

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

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
A4206	Syringe With Needle, Sterile 1cc Or Le	\$ 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 Gr	\$ 0.30	Per BMS - Purchase
A4213	Syringe, Sterile, 20 cc Or Greater, Eac	\$ 4.32	Per BMS - Purchase
A4215	Needle, Sterile, Any Size Each	\$ 0.24	Per BMS - Purchase
A4216	Sterile Water, Saline And/Or Dextrose	\$ 0.39	Purchase
A4217	Sterile Water/Saline, 500 MI	\$ 2.89	Purchase
A4221	Supplies For Maintenance Of Drug Inf	\$ 18.54	Purchase
A4222	Infusion Supplies For External Drug In	\$ 36.08	Purchase
A4223	Infusion Supplies Not Used With Exter	\$ 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	\$ 14.00	Per BMS - Purchase
A4231	Infusion Set For External Insulin Pump	\$ 14.00	Per BMS - Purchase
A4232	Syringe With Needle For External Insu	\$ 2.62	Per BMS - Purchase
A4233	Replacement Battery, Alkaline 9 (Othe	\$ 0.41	Purchase
A4234	Replacement Battery, Alkaline, J Cell,	\$ 1.89	Purchase
A4235	Replacement Battery, Lithium, For Use	\$ 0.80	Purchase
A4236	Replacement Battery, Silver Oxide, Fo	\$ 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 Pir	\$ 11.43	Per BMS - Purchase
A4247	Betadine Or Iodine Swabs/Wipes, Per 1	\$ 11.00	Per BMS - Purchase
A4310	Insertion Tray Without Drainage Bag A	\$ 7.11	Purchase
A4311	Insertion Tray Without Drainage Bag V	\$ 13.65	Purchase
A4312	Insertion Tray Without Drainage Bag V	\$ 16.62	Purchase
A4313	Insertion Tray Without Drainage Bag V	\$ 17.06	Purchase
A4314	Insertion Tray With Drainage Bag Wit	\$ 23.29	Purchase
A4315	Insertion Tray With Drainage Bag Wit	\$ 24.30	Purchase
A4316	Insertion Tray With Drainage Bag Wit	\$ 26.16	Purchase
A4320	Irrigation Tray With Bulb Or Piston Sy	\$ 4.38	Purchase
A4322	Irrigation Syringe, Bulb Or Piston, Eac	\$ 2.68	Purchase
A4326	Male External Catheter With Integral C	\$ 9.55	Purchase
A4327	Female External Urinary Collection De	\$ 38.93	Purchase
A4328	Female External Urinary Collection De	\$ 9.33	Purchase
A4330	Perianal Fecal Collection Pouch With A	\$ 5.61	Purchase
A4331	Extension Drainage Tubing, Any Type	\$ 2.93	Purchase
A4332	Lubricant, Individual Sterile Packet, Ea	\$ 0.10	Purchase
A4333	Urinary Catheter Anchoring Device, A	\$ 2.04	Purchase
A4334	Urinary Catheter Anchoring Device, Lc	\$ 4.54	Purchase
A4335	Incontinence Supply; Miscellaneous	\$ -	Cost Invoice
A4338	Indwelling Catheter; Foley Type, Two-	\$ 11.30	Purchase
A4340	Indwelling Catheter; Specialty Type, E	\$ 24.86	Purchase
A4344	Indwelling Catheter, Foley Type, Two-	\$ 14.74	Purchase

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A4346	Indwelling Catheter; Foley Type, Three	\$ 18.04	Purchase
A4349	Male External Catheter, With Or With	\$ 1.86	Purchase
A4351	Intermittent Urinary Catheter; Straight	\$ 1.57	Purchase
A4352	Intermittent Urinary Catheter; Coude (\$ 5.03	Purchase
A4353	Intermittent Urinary Catheter, With Ins	\$ 6.44	Purchase
A4354	Insertion Tray With Drainage Bag But	\$ 10.87	Purchase
A4355	Irrigation Tubing Set For Continuous E	\$ 8.10	Purchase
A4356	External Urethral Clamp Or Compress	\$ 42.02	Purchase
A4357	Bedside Drainage Bag, Day Or Night,	\$ 8.94	Purchase
A4358	Urinary Drainage Bag, Leg Or Abdom	\$ 6.10	Purchase
A4361	Ostomy Faceplate, Each	\$ 16.92	Purchase
A4362	Skin Barrier; Solid, 4 X 4 Or Equivaler	\$ 3.13	Purchase
A4363	Ostomy Clamp, Replacement	\$ 2.18	Purchase
A4364	Adhesive, Liquid Or Equal, Any Type,	\$ 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, B	\$ 2.23	Purchase
A4371	Ostomy Skin Barrier, Powder, Per Oz	\$ 3.35	Purchase
A4372	Ostomy Skin Barrier, Solid 4 X 4 Or E	\$ 3.86	Purchase
A4373	Ostomy Skin Barrier, With Flange (Sol	\$ 5.78	Purchase
A4375	Ostomy Pouch, Drainable, With Facep	\$ 15.82	Purchase
A4376	Ostomy Pouch, Drainable, With Facep	\$ 43.83	Purchase
A4377	Ostomy Pouch, Drainable, For Use On	\$ 3.95	Purchase
A4378	Ostomy Pouch, Drainable, For Use On	\$ 28.32	Purchase
A4379	Ostomy Pouch, Urinary, With Faceplat	\$ 13.83	Purchase
A4380	Ostomy Pouch, Urinary, With Faceplat	\$ 34.38	Purchase
A4381	Ostomy Pouch, Urinary, For Use On F	\$ 4.26	Purchase
A4382	Ostomy Pouch, Urinary, For Use On F	\$ 22.67	Purchase
A4383	Ostomy Pouch, Urinary, For Use On F	\$ 25.97	Purchase
A4384	Ostomy Faceplate Equivalent, Silicone	\$ 8.86	Purchase
A4385	Ostomy Skin Barrier, Solid 4X4 Or Eq	\$ 4.70	Purchase
A4387	Ostomy Pouch, Closed, With Barrier A	\$ 2.07	Purchase
A4388	Ostomy Pouch, Drainable, With Extens	\$ 4.02	Purchase
A4389	Ostomy Pouch, Drainable, With Barrie	\$ 5.73	Purchase
A4390	Ostomy Pouch, Drainable, With Extens	\$ 8.85	Purchase
A4391	Ostomy Pouch, Urinary, With Extende	\$ 6.51	Purchase
A4392	Ostomy Pouch, Urinary, With Standard	\$ 7.53	Purchase
A4393	Ostomy Pouch, Urinary, With Extended	\$ 8.33	Purchase
A4394	Ostomy Deodorant For Use In Ostomy	\$ 2.38	Purchase
A4395	Ostomy Deodorant For Use In Ostomy	\$ 0.04	Purchase
A4396	Ostomy Belt With Peristomal Hernia S	\$ 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/Cathe	\$ 9.60	Purchase

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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
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 Base	\$ 3.14	Purchase
A4406	Ostomy Skin Barrier, Pectin-Based, Pa	\$ 5.27	Purchase
A4407	Ostomy Skin Barrier, With Flange (Sol	\$ 8.07	Purchase
A4408	Ostomy Skin Barrier, With Flange (Sol	\$ 9.10	Purchase
A4409	Ostomy Skin Barrier, With Flange (Sol	\$ 5.73	Purchase
A4410	Ostomy Skin Barrier, With Flange (Sol	\$ 8.33	Purchase
A4411	Ostomy Skin Barrier, Solid 4 X 4 Or E	\$ 4.70	Purchase
A4412	Ostomy Pouch, Drainable, High Outpu	\$ 2.49	Purchase
A4413	Ostomy Pouch, Drainable, High Outpu	\$ 5.07	Purchase
A4414	Ostomy Skin Barrier, With Flange (Sol	\$ 4.54	Purchase
A4415	Ostomy Skin Barrier, With Flange (Sol	\$ 5.52	Purchase
A4416	Ostomy Pouch, Closed, With Barrier A	\$ 2.54	Purchase
A4417	Ostomy Pouch, Closed, With Barrier A	\$ 3.43	Purchase
A4418	Ostomy Pouch, Closed; Without Barrie	\$ 1.67	Purchase
A4419	Ostomy Pouch, Closed; For Use On Ba	\$ 1.59	Purchase
A4420	Ostomy Pouch, Closed; For Use On Ba	\$ -	Cost Invoice
A4421	Ostomy Supply; Miscellaneous	\$ -	Cost Invoice
A4422	Ostomy Absorbent Material (Sheet/Pac	\$ 0.10	Purchase
A4423	Ostomy Pouch, Closed; For Use On Ba	\$ 1.71	Purchase
A4424	Ostomy Pouch, Drainable, With Barrie	\$ 4.38	Purchase
A4425	Ostomy Pouch, Drainable; For Use On	\$ 3.30	Purchase
A4426	Ostomy Pouch, Drainable; For Use On	\$ 2.51	Purchase
A4427	Ostomy Pouch, Drainable; For Use On	\$ 2.56	Purchase
A4428	Ostomy Pouch, Urinary, With Extende	\$ 6.00	Purchase
A4429	Ostomy Pouch, Urinary, With Barrier A	\$ 7.59	Purchase
A4430	Ostomy Pouch, Urinary, With Extende	\$ 7.84	Purchase
A4431	Ostomy Pouch, Urinary; With Barrier A	\$ 5.73	Purchase
A4432	Ostomy Pouch, Urinary; For Use On B	\$ 3.30	Purchase
A4433	Ostomy Pouch, Urinary; For Use On B	\$ 3.09	Purchase
A4434	Ostomy Pouch, Urinary; For Use On B	\$ 3.46	Purchase
A4435	1Pc Ost Pch Drain Hgh Output	\$ 5.31	Purchase
A4450	Tape, Non-Waterproof, Per 18 Square	\$ 0.07	Purchase
A4452	Tape, Waterproof, Per 18 Square Inche	\$ 0.33	Purchase
A4455	Adhesive Remover Or Solvent (For Ta	\$ 1.32	Purchase
A4456	Adhesive remover, wipes	\$ 0.22	Purchase
A4461	Surgical Dressing Holder, Non-Reusab	\$ 3.04	Purchase
A4463	Surgical Dressing Holder, Reusable, Ea	\$ 12.26	Purchase
A4481	Tracheostoma Filter, Any Type, Any S	\$ 0.34	Purchase
A4490	Surgical Stockings Above Knee Length	\$ 29.70	Per BMS - Purchase
A4495	Surgical Stockings Thigh Length, Each	\$ 29.70	Per BMS - Purchase
A4500	Surgical Stockings Below Knee Length	\$ 31.50	Per BMS - Purchase
A4510	Surgical Stockings Full Length, Each	\$ 84.15	Per BMS - Purchase

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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
A4520	Incontinence Garment, Any Type, (E.G.	\$ 0.75	Per BMS - Purchase
A4550	Surgical Tray	\$ 8.00	Per BMS - Purchase
A4554	Disposable Underpads, All Sizes, (E.G.	\$ 0.31	Per BMS - Purchase
A4555	Electrode/transducer for use with electr	\$ -	Cost Invoice
A4556	Electrodes, (E.G., Apnea Monitor), Per	\$ 9.50	Purchase
A4557	Lead Wires, (E.G., Apnea Monitor), Pe	\$ 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,	\$ 17.66	Purchase
A4601	Lithium Ion Battery For Non-Prostheti	\$ 26.00	Per BMS - Purchase
A4604	Tubing With Integrated Hearing Eleme	\$ 43.84	Purchase
A4605	Tracheal Suction Catheter, Closed Syst	\$ 15.10	Purchase
A4606	Oxygen Probe For Use With Oximeter	\$ 100.00	Per BMS - Purchase
A4614	Peak Expiratory Flow Rate Meter, Han	\$ 21.90	Purchase
A4619	Face Tent	\$ 1.66	Purchase
A4623	Tracheostomy, Inner Cannula	\$ 5.13	Purchase
A4624	Tracheal Suction Catheter, Any Type C	\$ 2.42	Purchase
A4625	Tracheostomy Care Kit For New Trach	\$ 6.38	Purchase
A4627	Spacer, Bag Or Reservoir, With Or Wi	\$ 20.61	Per BMS - Purchase
A4628	Oropharyngeal Suction Catheter, Each	\$ 3.45	Purchase
A4629	Tracheostomy Care Kit For Establishe	\$ 4.28	Purchase
A4635	Underarm Pad, Crutch, Replacement, E	\$ 4.71	Purchase
A4636	Replacement, Handgrip, Cane, Crutch,	\$ 2.66	Purchase
A4637	Replacement, Tip, Cane, Crutch, Walk	\$ 1.54	Purchase
A4640	Replacement Pad For Use With Medic	\$ 47.62	Purchase
A4649	Surgical Supply; Miscellaneous	\$ -	Cost Invoice
A4927	Gloves, Non-Sterile, Per 100	\$ 42.71	Per BMS - Purchase
A4928	Surgical mask, per 20	\$ -	Cost Invoice - Effective 03/14/20
A5051	Ostomy Pouch, Closed; With Barrier A	\$ 1.90	Purchase
A5052	Ostomy Pouch, Closed; Without Barrie	\$ 1.37	Purchase
A5053	Ostomy Pouch, Closed; For Use On Fa	\$ 1.59	Purchase
A5054	Ostomy Pouch, Closed; For Use On Ba	\$ 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 Barrie	\$ 3.25	Purchase
A5062	Ostomy Pouch, Drainable; Without Ba	\$ 1.92	Purchase
A5063	Ostomy Pouch, Drainable; For Use On	\$ 2.49	Purchase
A5071	Ostomy Pouch, Urinary; With Barrier	\$ 5.54	Purchase
A5072	Ostomy Pouch, Urinary; Without Barri	\$ 3.25	Purchase
A5073	Ostomy Pouch, Urinary; For Use On B	\$ 2.88	Purchase
A5081	Continent Device; Plug For Continent	\$ 3.06	Purchase
A5082	Continent Device; Catheter For Contin	\$ 10.96	Purchase

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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
A5083	Continent Device, Stoma Absorptive C	\$ 0.59	Purchase
A5093	Ostomy Accessory; Convex Insert	\$ 1.53	Purchase
A5102	Bedside Drainage Bottle With Or With	\$ 20.64	Purchase
A5105	Urinary Suspensory With Leg Bag, Wi	\$ 37.56	Purchase
A5112	Urinary Leg Bag; Latex	\$ 29.02	Purchase
A5113	Leg Strap; Latex, Replacement Only, F	\$ 3.70	Purchase
A5114	Leg Strap; Foam Or Fabric, Replaceme	\$ 7.01	Purchase
A5120	Skin Barrier, Wipes Or Swabs, Each	\$ 0.20	Purchase
A5121	Skin Barrier; Solid, 6 X 6 Or Equivale	\$ 6.58	Purchase
A5122	Skin Barrier; Solid, 8 X 8 Or Equivale	\$ 11.83	Purchase
A5126	Adhesive Or Non-Adhesive; Disk Or F	\$ 1.02	Purchase
A5131	Appliance Cleaner, Incontinence And C	\$ 12.41	Purchase
A5500	For Diabetics Only, Fitting (Including	\$ 58.57	Purchase
A5501	For Diabetics Only, Fitting (Including I	\$ 175.67	Purchase
A5503	For Diabetics Only, Modification (Incl	\$ 28.99	Purchase
A5504	For Diabetics Only, Modification (Incl	\$ 28.99	Purchase
A5505	For Diabetics Only, Modification (Incl	\$ 28.99	Purchase
A5506	For Diabetics Only, Modification (Incl	\$ 28.99	Purchase
A5507	For Diabetics Only, Not Otherwise Spe	\$ 28.99	Purchase
A5512	For Diabetics Only, Multiple Density I	\$ 23.89	Purchase
A5513	For Diabetics Only, Multiple Density I	\$ 35.65	Purchase
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 Dressi	\$ 6.78	Purchase
A6197	Alginate Or Other Fiber Gelling Dressi	\$ 15.14	Purchase
A6198	Alginate Or Other Fiber Gelling Dressi	\$ 14.12	Per BMS - Purchase
A6199	Alginate Or Other Fiber Gelling Dressi	\$ 4.87	Purchase
A6203	Composite Dressing, Pad Size 16 Sq. I	\$ 3.10	Purchase
A6204	Composite Dressing, Pad Size More TI	\$ 5.74	Purchase
A6205	Composite Dressing, Pad Size More TI	\$ 5.35	Per BMS - Purchase
A6206	Contact Layer, 16 Sq. In. Or Less, Eac	\$ 5.35	Per BMS - Purchase
A6207	Contact Layer, More Than 16 Sq. In. B	\$ 6.76	Purchase
A6208	Contact Layer, More Than 48 Sq. In., I	\$ 6.30	Per BMS - Purchase
A6209	Foam Dressing, Wound Cover, Pad Siz	\$ 6.88	Purchase
A6210	Foam Dressing, Wound Cover, Pad Siz	\$ 18.35	Purchase
A6211	Foam Dressing, Wound Cover, Pad Siz	\$ 27.06	Purchase
A6212	Foam Dressing, Wound Cover, Pad Siz	\$ 8.94	Purchase
A6213	Foam Dressing, Wound Cover, Pad Siz	\$ 8.34	Per BMS - Purchase
A6214	Foam Dressing, Wound Cover, Pad Siz	\$ 9.48	Purchase
A6215	Foam Dressing, Wound Filler, Per Gra	\$ -	Cost Invoice
A6216	Gauze, Non-Impregnated, Non-Sterile,	\$ 0.04	Purchase
A6217	Gauze, Non-Impregnated, Non-Sterile,	\$ 0.32	Per BMS - Purchase
A6218	Gauze, Non-Impregnated, Non-Sterile,	\$ 0.54	Per BMS - Purchase
A6219	Gauze, Non-Impregnated, Pad Size 16	\$ 0.88	Purchase
A6220	Gauze, Non-Impregnated, Pad Size Mc	\$ 2.38	Purchase

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A6221	Gauze, Non-Impregnated, Pad Size Mc	\$ 1.93	Per BMS - Purchase
A6222	Gauze, Impregnated With Other Than	\$ 1.97	Purchase
A6223	Gauze, Impregnated With Other Than	\$ 2.23	Purchase
A6224	Gauze, Impregnated With Other Than	\$ 3.32	Purchase
A6231	Gauze, Impregnated, Hydrogel, For Di	\$ 4.30	Purchase
A6232	Gauze, Impregnated, Hydrogel, For Di	\$ 6.32	Purchase
A6233	Gauze, Impregnated, Hydrogel For Dir	\$ 17.66	Purchase
A6234	Hydrocolloid Dressing, Wound Cover,	\$ 6.02	Purchase
A6235	Hydrocolloid Dressing, Wound Cover,	\$ 15.50	Purchase
A6236	Hydrocolloid Dressing, Wound Cover,	\$ 25.10	Purchase
A6237	Hydrocolloid Dressing, Wound Cover,	\$ 7.29	Purchase
A6238	Hydrocolloid Dressing, Wound Cover,	\$ 21.00	Purchase
A6239	Hydrocolloid Dressing, Wound Cover,	\$ 15.84	Per BMS - Purchase
A6240	Hydrocolloid Dressing, Wound Filler, I	\$ 11.28	Purchase
A6241	Hydrocolloid Dressing, Wound Filler, I	\$ 2.37	Purchase
A6242	Hydrogel Dressing, Wound Cover, Pad	\$ 5.58	Purchase
A6243	Hydrogel Dressing, Wound Cover, Pad	\$ 11.35	Purchase
A6244	Hydrogel Dressing, Wound Cover, Pad	\$ 36.18	Purchase
A6245	Hydrogel Dressing, Wound Cover, Pad	\$ 6.70	Purchase
A6246	Hydrogel Dressing, Wound Cover, Pad	\$ 9.15	Purchase
A6247	Hydrogel Dressing, Wound Cover, Pad	\$ 21.90	Purchase
A6248	Hydrogel Dressing, Wound Filler, Gel,	\$ 14.97	Purchase
A6250	Skin Sealants, Protectants, Moisturizer	\$ 15.00	Per BMS - Purchase
A6251	Specialty Absorptive Dressing, Wound	\$ 1.83	Purchase
A6252	Specialty Absorptive Dressing, Wound	\$ 3.00	Purchase
A6253	Specialty Absorptive Dressing, Wound	\$ 5.83	Purchase
A6254	Specialty Absorptive Dressing, Wound	\$ 1.10	Purchase
A6255	Specialty Absorptive Dressing, Wound	\$ 2.80	Purchase
A6256	Specialty Absorptive Dressing, Wound	\$ 2.61	Per BMS - Purchase
A6257	Transparent Film, 16 Sq. In. Or Less, I	\$ 1.42	Purchase
A6258	Transparent Film, More Than 16 Sq. In	\$ 3.97	Purchase
A6259	Transparent Film, More Than 48 Sq. In	\$ 10.07	Purchase
A6260	Wound Cleansers, Any Type, Any Size	\$ 18.00	Per BMS - Purchase
A6261	Wound Filler, Gel/Paste, Per Fluid Our	\$ -	Cost Invoice
A6262	Wound Filler, Dry Form, Per Gram, No	\$ -	Cost Invoice
A6266	Gauze, Impregnated, Other Than Wate	\$ 1.77	Purchase
A6402	Gauze, Non-Impregnated, Sterile, Pad	\$ 0.10	Purchase
A6403	Gauze, Non-Impregnated, Sterile, Pad	\$ 0.39	Purchase
A6404	Gauze, Non-Impregnated, Sterile, Pad	\$ 2.16	Per BMS - Purchase
A6407	Packing Strips, Non-Impregnated, Up	\$ 1.73	Purchase
A6441	Padding Bandage, Non-Elastic, Non-W	\$ 0.63	Purchase
A6442	Conforming Bandage, Non-Elastic, Kn	\$ 0.14	Purchase
A6443	Conforming Bandage, Non-Elastic, Kn	\$ 0.26	Purchase
A6444	Conforming Bandage, Non-Elastic, Kn	\$ 0.51	Purchase
A6445	Conforming Bandage, Non-Elastic, Kn	\$ 0.30	Purchase

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A6446	Conforming Bandage, Non-Elastic, Kn	\$ 0.37	Purchase
A6447	Conforming Bandage, Non-Elastic, Kn	\$ 0.63	Purchase
A6448	Light Compression Bandage, Elastic, K	\$ 1.06	Purchase
A6449	Light Compression Bandage, Elastic, K	\$ 1.62	Purchase
A6450	Light Compression Bandage, Elastic, K	\$ 1.62	Purchase
A6451	Moderate Compression Bandage, Elast	\$ 1.62	Purchase
A6452	High Compression Bandage, Elastic, K	\$ 5.44	Purchase
A6453	Self-Adherent Bandage, Elastic, Non-K	\$ 0.58	Purchase
A6454	Self-Adherent Bandage, Elastic, Non-K	\$ 0.72	Purchase
A6455	Self-Adherent Bandage, Elastic, Non-K	\$ 1.29	Purchase
A6456	Zinc Paste Impregnated Bandage, Non-	\$ 1.17	Purchase
A6501	Compression Burn Garment, Body Sui	\$ -	Cost Invoice
A6502	Compression Burn Garment, Chin Stra	\$ -	Cost Invoice
A6503	Compression Burn Garment, Facial Ho	\$ -	Cost Invoice
A6504	Compression Burn Garment, Glove To	\$ -	Cost Invoice
A6505	Compression Burn Garment, Glove To	\$ -	Cost Invoice
A6506	Compression Burn Garment, Glove To	\$ -	Cost Invoice
A6507	Compression Burn Garment, Foot To K	\$ -	Cost Invoice
A6508	Compression Burn Garment, Foot To T	\$ -	Cost Invoice
A6509	Compression Burn Garment, Upper Tr	\$ -	Cost Invoice
A6510	Compression Burn Garment, Trunk, In	\$ -	Cost Invoice
A6511	Compression Burn Garment, Lower Tr	\$ -	Cost Invoice
A6512	Compression Burn Garment, Not Othe	\$ -	Cost Invoice
A6513	Compression Burn Mask, Face And/O	\$ -	Cost Invoice
A6530	Gradient Compression Stocking, Belov	\$ 25.20	Per BMS - Purchase
A6531	Gradient Compression Stocking, Belov	\$ 39.85	Purchase
A6532	Gradient Compression Stocking, Belov	\$ 56.15	Purchase
A6533	Gradient Compression Stocking, Thigh	\$ 29.70	Per BMS - Purchase
A6534	Gradient Compression Stocking, Thigh	\$ 29.70	Per BMS - Purchase
A6535	Gradient Compression Stocking, Thigh	\$ 29.70	Per BMS - Purchase
A6536	Gradient Compression Stocking, Full L	\$ 29.70	Per BMS - Purchase
A6537	Gradient Compression Stocking Full L	\$ 29.70	Per BMS - Purchase
A6538	Gradient Compression Stocking, Full L	\$ -	Cost Invoice
A6539	Gradient Compression Stocking, Waist	\$ 84.15	Per BMS - Purchase
A6540	Gradient Compression Stocking, Waist	\$ -	Cost Invoice
A6541	Gradient Compression Stocking, Waist	\$ -	Cost Invoice
A6544	Gradient Compression Stocking, Garte	\$ 13.50	Per BMS - Purchase
A6549	Gradient Compression Stocking, Not C	\$ -	Cost Invoice
A6550	Wound Care Set, For Negative Pressur	\$ 21.73	Purchase
A7000	Canister, Disposable, Used With Sucti	\$ 6.74	Purchase
A7002	Tubing, Used With Suction Pump, Eac	\$ 3.53	Purchase
A7003	Administration Set, With Small Volum	\$ 1.73	Purchase
A7004	Small Volume Nonfiltered Pneumatic N	\$ 1.38	Purchase
A7005	Administration Set, With Small Volum	\$ 19.30	Purchase
A7006	Administration Set, With Small Volum	\$ 7.50	Purchase

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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
A7010	Disposable Corrugated Tubing	\$ 17.47	Purchase
A7012	Nebulizer Water Collec Devic	\$ 2.69	Purchase
A7013	Filter, Disposable, Used With Aerosol	\$ 0.62	Purchase
A7015	Aerosol Mask, Used With Dme Nebuli	\$ 1.30	Purchase
A7020	Interface, Cough Stim Device	\$ 13.34	Purchase
A7030	Full Face Mask Used With Positive Ai	\$ 113.62	Purchase
A7031	Face Mask Interface, Replacement For	\$ 42.42	Purchase
A7032	Cushion For Use On Nasal Mask Inter	\$ 24.32	Purchase
A7033	Pillow For Use On Nasal Cannula Typ	\$ 18.02	Purchase
A7034	Nasal Interface (Mask Or Cannula Typ	\$ 70.93	Purchase
A7035	Headgear Used With Positive Airway P	\$ 23.79	Purchase
A7036	Chinstrap Used With Positive Airway I	\$ 10.73	Purchase
A7037	Tubing Used With Positive Airway Pre	\$ 21.42	Purchase
A7038	Filter, Disposable, Used With Positive	\$ 2.74	Purchase
A7039	Filter, Non Disposable, Used With Pos	\$ 8.19	Purchase
A7045	Exhalation Port With Or Without Swiv	\$ 12.97	Purchase
A7046	Water Chamber For Humidifier, Used	\$ 13.53	Purchase
A7507	Filter Holder And Integrated Filter Wit	\$ 2.29	Purchase
A7508	Housing And Integrated Adhesive, For	\$ 2.64	Purchase
A7509	Filter Holder And Integrated Filter Hou	\$ 1.30	Purchase
A7520	Tracheostomy/Laryngectomy Tube, No	\$ 43.74	Purchase
A7521	Tracheostomy/Laryngectomy Tube, Cu	\$ 43.33	Purchase
A7522	Tracheostomy/Laryngectomy Tube, Sta	\$ 41.60	Purchase
A7523	Tracheostomy Shower Protector, Each	\$ -	Cost Invoice
A7524	Tracheostoma Stent/Stud/Button, Each	\$ 71.30	Purchase
A7525	Tracheostomy Mask, Each	\$ 1.90	Purchase
A7526	Tracheostomy Tube Collar/Holder, Eac	\$ 3.12	Purchase
A7527	Tracheostomy/Laryngectomy Tube Plu	\$ 3.30	Purchase
A8000	Helmet, Protective, Soft Prefabricated,	\$ 141.26	Purchase
A8001	Helmet, Protective, Hard, Prefabricate	\$ 141.26	Purchase
A8002	Helmet, Protective, Soft, Custom Fabri	\$ 375.35	Per BMS - Purchase
A8003	Helmet, Protective, Hard, Custom Fabr	\$ 375.35	Per BMS - Purchase
B4034	Enteral Feeding Supply Kit; Syringe Fe	\$ 3.94	Purchase
B4035	Enteral Feeding Supply Kit; Pump Fed	\$ 7.27	Purchase
B4036	Enteral Feeding Supply Kit; Gravity Fe	\$ 5.23	Purchase
B4081	Nasogastric Tubing With Stylet	\$ 15.92	Purchase
B4082	Nasogastric Tubing Without Stylet	\$ 11.65	Purchase
B4083	Stomach Tube - Levine Type	\$ 1.77	Purchase
B4087	Gastrostomy/Jejunostomy Tube, Stand	\$ 26.93	Purchase
B4088	Gastrostomy/Jejunostomy Tube, Low-l	\$ 28.93	Purchase
B4164	Parenteral Nutrition Solution: Carbohy	\$ 16.26	Purchase
B4168	Parenteral Nutrition Solution; Amino A	\$ 23.70	Purchase
B4172	Parenteral Nutrition Solution; Amino A	\$ 30.50	Per BMS - Purchase
B4176	Parenteral Nutrition Solution; Amino A	\$ 45.86	Purchase
B4178	Parenteral Nutrition Solution: Amino A	\$ 55.03	Purchase

**Durable Medical Equipment Fee Schedule
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
B4180	Parenteral Nutrition Solution; Carbohy	\$ 23.34	Purchase
B4185	Parental Nutrition Solution, Per 10 Gra	\$ 10.74	Purchase
B4189	Parenteral Nutrition Solution; Compou	\$ 170.02	Purchase
B4193	Parenteral Nutrition Solution; Compou	\$ 219.69	Purchase
B4197	Parenteral Nutrition Solution; Compou	\$ 267.47	Purchase
B4199	Parenteral Nutrition Solution; Compou	\$ 305.62	Purchase
B4216	Parenteral Nutrition; Additives (Vitam	\$ 7.38	Purchase
B4220	Parenteral Nutrition Supply Kit; Premi	\$ 7.66	Purchase
B4222	Parenteral Nutrition Supply Kit; Home	\$ 9.45	Purchase
B4224	Parenteral Nutrition Administration Ki	\$ 23.91	Purchase
B5000	Parenteral Nutrition Solution: Compou	\$ 11.38	Purchase
B5100	Parenteral Nutrition Solution: Compou	\$ 4.44	Purchase
B5200	Parenteral Nutrition Solution: Compou	\$ 4.94	Per BMS - Purchase
B9002	Enteral Nutrition Infusion Pump - With	\$ 77.59	10 mth CAP rental
B9004	Parenteral Nutrition Infusion Pump, Po	\$ 382.05	10 mth CAP rental
B9006	Parenteral Nutrition Infusion Pump, St	\$ 382.05	10 mth CAP rental
B9998	Noc For Enteral Supplies	\$ -	Cost Invoice
B9999	Noc For Parenteral Supplies	\$ -	Cost Invoice
E0100	Cane, Includes Canes Of All Materials.	\$ 17.99	Purchase
E0105	Cane, Quad Or Three Prong, Includes C	\$ 41.83	Purchase
E0110	Crutches, Forearm, Includes Crutches C	\$ 60.75	Purchase
E0111	Crutch Forearm, Includes Crutches Of	\$ 44.59	Purchase
E0112	Crutches Underarm, Wood, Adjustable	\$ 30.90	Purchase
E0113	Crutch Underarm, Wood, Adjustable C	\$ 16.55	Purchase
E0114	Crutches Underarm, Other Than Wood	\$ 36.95	Purchase
E0116	Crutch, Underarm, Other Than Wood,	\$ 21.73	Purchase
E0130	Walker, Rigid (Pickup), Adjustable Or	\$ 47.27	Purchase
E0135	Walker, Folding (Pickup), Adjustable C	\$ 49.78	Purchase
E0140	Walker, With Trunk Support, Adjustab	\$ 262.80	Medicare is rental/BMS - Purchase(X 10)
E0141	Walker, Rigid, Wheeled, Adjustable Or	\$ 59.15	Purchase
E0143	Walker, Folding, Wheeled, Adjustable	\$ 60.82	Purchase
E0147	Walker, Heavy Duty, Multiple Braking	\$ 402.18	Purchase
E0148	Walker, Heavy Duty, Without Wheels,	\$ 85.71	Purchase
E0149	Walker, Heavy Duty, Wheeled, Rigid C	\$ 138.64	Medicare is rental/BMS - Purchase(X 10)
E0153	Platform Attachment, Forearm Crutch,	\$ 54.34	Purchase
E0154	Platform Attachment, Walker, Each	\$ 44.68	Purchase
E0155	Wheel Attachment, Rigid Pick-Up Wal	\$ 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	\$ 21.99	Purchase
E0159	Brake Attachment For Wheeled Walke	\$ 13.35	Purchase
E0160	Sitz Type Bath Or Equipment, Portabl	\$ 25.26	Purchase
E0161	Sitz Type Bath Or Equipment, Portabl	\$ 22.62	Purchase
E0162	Sitz Bath Chair	\$ 128.86	Purchase
E0163	Commode Chair, Mobile Or Stationary	\$ 71.51	Purchase

Durable Medical Equipment Fee Schedule
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
E0165	Commode Chair, Mobile Or Stationary	\$ 124.96	Medicare is rental/BMS - Purchase(X 10)
E0167	Pail Or Pan For Use With Commode C	\$ 10.15	Purchase
E0168	Commode Chair, Extra Wide And/Or H	\$ 119.45	Purchase
E0181	Powered Pressure Reducing Mattress C	\$ 186.32	Medicare is rental/BMS - Purchase(X 10)
E0182	Pump For Alternating Pressure Pad, Fo	\$ 191.28	Medicare is rental/BMS - Purchase(X 10)
E0184	Dry Pressure Mattress	\$ 144.87	Purchase
E0185	Gel Or Gel-Like Pressure Pad For Mat	\$ 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, Ar	\$ 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, Standar	\$ 218.24	Medicare is rental/BMS - Purchase(X 10)
E0198	Water Pressure Pad For Mattress, Stan	\$ 204.08	Medicare is rental/BMS - Purchase(X 10)
E0199	Dry Pressure Pad For Mattress, Standar	\$ 25.10	Purchase
E0202	Phototherapy (Bilirubin) Light With Pl	\$ 57.67	Rental
E0240	Bath/Shower Chair, With Or Without V	\$ -	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 Wit	\$ -	Cost Invoice
E0248	Transfer Bench, Heavy Duty, For Tub	\$ -	Cost Invoice
E0250	Hospital Bed, Fixed Height, With Any	\$ 64.75	10 mth CAP rental
E0255	Hospital Bed, Variable Height, Hi-Lo,	\$ 72.78	10 mth CAP rental
E0260	Hospital Bed, Semi-Electric (Head And	\$ 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 Mattre	\$ 361.39	10 mth CAP rental
E0300	Pediatric Crib, Hospital Grade, Fully E	\$ 212.60	10 mth CAP rental
E0303	Hospital Bed, Heavy Duty, Extra Wide	\$ 186.44	10 mth CAP rental
E0304	Hospital Bed, Extra Heavy Duty, Extra	\$ 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 Materie	\$ 9.00	Purchase
E0371	Nonpowered Advanced Pressure Reduc	\$ 252.54	10 mth CAP rental
E0424	Stationary Compressed Gaseous Oxyge	\$ 107.77	Monthly rental
E0431	Portable Gaseous Oxygen System, Ren	\$ 19.20	Monthly rental
E0434	Portable Liquid Oxygen System, Renta	\$ 35.46	Monthly rental

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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
E0439	Stationary Liquid Oxygen System, Ren	\$ 107.77	Monthly rental
E0441	Oxygen Contents, Gaseous (For Use W	\$ 51.36	Monthly rental
E0443	Portable Oxygen Contents, Gaseous (F	\$ 49.35	Monthly rental
E0445	Oximeter Device For Measuring Blood	\$ 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 Pr	\$ 148.42	Monthly rental
E0471	Respiratory Assist Device, Bi-Level Pr	\$ 370.71	Monthly rental
E0472	Respiratory Assist Device, Bi-Level Pr	\$ 428.17	Monthly rental
E0480	Percussor, Electric Or Pneumatic, Hom	\$ 37.12	10 mth CAP rental
E0482	Cough Stimulating Device, Alternating	\$ 382.71	10 mth CAP rental
E0483	High Frequency Chest Wall Oscillator	\$ 979.26	10 mth CAP rental
E0484	Oscillatory Positive Expiratory Pressur	\$ 34.02	Purchase
E0555	Humidifier, durable, glass or autoclava	\$ 7.38	Per BMS - Purchase
E0561	Humidifier, Non-Heated, Used With Pc	\$ 73.64	Purchase
E0562	Humidifier, Heated, Used With Positiv	\$ 179.12	Purchase
E0565	Compressor, Air Power Source For Eq	\$ 41.92	10 mth CAP rental
E0570	Nebulizer, With Compressor	\$ 98.88	Medicare is rental/BMS - Purchase(X 10)
E0600	Respiratory Suction Pump, Home Mod	\$ 421.76	Medicare is rental/BMS - Purchase(X 10)
E0601	Continuous Airway Pressure (Cpap) D	\$ 60.81	10 mth CAP rental
E0602	Breast Pump, Manual, Any Type	\$ 27.18	Purchase
E0603	Breast Pump, Electric (Ac And/Or Dc)	\$ 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 Featu	\$ 323.00	Per BMS - 10 Mth CAP Rental
E0621	Sling Or Seat, Patient Lift, Canvas Or	\$ 73.28	Purchase
E0630	Patient Lift, Hydraulic Or Mechanical,	\$ 70.36	10 mth CAP rental
E0650	Pneumatic Compressor, Non-Segmenta	\$ 81.86	10 mth CAP rental
E0651	Pneumatic Compressor, Segmental Ho	\$ 73.46	10 mth CAP rental
E0652	Pneumatic Compressor, Segmental Ho	\$ 482.59	10 mth CAP rental
E0655	Non-Segmental Pneumatic Appliance F	\$ 99.42	Purchase
E0660	Non-Segmental Pneumatic Appliance F	\$ 147.15	Purchase
E0665	Non-Segmental Pneumatic Appliance F	\$ 107.26	Purchase
E0666	Non-Segmental Pneumatic Appliance F	\$ 127.20	Purchase
E0667	Segmental Pneumatic Appliance For U	\$ 298.22	Purchase
E0668	Segmental Pneumatic Appliance For U	\$ 345.96	Purchase
E0669	Segmental Pneumatic Appliance For U	\$ 160.32	Purchase
E0671	Segmental Gradient Pressure Pneumati	\$ 382.58	Purchase
E0672	Segmental Gradient Pressure Pneumati	\$ 297.26	Purchase
E0673	Segmental Gradient Pressure Pneumati	\$ 247.01	Purchase
E0705	Transfer Device, Any Type, Each	\$ 41.31	Purchase
E0720	Transcutaneous Electrical Nerve Stim	\$ 197.83	Purchase

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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
E0730	Transcutaneous Electrical Nerve Stimu	\$ 198.06	Purchase
E0747	Osteogenesis Stimulator, Electrical, No	\$ 3,607.10	Purchase
E0748	Osteogenesis Stimulator, Electrical, No	\$ 3,583.74	Purchase
E0760	Osteogenesis Stimulator, Low Intensity	\$ 2,978.02	Purchase
E0766	Elec stim cancer treatment	\$ 10,589.86	10 Mth CAP Rental
E0781	Ambulatory Infusion Pump, Single Or	\$ 211.66	10 mth CAP rental
E0784	External Ambulatory Infusion Pump, I	\$ 367.10	10 mth CAP rental
E0860	Traction Equipment, Overdoor, Cervic	\$ 34.26	Purchase
E0910	Trapeze Bars, A/K/A Patient Helper, A	\$ 120.64	Medicare is rental/BMS - Purchase(X 10)
E0911	Trapeze Bar, Heavy Duty, For Patient	\$ 377.44	Medicare is rental/BMS - Purchase(X 10)
E0912	Trapeze Bar, Heavy Duty, For Patient	\$ 802.96	Medicare is rental/BMS - Purchase(X 10)
E0935	Continuous Passive Motion Exercise D	\$ 20.95	Rental Per day
E0940	Trapeze Bar, Free Standing, Complete	\$ 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	\$ 11.92	Purchase
E0952	Toe Loop/Holder, Any Type, Each	\$ 12.71	Purchase
E0953	Wheelchair accessory, lateral thigh or k	\$ 71.26	Purchase
E0954	Wheelchair accessory, foot box, any ty	\$ 41.35	Purchase
E0955	Wheelchair Accessory, Headrest, Cush	\$ 141.28	Medicare is rental/BMS - Purchase(X 10)
E0956	Wheelchair Accessory, Lateral Trunk C	\$ 71.26	Purchase
E0957	Wheelchair Accessory, Medial Thigh S	\$ 105.30	Purchase
E0958	Manual Wheelchair Accessory, One-Ar	\$ 375.44	Medicare is rental/BMS - Purchase(X 10)
E0959	Manual Wheelchair Accessory, Adapte	\$ 34.62	Purchase
E0960	Wheelchair Accessory, Shoulder Harne	\$ 66.58	Purchase
E0961	Manual Wheelchair Accessory, Wheel	\$ 22.30	Purchase
E0966	Manual Wheelchair Accessory, Headre	\$ 57.06	Purchase
E0967	Manual Wheelchair Accessory, Hand R	\$ 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	\$ -	Cost Invoice
E0971	Manual Wheelchair Accessory, Anti-T	\$ 32.68	Purchase
E0973	Wheelchair Accessory, Adjustable Hei	\$ 61.23	Purchase
E0974	Manual Wheelchair Accessory, Anti-R	\$ 66.96	Purchase
E0978	Wheelchair Accessory, Positioning Bel	\$ 26.94	Purchase
E0980	Safety Vest, Wheelchair	\$ 29.44	Purchase
E0981	Wheelchair Accessory, Seat Upholster	\$ 31.82	Purchase
E0982	Wheelchair Accessory, Back Upholster	\$ 34.77	Purchase
E0983	Manual Wheelchair Accessory, Power	\$ 2,228.96	Medicare is rental/BMS - Purchase(X 10)
E0984	Manual Wheelchair Accessory, Power	\$ 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 F	\$ 69.13	Purchase
E0992	Manual Wheelchair Accessory, Solid S	\$ 70.87	Purchase
E1002	Wheelchair Accessory, Power Seating	\$ 3,056.48	Medicare is rental/BMS - Purchase(X 10)
E1003	Wheelchair Accessory, Power Seating	\$ 3,437.52	Medicare is rental/BMS - Purchase(X 10)

Durable Medical Equipment Fee Schedule
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
E1004	Wheelchair Accessory, Power Seating	\$ 3,795.04	Medicare is rental/BMS - Purchase(X 10)
E1005	Wheelchair Accessory, Power Seating S	\$ 4,129.36	Medicare is rental/BMS - Purchase(X 10)
E1006	Wheelchair Accessory, Power Seating	\$ 5,074.40	Medicare is rental/BMS - Purchase(X 10)
E1007	Wheelchair Accessory, Power Seating	\$ 6,587.92	Medicare is rental/BMS - Purchase(X 10)
E1008	Wheelchair Accessory, Power Seating	\$ 6,668.40	Medicare is rental/BMS - Purchase(X 10)
E1009	Wheelchair Accessory, Addition To Po	\$ -	Cost Invoice
E1010	Wheelchair Accessory, Addition To Po	\$ 888.72	Medicare is rental/BMS - Purchase(X 10)
E1011	Modification To Pediatric Size Wheelc	\$ -	Cost Invoice
E1012	Ctr mount pwr elev leg rest	\$ 888.72	Medicare is rental/BMS - Purchase(X 10)
E1014	Reclining Back, Addition To Pediatric	\$ 336.48	Medicare is rental/BMS - Purchase(X 10)
E1015	Shock Absorber For Manual Wheelcha	\$ 102.86	Purchase
E1016	Shock Absorber For Power Wheelchair	\$ 99.10	Purchase
E1020	Residual Limb Support System For WI	\$ 172.00	Medicare is rental/BMS - Purchase(X 10)
E1028	Wheelchair Accessory, Manual Swinga	\$ 138.48	Medicare is rental/BMS - Purchase(X 10)
E1029	Wheelchair Accessory, Ventilator Tray	\$ 293.04	Medicare is rental/BMS - Purchase(X 10)
E1030	Wheelchair Accessory, Ventilator Tray	\$ 919.92	Medicare is rental/BMS - Purchase(X 10)
E1031	Rollabout Chair, Any And All Types W	\$ 41.26	10 mth CAP rental
E1161	Manual Adult Size Wheelchair, Includ	\$ 2,179.36	Medicare is rental/BMS - Purchase(X 10)
E1225	Wheelchair Accessory, Manual Semi-R	\$ 366.72	Medicare is rental/BMS - Purchase(X 10)
E1226	Wheelchair Accessory, Manual Fully R	\$ 402.59	Purchase
E1229	Wheelchair, Pediatric Size, Not Otherw	\$ -	Cost Invoice
E1231	Wheelchair, Pediatric Size, Tilt-In-Spa	\$ 1,710.73	Per BMS - Purchase
E1232	Wheelchair, Pediatric Size, Tilt-In-Spa	\$ 1,969.84	Medicare is rental/BMS - Purchase(X 10)
E1233	Wheelchair, Pediatric Size, Tilt-In-Spa	\$ 2,040.88	Medicare is rental/BMS - Purchase(X 10)
E1234	Wheelchair, Pediatric Size, Tilt-In-Spa	\$ 1,776.80	Medicare is rental/BMS - Purchase(X 10)
E1235	Wheelchair, Pediatric Size, Rigid, Adju	\$ 1,711.04	Medicare is rental/BMS - Purchase(X 10)
E1236	Wheelchair, Pediatric Size, Folding, Ac	\$ 1,509.44	Medicare is rental/BMS - Purchase(X 10)
E1237	Wheelchair, Pediatric Size, Rigid, Adju	\$ 1,522.64	Medicare is rental/BMS - Purchase(X 10)
E1238	Wheelchair, Pediatric Size, Folding, Ac	\$ 1,509.44	Medicare is rental/BMS - Purchase(X 10)
E1239	Power Wheelchair, Pediatric Size, Not	\$ -	Cost Invoice
E1372	Immersion External Heater For Nebuliz	\$ 116.61	Purchase
E1390	Oxygen Concentrator, Single Delivery	\$ 107.77	Rental
E1399	Durable Medical Equipment, Miscellar	\$ -	Cost Invoice
E2100	Blood Glucose Monitor With Integrate	\$ 592.44	Purchase
E2201	Manual Wheelchair Accessory, Nonsta	\$ 300.54	Purchase
E2202	Manual Wheelchair Accessory, Nonsta	\$ 405.80	Purchase
E2203	Manual Wheelchair Accessory, Nonsta	\$ 396.03	Purchase
E2204	Manual Wheelchair Accessory, Nonsta	\$ 681.58	Purchase
E2205	Manual Wheelchair Accessory, Handri	\$ 29.56	Purchase
E2206	Manual Wheelchair Accessory, Wheel	\$ 34.65	Purchase
E2207	Wheelchair Accessory, Crutch And Ca	\$ 39.00	Purchase
E2208	Wheelchair Accessory, Cylinder Tank	\$ 79.12	Purchase
E2209	Accessory, Arm Tough, With Or With	\$ 77.42	Purchase
E2210	Wheelchair Accessory, Bearngs, Any T	\$ 4.82	Purchase
E2211	Manual Wheelchair Accessory, Pneum	\$ 30.21	Purchase

**Durable Medical Equipment Fee Schedule
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
E2212	Manual Wheelchair Accessory, Tube F	\$ 5.30	Purchase
E2213	Manual Wheelchair Accessory, Insert F	\$ 26.41	Purchase
E2214	Manual Wheelchair Accessory, Pneum	\$ 27.74	Purchase
E2215	Manual Wheelchair Accessory, Tube F	\$ 8.70	Purchase (changed from CI April 2019)
E2216	Manual Wheelchair Accessory, Foam F	\$ 40.87	Purchase (changed from CI April 2019)
E2217	Manual Wheelchair Accessory, Foam F	\$ 36.17	Purchase (changed from CI April 2019)
E2218	Manual Wheelchair Accessory, Foam P	\$ 40.87	Purchase
E2219	Manual Wheelchair Accessory, Foam C	\$ 36.17	Purchase
E2220	Manual Wheelchair Accessory, Solid (R	\$ 23.73	Purchase
E2221	Manual Wheelchair Accessory, Solid (R	\$ 22.86	Purchase
E2222	Manual Wheelchair Accessory, Solid (I	\$ 18.97	Purchase
E2224	Manual Wheelchair Accessory, Propuls	\$ 76.77	Purchase
E2225	Manual Wheelchair Accessory, Caster	\$ 15.83	Purchase
E2226	Manual Wheelchair Accessory, Caster	\$ 33.86	Purchase
E2227	Manual Wheelchair Accessory, Gear R	\$ 1,723.20	Medicare is rental/BMS - Purchase(X 10)
E2228	Manual Wheelchair Accessory, Wheel	\$ 827.84	Medicare is rental/BMS - Purchase(X 10)
E2231	Solid Seat Support Base	\$ 128.73	Purchase
E2291	Back, Planar, For Pediatric Size Wheel	\$ -	Cost Invoice
E2292	Seat, Planar, For Pediatric Size Wheel	\$ -	Cost Invoice
E2293	Back, Contoured, For Pediatric Size W	\$ -	Cost Invoice
E2294	Seat, Contoured, For Pediatric Size W	\$ -	Cost Invoice
E2295	Manual Wheelchair Accessory, For Pec	\$ -	Cost Invoice
E2310	Power Wheelchair Accessory, Electron	\$ 888.32	Medicare is rental/BMS - Purchase(X 10)
E2311	Power Wheelchair Accessory, Electron	\$ 1,795.84	Medicare is rental/BMS - Purchase(X 10)
E2312	Power Wheelchair Accessory, Hand Or	\$ 1,857.52	Medicare is rental/BMS - Purchase(X 10)
E2313	Power Wheelchair Accessory, Harness	\$ 295.20	Medicare is rental/BMS - Purchase(X 10)
E2321	Power Wheelchair Accessory, Hand Cc	\$ 1,206.80	Medicare is rental/BMS - Purchase(X 10)
E2322	Power Wheelchair Accessory, Hand Cc	\$ 1,103.92	Medicare is rental/BMS - Purchase(X 10)
E2323	Power Wheelchair Accessory, Specialt	\$ 53.98	Purchase
E2324	Power Wheelchair Accessory, Chin Cu	\$ 34.78	Purchase
E2325	Power Wheelchair Accessory, Sip And	\$ 1,054.72	Medicare is rental/BMS - Purchase(X 10)
E2326	Power Wheelchair Accessory, Breath T	\$ 274.24	Medicare is rental/BMS - Purchase(X 10)
E2327	Power Wheelchair Accessory, Head Cc	\$ 2,054.24	Medicare is rental/BMS - Purchase(X 10)
E2328	Power Wheelchair Accessory, Head Cc	\$ 3,887.04	Medicare is rental/BMS - Purchase(X 10)
E2329	Power Wheelchair Accessory, Head Cc	\$ 1,394.48	Medicare is rental/BMS - Purchase(X 10)
E2330	Power Wheelchair Accessory, Head Cc	\$ 2,689.60	Medicare is rental/BMS - Purchase(X 10)
E2340	Power Wheelchair Accessory, Nonstan	\$ 330.09	Purchase
E2341	Power Wheelchair Accessory, Nonstan	\$ 495.17	Purchase
E2342	Power Wheelchair Accessory, Nonstan	\$ 412.65	Purchase
E2343	Power Wheelchair Accessory, Nonstan	\$ 660.24	Purchase
E2351	Power Wheelchair Accessory, Electron	\$ 553.21	Purchase
E2359	Gr34 sealed leadacid battery	\$ 150.02	Purchase
E2360	Power Wheelchair Accessory, 22 Nf N	\$ 96.67	Purchase
E2361	Power Wheelchair Accessory, 22Nf Se	\$ 103.51	Purchase
E2362	Power Wheelchair Accessory, Group 2	\$ 84.73	Purchase

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

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
E2363	Power Wheelchair Accessory, Group 2	\$ 134.70	Purchase
E2364	Power Wheelchair Accessory, U-1 Nor	\$ 93.22	Purchase
E2365	Power Wheelchair Accessory, U-1 Seal	\$ 76.62	Purchase
E2366	Power Wheelchair Accessory, Battery C	\$ 170.11	Purchase
E2368	Power Wheelchair Component, Motor,	\$ 376.00	Medicare is rental/BMS - Purchase(X 10)
E2369	Power Wheelchair Component, Gear B	\$ 340.56	Medicare is rental/BMS - Purchase(X 10)
E2370	Power Wheelchair Component, Motor	\$ 540.40	Medicare is rental/BMS - Purchase(X 10)
E2371	Power Wheelchair Accessory, Group 2	\$ 118.26	Purchase
E2372	Power Wheelchair Accessory, Group 2	\$ -	Cost Invoice
E2373	Power Wheelchair Accessory, Hand Or	\$ 632.48	Medicare is rental/BMS - Purchase(X 10)
E2374	Power Wheelchair Accessory, Hand Or	\$ 407.36	Medicare is rental/BMS - Purchase(X 10)
E2375	Power Wheelchair Accessory, Non-Exp	\$ 622.40	Medicare is rental/BMS - Purchase(X 10)
E2376	Power Wheelchair Accessory, Expanda	\$ 1,018.08	Medicare is rental/BMS - Purchase(X 10)
E2377	Power Wheelchair Accessory, Expanda	\$ 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, Pneumat	\$ 55.70	Purchase
E2382	Power Wheelchair Accessory, Tube Fo	\$ 15.36	Purchase
E2383	Power Wheelchair Accessory, Insert F	\$ 113.70	Purchase
E2384	Power Wheelchair Accessory, Pneumat	\$ 57.79	Purchase
E2385	Power Wheelchair Accessory, Tube For	\$ 36.74	Purchase
E2386	Power Wheelchair Accessory, Foam Fi	\$ 102.58	Purchase
E2387	Power Wheelchair Accessory, Foam Fi	\$ 46.33	Purchase
E2388	Power Wheelchair Accessory, Foam D	\$ 38.58	Purchase
E2389	Power Wheelchair Accessory, Foam C	\$ 21.26	Purchase
E2390	Power Wheelchair Accessory, Solid (R	\$ 33.07	Purchase
E2391	Power Wheelchair Accessory, Solid (R	\$ 15.51	Purchase
E2392	Power Wheelchair Accessory, Solid (R	\$ 39.02	Purchase
E2394	Power Wheelchair Accessory, Drive W	\$ 54.80	Purchase
E2395	Power Wheelchair Accessory, Caster V	\$ 39.86	Purchase
E2396	Power Wheelchair Accessory, Caster F	\$ 46.42	Purchase
E2397	Power Wheelchair Accessory, Lithium-	\$ 376.73	Purchase
E2402	Negative Pressure Wound Therapy Ele	\$ 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 Devi	\$ -	Cost Invoice
E2601	General Use Wheelchair Seat Cushion,	\$ 40.56	Purchase
E2602	General Use Wheelchair Seat Cushion,	\$ 82.51	Purchase
E2603	Skin Protection Wheelchair Seat Cushi	\$ 103.22	Purchase
E2604	Skin Protection Wheelchair Seat Cushi	\$ 135.74	Purchase
E2605	Positioning Wheelchair Seat Cushion,	\$ 194.69	Purchase

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

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
E2606	Positioning Wheelchair Seat Cushion, N	\$ 307.54	Purchase
E2607	Skin Protection And Positioning Whee	\$ 200.10	Purchase
E2608	Skin Protection And Positioning Whee	\$ 245.31	Purchase
E2609	Custom Fabricated Wheelchair Seat Cu	\$ -	Cost Invoice
E2611	General Use Wheelchair Back Cushion	\$ 189.44	Purchase
E2612	General Use Wheelchair Back Cushion	\$ 295.47	Purchase
E2613	Positioning Wheelchair Back Cushion,	\$ 285.29	Purchase
E2614	Positioning Wheelchair Back Cushion,	\$ 406.66	Purchase
E2615	Positioning Wheelchair Back Cushion,	\$ 327.01	Purchase
E2616	Positioning Wheelchair Back Cushion,	\$ 440.18	Purchase
E2617	Custom Fabricated Wheelchair Back C	\$ -	Cost Invoice
E2619	Replacement Cover For Wheelchair Se	\$ 39.51	Purchase
E2620	Positioning Wheelchair Back Cushion,	\$ 375.46	Purchase
E2621	Positioning Wheelchair Back Cushion,	\$ 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
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 Wheelchai	\$ 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 Ar	\$ 131.28	Medicare is rental/BMS - Purchase(X 10)
K0017	Detachable, Adjustable Height Armres	\$ 38.71	Purchase
K0018	Detachable, Adjustable Height Armres	\$ 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

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

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
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 Tu	\$ 15.29	Purchase
K0047	Elevating Legrest, Upper Hanger Brac	\$ 57.01	Purchase
K0050	Ratchet Assembly	\$ 25.26	Purchase
K0051	Cam Release Assembly, Footrest Or L	\$ 40.44	Purchase
K0052	Swingaway, Detachable Footrests, Eac	\$ 66.43	Purchase
K0053	Elevating Footrests, Articulating (Tele	\$ 75.89	Purchase
K0056	Seat Height Less Than 17" Or Equal T	\$ 83.26	Purchase
K0065	Spoke Protectors, Each	\$ 40.10	Purchase
K0069	Rear Wheel Assembly, Complete, With	\$ 85.68	Purchase
K0070	Rear Wheel Assembly, Complete, With	\$ 150.88	Medicare is rental/BMS - Purchase(X 10)
K0071	Front Caster Assembly, Complete, Wit	\$ 96.05	Purchase
K0072	Front Caster Assembly, Complete, Wit	\$ 58.71	Purchase
K0073	Caster Pin Lock,Each	\$ 30.29	Purchase
K0077	Front Caster Assembly, Complete, Wit	\$ 49.59	Purchase
K0098	Drive Belt For Power Wheelchair	\$ 20.56	Purchase
K0105	Iv Hanger, Each	\$ 87.51	Purchase
K0108	Wheelchair Component Or Accessory,	\$ -	Cost Invoice
K0195	Elevating Leg Rests, Pair (For Use Wit	\$ 128.32	Medicare is rental/BMS - Purchase(X 10)
K0606	Automatic External Defibrillator, With	\$ 2,319.60	10 mth CAP rental
K0669	Wheelchair Accessory, Seat Or Back C	\$ -	Cost Invoice
K0730	Controlled Dose Inhalation Drug Deliv	\$ 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	\$ 12.56	Priced per MLN Matters MM11064
K0740	Repair Of Nonroutine Service For Oxy	\$ 6.30	Per BMS - Purchase
K0800	Power Operated Vehicle, Group 1 Stan	\$ 86.63	Medicare is a Purchase/BMS 10 mth CAP rental
K0801	Power Operated Vehicle, Group 1 Hea	\$ 147.31	Medicare is a Purchase/BMS 10 mth CAP rental
K0802	Power Operated Vehicle, Group 1 Very	\$ 179.69	Medicare is a Purchase/BMS 10 mth CAP rental
K0806	Power Operated Vehicle, Group 2 Stan	\$ 116.71	Medicare is a Purchase/BMS 10 mth CAP rental
K0807	Power Operated Vehicle, Group 2 Hea	\$ 178.86	Medicare is a Purchase/BMS 10 mth CAP rental
K0808	Power Operated Vehicle, Group 2 Very	\$ 276.62	10 mth CAP rental
K0812	Power Operated Vehicle, Not Otherwis	\$ -	Cost Invoice
K0813	Power Wheelchair, Group 1 Standard,	\$ 254.75	10 mth CAP rental
K0814	Power Wheelchair, Group 1 Standard,	\$ 298.80	10 mth CAP rental
K0815	Power Wheelchair, Group 1 Standard,	\$ 336.17	10 mth CAP rental
K0816	Power Wheelchair, Group 1 Standard,	\$ 318.10	10 mth CAP rental
K0820	Power Wheelchair, Group 2 Standard,	\$ 267.58	10 mth CAP rental
K0821	Power Wheelchair, Group 2 Standard,	\$ 314.74	10 mth CAP rental
K0822	Power Wheelchair, Group 2 Standard,	\$ 364.70	10 mth CAP rental
K0823	Power Wheelchair, Group 2 Standard,	\$ 357.47	10 mth CAP rental
K0824	Power Wheelchair, Group 2 Heavy Dut	\$ 470.03	10 mth CAP rental
K0825	Power Wheelchair, Group 2 Heavy Du	\$ 432.32	10 mth CAP rental
K0826	Power Wheelchair, Group 2 Very Heav	\$ 680.92	10 mth CAP rental

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

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
K0827	Power Wheelchair, Group 2 Very Heavy	\$ 586.19	10 mth CAP rental
K0828	Power Wheelchair, Group 2 Extra Heavy	\$ 792.58	10 mth CAP rental
K0829	Power Wheelchair, Group 2 Extra Heavy	\$ 748.32	10 mth CAP rental
K0830	Power Wheelchair, Group 2 Standard,	\$ 354.07	Per BMS - 10 Mth CAP Rental
K0831	Power Wheelchair, Group 2 Standard,	\$ 354.07	Per BMS - 10 Mth CAP Rental
K0835	Power Wheelchair, Group 2 Standard,	\$ 381.95	10 mth CAP rental
K0836	Power Wheelchair, Group 2 Standard,	\$ 396.12	10 mth CAP rental
K0837	Power Wheelchair, Group 2 Heavy Duty	\$ 468.37	10 mth CAP rental
K0838	Power Wheelchair, Group 2 Heavy Duty	\$ 417.51	10 mth CAP rental
K0839	Power Wheelchair, Group 2 Very Heavy	\$ 612.44	10 mth CAP rental
K0840	Power Wheelchair, Group 2 Extra Heavy	\$ 932.70	10 mth CAP rental
K0841	Power Wheelchair, Group 2 Standard,	\$ 415.32	10 mth CAP rental
K0842	Power Wheelchair, Group 2 Standard,	\$ 415.10	10 mth CAP rental
K0843	Power Wheelchair, Group 2 Heavy Duty	\$ 497.10	10 mth CAP rental
K0848	Power Wheelchair, Group 3 Standard,	\$ 629.30	10 mth CAP rental
K0849	Power Wheelchair, Group 3 Standard,	\$ 605.02	10 mth CAP rental
K0850	Power Wheelchair, Group 3 Heavy Duty	\$ 729.95	10 mth CAP rental
K0851	Power Wheelchair, Group 3 Heavy Duty	\$ 701.86	10 mth CAP rental
K0852	Power Wheelchair, Group 3 Very Heavy	\$ 843.42	10 mth CAP rental
K0853	Power Wheelchair, Group 3 Very Heavy	\$ 866.41	10 mth CAP rental
K0854	Power Wheelchair, Group 3 Extra Heavy	\$ 1,147.80	10 mth CAP rental
K0855	Power Wheelchair, Group 3 Extra Heavy	\$ 1,084.26	10 mth CAP rental
K0856	Power Wheelchair, Group 3 Standard,	\$ 675.47	10 mth CAP rental
K0857	Power Wheelchair, Group 3 Standard,	\$ 689.02	10 mth CAP rental
K0858	Power Wheelchair, Group 3 Heavy Duty	\$ 838.07	10 mth CAP rental
K0859	Power Wheelchair, Group 3 Heavy Duty	\$ 799.26	10 mth CAP rental
K0860	Power Wheelchair, Group 3 Very Heavy	\$ 1,197.30	10 mth CAP rental
K0861	Power Wheelchair, Group 3 Standard,	\$ 676.55	10 mth CAP rental
K0862	Power Wheelchair, Group 3 Heavy Duty	\$ 838.07	10 mth CAP rental
K0863	Power Wheelchair, Group 3 Very Heavy	\$ 1,197.30	10 mth CAP rental
K0864	Power Wheelchair, Group 3 Extra Heavy	\$ 1,424.78	10 mth CAP rental
K0868	Power Wheelchair, Group 4 Standard,	\$ -	Cost Invoice
K0869	Power Wheelchair, Group 4 Standard,	\$ -	Cost Invoice
K0870	Power Wheelchair, Group 4 Heavy Duty	\$ -	Cost Invoice
K0871	Power Wheelchair, Group 4 Very Heavy	\$ -	Cost Invoice
K0877	Power Wheelchair, Group 4 Standard,	\$ -	Cost Invoice
K0878	Power Wheelchair, Group 4 Standard,	\$ -	Cost Invoice
K0879	Power Wheelchair, Group 4 Heavy Duty	\$ -	Cost Invoice
K0880	Power Wheelchair, Group 4 Very Heavy	\$ -	Cost Invoice
K0884	Power Wheelchair, Group 4 Standard,	\$ -	Cost Invoice
K0885	Power Wheelchair, Group 4 Standard,	\$ -	Cost Invoice
K0886	Power Wheelchair, Group 4 Heavy Duty	\$ -	Cost Invoice
K0890	Power Wheelchair, Group 5 Pediatric,	\$ -	Cost Invoice
K0891	Power Wheelchair, Group 5 Pediatric,	\$ -	Cost Invoice
K0898	Power Wheelchair, Not Otherwise Class	\$ -	Cost Invoice

**Durable Medical Equipment Fee Schedule
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
K0899	Power Mobility Device, Not Coded By	\$ -	Cost Invoice
L0112	Cranial Cervical Orthosis, Congenital T	\$ 1,085.08	Purchase
L0113	Cranial Cervical Torticollis	\$ 221.08	Purchase
L0120	Cervical, Flexible; Non-Adjustable (Fo	\$ 20.77	Purchase
L0130	Cervical, Flexible, Thermoplastic Coll	\$ 146.80	Purchase
L0140	Cervical, Semi-Rigid; Adjustable (Plas	\$ 48.54	Purchase
L0150	Cervical, Semi-Rigid, Adjustable Mold	\$ 89.06	Purchase
L0160	Cervical, Semi-Rigid, Wire Frame Occ	\$ 116.32	Purchase
L0170	Cervical Collar; Molded To Patient Mo	\$ 478.98	Purchase
L0172	Cervical, Collar, Semi-Rigid, Thermop	\$ 103.86	Purchase
L0174	Cervical, Collar, Semi-Rigid, Thermop	\$ 204.02	Purchase
L0180	Cervical, Multiple Post Collar, Occipit	\$ 282.92	Purchase
L0190	Cervical, Multiple Post Collar, Occipit	\$ 367.90	Purchase
L0200	Cervical, Multiple Post Collar, Occipit	\$ 383.54	Purchase
L0220	Thoracic, Rib Belt, Custom Fabricated	\$ 104.74	Purchase
L0450	Tlso, Flexible, Provides Trunk Support	\$ 131.51	Purchase
L0452	Tlfo, Flexible, Provides Trunk Support	\$ 198.51	Per BMS - Purchase
L0454	Tlso Flexible, Provides Trunk Support	\$ 268.88	Purchase
L0456	Tlso, Flexible Provides Trunk Support	\$ 771.06	Purchase
L0466	Tlso, Sagittal Control, Rigid Posterior	\$ 280.09	Purchase
L0468	Tlso, Sagittal-Coronal Control, Rigid F	\$ 371.07	Purchase
L0470	Tlso, Triplanar Control, Rigid Posterior	\$ 473.51	Purchase
L0472	Tlso, Triplanar Control, Hyperextensio	\$ 300.31	Purchase
L0480	Tlso, Triplanar Control, One Piece Rig	\$ 1,057.57	Purchase
L0482	Tlso, Triplanar Control, One Piece Rig	\$ 1,228.41	Purchase
L0484	Tslo, Triplanar Control, Two Piece Rig	\$ 1,319.89	Purchase
L0486	Tlfo, Triplanar Control, Two Piece Rig	\$ 1,400.34	Purchase
L0488	Tlso, Triplanar Control, One Piece Rig	\$ 778.22	Purchase
L0490	Tlso, Sagittal-Coronal Control, One Pi	\$ 219.32	Purchase
L0491	Tlso, Sagittal-Coronal Control, Modul	\$ 595.41	Purchase
L0492	Tlso, Sagittal-Coronal Control, Modul	\$ 391.58	Purchase
L0621	Sacroiliac Orthosis, Flexible, Provides	\$ 68.49	Purchase
L0622	Sacroiliac Orthosis, Flexible, Provides	\$ 224.31	Purchase
L0623	Sacroiliac Orthosis, Provides Pelvic-Sa	\$ 137.19	Purchase (changed from CI April 2019)
L0624	Sacroiliac Orthosis, Provides Pelvic-Sa	\$ -	Cost Invoice
L0625	Lumbar Orthosis, Flexible, Provides L	\$ 42.70	Purchase
L0626	Lumbar Orthosis, Sagittal Control, Wi	\$ 60.42	Purchase
L0627	Lumbar Orthosis, Sagittal Control, Wit	\$ 318.69	Purchase
L0628	Lso, Flexible, Provides Lumbo-Sacral	\$ 65.05	Purchase
L0629	Lso, Flexible, Provides Lumbo-Sacral	\$ 164.18	Per BMS - Purchase
L0630	Lso, Sagittal Control, With Rigid Poste	\$ 125.56	Purchase
L0631	Lso, Sagittal Control, With Rigid Anter	\$ 795.87	Purchase
L0632	Lso, Sagittal Control, With Rigid Anter	\$ -	Cost Invoice
L0633	Lso, Sagittal-Coronal Control, With Ri	\$ 222.32	Purchase
L0634	Lso, Sagittal-Coronal Control, With Ri	\$ -	Cost Invoice

Durable Medical Equipment Fee Schedule
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L0635	Lso, Sagittal-Coronal Control, Lumbar	\$ 710.91	Purchase
L0636	Lso, Sagittal-Coronal Control, Lumbar	\$ 1,052.42	Purchase
L0637	Lso, Sagittal-Coronal Control, With Ri	\$ 832.86	Purchase
L0638	Lso, Sagittal-Coronal Control, With Ri	\$ 1,022.50	Purchase
L0639	Lso, Sagittal-Coronal Control, Rigid S	\$ 832.86	Purchase
L0640	Lso, Sagittal-Coronal Control, Rigid S	\$ 811.26	Purchase
L0700	Ctlso, Anterior-Posterior-Lateral Cont	\$ 1,518.31	Purchase
L0710	Ctlso, Anterior-Posterior-Lateral Cont	\$ 1,551.14	Purchase
L0810	Halo Procedure, Cervical Halo Incorpo	\$ 1,939.90	Purchase
L0820	Halo Procedure, Cervical Halo Incorpo	\$ 1,741.19	Purchase
L0830	Halo Procedure, Cervical Halo Incorpo	\$ 2,453.84	Purchase
L0859	Addition To Halo Procedure, Magnetic	\$ 1,022.62	Purchase
L0861	Additional To Halo Procedure, Replace	\$ 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	\$ 12.10	Purchase
L0984	Protective Body Sock, Each	\$ 50.21	Purchase
L0999	Additional To Spinal Orthosis, Not Ot	\$ -	Cost Invoice
L1000	Cervical-Thoracic-Lumbar-Sacral Orth	\$ 1,523.32	Purchase
L1001	Cervical Thoracic Lumbar Sacral Orth	\$ -	Cost Invoice
L1010	Additions To Cervical-Thoracic-Lumb	\$ 49.85	Purchase
L1020	Addition To Ctlso Or Scoliosis, Kypho	\$ 64.20	Purchase
L1025	Addition To Ctlso Or Scoliosis Orthos	\$ 122.54	Purchase
L1030	Addition To Ctlso Or Scoliosis Orthos	\$ 47.24	Purchase
L1040	Addition To Ctlso Or Scoliosis Orthos	\$ 61.82	Purchase
L1050	Addition To Ctlso Or Scoliosis Orthos	\$ 74.54	Purchase
L1060	Addition To Ctlso Or Scoliosis Orthos	\$ 89.39	Purchase
L1070	Addition To Ctlso Or Scoliosis Orthos	\$ 87.29	Purchase
L1080	Addition To Ctlso Or Scoliosis Orthos	\$ 49.10	Purchase
L1085	Addition To Ctlso Or Scoliosis Orthos	\$ 132.84	Purchase
L1090	Addition To Ctlso Or Scoliosis Orthos	\$ 87.88	Purchase
L1100	Addition To Ctlso Or Scoliosis Orthos	\$ 140.34	Purchase
L1110	Addition To Ctlso Or Scoliosis Orthos	\$ 189.69	Purchase
L1120	Addition To Ctlso Or Scoliosis Orthos	\$ 32.08	Purchase
L1200	Thoracic-Lumbar-Sacral-Orthosis (Tls	\$ 1,163.69	Purchase
L1210	Addition To Tlso, (Low Profile); Later	\$ 194.34	Purchase
L1220	Addition To Tlso, (Low Profile), Anter	\$ 185.65	Purchase
L1230	Addition To Tlso, (Low Profile), Milw	\$ 475.87	Purchase
L1240	Addition To Tlso, (Low Profile), Lumt	\$ 64.34	Purchase
L1250	Addition To Tlso, (Low Profile), Anter	\$ 64.34	Purchase
L1260	Addition To Tlso, (Low Profile), Anter	\$ 65.68	Purchase

Durable Medical Equipment Fee Schedule
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L1270	Addition To Tlso, (Low Profile), Abdo	\$ 66.73	Purchase
L1280	Addition To Tlso, (Low Profile), Rib C	\$ 76.75	Purchase
L1290	Addition To Tlso, (Low Profile), Later	\$ 60.76	Purchase
L1300	Other Scoliosis Procedure, Body Jacke	\$ 1,368.02	Purchase
L1310	Other Scoliosis Procedure, Post Opera	\$ 1,405.65	Purchase
L1499	Spinal Orthosis, Not Otherwise Specif	\$ -	Cost Invoice
L1600	Hip Orthosis, Ho), Abduction Control	\$ 95.70	Purchase
L1610	Ho, Abduction Control Of Hip Joints;	\$ 42.23	Purchase
L1620	Ho, Abduction Control Of Hip Joints;	\$ 119.62	Purchase
L1630	Ho, Abduction Control Of Hip Joints;	\$ 125.85	Purchase
L1640	Ho, Abduction Control Of Hip Joints;	\$ 383.10	Purchase
L1650	Ho, Abduction Control Of Hip Joints;	\$ 193.86	Purchase
L1660	Ho, Abduction Control Of Hip Joints;	\$ 127.10	Purchase
L1680	Ho, Abduction Control Of Hip Joints;	\$ 904.93	Purchase
L1685	Ho, Abduction Control Of Hip Joints;	\$ 923.53	Purchase
L1686	Ho, Abduction Control Of Hip Joints;	\$ 852.76	Purchase
L1690	Combination, Bilateral, Lumbo-Sacral,	\$ 1,499.17	Purchase
L1700	Legg Perthes Orthosis, (Toronto Type)	\$ 1,134.19	Purchase
L1710	Legg Perthes Orthosis, (Newington Ty	\$ 1,327.70	Purchase
L1720	Legg Perthes Orthosis, Trilateral, (Tac	\$ 978.67	Purchase
L1730	Legg Perthes Orthosis, (Scottish Rite T	\$ 840.58	Purchase
L1755	Legg Perthes Orthosis, (Pattern Botton	\$ 1,333.96	Purchase
L1810	Ko, Elastic With Joints, Prefabricated,	\$ 73.14	Purchase
L1820	Ko, Elastic With Condylar Pads And J	\$ 113.32	Purchase
L1830	Ko, Immobilizer, Canvas Longitudinal,	\$ 68.91	Purchase
L1831	Ko, Locking Knee Joint(S), Positional	\$ 228.17	Purchase
L1832	Knee Orthosis, Adjustable Knee Joints	\$ 525.26	Purchase
L1834	Ko, Without Knee Joint, Rigid, Custom	\$ 576.54	Purchase
L1836	Ko, Rigid, Without Joint(S), Includes S	\$ 103.46	Purchase
L1840	Ko, Derotation, Medial-Lateral, Anteri	\$ 767.96	Purchase
L1843	Knee Orthosis, Single Upright, Thigh A	\$ 695.62	Purchase
L1844	Knee Orthosis, Double Upright, Thigh	\$ 1,205.73	Purchase
L1845	Knee Orthosis, Double Upright, Thigh	\$ 721.86	Purchase
L1846	Knee Orthosis, Double Upright, Thigh	\$ 885.06	Purchase
L1847	Ko, Double Upright With Adjustable J	\$ 445.91	Purchase
L1850	Ko, Swedish Type, Prefabricated, Inclu	\$ 225.76	Purchase
L1860	Ko, Modification Of Supracondylar Pr	\$ 796.97	Purchase
L1900	Ankle-Foot Orthosis (Afo), Spring Wi	\$ 200.36	Purchase
L1902	Afo, Ankle Gauntlet, Prefabricated, Inc	\$ 69.24	Purchase
L1904	Afo, Molded Ankle Gauntlet, Custom I	\$ 416.36	Purchase
L1906	Afo, Multiligamentous Ankle Support,	\$ 89.32	Purchase
L1907	Afo, Supramalleolar With Straps, With	\$ 436.23	Purchase
L1910	Afo, Posterior, Single Bar, Clasp Attac	\$ 202.85	Purchase
L1920	Afo, Single Upright With Static Or Adj	\$ 259.65	Purchase
L1930	Afo, Plastic Or Other Material, Prefabr	\$ 175.70	Purchase

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

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L1932	Afo, Rigid Anterior Tibial Section, Tot	\$ 691.82	Purchase
L1940	Afo, Plastic Or Other Material, Custon	\$ 367.30	Purchase
L1945	Afo, Molded To Patient Model, Plastic	\$ 878.15	Purchase
L1950	Afo, Spiral (Institute Of Rehabilitative	\$ 582.26	Purchase
L1951	Afo, Spiral, (Institute Of Rehabilitative	\$ 651.10	Purchase
L1960	Afo, Posterior Solid Ankle, Plastic, Cu	\$ 439.15	Purchase
L1970	Afo, Plastic With Ankle Joint, Custom	\$ 528.49	Purchase
L1971	Afo, Plastic Or Other Material With A	\$ 363.38	Purchase
L1980	Afo, Single Upright Free Plantar Dorsi	\$ 272.58	Purchase
L1990	Afo, Double Upright Free Plantar Dorsi	\$ 331.06	Purchase
L2000	Knee-Ankle-Foot-Orthosis (Kafo); Sin	\$ 784.34	Purchase
L2005	Kafo, Any Material, Single Or Double	\$ 3,176.83	Purchase
L2010	Kafo, Single Upright, Free Ankle, Solid	\$ 731.67	Purchase
L2020	Kafo, Double Upright, Free Ankle, Sol	\$ 921.28	Purchase
L2030	Kafo Double Upright, Free Ankle, Sol	\$ 836.31	Purchase
L2034	Kafo, Full Plastic, Single Upright, Witl	\$ 1,579.62	Purchase
L2035	Kafo, Full Plastic, Static (Pediatric Siz	\$ 135.66	Purchase
L2036	Kafo, Full Plastic, Double Upright, Wi	\$ 1,427.97	Purchase
L2037	Knee Ankle Foot Orthosis, Full Plastic	\$ 1,332.22	Purchase
L2038	Knee Ankle Foot Orthosis, Full Plastic	\$ 1,353.33	Purchase
L2040	Hip-Knee-Ankle-Foot Orthosis (Hkafo)	\$ 164.13	Purchase
L2050	Hkafo, Torsion Control, Bilateral Tors	\$ 353.80	Purchase
L2060	Hkafo, Torsion Control, Bilateral Tors	\$ 431.21	Purchase
L2070	Hkafo, Torsion Control, Unilateral Rot	\$ 110.72	Purchase
L2080	Hkafo, Torsion Control, Unilateral Tor	\$ 267.14	Purchase
L2090	Hkafo, Torsion Control, Unilateral Tor	\$ 325.67	Purchase
L2106	Ankle-Foot-Orthosis (Afo), Fracture O	\$ 504.98	Purchase
L2108	Afo, Fracture Orthosis, Tibial Fracture	\$ 879.26	Purchase
L2112	Afo, Fracture Orthosis, Tibial Fracture	\$ 404.42	Purchase
L2114	Afo, Fracture Orthosis, Tibial Fracture	\$ 507.25	Purchase
L2116	Afo, Fracture Orthosis, Tibial Fracture	\$ 583.63	Purchase
L2126	Knee-Ankle-Foot-Orthosis (Kafo), Fra	\$ 976.32	Purchase
L2128	Kafo, Fracture Orthosis, Femoral Fract	\$ 1,382.53	Purchase
L2132	Kafo, Fracture Orthosis, Femoral Fract	\$ 749.56	Purchase
L2134	Kafo, Fracture Orthosis, Femoral Fract	\$ 799.83	Purchase
L2136	Kafo, Fracture Orthosis, Femoral Fract	\$ 954.66	Purchase
L2180	Addition To Lower Extremity Fracture	\$ 89.10	Purchase
L2182	Addition To Lower Extremity Fracture	\$ 73.82	Purchase
L2184	Addition To Lower Extremity Fracture	\$ 100.91	Purchase
L2186	Addition To Lower Extremity Fracture	\$ 139.98	Purchase
L2188	Addition To Lower Extremity Fracture	\$ 268.04	Purchase
L2190	Addition To Lower Extremity Fracture	\$ 69.26	Purchase
L2192	Addition To Lower Extremity Fracture	\$ 304.13	Purchase
L2200	Addition To Lower Extremity, Limited	\$ 35.31	Purchase
L2210	Addition To Lower Extremity, Dorsifl	\$ 51.11	Purchase

Durable Medical Equipment Fee Schedule
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L2220	Addition To Lower Extremity, Dorsifle	\$ 60.82	Purchase
L2230	Addition To Lower Extremity, Split Fl	\$ 56.98	Purchase
L2232	Addition To Lower Extremity, Rocker	\$ 77.16	Purchase
L2240	Addition To Lower Extremity, Round C	\$ 70.54	Purchase
L2250	Addition To Lower Extremity, Foot Pl	\$ 285.97	Purchase
L2260	Addition To Lower Extremity, Reinfor	\$ 148.88	Purchase
L2265	Addition To Lower Extremity, Long T	\$ 87.46	Purchase
L2270	Addition To Lower Extremity, Varus/\	\$ 41.01	Purchase
L2275	Addition To Lower Extremity, Varus/\	\$ 96.69	Purchase
L2280	Addition To Lower Extremity, Molded	\$ 338.10	Purchase
L2300	Addition To Lower Extremity, Abducti	\$ 212.00	Purchase
L2310	Addition To Lower Extremity, Abducti	\$ 106.16	Purchase
L2320	Addition To Lower Extremity, Non-Mc	\$ 152.82	Purchase
L2330	Addition To Lower Extremity, Lacer M	\$ 319.88	Purchase
L2335	Addition To Lower Extremity, Anterio	\$ 197.50	Purchase
L2340	Addition To Lower Extremity, Pretibi	\$ 427.54	Purchase
L2350	Addition To Lower Extremity, Prosth	\$ 738.42	Purchase
L2360	Addition To Lower Extremity, Extende	\$ 38.42	Purchase
L2370	Addition To Lower Extremity, Patten F	\$ 249.01	Purchase
L2375	Addition To Lower Extremity, Torsion	\$ 105.18	Purchase
L2380	Addition To Lower Extremity, Torsion	\$ 91.43	Purchase
L2385	Addition To Lower Extremity, Straight	\$ 99.48	Purchase
L2387	Addition To Lower Extremity, Polycen	\$ 143.33	Purchase
L2390	Addition To Lower Extremity, Offset F	\$ 83.30	Purchase
L2395	Addition To Lower Extremity, Offset F	\$ 116.21	Purchase
L2397	Addition To Lower Extremity Orthosis	\$ 90.53	Purchase
L2405	Addition To Knee Joint, Drop Lock, Ea	\$ 67.58	Purchase
L2415	Addition To Knee Lock With Integrate	\$ 94.16	Purchase
L2425	Addition To Knee Joint, Disc Or Dial I	\$ 111.13	Purchase
L2430	Addition To Knee Joint, Ratchet Lock	\$ 111.13	Purchase
L2492	Addition To Knee Joint, Life Look For	\$ 100.90	Purchase
L2500	Addition To Lower Extremity, Thigh/V	\$ 241.38	Purchase
L2510	Addition To Lower Extremity, Thigh/V	\$ 541.57	Purchase
L2520	Addition To Lower Extremity, Thigh/V	\$ 357.25	Purchase
L2525	Addition To Lower Extremity, Thigh/V	\$ 963.86	Purchase
L2526	Addition To Lower Extremity, Thigh/V	\$ 550.03	Purchase
L2530	Addition To Lower Extremity, Thigh/V	\$ 174.50	Purchase
L2540	Addition To Lower Extremity, Thigh/V	\$ 314.00	Purchase
L2550	Addition To Lower Extremity, Thigh/V	\$ 213.31	Purchase
L2570	Addition To Lower Extremity, Pelvic C	\$ 353.76	Purchase
L2580	Addition To Lower Extremity, Pelvic C	\$ 344.70	Purchase
L2600	Addition To Lower Extremity, Pelvic C	\$ 188.75	Purchase
L2610	Addition To Lower Extremity, Pelvic C	\$ 199.93	Purchase
L2620	Addition To Lower Extremity, Pelvic C	\$ 224.80	Purchase
L2622	Addition To Lower Extremity, Pelvic C	\$ 254.86	Purchase

Durable Medical Equipment Fee Schedule
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L2624	Addition To Lower Extremity, Pelvic C	\$ 245.94	Purchase
L2627	Addition To Lower Extremity, Pelvic C	\$ 1,342.03	Purchase
L2628	Addition To Lower Extremity, Pelvic C	\$ 1,320.10	Purchase
L2630	Addition To Lower Extremity, Pelvic C	\$ 183.91	Purchase
L2640	Addition To Lower Extremity, Pelvic C	\$ 249.59	Purchase
L2650	Addition To Lower Extremity, Pelvic A	\$ 106.26	Purchase
L2660	Addition To Lower Extremity, Thoraci	\$ 138.42	Purchase
L2670	Addition To Lower Extremity, Thoraci	\$ 134.24	Purchase
L2680	Addition To Lower Extremity, Thoraci	\$ 124.34	Purchase
L2750	Addition To Lower Extremity Orthosis	\$ 62.08	Purchase
L2755	Addition To Lower Extremity Orthosis	\$ 101.28	Purchase
L2760	Addition To Lower Extremity Orthosis	\$ 45.13	Purchase
L2780	Addition To Lower Extremity Orthosis	\$ 50.26	Purchase
L2785	Addition To Lower Extremity Orthosis	\$ 23.63	Purchase
L2795	Addition To Lower Extremity Orthosis	\$ 64.10	Purchase
L2800	Addition To Lower Extremity Orthosis	\$ 98.53	Purchase
L2810	Addition To Lower Extremity Orthosis	\$ 77.34	Purchase
L2820	Addition To Lower Extremity Orthosis	\$ 64.50	Purchase
L2830	Addition To Lower Extremity Orthosis	\$ 69.78	Purchase
L2840	Addition To Lower Extremity Orthosis	\$ 41.25	Purchase
L2850	Addition To Lower Extremity Orthosis	\$ 45.98	Purchase
L2999	Lower Extremity Orthosis, Not Otherw	\$ -	Cost Invoice
L3000	Foot, Insert, Removable, Molded To P	\$ 243.54	Purchase
L3001	Foot, Insert, Removable, Molded To P	\$ 102.54	Purchase
L3002	Foot, Insert, Removable, Molded To P	\$ 125.21	Purchase
L3003	Foot, Insert, Removable, Molded To P	\$ 135.11	Purchase
L3010	Foot, Insert, Removable, Molded To P	\$ 135.11	Purchase
L3020	Foot, Insert, Removable, Molded To P	\$ 153.81	Purchase
L3030	Foot, Insert, Removable, Formed To P	\$ 59.17	Purchase
L3031	Foot, Insert/Plate, Removable, Additio	\$ 94.96	Purchase
L3040	Foot, Arch Support, Removable, Prem	\$ 36.48	Purchase
L3050	Foot, Arch Support, Removable, Prem	\$ 36.48	Purchase
L3060	Foot, Arch Support, Removable, Prem	\$ 57.18	Purchase
L3070	Foot, Arch Support, Non-Removable A	\$ 24.62	Purchase
L3080	Foot, Arch Support, Non-Removable A	\$ 24.62	Purchase
L3090	Foot, Arch Support, Non-Removable A	\$ 31.56	Purchase
L3100	Hallus-Valgus Night Dynamic Splint	\$ 33.52	Purchase
L3140	Foot, Abduction Rotation Bar, Includir	\$ 69.03	Purchase
L3150	Foot, Abduction Rotation Bars, Witho	\$ 63.10	Purchase
L3170	Foot, Plastic, Silicone Or Equal, Heel S	\$ 39.46	Purchase
L3201	Orthopedic Shoe, Oxford With Supinat	\$ 36.00	Per BMS - Purchase
L3202	Orthopedic Shoe, Oxford With Supinat	\$ 36.00	Per BMS - Purchase
L3203	Orthopedic Shoe, Oxford With Supinat	\$ 37.80	Per BMS - Purchase
L3204	Orthopedic Shoe, Hightop With Supinat	\$ 36.00	Per BMS - Purchase
L3206	Orthopedic Shoe, Hightop With Supinat	\$ 36.00	Per BMS - Purchase

Durable Medical Equipment Fee Schedule
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L3207	Orthopedic Shoe, Hightop With Supina	\$ 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, O	\$ 80.38	Per BMS - Purchase
L3216	Orthopedic Footwear, Ladies Shoes, D	\$ 123.93	Per BMS - Purchase
L3217	Orthopedic Footwear, Ladies Shoes, H	\$ 164.43	Per BMS - Purchase
L3219	Orthopedic Footwear, Men'S Shoes, O	\$ 82.52	Per BMS - Purchase
L3221	Orthopedic Footwear, Men'S Shoes, D	\$ 143.37	Per BMS - Purchase
L3222	Orthopedic Footwear, Men'S Shoes, SI	\$ 162.00	Per BMS - Purchase
L3224	Orthopedic Footwear, Woman'S Shoe,	\$ 49.41	Purchase
L3225	Orthopedic Footwear, Man'S Shoe, Ox	\$ 50.74	Purchase
L3230	Orthopedic Footwear, Custom Shoes, I	\$ 392.04	Per BMS - Purchase
L3250	Orthopedic Footwear, Custom Molded	\$ 277.83	Per BMS - Purchase
L3251	Foot, Shoe Molded To Patient Model, I	\$ -	Cost Invoice
L3252	Foot, Shoe Molded To Patient Model,	\$ 81.00	Per BMS - Purchase
L3253	Foot, Molded Shoe Plastazote (Or Sim	\$ 55.89	Per BMS - Purchase
L3254	Non-Standard Size Or Width	\$ 12.96	Per BMS - Purchase
L3255	Non-Standard Size Or Length	\$ 12.96	Per BMS - Purchase
L3257	Orthopedic Footwear, Additional Char	\$ 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 Meta	\$ 40.42	Purchase
L3310	Lift, Elevation, Heel And Sole, Neopre	\$ 63.10	Purchase
L3320	Lift, Elevation, Heel And Sole, Cork, P	\$ 103.68	Per BMS - Purchase
L3330	Lift, Elevation, Metal Extension (Skate	\$ 438.76	Purchase
L3332	Lift, Elevation, Inside Shoe, Tapered,	\$ 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 S	\$ 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

Durable Medical Equipment Fee Schedule
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
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, Leaf	\$ 22.67	Purchase
L3510	Orthopedic Shoe Addition Insole, Rubber	\$ 22.67	Purchase
L3520	Orthopedic Shoe Addition Insole, Felt	\$ 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, Synthetic	\$ 6.88	Purchase
L3560	Orthopedic Shoe Addition Toe Tap, Heel	\$ 17.77	Purchase
L3570	Orthopedic Shoe Addition, Special Extension	\$ 66.09	Purchase
L3580	Orthopedic Shoe Addition, Convert Insole	\$ 50.28	Purchase
L3590	Orthopedic Shoe Addition, Convert Firm	\$ 41.41	Purchase
L3595	Orthopedic Shoe Addition, March Bar	\$ 32.52	Purchase
L3600	Transfer Of An Orthosis From One Shoe	\$ 59.17	Purchase
L3610	Transfer Of An Orthosis From One Shoe	\$ 77.89	Purchase
L3620	Transfer Of An Orthosis From One Shoe	\$ 59.17	Purchase
L3630	Transfer Of An Orthosis From One Shoe	\$ 77.89	Purchase
L3640	Transfer Of An Orthosis From One Shoe	\$ 33.52	Purchase
L3649	Orthopedic Shoe, Modification, Addition	\$ -	Cost Invoice
L3650	Shoulder Orthosis, (So); Figure Of Eight	\$ 49.38	Purchase
L3660	Shoulder Orthosis, Figure Of Eight De	\$ 74.70	Purchase
L3670	Shoulder Orthosis, Acromio/Clavicular	\$ 98.71	Purchase
L3671	Shoulder Orthosis, Shoulder Cap Design	\$ 635.78	Purchase
L3674	So Airplane W/Wo Joint Cf	\$ 834.01	Purchase
L3702	Elbow Orthosis, Without Joints, May Incl	\$ 203.74	Purchase
L3710	Elbow Orthosis (Eo), Elastic With Metal	\$ 113.57	Purchase
L3720	Elbow Orthosis (Eo), Double Upright	\$ 506.76	Purchase
L3730	Elbow Orthosis (Eo), Double Upright	\$ 655.15	Purchase
L3740	Elbow Orthosis (Eo), Double Upright	\$ 776.74	Purchase
L3760	Eo withjoint, prefabricated	\$ 352.84	Purchase
L3761	Eo, adj lock joint prefab ot	\$ 705.69	Purchase
L3762	Eo rigid w/o joints pre ots	\$ 75.86	Purchase
L3763	Ewho, Rigid, Without Joints, May Incl	\$ 495.26	Purchase
L3764	Ewho, Includes One Or More Nontorsi	\$ 646.44	Purchase
L3765	Ewhfo, Rigid, Without Joints, May Inc	\$ 904.70	Purchase
L3766	Ewhfo, Includes One Or More Nontors	\$ 958.01	Purchase
L3806	Wrist-Hand-Finger Orthosis, Includes	\$ 320.50	Purchase
L3807	Wrist-Hand-Finger-Orthosis (Whfo), V	\$ 176.43	Purchase
L3808	Wrist-Hand-Finger Orthosis, Rigid Wi	\$ 263.84	Purchase
L3900	Wrist-Hand-Finger Orthosis, Dynamic	\$ 1,028.78	Purchase
L3901	Wrist-Hand-Finger Orthosis, Dynamic	\$ 1,168.31	Purchase
L3904	Wrist-Hand-Finger Orthosis, External	\$ 2,128.32	Purchase
L3905	Wrist-Hand Orthosis, Includes One Or	\$ 699.71	Purchase

Durable Medical Equipment Fee Schedule
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L3906	Wrist-Hand Orthosis, Without Joints, I	\$ 310.67	Purchase
L3908	Wrist-Hand Orthosis (Who), Wrist Ext	\$ 48.89	Purchase
L3912	Hand-Finger Orthosis, Flexion Glove \	\$ 84.70	Purchase
L3913	Hand-Finger Orthosis, Without Joints,	\$ 191.10	Purchase
L3915	Wrist-Hand-Finger Orthosis, Includes	\$ 375.05	Purchase
L3917	Hand Orthosis, Metacarpal Fracture O	\$ 74.56	Purchase
L3919	Hand Orthosis, Without Joints, May In	\$ 191.10	Purchase
L3921	Hand-Finger Orthosis, Includes One O	\$ 226.63	Purchase
L3923	Hfo, Without Joints, May Include Soft	\$ 68.10	Purchase
L3925	Finger Orthosis Proximal Interphalang	\$ 36.53	Purchase
L3927	Finger Orthosis, Proximal Interphalang	\$ 24.66	Purchase
L3929	Hand Finger Orthosis, Includes One O	\$ 64.71	Purchase
L3931	Wrist Hand Finger Orthosis, Includes C	\$ 132.52	Purchase
L3933	Finger Orthosis, Without Joints, May I	\$ 150.53	Purchase
L3935	Finger Orthosis, Nontorsion Joint, May	\$ 155.86	Purchase
L3956	Addition Of Joint To Upper Extremity	\$ -	Cost Invoice
L3960	Shoulder-Elbow-Wrist-Hand Orthosis	\$ 534.61	Purchase
L3961	Shoulder-Elbow-Wrist-Hand Orthosis,	\$ 1,185.42	Purchase
L3962	Shoulder-Elbow-Wrist-Hand Orthosis,	\$ 521.46	Purchase
L3967	Sewho, Abduction Positioning (Airplar	\$ 1,399.58	Purchase
L3971	Sewho, Shoulder Cap Design, Includes	\$ 1,328.54	Purchase
L3973	Sewho, Abduction Positioning (Airplar	\$ 1,399.58	Purchase
L3975	Sewhfo, Shoulder Cap Design, Withou	\$ 1,185.42	Purchase
L3976	Sewhfo, Abduction Positioning (Airpla	\$ 1,185.42	Purchase
L3977	Sewhfo, Shoulder Cap Design, Include	\$ 1,328.54	Purchase
L3978	Sewhfo, Abduction Positioning (Airpla	\$ 1,399.58	Purchase
L3980	Upper Extremity Fracture Orthosis, Hu	\$ 232.72	Purchase
L3981	Ue fx orth shoul cap forearm	\$ 710.20	Purchase
L3982	Upper Extremity Fracture Orthosis, R	\$ 271.32	Purchase
L3984	Upper Extremity Fracture Orthosis, W	\$ 250.15	Purchase
L3995	Addition To Upper Extremity Orthosis	\$ 25.92	Purchase
L3999	Upper Limb Orthosis, Not Otherwise S	\$ -	Cost Invoice
L4000	Replace Girdle For Spinal Orthosis (Ct	\$ 1,022.41	Purchase
L4002	Replacement Strap, Any Orthosis, Incl	\$ 11.52	Per BMS - Purchase
L4010	Replace trilateral socket br	\$ 498.44	Purchase
L4020	Replace Quadrilateral Socket Brim, M	\$ 697.09	Purchase
L4030	Replace Quadrilateral Socket Brim, C	\$ 374.98	Purchase
L4040	Replace Molded Thigh Lacer, For Cust	\$ 305.99	Purchase
L4045	Replace Non-Molded Thigh Lacer, For	\$ 243.63	Purchase
L4050	Replace Molded Calf Lacer, For Custo	\$ 306.62	Purchase
L4055	Replace Non-Molded Calf Lacer, For C	\$ 198.55	Purchase
L4060	Replace High Roll Cuff	\$ 236.03	Purchase
L4070	Replace Proximal And Distal Upright I	\$ 209.02	Purchase
L4080	Replace Metal Bands Kafo, Proximal T	\$ 85.74	Purchase
L4090	Replace Metal Bands Kafo-Afo, Calf C	\$ 67.65	Purchase

Durable Medical Equipment Fee Schedule
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L4100	Replace Leather Cuff Kafo, Proximal T	\$ 88.83	Purchase
L4110	Replace Leather Cuff Kafo-Afo, Calf C	\$ 66.92	Purchase
L4130	Replace Pretibial Shell	\$ 375.26	Purchase
L4205	Repair Of Orthotic Device, Labor Con	\$ 18.70	Priced per MLN Matters MM11064
L4210	Repair Of Orthotic Device, Repair Or I	\$ -	Cost Invoice
L4350	Ankle Control Orthosis, Stirrup Style,	\$ 74.34	Purchase
L4360	Walking Boot, Pneumatic, With Or Wi	\$ 228.54	Purchase
L4370	Pneumatic Full Leg Splint, Prefabricate	\$ 151.14	Purchase
L4386	Walking Boot, Non-Pneumatic, With C	\$ 122.91	Purchase
L4392	Replacement, Soft Interface Material; S	\$ 18.23	Purchase
L4394	Replace Soft Interface Material, Foot I	\$ 13.30	Purchase
L4396	Static Ankle Foot Orthosis, Including S	\$ 130.09	Purchase
L4398	Foot Drop Splint, Recumbent Positioni	\$ 59.90	Purchase
L4631	Afo, Walk Boot Type, Cus Fab	\$ 1,236.18	Purchase
L5000	Partial Foot, Shoe Insert With Longitud	\$ 441.02	Purchase
L5010	Partial Foot, Molded Socket, Ankle He	\$ 963.32	Purchase
L5020	Partial Foot, Molded Socket, Tibial Tu	\$ 1,568.08	Purchase
L5050	Ankle, Symes, Molded Socket Sach Fo	\$ 1,815.91	Purchase
L5060	Ankle, Symes, Metal Frame, Molded L	\$ 2,185.47	Purchase
L5100	Below Knee, Molded, Socket, Shin, Sa	\$ 1,891.70	Purchase
L5105	Below Knee, Plastic Socket, Joints And	\$ 3,002.53	Purchase
L5150	Knee Disarticulation (Or Through Kne	\$ 2,778.66	Purchase
L5160	Knee Disarticulation (Or Through Kne	\$ 3,022.30	Purchase
L5200	Above Knee, Molded Socket, Single A	\$ 2,632.68	Purchase
L5210	Above Knee, Short Prosthesis, No Kne	\$ 1,920.06	Purchase
L5220	Above Knee, Short Prosthesis, No Kne	\$ 2,182.50	Purchase
L5230	Above Knee, For Proximal Femoral Fo	\$ 3,010.10	Purchase
L5250	Hip Disarticulation, Canadian Type, M	\$ 4,105.50	Purchase
L5270	Hip Disarticulation, Tilt Table Type; M	\$ 4,069.54	Purchase
L5280	Hemipelvectomy, Canadian Type; Mol	\$ 4,028.84	Purchase
L5301	Below Knee, Molded Socket, Shin, Sac	\$ 1,816.76	Purchase
L5312	Knee Disarticulation (Or Through Kne	\$ 2,609.98	Purchase
L5321	Above Knee, Molded Socket, Open En	\$ 2,600.65	Purchase
L5331	Hip Disarticulation, Canadian Type, M	\$ 3,680.01	Purchase
L5341	Hemipelvectomy, Canadian Type, Mol	\$ 3,999.01	Purchase
L5400	Immediate Post Surgical Or Early Fitti	\$ 952.31	Purchase
L5410	Immediate Post Surgical Or Early Fitti	\$ 417.24	Purchase
L5420	Immediate Post Surgical Or Early Fitti	\$ 1,202.73	Purchase
L5430	Immediate Post Surgical Or Early Fitti	\$ 530.90	Purchase
L5450	Immediate Post Surgical Or Early Fitti	\$ 339.62	Purchase
L5460	Immediate Post Surgical Or Early Fitti	\$ 500.58	Purchase
L5500	Initial, Below Knee "Ptb" Type Socket,	\$ 1,016.24	Purchase
L5505	Initial, Above Knee - Knee Disarticulat	\$ 1,376.26	Purchase
L5510	Preparatory, Below Knee "Ptb" Type S	\$ 1,151.98	Purchase
L5520	Preparatory, Below Knee "Ptb" Type S	\$ 1,137.88	Purchase

Durable Medical Equipment Fee Schedule
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L5530	Preparatory, Below Knee "Ptb" Type S	\$ 1,440.32	Purchase
L5535	Preparatory, Below Knee "Ptb" Type S	\$ 1,419.42	Purchase
L5540	Preparatory, Below Knee "Ptb" Type S	\$ 1,498.85	Purchase
L5560	Preparatory, Above Knee - Knee Disar	\$ 1,537.88	Purchase
L5570	Preparatory, Above Knee - Knee Disar	\$ 1,598.86	Purchase
L5580	Preparatory, Above Knee - Knee Disar	\$ 1,866.55	Purchase
L5585	Preparatory, Above Knee - Knee Disar	\$ 2,024.50	Purchase
L5590	Preparatory, Above Knee - Knee Disar	\$ 1,902.14	Purchase
L5595	Preparatory, Hip Disarticulation-Hemi	\$ 3,343.46	Purchase
L5600	Preparatory, Hip Disarticulation – Hen	\$ 3,646.78	Purchase
L5610	Addition To Lower Extremity, Endoske	\$ 1,638.22	Purchase
L5611	Addition To Lower Extremity, Endoske	\$ 1,274.86	Purchase
L5613	Addition To Lower Extremity, Endoske	\$ 1,939.14	Purchase
L5614	Addition To Lower Extremity, Endoske	\$ 1,310.78	Purchase
L5616	Addition To Lower Extremity, Endoske	\$ 1,074.66	Purchase
L5617	Addition To Lower Extremity, Quick C	\$ 434.61	Purchase
L5618	Addition To Lower Extremity, Test So	\$ 250.37	Purchase
L5620	Addition To Lower Extremity, Test So	\$ 219.98	Purchase
L5622	Addition To Lower Extremity, Test So	\$ 335.96	Purchase
L5624	Addition To Lower Extremity, Test So	\$ 320.54	Purchase
L5626	Addition To Lower Extremity, Test So	\$ 450.56	Purchase
L5628	Addition To Lower Extremity, Test So	\$ 426.74	Purchase
L5629	Addition To Lower Extremity, Below F	\$ 325.88	Purchase
L5630	Addition To Lower Extremity, Symes T	\$ 355.11	Purchase
L5631	Addition To Lower Extremity, Above I	\$ 424.66	Purchase
L5632	Addition To Lower Extremity, Symes T	\$ 175.70	Purchase
L5634	Addition To Lower Extremity, Symes T	\$ 240.69	Purchase
L5636	Addition To Lower Extremity, Symes T	\$ 201.62	Purchase
L5637	Addition To Lower Extremity, Below F	\$ 269.31	Purchase
L5638	Addition To Lower Extremity, Below F	\$ 385.08	Purchase
L5639	Addition To Lower Extremity, Below F	\$ 903.37	Purchase
L5640	Addition To Lower Extremity, Knee D	\$ 550.00	Purchase
L5642	Addition To Lower Extremity, Above I	\$ 492.40	Purchase
L5643	Addition To Lower Extremity, Hip Dis	\$ 1,231.55	Purchase
L5644	Addition To Lower Extremity, Above I	\$ 467.35	Purchase
L5645	Addition To Lower Extremity, Below F	\$ 631.34	Purchase
L5646	Addition To Lower Extremity, Below F	\$ 433.54	Purchase
L5647	Addition To Lower Extremity, Below F	\$ 629.42	Purchase
L5648	Addition To Lower Extremity, Above I	\$ 520.94	Purchase
L5649	Addition To Lower Extremity, Ischial C	\$ 1,581.53	Purchase
L5650	Addition To Lower Extremity, Total C	\$ 386.28	Purchase
L5651	Addition To Lower Extremity, Above I	\$ 950.24	Purchase
L5652	Addition To Lower Extremity, Suction	\$ 344.98	Purchase
L5653	Addition To Lower Extremity, Knee D	\$ 460.51	Purchase
L5654	Addition To Lower Extremity, Socket I	\$ 262.42	Purchase

Durable Medical Equipment Fee Schedule
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L5655	Addition To Lower Extremity, Socket I	\$ 222.18	Purchase
L5656	Addition To Lower Extremity, Socket I	\$ 312.98	Purchase
L5658	Addition To Lower Extremity, Socket I	\$ 304.80	Purchase
L5661	Addition To Lower Extremity, Socket I	\$ 529.68	Purchase
L5665	Addition To Lower Extremity, Socket I	\$ 405.14	Purchase
L5666	Addition To Lower Extremity; Below I	\$ 60.20	Purchase
L5668	Addition To Lower Extremity; Below I	\$ 80.38	Purchase
L5670	Addition To Lower Extremity; Below I	\$ 244.70	Purchase
L5671	Addition To Lower Extremity; Below I	\$ 393.58	Purchase
L5672	Additional To Lower Extremity Below	\$ 299.00	Purchase
L5673	Additional To Lower Extremity Below	\$ 555.91	Purchase
L5676	Additional To Lower Extremity Below	\$ 286.73	Purchase
L5677	Additional To Lower Extremity Below	\$ 390.14	Purchase
L5678	Additional To Lower Extremity Below	\$ 31.42	Purchase
L5679	Additional To Lower Extremity, Below	\$ 463.25	Purchase
L5680	Additional To Lower Extremity Below	\$ 274.05	Purchase
L5681	Additional To Lower Extremity, Below	\$ 1,021.77	Purchase
L5682	Additional To Lower Extremity Below	\$ 494.85	Purchase
L5683	Addition To Lower Extremity, Below K	\$ 1,021.77	Purchase
L5684	Addition To Lower Extremity, Below	\$ 38.08	Purchase
L5685	Addition To Lower Extremity Prosthesis	\$ 99.50	Purchase
L5686	Addition To Lower Extremity, Below I	\$ 51.36	Purchase
L5688	Addition To Lower Extremity, Below I	\$ 48.34	Purchase
L5690	Addition To Lower Extremity, Below I	\$ 93.59	Purchase
L5692	Addition To Lower Extremity, Above I	\$ 108.63	Purchase
L5694	Addition To Lower Extremity, Pelvic C	\$ 143.54	Purchase
L5695	Addition To Lower Extremity, Pelvic C	\$ 150.58	Purchase
L5696	Addition To Lower Extremity, Above I	\$ 164.56	Purchase
L5697	Addition To Lower Extremity, Pelvic E	\$ 66.85	Purchase
L5698	Addition To Lower Extremity, Silesian	\$ 83.14	Purchase
L5699	All Lower Extremity Prosthesis, Shoul	\$ 147.54	Purchase
L5700	Replacement, Socket; Below Knee, Mo	\$ 2,279.56	Purchase
L5701	Replacement, Socket; Above Knee/Kne	\$ 2,828.01	Purchase
L5702	Replacement, Socket; Hip Disarticulat	\$ 3,564.28	Purchase
L5703	Ankle, Symes, Molded To Patient Mod	\$ 1,655.22	Purchase
L5704	Custom Shaped Protective Cover, Belo	\$ 464.79	Purchase
L5705	Custom Shaped Protective Cover, Abo	\$ 852.15	Purchase
L5706	Custom Shaped Protective Cover, Kne	\$ 831.16	Purchase
L5707	Custom Shaped Protective Cover, Hip	\$ 1,116.66	Purchase
L5710	Addition, Exoskeletal Knee-Shin Syste	\$ 284.58	Purchase
L5711	Addition, Exoskeletal Knee-Shin Syste	\$ 431.70	Purchase
L5712	Addition, Exoskeletal Knee-Shin Syste	\$ 340.95	Purchase
L5714	Addition, Exoskeletal Knee-Shin Syste	\$ 351.60	Purchase
L5716	Addition, Exoskeletal Knee-Shin Syste	\$ 576.70	Purchase
L5718	Addition, Exoskeletal Knee-Shin Syste	\$ 720.82	Purchase

Durable Medical Equipment Fee Schedule
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L5722	Addition, Exoskeletal Knee-Shin Syste	\$ 752.20	Purchase
L5724	Addition, Exoskeletal Knee-Shin Syste	\$ 1,194.34	Purchase
L5726	Addition, Exoskeletal Knee-Shin Syste	\$ 1,568.30	Purchase
L5728	Addition, Exoskeletal Knee-Shin Syste	\$ 1,953.90	Purchase
L5780	Addition, Exoskeletal Knee-Shin Syste	\$ 942.07	Purchase
L5785	Addition, Exoskeletal System, Below K	\$ 411.10	Purchase
L5790	Addition, Exoskeletal System, Above K	\$ 568.94	Purchase
L5795	Addition, Exoskeletal System, Hip Dis	\$ 849.57	Purchase
L5810	Addition, Endoskeletal Knee-Shin Syst	\$ 395.22	Purchase
L5811	Addition, Endoskeletal Knee-Shin Syst	\$ 577.08	Purchase
L5812	Addition, Endoskeletal Knee-Shin Syst	\$ 447.30	Purchase
L5814	Addition, Endoskeletal Knee-Shin Syst	\$ 2,884.84	Purchase
L5816	Addition, Endoskeletal Knee-Shin Syst	\$ 672.93	Purchase
L5818	Addition, Endoskeletal Knee-Shin Syst	\$ 759.86	Purchase
L5822	Addition, Endoskeletal Knee-Shin Syst	\$ 1,474.21	Purchase
L5824	Addition, Endoskeletal Knee-Shin Syst	\$ 1,213.45	Purchase
L5826	Addition, Endoskeletal Knee-Shin Syst	\$ 2,450.07	Purchase
L5828	Addition, Endoskeletal Knee-Shin Syst	\$ 2,313.10	Purchase
L5830	Addition, Endoskeletal Knee-Shin Syst	\$ 1,643.55	Purchase
L5840	Addition, Endoskeletal Knee-Shin Syst	\$ 2,898.21	Purchase
L5845	Addition, Endoskeletal, Knee-Shin Sys	\$ 1,392.28	Purchase
L5850	Addition, Endoskeletal System; Above	\$ 105.10	Purchase
L5855	Addition, Endoskeletal System; Hip D	\$ 244.37	Purchase
L5910	Addition, Endoskeletal System, Below	\$ 288.61	Purchase
L5920	Addition, Endoskeletal System, Above	\$ 419.84	Purchase
L5925	Addition, Endoskeletal System, Above	\$ 265.87	Purchase
L5930	Addition, Endoskeletal System; High A	\$ 2,614.58	Purchase
L5940	Addition, Endoskeletal System; Below	\$ 396.90	Purchase
L5950	Addition, Endoskeletal System; Abov	\$ 670.51	Purchase
L5960	Addition, Endoskeletal System; Hip I	\$ 803.16	Purchase
L5961	Endo Poly Hip, Pneu/Hyd/Rot	\$ 3,599.82	Purchase
L5962	Addition, Endoskeletal System; Below	\$ 465.10	Purchase
L5964	Addition, Endoskeletal System; Abov	\$ 833.10	Purchase
L5966	Addition, Endoskeletal System; Hip I	\$ 1,073.15	Purchase
L5970	All Lower Extremity Prostheses; Foot,	\$ 173.70	Purchase
L5971	All Lower Extremity Prosthesis, Solid	\$ 173.70	Purchase
L5972	All Lower Extremity Prosthesis, Flexib	\$ 278.86	Purchase
L5974	All Lower Extremity Prosthesis, Foot,	\$ 235.28	Purchase
L5975	All Lower Extremity Prosthesis; Comb	\$ 360.10	Purchase
L5976	All Lower Extremity Prostheses, Energ	\$ 443.13	Purchase
L5978	All Lower Extremity Prostheses, Foot,	\$ 230.91	Purchase
L5979	All Lower Extremity Prostheses, Multi	\$ 1,852.92	Purchase
L5980	All Lower Extremity Prostheses, Flex	\$ 2,933.77	Purchase
L5981	All Lower Extremity Prostheses, Flex-	\$ 2,535.86	Purchase
L5982	All Exoskeletal Lower Extremity Prost	\$ 457.44	Purchase

Durable Medical Equipment Fee Schedule
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L5984	All Endoskeletal Lower Extremity Pros	\$ 453.38	Purchase
L5985	All Endoskeletal Lower Extremity Pros	\$ 219.36	Purchase
L5986	All Lower Extremity Prostheses, Multi	\$ 504.07	Purchase
L5987	All Lower Extremity Prostheses, Shank	\$ 5,587.94	Purchase
L5988	Addition To Lower Limb Prosthesis, V	\$ 1,551.78	Purchase
L5990	Addition To Lower Extremity Prosthes	\$ 1,409.26	Purchase
L5999	Lower Extremity Prosthesis, Not Other	\$ -	Cost Invoice
L6000	Partial Hand, Robin-Aids; Thumb Ren	\$ 1,051.34	Purchase
L6010	Partial Hand, Robin-Aids; Little And	\$ 1,169.97	Purchase
L6020	Partial Hand, Robin-Aids; No Finger I	\$ 1,090.82	Purchase
L6026	Part hand myo exclu term dev	\$ 3,346.17	Purchase
L6050	Wrist Disarticulation, Molded Socket,	\$ 1,503.10	Purchase
L6055	Wrist Disarticulation, Molded Socket V	\$ 2,389.23	Purchase
L6100	Below Elbow, Molded Socket; Flexible	\$ 1,522.87	Purchase
L6110	Below Elbow, (Muenster Or Northwes	\$ 1,615.26	Purchase
L6120	Below Elbow, Molded Double Wall Sp	\$ 1,882.35	Purchase
L6130	Below Elbow, Molded Double Wall Sp	\$ 2,048.35	Purchase
L6200	Elbow Disarticulation, Molded Socket,	\$ 2,158.63	Purchase
L6205	Elbow Disarticulation, Molded Socket	\$ 3,597.12	Purchase
L6250	Above Elbow, Molded Double Wall Sc	\$ 2,124.81	Purchase
L6300	Shoulder Disarticulation, Molded Sock	\$ 2,947.94	Purchase
L6310	Shoulder Disarticulation, Passive Rest	\$ 2,424.30	Purchase
L6320	Shoulder Disarticulation, Passive Rest	\$ 1,352.22	Purchase
L6350	Interscapular Thoracic; Molded Socket	\$ 3,099.31	Purchase
L6360	Interscapular Thoracic Passive Restor	\$ 2,544.37	Purchase
L6370	Interscapular Thoracic Passive Restora	\$ 1,915.50	Purchase
L6380	Immediate Post Surgical Or Early Fitti	\$ 1,034.54	Purchase
L6382	Immediate Post Surgical Or Early Fitti	\$ 1,237.98	Purchase
L6384	Immediate Post Surgical Or Early Fitti	\$ 1,510.67	Purchase
L6386	Immediate Post Surgical Or Early Fitti	\$ 362.27	Purchase
L6388	Immediate Post Surgical Or Early Fitti	\$ 347.86	Purchase
L6400	Below Elbow, Molded Socket Endoske	\$ 1,839.91	Purchase
L6450	Elbow Disarticulation, Molded Socket,	\$ 2,439.53	Purchase
L6500	Above Elbow, Molded Socket, Endosk	\$ 2,441.53	Purchase
L6550	Shoulder Disarticulation, Molded Sock	\$ 3,017.28	Purchase
L6570	Interscapular Thoracic, Molded Socket	\$ 3,660.99	Purchase
L6580	Preparatory, Wrist Disarticulation Or E	\$ 1,277.92	Purchase
L6582	Preparatory, Wrist Disarticulation Or E	\$ 1,089.02	Purchase
L6584	Preparatory, Elbow Disarticulation Or	\$ 1,764.02	Purchase
L6586	Preparatory, Elbow Disarticulation Or	\$ 1,543.15	Purchase
L6588	Preparatory, Shoulder Disarticulation C	\$ 2,547.38	Purchase
L6590	Preparatory, Shoulder Disarticulation C	\$ 2,330.15	Purchase
L6600	Upper Extremity Additions, Polycentri	\$ 157.22	Purchase
L6605	Upper Extremity Additions, Single Piv	\$ 146.76	Purchase
L6610	Upper Extremity Additions, Flexible M	\$ 131.74	Purchase

Durable Medical Equipment Fee Schedule
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L6611	Addition To Upper Extremity Prosthes	\$ 319.83	Purchase
L6615	Upper Extremity Additions, Disconnec	\$ 162.44	Purchase
L6616	Upper Extremity Additions, Additional	\$ 68.43	Purchase
L6620	Upper Extremity Additions, Flexion/E	\$ 254.94	Purchase
L6621	Upper Extremity Prosthesis Addition, I	\$ 1,776.74	Purchase
L6623	Upper Extremity Additions, Spring As	\$ 583.56	Purchase
L6624	Upper Extremity Addition, Flexion/Ex	\$ 2,925.45	Purchase
L6625	Upper Extremity Additions, Rotation V	\$ 424.64	Purchase
L6628	Upper Extremity Additions, Quick Dis	\$ 433.95	Purchase
L6629	Upper Extremity Additions, Quick Dis	\$ 115.77	Purchase
L6630	Upper Extremity Additions, Stainless S	\$ 170.54	Purchase
L6632	Upper Extremity Additions, Latex Sus	\$ 56.88	Purchase
L6635	Upper Extremity Additions, Lift Assist	\$ 157.95	Purchase
L6637	Upper Extremity Additions, Nudge Co	\$ 327.87	Purchase
L6638	Upper Extremity Addition To Prosthes	\$ 1,942.53	Purchase
L6640	Upper Extremity Addition To Prosthes	\$ 223.75	Purchase
L6641	Upper Extremity Addition To Prosthes	\$ 148.71	Purchase
L6642	Upper Extremity Addition To Prosthes	\$ 211.73	Purchase
L6645	Upper Extremity Addition To Prosthes	\$ 257.13	Purchase
L6650	Upper Extremity Addition, Shoulder U	\$ 267.83	Purchase
L6655	Upper Extremity Addition, Standard C	\$ 59.44	Purchase
L6660	Upper Extremity Addition, Heavy Dut	\$ 72.63	Purchase
L6665	Upper Extremity Addition, Teflon, Or	\$ 41.52	Purchase
L6670	Upper Extremity Addition, Hook To H	\$ 39.37	Purchase
L6672	Upper Extremity Addition, Harness, C	\$ 133.42	Purchase
L6675	Upper Extremity Addition, Harness, (E	\$ 95.02	Purchase
L6676	Upper Extremity Addition, Harness, (\$ 95.96	Purchase
L6677	Upper Extremity Addition, Harness, Ti	\$ 230.43	Purchase
L6680	Upper Extremity Addition, Test Socket	\$ 183.58	Purchase
L6682	Upper Extremity Addition, Test Socket	\$ 205.75	Purchase
L6684	Upper Extremity Addition, Test Socket	\$ 275.81	Purchase
L6686	Upper Extremity Addition, Suction Soc	\$ 512.90	Purchase
L6687	Upper Extremity Addition, Frame Typ	\$ 456.41	Purchase
L6688	Upper Extremity Addition, Frame Typ	\$ 441.50	Purchase
L6689	Upper Extremity Addition, Frame Typ	\$ 533.15	Purchase
L6690	Upper Extremity Addition, Frame Typ	\$ 577.38	Purchase
L6691	Upper Extremity Addition, Removable	\$ 345.30	Purchase
L6692	Upper Extremity Addition, Silicone Ge	\$ 442.50	Purchase
L6693	Upper Extremity Addition, Locking El	\$ 2,205.29	Purchase
L6694	Addition To Upper Extremity Prosthes	\$ 555.91	Purchase
L6695	Additional To Upper Extremity Prosth	\$ 463.25	Purchase
L6696	Addition To Upper Extremity Prosthes	\$ 1,021.77	Purchase
L6697	Addition To Upper Extremity Prosthes	\$ 1,021.77	Purchase
L6698	Addition To Upper Extremity Prosthes	\$ 393.58	Purchase
L6703	Terminal Device, Passive Hand/Mitt, A	\$ 279.83	Purchase

Durable Medical Equipment Fee Schedule
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L6706	Terminal Device, Hook, Mechanical, V	\$ 276.09	Purchase
L6707	Terminal Device, Hook, Mechanical, V	\$ 1,163.59	Purchase
L6708	Terminal Device, Hand, Mechanical, V	\$ 661.86	Purchase
L6709	Terminal Device, Hand, Mechanical, V	\$ 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 Flex	\$ 284.82	Purchase
L6810	Terminal Device; Pincher Tool, Otto B	\$ 155.25	Purchase
L6883	Replacement Socket, Below Elbow/Wr	\$ 1,255.64	Purchase
L6884	Replacement Socket, Above Elbow, Di	\$ 1,766.50	Purchase
L6885	Replacement Socket, Shoulder Disartic	\$ 2,544.37	Purchase
L6890	Addition To Upper Extremity Prosthesis	\$ 134.58	Purchase
L6895	Addition To Upper Extremity Prosthesis	\$ 489.84	Purchase
L6900	Hand Restoration (Casts, Shading And	\$ 1,271.27	Purchase
L6905	Hand Restoration (Casts, Shading And	\$ 1,248.03	Purchase
L6910	Hand Restoration (Casts, Shading And	\$ 1,281.19	Purchase
L6915	Hand Restoration (Shading And Measu	\$ 495.35	Purchase
L6920	Wrist Disarticulation, External Power,	\$ 6,099.23	Purchase
L6925	Wrist Disarticulation, External Power,	\$ 6,686.53	Purchase
L6930	Below Elbow, External Power, Self-Su	\$ 5,770.02	Purchase
L6935	Below Elbow, External Power, Self-Su	\$ 6,827.82	Purchase
L6940	Elbow Disarticulation, External Power,	\$ 7,522.27	Purchase
L6945	Elbow Disarticulation, External Power,	\$ 8,413.52	Purchase
L6950	Above Elbow, External Power, Moldec	\$ 7,972.00	Purchase
L6955	Otto Bock Or Equal Electrodes, Cables	\$ 9,695.50	Purchase
L6960	Shoulder Disarticulation, External Pow	\$ 10,293.26	Purchase
L6965	Shoulder Disarticulation, External Pow	\$ 11,790.89	Purchase
L6970	Interscapular Thoracic, External Power	\$ 12,672.84	Purchase
L6975	Interscapular Thoracic, External Power	\$ 13,990.98	Purchase
L7007	Electric Hand, Switch Or Myoelectric C	\$ 2,869.93	Purchase
L7008	Electric Hand, Switch Or Myoelectric,	\$ 4,848.37	Purchase
L7009	Electric Hook, Switch Or Myoelectric C	\$ 2,934.84	Purchase
L7040	Prehensile Actuator; Hosmer Or Equal	\$ 2,301.82	Purchase
L7045	Electronic Hook, Child, Michigan Or E	\$ 1,278.94	Purchase
L7170	Electronic Elbow; Hosmer Or Equal, S	\$ 4,639.58	Purchase
L7180	Electronic Elbow, Microprocessor Seq	\$ 27,627.42	Purchase
L7185	Electronic Elbow, Adolescent, Variety	\$ 4,750.15	Purchase
L7186	Electronic Elbow, Child, Variety Villag	\$ 7,253.87	Purchase
L7190	Electronic Elbow, Adolescent, Variety	\$ 6,184.51	Purchase
L7191	Electronic Elbow, Child, Variety Villag	\$ 7,813.02	Purchase
L7259	Electronic wrist rotator any	\$ 3,299.34	Purchase

Durable Medical Equipment Fee Schedule
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
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 Prosthes	\$ 238.08	Purchase
L7401	Addition To Upper Extremity Prosthes	\$ 266.53	Purchase
L7402	Addition To Upper Extremity Prosthes	\$ 287.83	Purchase
L7403	Addition To Upper Extremity Prosthes	\$ 286.05	Purchase
L7404	Addition To Upper Extremity Prosthes	\$ 431.75	Purchase
L7405	Addition To Upper Extremity Prosthes	\$ 564.67	Purchase
L7499	Upper Extremity Prosthesis, Not Other	\$ -	Cost Invoice
L7510	Repair Of Prosthetic Device, Repair Of	\$ 46.80	Per BMS - Purchase
L7520	Repair Prosthetic Device, Labor Comp	\$ 25.42	Priced per MLN Matters MM11064
L7600	Prosthetic Donning Sleeve, Any Materi	\$ -	Cost Invoice
L7700	Pros soc insert gasket/seal	\$ 114.02	Purchase
L8000	Breast Prosthesis; Mastectomy Bra	\$ 28.89	Purchase
L8001	Breast Prosthesis, Mastectomy Bra, W	\$ 97.44	Purchase
L8002	Breast Prosthesis, Mastectomy Bra, W	\$ 128.14	Purchase
L8010	Breast Prosthesis Mastectomy Sleeve	\$ 39.03	Per BMS - Purchase
L8015	External Breast Prosthesis Garment, W	\$ 46.57	Purchase
L8020	Breast Prosthesis; Mastectomy Form	\$ 197.96	Purchase
L8030	Breast Prosthesis Silicone Or Equal	\$ 256.22	Purchase
L8031	Breast Prosthesis W Adhesive	\$ 256.22	Purchase
L8035	Custom Breast Prosthesis, Post Masted	\$ 2,845.84	Purchase
L8039	Breast Prosthesis, Not Otherwise Spec	\$ -	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, Wat	\$ 47.25	Purchase
L8330	Truss, Addition To Standard Pad, Scro	\$ 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 G	\$ 58.37	Purchase
L8420	Prosthetic Sock, Multiple Ply, Below K	\$ 16.22	Purchase
L8430	Prosthetic Sock, Multiple Ply, Above K	\$ 17.51	Purchase
L8435	Prosthetic Sock, Multiple Ply, Upper I	\$ 16.64	Purchase
L8440	Prosthetic Shrinker; Below Knee, Each	\$ 33.09	Purchase
L8460	Prosthetic Shrinker; Above Knee, Eac	\$ 52.74	Purchase
L8465	Prosthetic Shrinker; Upper Limb, Each	\$ 46.68	Purchase
L8470	Prosthetic Sock, Single Ply, Fitting; Be	\$ 5.28	Purchase
L8480	Prosthetic Sock, Single Ply, Fitting; At	\$ 7.28	Purchase
L8485	Prosthetic Sock, Single Ply, Fitting; U	\$ 9.15	Purchase
L8499	Unlisted Procedure For Miscellaneous	\$ -	Cost Invoice
L8500	Artificial Larynx, Any Type	\$ 696.26	Purchase
L8501	Tracheostomy Speaking Valve	\$ 95.58	Purchase

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

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L8505	Artificial Larynx Replacement Battery,	\$ 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, Exte	\$ -	Cost Invoice
L8694	Aoi transducer/actuator repl	\$ 733.57	Purchase
S1040	Cranial Remolding Orthosis, Rigid, Wi	\$ 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	\$ -	Cost Invoice
V5030	Hearing Aid, Monaural, Body Worn, A	\$ -	Cost Invoice
V5040	Hearing Aid, Monaural, Body Worn, B	\$ -	Cost Invoice
V5050	Hearing Aid, Monaural, In The Ear (Ite	\$ -	Cost Invoice
V5060	Hearing Aid, Monaural, Behind The Ea	\$ -	Cost Invoice
V5120	Binaural, Body	\$ -	Cost Invoice
V5130	Binaural, Ite	\$ -	Cost Invoice
V5140	Binaural, Bte	\$ -	Cost Invoice
V5171	Hearing aid, contralateral routing devic	\$ -	Cost Invoice
V5172	Hearing aid, contralateral routing devic	\$ -	Cost Invoice
V5181	Hearing aid, contralateral routing devic	\$ -	Cost Invoice
V5211	Hearing aid, contralateral routing syste	\$ -	Cost Invoice
V5212	Hearing aid, contralateral routing syste	\$ -	Cost Invoice
V5213	Hearing aid, contralateral routing syste	\$ -	Cost Invoice
V5214	Hearing aid, contralateral routing syste	\$ -	Cost Invoice
V5215	Hearing aid, contralateral routing syste	\$ -	Cost Invoice
V5221	Hearing aid, contralateral routing syste	\$ -	Cost Invoice
V5246	Hearing Aid, Digitally Programmable A	\$ -	Cost Invoice
V5247	Hearing Aid, Digitally Programmable A	\$ -	Cost Invoice
V5252	Hearing Aid, Digitally Programmable,	\$ -	Cost Invoice
V5253	Hearing Aid, Digitally Programmable,	\$ -	Cost Invoice
V5256	Hearing Aid, Digital, Monaural, Ite	\$ -	Cost Invoice
V5257	Hearing Aid, Digital, Monaural, Bte	\$ -	Cost Invoice

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

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
V5260	Hearing Aid, Digital, Binaural, Ite	\$ -	Cost Invoice
V5261	Hearing Aid, Digital, Binaural, Bte	\$ -	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	\$ -	Cost Invoice