity Fracture Orthosis, Limited	\$ 100.91	Purchase
L2186	Addition To Lower Extremity Fracture Orthosis, Adjusta	\$ 139.98	Purchase
L2188	Addition To Lower Extremity Fracture Orthosis, Quadril	\$ 268.04	Purchase
L2190	Addition To Lower Extremity Fracture Orthosis, Waist F	\$ 69.26	Purchase
L2192	Addition To Lower Extremity Fracture Orthosis, Hip Joi	\$ 304.13	Purchase
L2200	Addition To Lower Extremity, Limited Ankle Motion, E	\$ 35.31	Purchase
L2210	Addition To Lower Extremity, Dorsiflexion Assist(Plan	\$ 51.11	Purchase
L2220	Addition To Lower Extremity, Dorsiflexion And Plantar	\$ 60.82	Purchase
L2230	Addition To Lower Extremity, Split Flat Caliper Stirrups	\$ 56.98	Purchase
L2232	Addition To Lower Extremity, Rocker Bottom For Total	\$ 77.16	Purchase
L2240	Addition To Lower Extremity, Round Caliper And Plate	\$ 70.54	Purchase
L2250	Addition To Lower Extremity, Foot Plate, Molded To Pa	\$ 285.97	Purchase
L2260	Addition To Lower Extremity, Reinforced Solid Stirrup(S	\$ 148.88	Purchase
L2265	Addition To Lower Extremity, Long Tongue Stirrup	\$ 87.46	Purchase
L2270	Addition To Lower Extremity, Varus/Valgus Correction,	\$ 41.01	Purchase
L2275	Addition To Lower Extremity, Varus/Valgus Correction,	\$ 96.69	Purchase
L2280	Addition To Lower Extremity, Molded Inner Boot	\$ 338.10	Purchase
L2300	Addition To Lower Extremity, Abduction Bar (Bilateral	\$ 212.00	Purchase

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2019 New Procedure Codes, Effective 01/01/19

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L2310	Addition To Lower Extremity, Abduction Bar-Straight	\$ 106.16	Purchase
L2320	Addition To Lower Extremity, Non-Molded Lacer , For C	\$ 152.82	Purchase
L2330	Addition To Lower Extremity, Lacer Molded To Patient	\$ 319.88	Purchase
L2335	Addition To Lower Extremity, Anterior Swing Band	\$ 197.50	Purchase
L2340	Addition To Lower Extremity, Pretibial Shell, Molded	\$ 427.54	Purchase
L2350	Addition To Lower Extremity, Prosthetic Type, (Bk) Sc	\$ 738.42	Purchase
L2360	Addition To Lower Extremity, Extended Steel Shank	\$ 38.42	Purchase
L2370	Addition To Lower Extremity, Patten Bottom	\$ 249.01	Purchase
L2375	Addition To Lower Extremity, Torsion Control, Ankle Jo	\$ 105.18	Purchase
L2380	Addition To Lower Extremity, Torsion Control, Straight	\$ 91.43	Purchase
L2385	Addition To Lower Extremity, Straight Knee Joint, Heav	\$ 99.48	Purchase
L2387	Addition To Lower Extremity, Polycentric Knee Joint, F	\$ 143.33	Purchase
L2390	Addition To Lower Extremity, Offset Knee Joint, Each J	\$ 83.30	Purchase
L2395	Addition To Lower Extremity, Offset Knee Joint, Heavy	\$ 116.21	Purchase
L2397	Addition To Lower Extremity Orthosis, Suspension Slee	\$ 90.53	Purchase
L2405	Addition To Knee Joint, Drop Lock, Each	\$ 67.58	Purchase
L2415	Addition To Knee Lock With Integrated Release Mecha	\$ 94.16	Purchase
L2425	Addition To Knee Joint, Disc Or Dial Lock For Adjustab	\$ 111.13	Purchase
L2430	Addition To Knee Joint, Ratchet Lock For Active And P	\$ 111.13	Purchase
L2492	Addition To Knee Joint, Life Look For Drop Lock Ring	\$ 100.90	Purchase
L2500	Addition To Lower Extremity, Thigh/Weight Bearing, G	\$ 241.38	Purchase
L2510	Addition To Lower Extremity, Thigh/Weight Bearing, Q	\$ 541.57	Purchase
L2520	Addition To Lower Extremity, Thigh/Weight Bearing, Q	\$ 357.25	Purchase
L2525	Addition To Lower Extremity, Thigh/Weight Bearing, Is	\$ 963.86	Purchase
L2526	Addition To Lower Extremity, Thigh/Weight Bearing, Is	\$ 550.03	Purchase
L2530	Addition To Lower Extremity, Thigh/Weight Bearing La	\$ 174.50	Purchase
L2540	Addition To Lower Extremity, Thigh/Weight Bearing, L	\$ 314.00	Purchase
L2550	Addition To Lower Extremity, Thigh/Weight Bearing, H	\$ 213.31	Purchase
L2570	Addition To Lower Extremity, Pelvic Control, Hip Joint,	\$ 353.76	Purchase
L2580	Addition To Lower Extremity, Pelvic Control, Pelvic Sli	\$ 344.70	Purchase
L2600	Addition To Lower Extremity, Pelvic Control, Hip Joint,	\$ 188.75	Purchase
L2610	Addition To Lower Extremity, Pelvic Control, Hip Joint,	\$ 199.93	Purchase
L2620	Addition To Lower Extremity, Pelvic Control, Hip Joint;	\$ 224.80	Purchase
L2622	Addition To Lower Extremity, Pelvic Control, Adjustabl	\$ 254.86	Purchase
L2624	Addition To Lower Extremity, Pelvic Control, Adjustabl	\$ 245.94	Purchase
L2627	Addition To Lower Extremity, Pelvic Control, Plastic, M	\$ 1,342.03	Purchase
L2628	Addition To Lower Extremity, Pelvic Control, Metal Fra	\$ 1,320.10	Purchase
L2630	Addition To Lower Extremity, Pelvic Control, Band And	\$ 183.91	Purchase
L2640	Addition To Lower Extremity, Pelvic Control, Band And	\$ 249.59	Purchase
L2650	Addition To Lower Extremity, Pelvic And Thoracic Con	\$ 106.26	Purchase
L2660	Addition To Lower Extremity, Thoracic Control, Band	\$ 138.42	Purchase
L2670	Addition To Lower Extremity, Thoracic Control, Parasp	\$ 134.24	Purchase
L2680	Addition To Lower Extremity, Thoracic Control, Lateral	\$ 124.34	Purchase
L2750	Addition To Lower Extremity Orthosis, Plating Chrome	\$ 62.08	Purchase
L2755	Addition To Lower Extremity Orthosis, High Strength, L	\$ 101.28	Purchase
L2760	Addition To Lower Extremity Orthosis, Extension, Per I	\$ 45.13	Purchase
L2780	Addition To Lower Extremity Orthosis, Non-Corrosive F	\$ 50.26	Purchase
L2785	Addition To Lower Extremity Orthosis, Drop Lock Retai	\$ 23.63	Purchase
L2795	Addition To Lower Extremity Orthosis, Knee Control, F	\$ 64.10	Purchase
L2800	Addition To Lower Extremity Orthosis, Knee Control, K	\$ 98.53	Purchase

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2019 New Procedure Codes, Effective 01/01/19

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L2810	Addition To Lower Extremity Orthosis, Knee Control, C	\$ 77.34	Purchase
L2820	Addition To Lower Extremity Orthosis, Soft Interface F	\$ 64.50	Purchase
L2830	Addition To Lower Extremity Orthosis, Soft Interface Fc	\$ 69.78	Purchase
L2840	Addition To Lower Extremity Orthosis, Tibial Length Sc	\$ 41.25	Purchase
L2850	Addition To Lower Extremity Orthosis, Femoral Length	\$ 45.98	Purchase
L2999	Lower Extremity Orthosis, Not Otherwise Specified	#N/A	Cost Invoice
L3000	Foot, Insert, Removable, Molded To Patient Model, "Uc	\$ 243.54	Purchase
L3001	Foot, Insert, Removable, Molded To Patient Model, Spe	\$ 102.54	Purchase
L3002	Foot, Insert, Removable, Molded To Patient Model, Plas	\$ 125.21	Purchase
L3003	Foot, Insert, Removable, Molded To Patient Model, Silic	\$ 135.11	Purchase
L3010	Foot, Insert, Removable, Molded To Patient Model, Lon	\$ 135.11	Purchase
L3020	Foot, Insert, Removable, Molded To Patient Model, Lon	\$ 153.81	Purchase
L3030	Foot, Insert, Removable, Formed To Patient Foot Each	\$ 59.17	Purchase
L3031	Foot, Insert/Plate, Removable, Addition To Lower Extre	\$ 94.96	Purchase
L3040	Foot, Arch Support, Removable, Premolded, Longitudina	\$ 36.48	Purchase
L3050	Foot, Arch Support, Removable, Premolded, Metatarsal,	\$ 36.48	Purchase
L3060	Foot, Arch Support, Removable, Premolded, Longitudina	\$ 57.18	Purchase
L3070	Foot, Arch Support, Non-Removable Attached To Shoe,	\$ 24.62	Purchase
L3080	Foot, Arch Support, Non-Removable Attached To Shoe,	\$ 24.62	Purchase
L3090	Foot, Arch Support, Non-Removable Attached To Shoe,	\$ 31.56	Purchase
L3100	Hallus-Valgus Night Dynamic Splint	\$ 33.52	Purchase
L3140	Foot, Abduction Rotation Bar, Including Shoes	\$ 69.03	Purchase
L3150	Foot, Abduction Rotation Bars, Without Shoes	\$ 63.10	Purchase
L3170	Foot, Plastic, Silicone Or Equal, Heel Stabilizer	\$ 39.46	Purchase
L3201	Orthopedic Shoe, Oxford With Supinator Or Pronator, Ir	\$ 36.00	Per BMS - Purchase
L3202	Orthopedic Shoe, Oxford With Supinator Or Pronator Cl	\$ 36.00	Per BMS - Purchase
L3203	Orthopedic Shoe, Oxford With Supinator Or Pronator Ju	\$ 37.80	Per BMS - Purchase
L3204	Orthopedic Shoe, Hightop With Supinator Or Pronator, I	\$ 36.00	Per BMS - Purchase
L3206	Orthopedic Shoe, Hightop With Supinator Or Pronator, C	\$ 36.00	Per BMS - Purchase
L3207	Orthopedic Shoe, Hightop With Supinator Or Pronator, J	\$ 37.80	Per BMS - Purchase
L3208	Surgical Boot, Each, Infant	\$ 17.10	Per BMS - Purchase
L3209	Surgical Boot, Each, Child	\$ 17.10	Per BMS - Purchase
L3211	Surgical Boot, Each, Junior	\$ 27.00	Per BMS - Purchase
L3212	Benesch Boot, Pair; Infant	\$ 41.40	Per BMS - Purchase
L3213	Benesch Boot, Pair, Child	\$ 54.00	Per BMS - Purchase
L3214	Benesch Boot, Pair, Junior	\$ 63.90	Per BMS - Purchase
L3215	Orthopedic Footwear, Ladies Shoes, Oxford, Each	\$ 80.38	Per BMS - Purchase
L3216	Orthopedic Footwear, Ladies Shoes, Depth Inlay, Each	\$ 123.93	Per BMS - Purchase
L3217	Orthopedic Footwear, Ladies Shoes, Hightop, Depth Inl	\$ 164.43	Per BMS - Purchase
L3219	Orthopedic Footwear, Men'S Shoes, Oxford, Each	\$ 82.52	Per BMS - Purchase
L3221	Orthopedic Footwear, Men'S Shoes, Depth Inlay, Each	\$ 143.37	Per BMS - Purchase
L3222	Orthopedic Footwear, Men'S Shoes, Shoes, Hightop, De	\$ 162.00	Per BMS - Purchase
L3224	Orthopedic Footwear, Woman'S Shoe, Oxford, Used As	\$ 49.41	Purchase
L3225	Orthopedic Footwear, Man'S Shoe, Oxford, Used As An	\$ 50.74	Purchase
L3230	Orthopedic Footwear, Custom Shoes, Depth Inlay, Each	\$ 392.04	Per BMS - Purchase
L3250	Orthopedic Footwear, Custom Molded Shoe, Removable	\$ 277.83	Per BMS - Purchase
L3251	Foot, Shoe Molded To Patient Model, Silicone Shoe, Ea	#N/A	Cost Invoice
L3252	Foot, Shoe Molded To Patient Model, Plastazote (Or Si	\$ 81.00	Per BMS - Purchase
L3253	Foot, Molded Shoe Plastazote (Or Similar) Custom Fite	\$ 55.89	Per BMS - Purchase
L3254	Non-Standard Size Or Width	\$ 12.96	Per BMS - Purchase

**2019 Durable Medical Equipment Fee Schedule
Effective 04/01/19 - 03/31/20**

2019 New Procedure Codes, Effective 01/01/19

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L3255	Non-Standard Size Or Length	\$ 12.96	Per BMS - Purchase
L3257	Orthopedic Footwear, Additional Charge For Split Size	\$ 27.00	Per BMS - Purchase
L3260	Surgical Boot/Shoe, Each	\$ 84.24	Per BMS - Purchase
L3265	Plastazote Sandal, Each	\$ 40.50	Per BMS - Purchase
L3300	Lift, Elevation, Heel, Tapered To Metatarsal, Per Inch	\$ 40.42	Purchase
L3310	Lift, Elevation, Heel And Sole, Neoprene, Per Inch	\$ 63.10	Purchase
L3320	Lift, Elevation, Heel And Sole, Cork, Per Inch	\$ 103.68	Per BMS - Purchase
L3330	Lift, Elevation, Metal Extension (Skate)	\$ 438.76	Purchase
L3332	Lift, Elevation, Inside Shoe, Tapered, Up To One-Half I	\$ 57.18	Purchase
L3334	Lift, Elevation, Heel, Per Inch	\$ 29.59	Purchase
L3340	Heel Wedge, Sach	\$ 66.09	Purchase
L3350	Heel Wedge	\$ 17.77	Purchase
L3360	Sole Wedge, Outside Sole	\$ 27.61	Purchase
L3370	Sole Wedge, Between Sole	\$ 38.42	Purchase
L3380	Clubfoot Wedge	\$ 38.42	Purchase
L3390	Outflare Wedge	\$ 38.42	Purchase
L3400	Metatarsal Bar Wedge, Rocker	\$ 31.56	Purchase
L3410	Metatarsal Bar Wedge, Between Sole	\$ 71.97	Purchase
L3420	Full Sole And Heel Wedge; Between Sole	\$ 42.41	Purchase
L3430	Heel, Counter, Plastic Reinforced	\$ 124.23	Purchase
L3440	Heel, Counter, Leather Reinforced	\$ 59.17	Purchase
L3450	Heel, Sach Cushion Type	\$ 81.85	Purchase
L3455	Heel, New Leather, Standard	\$ 31.56	Purchase
L3460	Heel, New Rubber, Standard	\$ 26.60	Purchase
L3465	Heel, Thomas With Wedge	\$ 45.35	Purchase
L3470	Heel, Thomas Extended To Ball	\$ 48.31	Purchase
L3480	Heel, Pad And Depression For Spur	\$ 48.31	Purchase
L3485	Heel, Pad, Removal For Spur	\$ 13.77	Per BMS - Purchase
L3500	Orthopedic Shoe Addition, Insole, Leather	\$ 22.67	Purchase
L3510	Orthopedic Shoe Addition Insole, Rubber	\$ 22.67	Purchase
L3520	Orthopedic Shoe Addition Insole, Felt Covered With Lea	\$ 24.62	Purchase
L3530	Orthopedic Shoe Addition Sole, Half	\$ 24.62	Purchase
L3540	Orthopedic Shoe Addition Sole, Full	\$ 39.46	Purchase
L3550	Orthopedic Shoe Addition Toe Tap, Standard)	\$ 6.88	Purchase
L3560	Orthopedic Shoe Addition Toe Tap, Horseshoe	\$ 17.77	Purchase
L3570	Orthopedic Shoe Addition, Special Extension To Instep(\$ 66.09	Purchase
L3580	Orthopedic Shoe Addition, Convert Instep To Velcro Clo	\$ 50.28	Purchase
L3590	Orthopedic Shoe Addition, Convert Firm Shoe Counter T	\$ 41.41	Purchase
L3595	Orthopedic Shoe Addition, March Bar	\$ 32.52	Purchase
L3600	Transfer Of An Orthosis From One Shoe To Another, Ca	\$ 59.17	Purchase
L3610	Transfer Of An Orthosis From One Shoe To Another, Ca	\$ 77.89	Purchase
L3620	Transfer Of An Orthosis From One Shoe To Another, Sc	\$ 59.17	Purchase
L3630	Transfer Of An Orthosis From One Shoe To Another, Sc	\$ 77.89	Purchase
L3640	Transfer Of An Orthosis From One Shoe To Another, De	\$ 33.52	Purchase
L3649	Orthopedic Shoe, Modification, Addition Or Transfer, N	#N/A	Cost Invoice
L3650	Shoulder Orthosis, (So); Figure Of Eight Design Abduct	\$ 49.38	Purchase
L3660	Shoulder Orthosis, Figure Of Eight Design Abduction R	\$ 74.70	Purchase
L3670	Shoulder Orthosis, Acromio/Clavicular (Canvas And W	\$ 98.71	Purchase
L3671	Shoulder Orthosis, Shoulder Cap Design, Without Joints	\$ 635.78	Purchase
L3674	So Airplane W/Wo Joint Cf	\$ 834.01	Purchase

2019 Durable Medical Equipment Fee Schedule
Effective 04/01/19 - 03/31/20

2019 New Procedure Codes, Effective 01/01/19

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L3702	Elbow Orthosis, Without Joints, May Include Soft Interface	\$ 203.74	Purchase
L3710	Elbow Orthosis (Eo), Elastic With Metal Joints, Prefabricated	\$ 113.57	Purchase
L3720	Elbow Orthosis (Eo), Double Upright With Forearm/Arm Cap	\$ 506.76	Purchase
L3730	Elbow Orthosis (Eo), Double Upright With Fore/Arm Cap	\$ 655.15	Purchase
L3740	Elbow Orthosis (Eo), Double Upright With Forearm/Arm Cap	\$ 776.74	Purchase
L3760	Eo with joint, prefabricated	\$ 352.84	Purchase
L3761	Eo, adj lock joint prefabricated	\$ 705.69	Purchase
L3762	Eo rigid w/o joints prefabricated	\$ 75.86	Purchase
L3763	Ewho, Rigid, Without Joints, May Include Soft Interface	\$ 495.26	Purchase
L3764	Ewho, Includes One Or More Nontorsion Joints, Elastic	\$ 646.44	Purchase
L3765	Ewhfo, Rigid, Without Joints, May Include Soft Interface	\$ 904.70	Purchase
L3766	Ewhfo, Includes One Or More Nontorsion Joints, Elastic	\$ 958.01	Purchase
L3806	Wrist-Hand-Finger Orthosis, Includes One Or More Nontorsion	\$ 320.50	Purchase
L3807	Wrist-Hand-Finger-Orthosis (Whfo), Without Joint(S), Prefabricated	\$ 176.43	Purchase
L3808	Wrist-Hand-Finger Orthosis, Rigid Without Joints, May Include Soft Interface	\$ 263.84	Purchase
L3900	Wrist-Hand-Finger Orthosis, Dynamic Flexor Hinge, Rigid	\$ 1,028.78	Purchase
L3901	Wrist-Hand-Finger Orthosis, Dynamic Flexor Hinge, Rigid	\$ 1,168.31	Purchase
L3904	Wrist-Hand-Finger Orthosis, External Powered, Electric	\$ 2,128.32	Purchase
L3905	Wrist-Hand Orthosis, Includes One Or More Nontorsion	\$ 699.71	Purchase
L3906	Wrist-Hand Orthosis, Without Joints, May Include Soft Interface	\$ 310.67	Purchase
L3908	Wrist-Hand Orthosis (Who), Wrist Extension Control Cap	\$ 48.89	Purchase
L3912	Hand-Finger Orthosis, Flexion Glove With Elastic Fingers	\$ 84.70	Purchase
L3913	Hand-Finger Orthosis, Without Joints, May Include Soft Interface	\$ 191.10	Purchase
L3915	Wrist-Hand-Finger Orthosis, Includes One Or More Nontorsion	\$ 375.05	Purchase
L3917	Hand Orthosis, Metacarpal Fracture Orthosis, Prefabricated	\$ 74.56	Purchase
L3919	Hand Orthosis, Without Joints, May Include Soft Interface	\$ 191.10	Purchase
L3921	Hand-Finger Orthosis, Includes One Or More Nontorsion	\$ 226.63	Purchase
L3923	Hfo, Without Joints, May Include Soft Interface, Straps, Socks	\$ 68.10	Purchase
L3925	Finger Orthosis Proximal Interphalangeal (Pip)/Distal Interphalangeal	\$ 36.53	Purchase
L3927	Finger Orthosis, Proximal Interphalangeal (Pip)/Distal Interphalangeal	\$ 24.66	Purchase
L3929	Hand Finger Orthosis, Includes One Or More Nontorsion	\$ 64.71	Purchase
L3931	Wrist Hand Finger Orthosis, Includes One Or More Nontorsion	\$ 132.52	Purchase
L3933	Finger Orthosis, Without Joints, May Include Soft Interface	\$ 150.53	Purchase
L3935	Finger Orthosis, Nontorsion Joint, May Include Soft Interface	\$ 155.86	Purchase
L3956	Addition Of Joint To Upper Extremity Orthosis, Any Material	#N/A	Cost Invoice
L3960	Shoulder-Elbow-Wrist-Hand Orthosis (Sewho); Abduction Positioning	\$ 534.61	Purchase
L3961	Shoulder-Elbow-Wrist-Hand Orthosis, Shoulder Cap Design	\$ 1,185.42	Purchase
L3962	Shoulder-Elbow-Wrist-Hand Orthosis, Abduction Positioning	\$ 521.46	Purchase
L3967	Sewho, Abduction Positioning (Airplane Design), Thoracic	\$ 1,399.58	Purchase
L3971	Sewho, Shoulder Cap Design, Includes One Or More Nontorsion	\$ 1,328.54	Purchase
L3973	Sewho, Abduction Positioning (Airplane Design), Thoracic	\$ 1,399.58	Purchase
L3975	Sewhfo, Shoulder Cap Design, Without Joints, May Include Soft Interface	\$ 1,185.42	Purchase
L3976	Sewhfo, Abduction Positioning (Airplane Design), Thoracic	\$ 1,185.42	Purchase
L3977	Sewhfo, Shoulder Cap Design, Includes One Or More Nontorsion	\$ 1,328.54	Purchase
L3978	Sewhfo, Abduction Positioning (Airplane Design), Thoracic	\$ 1,399.58	Purchase
L3980	Upper Extremity Fracture Orthosis, Humeral, Prefabricated	\$ 232.72	Purchase
L3981	Upper Extremity Fracture Orthosis, Forearm	\$ 710.20	Purchase
L3982	Upper Extremity Fracture Orthosis, Radius/Ulnar, Prefabricated	\$ 271.32	Purchase
L3984	Upper Extremity Fracture Orthosis, Wrist, Prefabricated	\$ 250.15	Purchase
L3995	Addition To Upper Extremity Orthosis, Sock, Fracture Control	\$ 25.92	Purchase

2019 Durable Medical Equipment Fee Schedule
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2019 New Procedure Codes, Effective 01/01/19

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L3999	Upper Limb Orthosis, Not Otherwise Specified	#N/A	Cost Invoice
L4000	Replace Girdle For Spinal Orthosis (Ct Iso Or So)	\$ 1,022.41	Purchase
L4002	Replacement Strap, Any Orthosis, Includes All Components	\$ 11.52	Per BMS - Purchase
L4010	Replace trilateral socket br	\$ 498.44	Purchase
L4020	Replace Quadrilateral Socket Brim, Molded To Patient M	\$ 697.09	Purchase
L4030	Replace Quadrilateral Socket Brim, Custom Fitted	\$ 374.98	Purchase
L4040	Replace Molded Thigh Lacer, For Custom Fabricated Or	\$ 305.99	Purchase
L4045	Replace Non-Molded Thigh Lacer, For Custom Fabricate	\$ 243.63	Purchase
L4050	Replace Molded Calf Lacer, For Custom Fabricated Orth	\$ 306.62	Purchase
L4055	Replace Non-Molded Calf Lacer, For Custom Fabricated	\$ 198.55	Purchase
L4060	Replace High Roll Cuff	\$ 236.03	Purchase
L4070	Replace Proximal And Distal Upright For Kafo	\$ 209.02	Purchase
L4080	Replace Metal Bands Kafo, Proximal Thigh	\$ 85.74	Purchase
L4090	Replace Metal Bands Kafo-Afo, Calf Or Distal Thigh	\$ 67.65	Purchase
L4100	Replace Leather Cuff Kafo, Proximal Thigh	\$ 88.83	Purchase
L4110	Replace Leather Cuff Kafo-Afo, Calf Or Distal Thigh	\$ 66.92	Purchase
L4130	Replace Pretibial Shell	\$ 375.26	Purchase
L4205	Repair Of Orthotic Device, Labor Component, Per 15 M	\$ 18.70	Priced per MLN Matters MM11064
L4210	Repair Of Orthotic Device, Repair Or Replace Minor Pa	#N/A	Cost Invoice
L4350	Ankle Control Orthosis, Stirrup Style, Rigid, Includes An	\$ 74.34	Purchase
L4360	Walking Boot, Pneumatic, With Or Without Joints, With	\$ 228.54	Purchase
L4370	Pneumatic Full Leg Splint, Prefabricated, Includes Fittin	\$ 151.14	Purchase
L4386	Walking Boot, Non-Pneumatic, With Or Without Joints,	\$ 122.91	Purchase
L4392	Replacement, Soft Interface Material; Static Afo	\$ 18.23	Purchase
L4394	Replace Soft Interface Material, Foot Drop Splint	\$ 13.30	Purchase
L4396	Static Ankle Foot Orthosis, Including Soft Interface Mat	\$ 130.09	Purchase
L4398	Foot Drop Splint, Recumbent Positioning Device, Prefab	\$ 59.90	Purchase
L4631	Afo, Walk Boot Type, Cus Fab	\$ 1,236.18	Purchase
L5000	Partial Foot, Shoe Insert With Longitudinal Arch, Toe Fi	\$ 441.02	Purchase
L5010	Partial Foot, Molded Socket, Ankle Height, With Toe Fi	\$ 963.32	Purchase
L5020	Partial Foot, Molded Socket, Tibial Tubercle Height, Wi	\$ 1,568.08	Purchase
L5050	Ankle, Symes, Molded Socket Sach Foot	\$ 1,815.91	Purchase
L5060	Ankle, Symes, Metal Frame, Molded Leather Socket, Ar	\$ 2,185.47	Purchase
L5100	Below Knee, Molded, Socket, Shin, Sach Foot	\$ 1,891.70	Purchase
L5105	Below Knee, Plastic Socket, Joints And Thigh Lacer, Sa	\$ 3,002.53	Purchase
L5150	Knee Disarticulation (Or Through Knee), Molded Socke	\$ 2,778.66	Purchase
L5160	Knee Disarticulation (Or Through Knee), Molded Socke	\$ 3,022.30	Purchase
L5200	Above Knee, Molded Socket, Single Axis Constant Frict	\$ 2,632.68	Purchase
L5210	Above Knee, Short Prosthesis, No Knee Joint("Stubbies"	\$ 1,920.06	Purchase
L5220	Above Knee, Short Prosthesis, No Knee Joint ("Stubbies"	\$ 2,182.50	Purchase
L5230	Above Knee, For Proximal Femoral Focal Deficiency, C	\$ 3,010.10	Purchase
L5250	Hip Disarticulation, Canadian Type, Molded Socket, Hip	\$ 4,105.50	Purchase
L5270	Hip Disarticulation, Tilt Table Type; Molded Socket, Lo	\$ 4,069.54	Purchase
L5280	Hemipelvectomy, Canadian Type; Molded Socket, Hip J	\$ 4,028.84	Purchase
L5301	Below Knee, Molded Socket, Shin, Sach Foot, Endoskel	\$ 1,816.76	Purchase
L5312	Knee Disarticulation (Or Through Knee), Molded Socke	\$ 2,609.98	Purchase
L5321	Above Knee, Molded Socket, Open End, Sach Foot, End	\$ 2,600.65	Purchase
L5331	Hip Disarticulation, Canadian Type, Molded Socket, End	\$ 3,680.01	Purchase
L5341	Hemipelvectomy, Canadian Type, Molded Socket, Endo	\$ 3,999.01	Purchase
L5400	Immediate Post Surgical Or Early Fitting; Application O	\$ 952.31	Purchase

2019 Durable Medical Equipment Fee Schedule
Effective 04/01/19 - 03/31/20

2019 New Procedure Codes, Effective 01/01/19

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L5410	Immediate Post Surgical Or Early Fitting; Application C	\$ 417.24	Purchase
L5420	Immediate Post Surgical Or Early Fitting; Application C	\$ 1,202.73	Purchase
L5430	Immediate Post Surgical Or Early Fitting; Application O	\$ 530.90	Purchase
L5450	Immediate Post Surgical Or Early Fitting; Application C	\$ 339.62	Purchase
L5460	Immediate Post Surgical Or Early Fitting; Application O	\$ 500.58	Purchase
L5500	Initial, Below Knee "Ptb" Type Socket, Non-Alignable S	\$ 1,016.24	Purchase
L5505	Initial, Above Knee - Knee Disarticulation, Ischial Level	\$ 1,376.26	Purchase
L5510	Preparatory, Below Knee "Ptb" Type Socket, Non- Aligr	\$ 1,151.98	Purchase
L5520	Preparatory, Below Knee "Ptb" Type Socket, Non- Aligr	\$ 1,137.88	Purchase
L5530	Preparatory, Below Knee "Ptb" Type Socket, Non- Aligr	\$ 1,440.32	Purchase
L5535	Preparatory, Below Knee "Ptb" Type Socket, Non- Aligr	\$ 1,419.42	Purchase
L5540	Preparatory, Below Knee "Ptb" Type Socket, Non- Aligr	\$ 1,498.85	Purchase
L5560	Preparatory, Above Knee - Knee Disarticulation, Ischial	\$ 1,537.88	Purchase
L5570	Preparatory, Above Knee - Knee Disarticulation, Ischial	\$ 1,598.86	Purchase
L5580	Preparatory, Above Knee - Knee Disarticulation, Ischial	\$ 1,866.55	Purchase
L5585	Preparatory, Above Knee - Knee Disarticulation, Ischial	\$ 2,024.50	Purchase
L5590	Preparatory, Above Knee - Knee Disarticulation, Ischial	\$ 1,902.14	Purchase
L5595	Preparatory, Hip Disarticulation-Hemipelvectomy, Pylor	\$ 3,343.46	Purchase
L5600	Preparatory, Hip Disarticulation – Hemipelvectomy, Pyl	\$ 3,646.78	Purchase
L5610	Addition To Lower Extremity, Endoskeletal System;Abo	\$ 1,638.22	Purchase
L5611	Addition To Lower Extremity, Endoskeletal System; Ab	\$ 1,274.86	Purchase
L5613	Addition To Lower Extremity, Endoskeletal System; Ab	\$ 1,939.14	Purchase
L5614	Addition To Lower Extremity, Endoskeletal Above Knee	\$ 1,310.78	Purchase
L5616	Addition To Lower Extremity, Endoskeletal Above Knee	\$ 1,074.66	Purchase
L5617	Addition To Lower Extremity, Quick Change Self- Aligr	\$ 434.61	Purchase
L5618	Addition To Lower Extremity, Test Socket, Symes	\$ 250.37	Purchase
L5620	Addition To Lower Extremity, Test Socket, Below Knee	\$ 219.98	Purchase
L5622	Addition To Lower Extremity, Test Socket, Knee Disarti	\$ 335.96	Purchase
L5624	Addition To Lower Extremity, Test Socket, Above Knee	\$ 320.54	Purchase
L5626	Addition To Lower Extremity, Test Socket, Hip Disartic	\$ 450.56	Purchase
L5628	Addition To Lower Extremity, Test Socket, Hemipelvect	\$ 426.74	Purchase
L5629	Addition To Lower Extremity, Below Knee, Acrylic Soc	\$ 325.88	Purchase
L5630	Addition To Lower Extremity, Symes Type, Expandable	\$ 355.11	Purchase
L5631	Addition To Lower Extremity, Above Knee Or Knee Dis	\$ 424.66	Purchase
L5632	Addition To Lower Extremity, Symes Type; "Ptb" Brim	\$ 175.70	Purchase
L5634	Addition To Lower Extremity, Symes Type; Posterior O	\$ 240.69	Purchase
L5636	Addition To Lower Extremity, Symes Type; Medial Ope	\$ 201.62	Purchase
L5637	Addition To Lower Extremity, Below Knee; Total Conta	\$ 269.31	Purchase
L5638	Addition To Lower Extremity, Below Knee Leather Socl	\$ 385.08	Purchase
L5639	Addition To Lower Extremity, Below Knee Wood Socke	\$ 903.37	Purchase
L5640	Addition To Lower Extremity, Knee Disarticulation, Lea	\$ 550.00	Purchase
L5642	Addition To Lower Extremity, Above Knee, Leather Soc	\$ 492.40	Purchase
L5643	Addition To Lower Extremity, Hip Disarticulation, Flexi	\$ 1,231.55	Purchase
L5644	Addition To Lower Extremity, Above Knee, Wood Sock	\$ 467.35	Purchase
L5645	Addition To Lower Extremity, Below Knee, Flexible Inr	\$ 631.34	Purchase
L5646	Addition To Lower Extremity, Below Knee, Air Cushio	\$ 433.54	Purchase
L5647	Addition To Lower Extremity, Below Knee, Suction Soc	\$ 629.42	Purchase
L5648	Addition To Lower Extremity, Above Knee, Air Cushior	\$ 520.94	Purchase
L5649	Addition To Lower Extremity, Ischial Containment/Narr	\$ 1,581.53	Purchase
L5650	Addition To Lower Extremity, Total Contact, Above Kn	\$ 386.28	Purchase

2019 Durable Medical Equipment Fee Schedule
Effective 04/01/19 - 03/31/20

2019 New Procedure Codes, Effective 01/01/19

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L5651	Addition To Lower Extremity, Above Knee, Flexible Inr	\$ 950.24	Purchase
L5652	Addition To Lower Extremity, Suction Suspension, Abo	\$ 344.98	Purchase
L5653	Addition To Lower Extremity, Knee Disarticulation, Exp	\$ 460.51	Purchase
L5654	Addition To Lower Extremity, Socket Insert; Symes, (Ke	\$ 262.42	Purchase
L5655	Addition To Lower Extremity, Socket Insert Below Kn	\$ 222.18	Purchase
L5656	Addition To Lower Extremity, Socket Insert, Knee Disar	\$ 312.98	Purchase
L5658	Addition To Lower Extremity, Socket Insert, Above Kne	\$ 304.80	Purchase
L5661	Addition To Lower Extremity, Socket Insert ,Multi-Durc	\$ 529.68	Purchase
L5665	Addition To Lower Extremity, Socket Insert Multi-Durc	\$ 405.14	Purchase
L5666	Addition To Lower Extremity; Below Knee, Cuff Susper	\$ 60.20	Purchase
L5668	Addition To Lower Extremity; Below Knee, Molded Dis	\$ 80.38	Purchase
L5670	Addition To Lower Extremity; Below Knee, Molded Sup	\$ 244.70	Purchase
L5671	Addition To Lower Extremity; Below Knee/Above Kne	\$ 393.58	Purchase
L5672	Additional To Lower Extremity Below Knee, Removable	\$ 299.00	Purchase
L5673	Additional To Lower Extremity Below Knee/Above Kne	\$ 555.91	Purchase
L5676	Additional To Lower Extremity Below Knee, Knee Joint	\$ 286.73	Purchase
L5677	Additional To Lower Extremity Below Knee, Knee Joint	\$ 390.14	Purchase
L5678	Additional To Lower Extremity Below Knee, Joint Cove	\$ 31.42	Purchase
L5679	Additional To Lower Extremity, Below Knee/Above Kn	\$ 463.25	Purchase
L5680	Additional To Lower Extremity Below Knee, Thigh Lac	\$ 274.05	Purchase
L5681	Additional To Lower Extremity, Below Knee/AboveKne	\$ 1,021.77	Purchase
L5682	Additional To Lower Extremity Below Knee, Thigh Lac	\$ 494.85	Purchase
L5683	Addition To Lower Extremity, Below Knee/Above Kne	\$ 1,021.77	Purchase
L5684	Addition To Lower Extremity, Below Knee, Fork Strap	\$ 38.08	Purchase
L5685	Addition To Lower Extremity Prosthesis, Below Knee, S	\$ 99.50	Purchase
L5686	Addition To Lower Extremity, Below Knee, Back Check	\$ 51.36	Purchase
L5688	Addition To Lower Extremity, Below Knee, Waist Belt,	\$ 48.34	Purchase
L5690	Addition To Lower Extremity, Below Knee, Waist Belt,	\$ 93.59	Purchase
L5692	Addition To Lower Extremity, Above Knee; Pelvic Cont	\$ 108.63	Purchase
L5694	Addition To Lower Extremity, Pelvic Control Belt, Padd	\$ 143.54	Purchase
L5695	Addition To Lower Extremity, Pelvic Control, Sleeve S	\$ 150.58	Purchase
L5696	Addition To Lower Extremity, Above Knee Or Knee Dis	\$ 164.56	Purchase
L5697	Addition To Lower Extremity, Pelvic Band	\$ 66.85	Purchase
L5698	Addition To Lower Extremity, Silesian Bandage	\$ 83.14	Purchase
L5699	All Lower Extremity Protheses, Shoulder Harness	\$ 147.54	Purchase
L5700	Replacement, Socket; Below Knee, Molded To Patient M	\$ 2,279.56	Purchase
L5701	Replacement, Socket; Above Knee/Knee Disarticulation	\$ 2,828.01	Purchase
L5702	Replacement, Socket; Hip Disarticulation, Including Hip	\$ 3,564.28	Purchase
L5703	Ankle, Symes, Molded To Patient Model, Socket Withou	\$ 1,655.22	Purchase
L5704	Custom Shaped Protective Cover, Below Knee	\$ 464.79	Purchase
L5705	Custom Shaped Protective Cover, Above Knee	\$ 852.15	Purchase
L5706	Custom Shaped Protective Cover, Knee Disarticulation	\$ 831.16	Purchase
L5707	Custom Shaped Protective Cover, Hip Disarticulation	\$ 1,116.66	Purchase
L5710	Addition, Exoskeletal Knee-Shin System, Single Axis;M	\$ 284.58	Purchase
L5711	Addition, Exoskeletal Knee-Shin System, Single Axis;M	\$ 431.70	Purchase
L5712	Addition, Exoskeletal Knee-Shin System, Single Axis;Fr	\$ 340.95	Purchase
L5714	Addition, Exoskeletal Knee-Shin System, Single Axis;Va	\$ 351.60	Purchase
L5716	Addition, Exoskeletal Knee-Shin System, Polycentric;M	\$ 576.70	Purchase
L5718	Addition, Exoskeletal Knee-Shin System, Single Axis;Fr	\$ 720.82	Purchase
L5722	Addition, Exoskeletal Knee-Shin System, Single Axis;Pr	\$ 752.20	Purchase

2019 Durable Medical Equipment Fee Schedule
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2019 New Procedure Codes, Effective 01/01/19

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L5724	Addition, Exoskeletal Knee-Shin System, Single Axis;Fl	\$ 1,194.34	Purchase
L5726	Addition, Exoskeletal Knee-Shin System, Single Axis;Ex	\$ 1,568.30	Purchase
L5728	Addition, Exoskeletal Knee-Shin System, Single Axis;Fl	\$ 1,953.90	Purchase
L5780	Addition, Exoskeletal Knee-Shin System, Single Axis;Pr	\$ 942.07	Purchase
L5785	Addition, Exoskeletal System, Below Knee, Ultra-Light	\$ 411.10	Purchase
L5790	Addition, Exoskeletal System, Above Knee, Ultra-Light	\$ 568.94	Purchase
L5795	Addition, Exoskeletal System, Hip Disarticulation, Ultra	\$ 849.57	Purchase
L5810	Addition, Endoskeletal Knee-Shin System, Single Axis;M	\$ 395.22	Purchase
L5811	Addition, Endoskeletal Knee-Shin System, Single Axis;M	\$ 577.08	Purchase
L5812	Addition, Endoskeletal Knee-Shin System, Single Axis;F	\$ 447.30	Purchase
L5814	Addition, Endoskeletal Knee-Shin System, Polycentric; I	\$ 2,884.84	Purchase
L5816	Addition, Endoskeletal Knee-Shin System, Polycentric;M	\$ 672.93	Purchase
L5818	Addition, Endoskeletal Knee-Shin System, Polycentric;F	\$ 759.86	Purchase
L5822	Addition, Endoskeletal Knee-Shin System, Single Axis;F	\$ 1,474.21	Purchase
L5824	Addition, Endoskeletal Knee-Shin System, Single Axis F	\$ 1,213.45	Purchase
L5826	Addition, Endoskeletal Knee-Shin System, Single Axis F	\$ 2,450.07	Purchase
L5828	Addition, Endoskeletal Knee-Shin System, Single Axis F	\$ 2,313.10	Purchase
L5830	Addition, Endoskeletal Knee-Shin System, Single Axis F	\$ 1,643.55	Purchase
L5840	Addition, Endoskeletal Knee-Shin System, 4-Bar Linkag	\$ 2,898.21	Purchase
L5845	Addition, Endoskeletal, Knee-Shin System; Stance Flexi	\$ 1,392.28	Purchase
L5850	Addition, Endoskeletal System; Above Knee Or Hip Dis	\$ 105.10	Purchase
L5855	Addition, Endoskeletal System; Hip Disarticulation, Me	\$ 244.37	Purchase
L5910	Addition, Endoskeletal System, Below Knee, Alignable	\$ 288.61	Purchase
L5920	Addition, Endoskeletal System, Above Knee Or Hip Dis	\$ 419.84	Purchase
L5925	Addition, Endoskeletal System, Above Knee, Knee Disa	\$ 265.87	Purchase
L5930	Addition, Endoskeletal System; High Activity Knee Con	\$ 2,614.58	Purchase
L5940	Addition, Endoskeletal System; Below Knee, Ultra- Lig	\$ 396.90	Purchase
L5950	Addition, Endoskeletal System; Above Knee, Ultra- Lig	\$ 670.51	Purchase
L5960	Addition, Endoskeletal System; Hip Disarticulation, Ul	\$ 803.16	Purchase
L5961	Endo Poly Hip, Pneu/Hyd/Rot	\$ 3,599.82	Purchase
L5962	Addition, Endoskeletal System; Below Knee, Flexible P	\$ 465.10	Purchase
L5964	Addition, Endoskeletal System; Above Knee, Flexible I	\$ 833.10	Purchase
L5966	Addition, Endoskeletal System; Hip Disarticulation, Fle	\$ 1,073.15	Purchase
L5970	All Lower Extremity Prosthesis; Foot, External Keel, Sa	\$ 173.70	Purchase
L5971	All Lower Extremity Prosthesis, Solid Ankle Cushion He	\$ 173.70	Purchase
L5972	All Lower Extremity Prosthesis, Flexible Keel Foot(Safe	\$ 278.86	Purchase
L5974	All Lower Extremity Prosthesis, Foot, Single Axis Ankle	\$ 235.28	Purchase
L5975	All Lower Extremity Prosthesis; Combination Single Ax	\$ 360.10	Purchase
L5976	All Lower Extremity Prosthesis, Energy Storing Foot(Se	\$ 443.13	Purchase
L5978	All Lower Extremity Prosthesis, Foot, Multiaxial Ankle	\$ 230.91	Purchase
L5979	All Lower Extremity Prosthesis, Multiaxial Ankle, Dyna	\$ 1,852.92	Purchase
L5980	All Lower Extremity Prosthesis, Flex Foot System	\$ 2,933.77	Purchase
L5981	All Lower Extremity Prosthesis, Flex-Walk System Or E	\$ 2,535.86	Purchase
L5982	All Exoskeletal Lower Extremity Prosthesis, Axial Rota	\$ 457.44	Purchase
L5984	All Endoskeletal Lower Extremity Prosthesis, Axial Rot	\$ 453.38	Purchase
L5985	All Endoskeletal Lower Extremity Prosthesis, Dynamic	\$ 219.36	Purchase
L5986	All Lower Extremity Prosthesis, Multi-Axial Rotation U	\$ 504.07	Purchase
L5987	All Lower Extremity Prosthesis, Shank Foot System Wit	\$ 5,587.94	Purchase
L5988	Addition To Lower Limb Prosthesis, Vertical Shock Red	\$ 1,551.78	Purchase
L5990	Addition To Lower Extremity Prosthesis, User Adjustabl	\$ 1,409.26	Purchase

2019 Durable Medical Equipment Fee Schedule
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2019 New Procedure Codes, Effective 01/01/19

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L5999	Lower Extremity Prosthesis, Not Otherwise Specified	#N/A	Cost Invoice
L6000	Partial Hand, Robin-Aids; Thumb Remaining (Or Equal	\$ 1,051.34	Purchase
L6010	Partial Hand, Robin-Aids; Little And/Or Ring Finger R	\$ 1,169.97	Purchase
L6020	Partial Hand, Robin-Aids; No Finger Remaining (Or Eq	\$ 1,090.82	Purchase
L6026	Part hand myo exclu term dev	\$ 3,346.17	Purchase
L6050	Wrist Disarticulation, Molded Socket, Flexible Elbow H	\$ 1,503.10	Purchase
L6055	Wrist Disarticulation, Molded Socket With Expandable	\$ 2,389.23	Purchase
L6100	Below Elbow, Molded Socket; Flexible Elbow Hinge, T	\$ 1,522.87	Purchase
L6110	Below Elbow, (Muenster Or Northwestern Suspension T	\$ 1,615.26	Purchase
L6120	Below Elbow, Molded Double Wall Split Socket; Set-Up	\$ 1,882.35	Purchase
L6130	Below Elbow, Molded Double Wall Split Socket Stump	\$ 2,048.35	Purchase
L6200	Elbow Disarticulation, Molded Socket, Outside Locking	\$ 2,158.63	Purchase
L6205	Elbow Disarticulation, Molded Socket With Expandable	\$ 3,597.12	Purchase
L6250	Above Elbow, Molded Double Wall Socket, Internal Loc	\$ 2,124.81	Purchase
L6300	Shoulder Disarticulation, Molded Socket, Shoulder Bulk	\$ 2,947.94	Purchase
L6310	Shoulder Disarticulation, Passive Restoration; (Comple	\$ 2,424.30	Purchase
L6320	Shoulder Disarticulation, Passive Restoration; (Comple	\$ 1,352.22	Purchase
L6350	Interscapular Thoracic; Molded Socket, Shoulder Bulkhe	\$ 3,099.31	Purchase
L6360	Interscapular Thoracic Passive Restoration (Complete P	\$ 2,544.37	Purchase
L6370	Interscapular Thoracic Passive Restoration (Shoulder Ca	\$ 1,915.50	Purchase
L6380	Immediate Post Surgical Or Early Fitting, Application O	\$ 1,034.54	Purchase
L6382	Immediate Post Surgical Or Early Fitting, Application O	\$ 1,237.98	Purchase
L6384	Immediate Post Surgical Or Early Fitting, Application O	\$ 1,510.67	Purchase
L6386	Immediate Post Surgical Or Early Fitting; Each Addition	\$ 362.27	Purchase
L6388	Immediate Post Surgical Or Early Fitting; Application C	\$ 347.86	Purchase
L6400	Below Elbow, Molded Socket Endoskeletal System, Incl	\$ 1,839.91	Purchase
L6450	Elbow Disarticulation, Molded Socket, Endoskeletal Sys	\$ 2,439.53	Purchase
L6500	Above Elbow, Molded Socket, Endoskeletal System, Inc	\$ 2,441.53	Purchase
L6550	Shoulder Disarticulation, Molded Socket, Endoskeletal S	\$ 3,017.28	Purchase
L6570	Interscapular Thoracic, Molded Socket, Endoskeletal Sy	\$ 3,660.99	Purchase
L6580	Preparatory, Wrist Disarticulation Or Below Elbow, Sing	\$ 1,277.92	Purchase
L6582	Preparatory, Wrist Disarticulation Or Below Elbow, Sing	\$ 1,089.02	Purchase
L6584	Preparatory, Elbow Disarticulation Or Above Elbow; Sir	\$ 1,764.02	Purchase
L6586	Preparatory, Elbow Disarticulation Or Above Elbow; Sing	\$ 1,543.15	Purchase
L6588	Preparatory, Shoulder Disarticulation Or Interscapular T	\$ 2,547.38	Purchase
L6590	Preparatory, Shoulder Disarticulation Or Interscapular T	\$ 2,330.15	Purchase
L6600	Upper Extremity Additions, Polycentric Hinge, Pair	\$ 157.22	Purchase
L6605	Upper Extremity Additions, Single Pivot Hinge, Pair	\$ 146.76	Purchase
L6610	Upper Extremity Additions, Flexible Metal Hinge, Pair	\$ 131.74	Purchase
L6611	Addition To Upper Extremity Prosthesis, External Powe	\$ 319.83	Purchase
L6615	Upper Extremity Additions, Disconnect Locking Wrist U	\$ 162.44	Purchase
L6616	Upper Extremity Additions, Additional Disconnect Inser	\$ 68.43	Purchase
L6620	Upper Extremity Additions, Flexion/Extension Wrist Un	\$ 254.94	Purchase
L6621	Upper Extremity Prosthesis Addition, Flexion/Extension	\$ 1,776.74	Purchase
L6623	Upper Extremity Additions, Spring Assisted Rotational V	\$ 583.56	Purchase
L6624	Upper Extremity Addition, Flexion/Extension And Rotat	\$ 2,925.45	Purchase
L6625	Upper Extremity Additions, Rotation Wrist Unit With C	\$ 424.64	Purchase
L6628	Upper Extremity Additions, Quick Disconnect Hook Ad	\$ 433.95	Purchase
L6629	Upper Extremity Additions, Quick Disconnect Laminatio	\$ 115.77	Purchase
L6630	Upper Extremity Additions, Stainless Steel, Any Wrist	\$ 170.54	Purchase

2019 Durable Medical Equipment Fee Schedule
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2019 New Procedure Codes, Effective 01/01/19

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L6632	Upper Extremity Additions, Latex Suspension Sleeve, Ea	\$ 56.88	Purchase
L6635	Upper Extremity Additions, Lift Assist For Elbow	\$ 157.95	Purchase
L6637	Upper Extremity Additions, Nudge Control Elbow Lock	\$ 327.87	Purchase
L6638	Upper Extremity Addition To Prosthesis, Electric Lockin	\$ 1,942.53	Purchase
L6640	Upper Extremity Addition To Prosthesis, Shoulder Abdu	\$ 223.75	Purchase
L6641	Upper Extremity Addition To Prosthesis, Excursion Amj	\$ 148.71	Purchase
L6642	Upper Extremity Addition To Prosthesis, Excursion Amj	\$ 211.73	Purchase
L6645	Upper Extremity Addition To Prosthesis, Shoulder Flexi	\$ 257.13	Purchase
L6650	Upper Extremity Addition, Shoulder Universal Joint, Ea	\$ 267.83	Purchase
L6655	Upper Extremity Addition, Standard Control Cable, Ext	\$ 59.44	Purchase
L6660	Upper Extremity Addition, Heavy Duty Control Cable	\$ 72.63	Purchase
L6665	Upper Extremity Addition, Teflon, Or Equal, Cable Lin	\$ 41.52	Purchase
L6670	Upper Extremity Addition, Hook To Hand, Cable Adapt	\$ 39.37	Purchase
L6672	Upper Extremity Addition, Harness, Chest Or Shoulder,	\$ 133.42	Purchase
L6675	Upper Extremity Addition, Harness, (E.G., Figure Of Ei	\$ 95.02	Purchase
L6676	Upper Extremity Addition, Harness, (E.G., Figure Of E	\$ 95.96	Purchase
L6677	Upper Extremity Addition, Harness, Triple Control, Sim	\$ 230.43	Purchase
L6680	Upper Extremity Addition, Test Socket, Wrist Disarticul	\$ 183.58	Purchase
L6682	Upper Extremity Addition, Test Socket, Elbow Disarticu	\$ 205.75	Purchase
L6684	Upper Extremity Addition, Test Socket, Should Disartic	\$ 275.81	Purchase
L6686	Upper Extremity Addition, Suction Socket	\$ 512.90	Purchase
L6687	Upper Extremity Addition, Frame Type Socket, Below E	\$ 456.41	Purchase
L6688	Upper Extremity Addition, Frame Type Socket, Above I	\$ 441.50	Purchase
L6689	Upper Extremity Addition, Frame Type Socket, Should I	\$ 533.15	Purchase
L6690	Upper Extremity Addition, Frame Type Socket, Interscap	\$ 577.38	Purchase
L6691	Upper Extremity Addition, Removable Insert, Each	\$ 345.30	Purchase
L6692	Upper Extremity Addition, Silicone Gel Insert Or Equal,	\$ 442.50	Purchase
L6693	Upper Extremity Addition, Locking Elbow, Forearm Co	\$ 2,205.29	Purchase
L6694	Addition To Upper Extremity Prosthesis, Below Elbow/	\$ 555.91	Purchase
L6695	Additional To Upper Extremity Prosthesis, Below Elbow	\$ 463.25	Purchase
L6696	Addition To Upper Extremity Prosthesis, Below Elbow/	\$ 1,021.77	Purchase
L6697	Addition To Upper Extremity Prosthesis, Below Elbow/	\$ 1,021.77	Purchase
L6698	Addition To Upper Extremity Prosthesis, Below Elbow/	\$ 393.58	Purchase
L6703	Terminal Device, Passive Hand/Mitt, Any Material, Any	\$ 279.83	Purchase
L6706	Terminal Device, Hook, Mechanical, Voluntary Opening	\$ 276.09	Purchase
L6707	Terminal Device, Hook, Mechanical, Voluntary Closing,	\$ 1,163.59	Purchase
L6708	Terminal Device, Hand, Mechanical, Voluntary Opening	\$ 661.86	Purchase
L6709	Terminal Device, Hand, Mechanical, Voluntary Closing,	\$ 1,071.19	Purchase
L6711	Ped Term Dev, Hook, Vol Open	\$ 522.22	Purchase
L6712	Ped Term Dev, Hook, Vol Clos	\$ 961.54	Purchase
L6713	Ped Term Dev, Hand, Vol Open	\$ 1,213.58	Purchase
L6714	Ped Term Dev, Hand, Vol Clos	\$ 1,027.89	Purchase
L6721	Hook/Hand, Hvy Dty, Vol Open	\$ 1,826.95	Purchase
L6722	Hook/Hand, Hvy Dty, Vol Clos	\$ 1,574.98	Purchase
L6805	Terminal Device, Modifier Wrist Flexion Unit	\$ 284.82	Purchase
L6810	Terminal Device; Pincher Tool, Otto Bock Or Equal	\$ 155.25	Purchase
L6883	Replacement Socket, Below Elbow/Wrist Disarticulation	\$ 1,255.64	Purchase
L6884	Replacement Socket, Above Elbow, Disarticulation, Mo	\$ 1,766.50	Purchase
L6885	Replacement Socket, Shoulder Disarticulation/Interscap	\$ 2,544.37	Purchase
L6890	Addition To Upper Extremity Prosthesis, Glove For Terr	\$ 134.58	Purchase

2019 Durable Medical Equipment Fee Schedule
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2019 New Procedure Codes, Effective 01/01/19

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L6895	Addition To Upper Extremity Prosthesis, Glove For Terr	\$ 489.84	Purchase
L6900	Hand Restoration (Casts, Shading And Measurements In	\$ 1,271.27	Purchase
L6905	Hand Restoration (Casts, Shading And Measurements In	\$ 1,248.03	Purchase
L6910	Hand Restoration (Casts, Shading And Measurements In	\$ 1,281.19	Purchase
L6915	Hand Restoration (Shading And Measurements Included	\$ 495.35	Purchase
L6920	Wrist Disarticulation, External Power, Self-Suspended I	\$ 6,099.23	Purchase
L6925	Wrist Disarticulation, External Power, Self-Suspended I	\$ 6,686.53	Purchase
L6930	Below Elbow, External Power, Self-Suspended Inner So	\$ 5,770.02	Purchase
L6935	Below Elbow, External Power, Self-Suspended Inner So	\$ 6,827.82	Purchase
L6940	Elbow Disarticulation, External Power, Molded Inner Sc	\$ 7,522.27	Purchase
L6945	Elbow Disarticulation, External Power, Molded Inner Sc	\$ 8,413.52	Purchase
L6950	Above Elbow, External Power, Molded Inner Socket, Re	\$ 7,972.00	Purchase
L6955	Otto Bock Or Equal Electrodes, Cables, Two Batteries A	\$ 9,695.50	Purchase
L6960	Shoulder Disarticulation, External Power, Molded Inner	\$ 10,293.26	Purchase
L6965	Shoulder Disarticulation, External Power, Molded Inner	\$ 11,790.89	Purchase
L6970	Interscapular Thoracic, External Power, Molded Inner S	\$ 12,672.84	Purchase
L6975	Interscapular Thoracic, External Power, Molded Inner S	\$ 13,990.98	Purchase
L7007	Electric Hand, Switch Or Myoelectric Controlled, Adult	\$ 2,869.93	Purchase
L7008	Electric Hand, Switch Or Myoelectric, Controlled, Pedia	\$ 4,848.37	Purchase
L7009	Electric Hook, Switch Or Myoelectric Controlled, Adult	\$ 2,934.84	Purchase
L7040	Prehensile Actuator; Hosmer Or Equal, Switch Controlle	\$ 2,301.82	Purchase
L7045	Electronic Hook, Child, Michigan Or Equal, Switch Con	\$ 1,278.94	Purchase
L7170	Electronic Elbow; Hosmer Or Equal, Switch Controlled	\$ 4,639.58	Purchase
L7180	Electronic Elbow, Microprocessor Sequential Control Or	\$ 27,627.42	Purchase
L7185	Electronic Elbow, Adolescent, Variety Village Or Equal	\$ 4,750.15	Purchase
L7186	Electronic Elbow, Child, Variety Village Or Equal, Swit	\$ 7,253.87	Purchase
L7190	Electronic Elbow, Adolescent, Variety Village Or Equal	\$ 6,184.51	Purchase
L7191	Electronic Elbow, Child, Variety Village Or Equal, Myo	\$ 7,813.02	Purchase
L7259	Electronic wrist rotator any	\$ 3,299.34	Purchase
L7360	Six-Volt Battery, Otto Bock , Each	\$ 236.42	Purchase
L7362	Battery Charger, Six-Volt, Each	\$ 212.99	Purchase
L7364	Twelve-Volt Battery, Each	\$ 393.70	Purchase
L7366	Battery Charger, Twelve-Volt, Each	\$ 530.42	Purchase
L7400	Addition To Upper Extremity Prosthesis; Below Elbow V	\$ 238.08	Purchase
L7401	Addition To Upper Extremity Prosthesis; Above Elbow I	\$ 266.53	Purchase
L7402	Addition To Upper Extremity Prosthesis; Shoulder Disar	\$ 287.83	Purchase
L7403	Addition To Upper Extremity Prosthesis; Below Elbow V	\$ 286.05	Purchase
L7404	Addition To Upper Extremity Prosthesis; Above Elbow I	\$ 431.75	Purchase
L7405	Addition To Upper Extremity Prosthesis; Shoulder Disar	\$ 564.67	Purchase
L7499	Upper Extremity Prosthesis, Not Otherwise Specified	#N/A	Cost Invoice
L7510	Repair Of Prosthetic Device, Repair Or Replace Minor F	\$ 46.80	Per BMS - Purchase
L7520	Repair Prosthetic Device, Labor Component, Per 15 Mir	\$ 25.42	Priced per MLN Matters MM11064
L7600	Prosthetic Donning Sleeve, Any Material , Each	#N/A	Cost Invoice
L7700	Pros soc insert gasket/seal	\$ 114.02	Purchase
L8000	Breast Prosthesis; Mastectomy Bra	\$ 28.89	Purchase
L8001	Breast Prosthesis, Mastectomy Bra, With Integrated Bre	\$ 97.44	Purchase
L8002	Breast Prosthesis, Mastectomy Bra, With Integrated Bre	\$ 128.14	Purchase
L8010	Breast Prosthesis Mastectomy Sleeve	\$ 39.03	Per BMS - Purchase
L8015	External Breast Prosthesis Garment, With Mastectomy F	\$ 46.57	Purchase
L8020	Breast Prosthesis; Mastectomy Form	\$ 197.96	Purchase

**2019 Durable Medical Equipment Fee Schedule
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2019 New Procedure Codes, Effective 01/01/19

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L8030	Breast Prosthesis Silicone Or Equal	\$ 256.22	Purchase
L8031	Breast Prosthesis W Adhesive	\$ 256.22	Purchase
L8035	Custom Breast Prosthesis, Post Mastectomy, Molded To	\$ 2,845.84	Purchase
L8039	Breast Prosthesis, Not Otherwise Specified	#N/A	Cost Invoice
L8300	Truss, Single With Standard Pad	\$ 66.74	Purchase
L8310	Truss, Double With Standard Pad	\$ 105.38	Purchase
L8320	Truss, Addition To Standard Pad, Water Pad	\$ 47.25	Purchase
L8330	Truss, Addition To Standard Pad, Scrotal Pad	\$ 39.06	Purchase
L8400	Prosthetic Sheath, Below Knee, Each	\$ 13.74	Purchase
L8410	Prosthetic Sheath, Above Knee, Each	\$ 18.35	Purchase
L8415	Prosthetic Sheath, Upper Limb, Each	\$ 18.05	Purchase
L8417	Prosthetic Sheath/Sock, Including A Gel Cushion Layer,	\$ 58.37	Purchase
L8420	Prosthetic Sock, Multiple Ply, Below Knee, Each	\$ 16.22	Purchase
L8430	Prosthetic Sock, Multiple Ply, Above Knee, Each	\$ 17.51	Purchase
L8435	Prosthetic Sock, Multiple Ply, Upper Limb, Each	\$ 16.64	Purchase
L8440	Prosthetic Shrinker; Below Knee, Each	\$ 33.09	Purchase
L8460	Prosthetic Shrinker; Above Knee, Each	\$ 52.74	Purchase
L8465	Prosthetic Shrinker; Upper Limb, Each	\$ 46.68	Purchase
L8470	Prosthetic Sock, Single Ply, Fitting; Below Knee, Each	\$ 5.28	Purchase
L8480	Prosthetic Sock, Single Ply, Fitting; Above Knee, Each	\$ 7.28	Purchase
L8485	Prosthetic Sock, Single Ply, Fitting; Upper Limb, Each	\$ 9.15	Purchase
L8499	Unlisted Procedure For Miscellaneous Prosthetic Service	#N/A	Cost Invoice
L8500	Artificial Larynx, Any Type	\$ 696.26	Purchase
L8501	Tracheostomy Speaking Valve	\$ 95.58	Purchase
L8505	Artificial Larynx Replacement Battery, Any Type	\$ 49.40	Per BMS - Purchase
L8510	Voice Amplifier	\$ 196.28	Purchase
L8607	Inj vocal cord bulking agent	\$ 33.31	Purchase
L8614	Cochlear Device	\$ 15,429.55	Purchase
L8615	Coch Implant Headset Replace	\$ 350.34	Purchase
L8616	Coch Implant Microphone Repl	\$ 81.60	Purchase
L8617	Coch Implant Trans Coil Repl	\$ 71.27	Purchase
L8618	Coch Implant Tran Cable Repl	\$ 20.37	Purchase
L8619	Coch Imp Ext Proc/Contr Rplc	\$ 6,623.79	Purchase
L8621	Repl Zinc Air Battery	\$ 0.48	Purchase
L8622	Repl Alkaline Battery	\$ 0.25	Purchase
L8623	Lith Ion Batt Cid,Non-Earlvl	\$ 50.24	Purchase
L8624	Lith Ion Batt Cid, Ear Level	\$ 125.27	Purchase
L8679	Imp Neurosti Pls Gn Any Type	\$ 6,508.44	Purchase
L8690	Aud Osseo Dev, Int/Ext Comp	\$ 3,695.30	Purchase
L8691	Osseointegrated Snd Proc Rpl	\$ 1,337.72	Purchase
L8692	Auditory Osseointegrated Device, External Sound Proce	#N/A	Cost Invoice
L8694	Aoi transducer/actuator repl	\$ 733.57	Purchase
S1040	Cranial Remolding Orthosis, Rigid, With Soft Interface I	\$ 1,200.00	Per BMS - Purchase
T4535		\$ 0.19	Per BMS - Purchase
V2531	Contact lens gas permeable	\$ 420.60	Purchase
V5008	Hearing Screening	\$ 20.00	Per BMS - Event
V5014	Repair/Modification Of Hearing Aid	#N/A	Cost Invoice
V5030	Hearing Aid, Monaural, Body Worn, Air Conduction	#N/A	Cost Invoice
V5040	Hearing Aid, Monaural, Body Worn, Bone	#N/A	Cost Invoice
V5050	Hearing Aid, Monaural, In The Ear (Ite)	#N/A	Cost Invoice

**2019 Durable Medical Equipment Fee Schedule
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2019 New Procedure Codes, Effective 01/01/19

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
V5060	Hearing Aid, Monaural, Behind The Ear (Bte)	#N/A	Cost Invoice
V5120	Binaural, Body	#N/A	Cost Invoice
V5130	Binaural, Ite	#N/A	Cost Invoice
V5140	Binaural, Bte	#N/A	Cost Invoice
V5171	Hearing aid, contralateral routing device, monaural, in th	#N/A	Cost Invoice
V5172	Hearing aid, contralateral routing device, monaural, in th	#N/A	Cost Invoice
V5181	Hearing aid, contralateral routing device, monaural, behi	#N/A	Cost Invoice
V5211	Hearing aid, contralateral routing system, binaural, ITE/I	#N/A	Cost Invoice
V5212	Hearing aid, contralateral routing system, binaural, ITE/I	#N/A	Cost Invoice
V5213	Hearing aid, contralateral routing system, binaural, ITE/I	#N/A	Cost Invoice
V5214	Hearing aid, contralateral routing system, binaural, ITC/I	#N/A	Cost Invoice
V5215	Hearing aid, contralateral routing system, binaural, ITC/I	#N/A	Cost Invoice
V5221	Hearing aid, contralateral routing system, binaural, BTE	#N/A	Cost Invoice
V5246	Hearing Aid, Digitally Programmable Analog, Monaural	#N/A	Cost Invoice
V5247	Hearing Aid, Digitally Programmable Analog, Monaural	#N/A	Cost Invoice
V5252	Hearing Aid, Digitally Programmable, Binaural, Ite	#N/A	Cost Invoice
V5253	Hearing Aid, Digitally Programmable, Binaural, Bte	#N/A	Cost Invoice
V5256	Hearing Aid, Digital, Monaural, Ite	#N/A	Cost Invoice
V5257	Hearing Aid, Digital, Monaural, Bte	#N/A	Cost Invoice
V5260	Hearing Aid, Digital, Binaural, Ite	#N/A	Cost Invoice
V5261	Hearing Aid, Digital, Binaural, Bte	#N/A	Cost Invoice
V5264	Ear Mold Insert	\$ 34.75	Per BMS - Purchase
V5266	Battery For Use In Hearing Device	\$ 2.25	Per BMS - Purchase
V5275	Ear Impression	\$ 32.27	Per BMS - Purchase
V5336	Repair/Modification Of Augmentative Communicative S	#N/A	Cost Invoice