

Durable Medical Equipment Fee Schedule
Effective 04/01/20 - 03/31/21

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
A4206	Syringe With Needle, Sterile 1cc C	\$ 0.27	Per BMS - Purchase
A4207	Syringe With Needle, Sterile 2cc,	\$ 0.31	Per BMS - Purchase
A4208	Syringe With Needle, Sterile 3cc,	\$ 0.30	Per BMS - Purchase
A4209	Syringe With Needle, Sterile 5cc C	\$ 0.30	Per BMS - Purchase
A4213	Syringe, Sterile, 20 cc Or Greater,	\$ 4.32	Per BMS - Purchase
A4215	Needle, Sterile, Any Size Each	\$ 0.24	Per BMS - Purchase
A4216	Sterile Water, Saline And/Or Dext	\$ 0.39	Purchase
A4217	Sterile Water/Saline, 500 Ml	\$ 2.91	Purchase
A4221	Supplies For Maintenance Of Dru	\$ 18.76	Purchase
A4222	Infusion Supplies For External Dr	\$ 36.52	Purchase
A4223	Infusion Supplies Not Used With I	\$ 21.51	Per BMS - Purchase
A4224	Supply insulin inf cath/wk	\$ 18.76	Purchase
A4225	Sup/ext insulin inf pump syr	\$ 2.32	Purchase
A4230	Infusion Set For External Insulin F	\$ 14.00	Per BMS - Purchase
A4231	Infusion Set For External Insulin F	\$ 14.00	Per BMS - Purchase
A4232	Syringe With Needle For External	\$ 2.62	Per BMS - Purchase
A4233	Replacement Battery, Alkaline 9 (	\$ 0.41	Purchase
A4234	Replacement Battery, Alkaline, J C	\$ 1.89	Purchase
A4235	Replacement Battery, Lithium, Fo	\$ 0.80	Purchase
A4236	Replacement Battery, Silver Oxide	\$ 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, Pe	\$ 11.43	Per BMS - Purchase
A4247	Betadine Or Iodine Swabs/Wipes,	\$ 11.00	Per BMS - Purchase
A4310	Insertion Tray Without Drainage E	\$ 7.18	Purchase
A4311	Insertion Tray Without Drainage E	\$ 13.77	Purchase
A4312	Insertion Tray Without Drainage E	\$ 16.77	Purchase
A4313	Insertion Tray Without Drainage E	\$ 17.22	Purchase
A4314	Insertion Tray With Drainage Bag	\$ 23.50	Purchase
A4315	Insertion Tray With Drainage Bag	\$ 24.51	Purchase
A4316	Insertion Tray With Drainage Bag	\$ 26.39	Purchase
A4320	Irrigation Tray With Bulb Or Pisto	\$ 4.42	Purchase
A4322	Irrigation Syringe, Bulb Or Piston,	\$ 2.70	Purchase
A4326	Male External Catheter With Integ	\$ 9.64	Purchase
A4327	Female External Urinary Collectio	\$ 39.28	Purchase
A4328	Female External Urinary Collectio	\$ 9.41	Purchase
A4330	Perianal Fecal Collection Pouch W	\$ 5.66	Purchase
A4331	Extension Drainage Tubing, Any T	\$ 2.95	Purchase
A4332	Lubricant, Individual Sterile Packe	\$ 0.10	Purchase
A4333	Urinary Catheter Anchoring Devic	\$ 2.06	Purchase
A4334	Urinary Catheter Anchoring Devic	\$ 4.58	Purchase
A4335	Incontinence Supply; Miscellaneous	\$ -	Cost Invoice

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A4338	Indwelling Catheter; Foley Type, 7	\$ 11.40	Purchase
A4340	Indwelling Catheter; Specialty Typ	\$ 25.09	Purchase
A4344	Indwelling Catheter, Foley Type, 7	\$ 14.88	Purchase
A4346	Indwelling Catheter; Foley Type, 7	\$ 18.20	Purchase
A4349	Male External Catheter, With Or V	\$ 1.87	Purchase
A4351	Intermittent Urinary Catheter; Stra	\$ 1.58	Purchase
A4352	Intermittent Urinary Catheter; Cou	\$ 5.08	Purchase
A4353	Intermittent Urinary Catheter, Wit	\$ 6.50	Purchase
A4354	Insertion Tray With Drainage Bag	\$ 10.97	Purchase
A4355	Irrigation Tubing Set For Continuo	\$ 8.17	Purchase
A4356	External Urethral Clamp Or Comp	\$ 42.40	Purchase
A4357	Bedside Drainage Bag, Day Or Ni	\$ 9.02	Purchase
A4358	Urinary Drainage Bag, Leg Or Ab	\$ 6.16	Purchase
A4361	Ostomy Faceplate, Each	\$ 17.07	Purchase
A4362	Skin Barrier; Solid, 4 X 4 Or Equi	\$ 3.16	Purchase
A4363	Ostomy Clamp, Replacement	\$ 2.20	Purchase
A4364	Adhesive, Liquid Or Equal, Any T	\$ 2.33	Purchase
A4366	Ostomy Vent, Any Type, Each	\$ 1.20	Purchase
A4367	Ostomy Belt, Each	\$ 6.84	Purchase
A4368	Ostomy Filter, Any Type, Each	\$ 0.23	Purchase
A4369	Ostomy Skin Barrier, Liquid (Spra	\$ 2.26	Purchase
A4371	Ostomy Skin Barrier, Powder, Per	\$ 3.38	Purchase
A4372	Ostomy Skin Barrier, Solid 4 X 4	\$ 3.90	Purchase
A4373	Ostomy Skin Barrier, With Flange	\$ 5.82	Purchase
A4375	Ostomy Pouch, Drainable, With F	\$ 15.96	Purchase
A4376	Ostomy Pouch, Drainable, With F	\$ 44.22	Purchase
A4377	Ostomy Pouch, Drainable, For Us	\$ 3.98	Purchase
A4378	Ostomy Pouch, Drainable, For Us	\$ 28.58	Purchase
A4379	Ostomy Pouch, Urinary, With Fac	\$ 13.96	Purchase
A4380	Ostomy Pouch, Urinary, With Fac	\$ 34.70	Purchase
A4381	Ostomy Pouch, Urinary, For Use C	\$ 4.30	Purchase
A4382	Ostomy Pouch, Urinary, For Use C	\$ 22.88	Purchase
A4383	Ostomy Pouch, Urinary, For Use C	\$ 26.20	Purchase
A4384	Ostomy Faceplate Equivalent, Sili	\$ 8.94	Purchase
A4385	Ostomy Skin Barrier, Solid 4X4 C	\$ 4.74	Purchase
A4387	Ostomy Pouch, Closed, With Barr	\$ 2.09	Purchase
A4388	Ostomy Pouch, Drainable, With E	\$ 4.06	Purchase
A4389	Ostomy Pouch, Drainable, With B	\$ 5.78	Purchase
A4390	Ostomy Pouch, Drainable, With E	\$ 8.93	Purchase
A4391	Ostomy Pouch, Urinary, With Ext	\$ 6.57	Purchase
A4392	Ostomy Pouch, Urinary, With Star	\$ 7.59	Purchase
A4393	Ostomy Pouch, Urinary, With Ext	\$ 8.40	Purchase

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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
A4394	Ostomy Deodorant For Use In Ost	\$ 2.41	Purchase
A4395	Ostomy Deodorant For Use In Ost	\$ 0.04	Purchase
A4396	Ostomy Belt With Peristomal Her	\$ 37.62	Purchase
A4397	Irrigation Supply; Sleeve, Each	\$ 4.45	Purchase
A4398	Ostomy Irrigation Supply; Bag, Ea	\$ 12.85	Purchase
A4399	Ostomy Irrigation Supply; Cone/C	\$ 9.69	Purchase
A4400	Ostomy Irrigation Set	\$ 45.42	Purchase
A4402	Lubricant, Per Ounce	\$ 1.49	Purchase
A4404	Ostomy Ring, Each	\$ 1.44	Purchase
A4405	Ostomy Skin Barrier, Non-Pectin	\$ 3.18	Purchase
A4406	Ostomy Skin Barrier, Pectin-Base	\$ 5.32	Purchase
A4407	Ostomy Skin Barrier, With Flange	\$ 8.14	Purchase
A4408	Ostomy Skin Barrier, With Flange	\$ 9.18	Purchase
A4409	Ostomy Skin Barrier, With Flange	\$ 5.78	Purchase
A4410	Ostomy Skin Barrier, With Flange	\$ 8.40	Purchase
A4411	Ostomy Skin Barrier, Solid 4 X 4	\$ 4.74	Purchase
A4412	Ostomy Pouch, Drainable, High O	\$ 2.51	Purchase
A4413	Ostomy Pouch, Drainable, High O	\$ 5.12	Purchase
A4414	Ostomy Skin Barrier, With Flange	\$ 4.58	Purchase
A4415	Ostomy Skin Barrier, With Flange	\$ 5.57	Purchase
A4416	Ostomy Pouch, Closed, With Barr	\$ 2.56	Purchase
A4417	Ostomy Pouch, Closed, With Barr	\$ 3.46	Purchase
A4418	Ostomy Pouch, Closed; Without B	\$ 1.69	Purchase
A4419	Ostomy Pouch, Closed; For Use C	\$ 1.61	Purchase
A4420	Ostomy Pouch, Closed; For Use C	\$ -	Cost Invoice
A4421	Ostomy Supply; Miscellaneous	\$ -	Cost Invoice
A4422	Ostomy Absorbent Material (Shee	\$ 0.10	Purchase
A4423	Ostomy Pouch, Closed; For Use C	\$ 1.73	Purchase
A4424	Ostomy Pouch, Drainable, With B	\$ 4.42	Purchase
A4425	Ostomy Pouch, Drainable; For Us	\$ 3.33	Purchase
A4426	Ostomy Pouch, Drainable; For Us	\$ 2.54	Purchase
A4427	Ostomy Pouch, Drainable; For Us	\$ 2.58	Purchase
A4428	Ostomy Pouch, Urinary, With Ext	\$ 6.06	Purchase
A4429	Ostomy Pouch, Urinary, With Bar	\$ 7.66	Purchase
A4430	Ostomy Pouch, Urinary, With Ext	\$ 7.91	Purchase
A4431	Ostomy Pouch, Urinary; With Bar	\$ 5.78	Purchase
A4432	Ostomy Pouch, Urinary; For Use C	\$ 3.34	Purchase
A4433	Ostomy Pouch, Urinary; For Use C	\$ 3.11	Purchase
A4434	Ostomy Pouch, Urinary; For Use C	\$ 3.50	Purchase
A4435	1Pc Ost Pch Drain Hgh Output	\$ 5.36	Purchase
A4450	Tape, Non-Waterproof, Per 18 Sq	\$ 0.07	Purchase
A4452	Tape, Waterproof, Per 18 Square	\$ 0.33	Purchase

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A4455	Adhesive Remover Or Solvent (For	\$ 1.33	Purchase
A4456	Adhesive remover, wipes	\$ 0.22	Purchase
A4461	Surgical Dressing Holder, Non-Re	\$ 3.06	Purchase
A4463	Surgical Dressing Holder, Reusabl	\$ 12.37	Purchase
A4481	Tracheostoma Filter, Any Type, A	\$ 0.34	Purchase
A4490	Surgical Stockings Above Knee L	\$ 29.70	Per BMS - Purchase
A4495	Surgical Stockings Thigh Length,	\$ 29.70	Per BMS - Purchase
A4500	Surgical Stockings Below Knee L	\$ 31.50	Per BMS - Purchase
A4510	Surgical Stockings Full Length, Ea	\$ 84.15	Per BMS - Purchase
A4520	Incontinence Garment, Any Type,	\$ 0.75	Per BMS - Purchase
A4550	Surgical Tray	\$ 8.00	Per BMS - Purchase
A4554	Disposable Underpads, All Sizes,	\$ 0.31	Per BMS - Purchase
A4555	Electrode/transducer for use with	\$ -	Cost Invoice
A4556	Electrodes, (E.G., Apnea Monitor	\$ 9.59	Purchase
A4557	Lead Wires, (E.G., Apnea Monito	\$ 12.80	Purchase
A4561	Pessary, Rubber, Any Type	\$ 18.54	Purchase
A4562	Pessary, Non Rubber, Any Type	\$ 46.17	Purchase
A4565	Slings	\$ 7.15	Purchase
A4570	Splint	\$ 67.50	Per BMS - Purchase
A4595	Electrical Stimulator Supplies, 2 L	\$ 17.84	Purchase
A4601	Lithium Ion Battery For Non-Pros	\$ 26.00	Per BMS - Purchase
A4604	Tubing With Integrated Hearing E	\$ 44.35	Purchase
A4605	Tracheal Suction Catheter, Closed	\$ 15.24	Purchase
A4606	Oxygen Probe For Use With Oxim	\$ 100.00	Per BMS - Purchase
A4614	Peak Expiratory Flow Rate Meter,	\$ 22.10	Purchase
A4619	Face Tent	\$ 1.68	Purchase
A4623	Tracheostomy, Inner Cannula	\$ 5.18	Purchase
A4624	Tracheal Suction Catheter, Any Ty	\$ 2.45	Purchase
A4625	Tracheostomy Care Kit For New T	\$ 6.43	Purchase
A4627	Spacer, Bag Or Reservoir, With O	\$ 20.61	Per BMS - Purchase
A4628	Oropharyngeal Suction Catheter, F	\$ 3.48	Purchase
A4629	Tracheostomy Care Kit For Establ	\$ 4.32	Purchase
A4635	Underarm Pad, Crutch, Replacem	\$ 4.75	Purchase
A4636	Replacement, Handgrip, Cane, Cr	\$ 2.70	Purchase
A4637	Replacement, Tip, Cane, Crutch, V	\$ 1.56	Purchase
A4640	Replacement Pad For Use With M	\$ 48.21	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
A5051	Ostomy Pouch, Closed; With Barr	\$ 1.92	Purchase
A5052	Ostomy Pouch, Closed; Without E	\$ 1.38	Purchase
A5053	Ostomy Pouch, Closed; For Use C	\$ 1.61	Purchase

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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
A5054	Ostomy Pouch, Closed; For Use C	\$ 1.67	Purchase
A5055	Stoma Cap	\$ 1.22	Purchase
A5056	1 Pc Ost Pouch W Filter	\$ 4.34	Purchase
A5057	1 Pc Ost Pou W Built-In Conv	\$ 8.93	Purchase
A5061	Ostomy Pouch, Drainable; With B	\$ 3.28	Purchase
A5062	Ostomy Pouch, Drainable; Withou	\$ 1.94	Purchase
A5063	Ostomy Pouch, Drainable; For Us	\$ 2.51	Purchase
A5071	Ostomy Pouch, Urinary; With Bar	\$ 5.58	Purchase
A5072	Ostomy Pouch, Urinary; Without I	\$ 3.28	Purchase
A5073	Ostomy Pouch, Urinary; For Use C	\$ 2.90	Purchase
A5081	Continent Device; Plug For Contir	\$ 3.08	Purchase
A5082	Continent Device; Catheter For Co	\$ 11.06	Purchase
A5083	Continent Device, Stoma Absorpt	\$ 0.60	Purchase
A5093	Ostomy Accessory; Convex Insert	\$ 1.54	Purchase
A5102	Bedside Drainage Bottle With Or	\$ 20.82	Purchase
A5105	Urinary Suspensory With Leg Bag	\$ 37.90	Purchase
A5112	Urinary Leg Bag; Latex	\$ 29.29	Purchase
A5113	Leg Strap; Latex, Replacement Or	\$ 3.73	Purchase
A5114	Leg Strap; Foam Or Fabric, Repla	\$ 7.07	Purchase
A5120	Skin Barrier, Wipes Or Swabs, Ea	\$ 0.20	Purchase
A5121	Skin Barrier; Solid, 6 X 6 Or Equi	\$ 6.63	Purchase
A5122	Skin Barrier; Solid, 8 X 8 Or Equi	\$ 11.94	Purchase
A5126	Adhesive Or Non-Adhesive; Disk	\$ 1.03	Purchase
A5131	Appliance Cleaner, Incontinence A	\$ 12.52	Purchase
A5500	For Diabetics Only, Fitting (Inclu	\$ 59.10	Purchase
A5501	For Diabetics Only, Fitting (Inclu	\$ 177.26	Purchase
A5503	For Diabetics Only, Modification (	\$ 28.42	Purchase
A5504	For Diabetics Only, Modification (	\$ 28.42	Purchase
A5505	For Diabetics Only, Modification (	\$ 28.42	Purchase
A5506	For Diabetics Only, Modification (	\$ 28.42	Purchase
A5507	For Diabetics Only, Not Otherwise	\$ 28.42	Purchase
A5512	For Diabetics Only, Multiple Dens	\$ 24.10	Purchase
A5513	For Diabetics Only, Multiple Dens	\$ 35.97	Purchase
A5514	Mult den insert dir carv/cam	\$ 35.97	Purchase
A6154	Wound Pouch, Each	\$ 12.95	Purchase
A6196	Alginate Or Other Fiber Gelling D	\$ 6.84	Purchase
A6197	Alginate Or Other Fiber Gelling D	\$ 15.28	Purchase
A6198	Alginate Or Other Fiber Gelling D	\$ 14.12	Per BMS - Purchase
A6199	Alginate Or Other Fiber Gelling D	\$ 4.91	Purchase
A6203	Composite Dressing, Pad Size 16	\$ 3.13	Purchase
A6204	Composite Dressing, Pad Size Mo	\$ 5.78	Purchase
A6205	Composite Dressing, Pad Size Mo	\$ 5.35	Per BMS - Purchase

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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
A6206	Contact Layer, 16 Sq. In. Or Less,	\$ 5.35	Per BMS - Purchase
A6207	Contact Layer, More Than 16 Sq.	\$ 6.82	Purchase
A6208	Contact Layer, More Than 48 Sq.	\$ 6.30	Per BMS - Purchase
A6209	Foam Dressing, Wound Cover, Pa	\$ 6.94	Purchase
A6210	Foam Dressing, Wound Cover, Pa	\$ 18.52	Purchase
A6211	Foam Dressing, Wound Cover, Pa	\$ 27.30	Purchase
A6212	Foam Dressing, Wound Cover, Pa	\$ 9.02	Purchase
A6213	Foam Dressing, Wound Cover, Pa	\$ 8.34	Per BMS - Purchase
A6214	Foam Dressing, Wound Cover, Pa	\$ 9.57	Purchase
A6215	Foam Dressing, Wound Filler, Per	\$ -	Cost Invoice
A6216	Gauze, Non-Impregnated, Non-St	\$ 0.04	Purchase
A6217	Gauze, Non-Impregnated, Non-St	\$ 0.32	Per BMS - Purchase
A6218	Gauze, Non-Impregnated, Non-St	\$ 0.54	Per BMS - Purchase
A6219	Gauze, Non-Impregnated, Pad Siz	\$ 0.89	Purchase
A6220	Gauze, Non-Impregnated, Pad Siz	\$ 2.41	Purchase
A6221	Gauze, Non-Impregnated, Pad Siz	\$ 1.93	Per BMS - Purchase
A6222	Gauze, Impregnated With Other T	\$ 1.98	Purchase
A6223	Gauze, Impregnated With Other T	\$ 2.26	Purchase
A6224	Gauze, Impregnated With Other T	\$ 3.35	Purchase
A6231	Gauze, Impregnated, Hydrogel, Fc	\$ 4.34	Purchase
A6232	Gauze, Impregnated, Hydrogel, Fc	\$ 6.38	Purchase
A6233	Gauze, Impregnated, Hydrogel Fo	\$ 17.82	Purchase
A6234	Hydrocolloid Dressing, Wound Co	\$ 6.08	Purchase
A6235	Hydrocolloid Dressing, Wound Co	\$ 15.63	Purchase
A6236	Hydrocolloid Dressing, Wound Co	\$ 25.33	Purchase
A6237	Hydrocolloid Dressing, Wound Co	\$ 7.35	Purchase
A6238	Hydrocolloid Dressing, Wound Co	\$ 21.19	Purchase
A6239	Hydrocolloid Dressing, Wound Co	\$ 15.84	Per BMS - Purchase
A6240	Hydrocolloid Dressing, Wound Fi	\$ 11.38	Purchase
A6241	Hydrocolloid Dressing, Wound Fi	\$ 2.39	Purchase
A6242	Hydrogel Dressing, Wound Cover	\$ 5.63	Purchase
A6243	Hydrogel Dressing, Wound Cover	\$ 11.46	Purchase
A6244	Hydrogel Dressing, Wound Cover	\$ 36.51	Purchase
A6245	Hydrogel Dressing, Wound Cover	\$ 6.76	Purchase
A6246	Hydrogel Dressing, Wound Cover	\$ 9.23	Purchase
A6247	Hydrogel Dressing, Wound Cover	\$ 22.10	Purchase
A6248	Hydrogel Dressing, Wound Filler,	\$ 15.10	Purchase
A6250	Skin Sealants, Protectants, Moistu	\$ 15.00	Per BMS - Purchase
A6251	Specialty Absorptive Dressing, Wc	\$ 1.85	Purchase
A6252	Specialty Absorptive Dressing, Wc	\$ 3.02	Purchase
A6253	Specialty Absorptive Dressing, Wc	\$ 5.89	Purchase
A6254	Specialty Absorptive Dressing, Wc	\$ 1.11	Purchase

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A6255	Specialty Absorptive Dressing, Wound	\$ 2.82	Purchase
A6256	Specialty Absorptive Dressing, Wound	\$ 2.61	Per BMS - Purchase
A6257	Transparent Film, 16 Sq. In. Or Less	\$ 1.43	Purchase
A6258	Transparent Film, More Than 16 Sq. In.	\$ 4.00	Purchase
A6259	Transparent Film, More Than 48 Sq. In.	\$ 10.16	Purchase
A6260	Wound Cleansers, Any Type, Any Size	\$ 18.00	Per BMS - Purchase
A6261	Wound Filler, Gel/Paste, Per Fluid Ounce	\$ -	Cost Invoice
A6262	Wound Filler, Dry Form, Per Gram	\$ -	Cost Invoice
A6266	Gauze, Impregnated, Other Than Sterile	\$ 1.78	Purchase
A6402	Gauze, Non-Impregnated, Sterile, 4x4	\$ 0.10	Purchase
A6403	Gauze, Non-Impregnated, Sterile, 2x2	\$ 0.39	Purchase
A6404	Gauze, Non-Impregnated, Sterile, 4x6	\$ 2.16	Per BMS - Purchase
A6407	Packing Strips, Non-Impregnated, 1x4	\$ 1.74	Purchase
A6441	Padding Bandage, Non-Elastic, Non-Adhesive	\$ 0.64	Purchase
A6442	Conforming Bandage, Non-Elastic, Non-Adhesive	\$ 0.14	Purchase
A6443	Conforming Bandage, Non-Elastic, Non-Adhesive	\$ 0.26	Purchase
A6444	Conforming Bandage, Non-Elastic, Non-Adhesive	\$ 0.52	Purchase
A6445	Conforming Bandage, Non-Elastic, Non-Adhesive	\$ 0.30	Purchase
A6446	Conforming Bandage, Non-Elastic, Non-Adhesive	\$ 0.37	Purchase
A6447	Conforming Bandage, Non-Elastic, Non-Adhesive	\$ 0.64	Purchase
A6448	Light Compression Bandage, Elastic, Non-Adhesive	\$ 1.07	Purchase
A6449	Light Compression Bandage, Elastic, Non-Adhesive	\$ 1.63	Purchase
A6450	Light Compression Bandage, Elastic, Non-Adhesive	\$ 1.63	Purchase
A6451	Moderate Compression Bandage, Elastic, Non-Adhesive	\$ 1.63	Purchase
A6452	High Compression Bandage, Elastic, Non-Adhesive	\$ 5.49	Purchase
A6453	Self-Adherent Bandage, Elastic, Non-Adhesive	\$ 0.58	Purchase
A6454	Self-Adherent Bandage, Elastic, Non-Adhesive	\$ 0.73	Purchase
A6455	Self-Adherent Bandage, Elastic, Non-Adhesive	\$ 1.30	Purchase
A6456	Zinc Paste Impregnated Bandage, Non-Adhesive	\$ 1.18	Purchase
A6501	Compression Burn Garment, Body	\$ -	Cost Invoice
A6502	Compression Burn Garment, Chin	\$ -	Cost Invoice
A6503	Compression Burn Garment, Face	\$ -	Cost Invoice
A6504	Compression Burn Garment, Glove	\$ -	Cost Invoice
A6505	Compression Burn Garment, Glove	\$ -	Cost Invoice
A6506	Compression Burn Garment, Glove	\$ -	Cost Invoice
A6507	Compression Burn Garment, Foot	\$ -	Cost Invoice
A6508	Compression Burn Garment, Foot	\$ -	Cost Invoice
A6509	Compression Burn Garment, Upper Arm	\$ -	Cost Invoice
A6510	Compression Burn Garment, Trunk	\$ -	Cost Invoice
A6511	Compression Burn Garment, Lower Arm	\$ -	Cost Invoice
A6512	Compression Burn Garment, Not Specified	\$ -	Cost Invoice
A6513	Compression Burn Mask, Face And Neck	\$ -	Cost Invoice

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A6530	Gradient Compression Stocking, F	\$ 25.20	Per BMS - Purchase
A6531	Gradient Compression Stocking, F	\$ 40.21	Purchase
A6532	Gradient Compression Stocking, F	\$ 56.66	Purchase
A6533	Gradient Compression Stocking, T	\$ 29.70	Per BMS - Purchase
A6534	Gradient Compression Stocking, T	\$ 29.70	Per BMS - Purchase
A6535	Gradient Compression Stocking, T	\$ 29.70	Per BMS - Purchase
A6536	Gradient Compression Stocking, F	\$ 29.70	Per BMS - Purchase
A6537	Gradient Compression Stocking F	\$ 29.70	Per BMS - Purchase
A6538	Gradient Compression Stocking, F	\$ -	Cost Invoice
A6539	Gradient Compression Stocking, V	\$ 84.15	Per BMS - Purchase
A6540	Gradient Compression Stocking, V	\$ -	Cost Invoice
A6541	Gradient Compression Stocking, V	\$ -	Cost Invoice
A6544	Gradient Compression Stocking, C	\$ 13.50	Per BMS - Purchase
A6549	Gradient Compression Stocking, M	\$ -	Cost Invoice
A6550	Wound Care Set, For Negative Pre	\$ 21.98	Purchase
A7000	Canister, Disposable, Used With S	\$ 6.81	Purchase
A7002	Tubing, Used With Suction Pump.	\$ 3.56	Purchase
A7003	Administration Set, With Small Ve	\$ 1.74	Purchase
A7004	Small Volume Nonfiltered Pneum	\$ 1.39	Purchase
A7005	Administration Set, With Small Ve	\$ 19.50	Purchase
A7006	Administration Set, With Small Ve	\$ 7.58	Purchase
A7010	Disposable Corrugated Tubing	\$ 17.67	Purchase
A7012	Nebulizer Water Collec Devic	\$ 2.72	Purchase
A7013	Filter, Disposable, Used With Aer	\$ 0.63	Purchase
A7015	Aerosol Mask, Used With Dme N	\$ 1.31	Purchase
A7020	Interface, Cough Stim Device	\$ 13.46	Purchase
A7030	Full Face Mask Used With Positiv	\$ 114.91	Purchase
A7031	Face Mask Interface, Replacemen	\$ 42.90	Purchase
A7032	Cushion For Use On Nasal Mask I	\$ 24.60	Purchase
A7033	Pillow For Use On Nasal Cannula	\$ 18.23	Purchase
A7034	Nasal Interface (Mask Or Cannula	\$ 71.74	Purchase
A7035	Headgear Used With Positive Airv	\$ 24.06	Purchase
A7036	Chinstrap Used With Positive Airv	\$ 10.86	Purchase
A7037	Tubing Used With Positive Airway	\$ 21.66	Purchase
A7038	Filter, Disposable, Used With Posi	\$ 2.76	Purchase
A7039	Filter, Non Disposable, Used With	\$ 8.28	Purchase
A7045	Exhalation Port With Or Without	\$ 13.12	Purchase
A7046	Water Chamber For Humidifier, U	\$ 13.69	Purchase
A7507	Filter Holder And Integrated Filter	\$ 2.31	Purchase
A7508	Housing And Integrated Adhesive	\$ 2.66	Purchase
A7509	Filter Holder And Integrated Filter	\$ 1.31	Purchase
A7520	Tracheostomy/Laryngectomy Tub	\$ 44.13	Purchase

Durable Medical Equipment Fee Schedule
Effective 04/01/20 - 03/31/21

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
A7521	Tracheostomy/Laryngectomy Tub	\$ 43.72	Purchase
A7522	Tracheostomy/Laryngectomy Tub	\$ 41.98	Purchase
A7523	Tracheostomy Shower Protector, I	\$ -	Cost Invoice
A7524	Tracheostoma Stent/Stud/Button,	\$ 71.94	Purchase
A7525	Tracheostomy Mask, Each	\$ 1.92	Purchase
A7526	Tracheostomy Tube Collar/Holder	\$ 3.15	Purchase
A7527	Tracheostomy/Laryngectomy Tub	\$ 3.33	Purchase
A8000	Helmet, Protective, Soft Prefabric	\$ 142.54	Purchase
A8001	Helmet, Protective, Hard, Prefabri	\$ 142.54	Purchase
A8002	Helmet, Protective, Soft, Custom I	\$ 375.35	Per BMS - Purchase
A8003	Helmet, Protective, Hard, Custom	\$ 375.35	Per BMS - Purchase
B4034	Enteral Feeding Supply Kit; Syring	\$ 3.94	Purchase
B4035	Enteral Feeding Supply Kit; Pump	\$ 7.27	Purchase
B4036	Enteral Feeding Supply Kit; Gravi	\$ 5.23	Purchase
B4081	Nasogastric Tubing With Stylet	\$ 15.92	Purchase
B4082	Nasogastric Tubing Without Style	\$ 11.65	Purchase
B4083	Stomach Tube - Levine Type	\$ 1.77	Purchase
B4087	Gastrostomy/Jejunostomy Tube, S	\$ 26.93	Purchase
B4088	Gastrostomy/Jejunostomy Tube, L	\$ 28.93	Purchase
B4164	Parenteral Nutrition Solution: Carl	\$ 16.26	Purchase
B4168	Parenteral Nutrition Solution; Am	\$ 23.70	Purchase
B4172	Parenteral Nutrition Solution; Am	\$ 30.50	Per BMS - Purchase
B4176	Parenteral Nutrition Solution; Am	\$ 45.86	Purchase
B4178	Parenteral Nutrition Solution: Am	\$ 55.03	Purchase
B4180	Parenteral Nutrition Solution; Carl	\$ 23.34	Purchase
B4185	Parental Nutrition Solution, Per 10	\$ 10.74	Purchase
B4187	Omegaven, 10 g lipids	\$ -	Cost Invoice - 2020 New Procedure Code
B4189	Parenteral Nutrition Solution; Con	\$ 170.02	Purchase
B4193	Parenteral Nutrition Solution; Con	\$ 219.69	Purchase
B4197	Parenteral Nutrition Solution; Con	\$ 267.47	Purchase
B4199	Parenteral Nutrition Solution; Con	\$ 305.62	Purchase
B4216	Parenteral Nutrition; Additives (V	\$ 7.38	Purchase
B4220	Parenteral Nutrition Supply Kit; P	\$ 7.66	Purchase
B4222	Parenteral Nutrition Supply Kit; H	\$ 9.45	Purchase
B4224	Parenteral Nutrition Administratio	\$ 23.91	Purchase
B5000	Parenteral Nutrition Solution: Con	\$ 11.38	Purchase
B5100	Parenteral Nutrition Solution: Con	\$ 4.44	Purchase
B5200	Parenteral Nutrition Solution: Con	\$ 4.94	Per BMS - Purchase
B9002	Enteral Nutrition Infusion Pump -	\$ 77.59	10 mth CAP rental
B9004	Parenteral Nutrition Infusion Pum	\$ 382.05	10 mth CAP rental
B9006	Parenteral Nutrition Infusion Pum	\$ 382.05	10 mth CAP rental
B9998	Noc For Enteral Supplies	\$ -	Cost Invoice

Durable Medical Equipment Fee Schedule
Effective 04/01/20 - 03/31/21

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
B9999	Noc For Parenteral Supplies	\$ -	Cost Invoice
E0100	Cane, Includes Canes Of All Mate	\$ 18.15	Purchase
E0105	Cane, Quad Or Three Prong, Inclu	\$ 42.21	Purchase
E0110	Crutches, Forearm, Includes Crutc	\$ 61.30	Purchase
E0111	Crutch Forearm, Includes Crutche	\$ 44.99	Purchase
E0112	Crutches Underarm, Wood, Adjus	\$ 31.18	Purchase
E0113	Crutch Underarm, Wood, Adjusta	\$ 16.70	Purchase
E0114	Crutches Underarm, Other Than V	\$ 37.29	Purchase
E0116	Crutch, Underarm, Other Than W	\$ 21.92	Purchase
E0130	Walker, Rigid (Pickup), Adjustabl	\$ 47.84	Purchase
E0135	Walker, Folding (Pickup), Adjusta	\$ 50.37	Purchase
E0140	Walker, With Trunk Support, Adj	\$ 266.00	Medicare is rental/BMS - Purchase(X 10)
E0141	Walker, Rigid, Wheeled, Adjustab	\$ 59.82	Purchase
E0143	Walker, Folding, Wheeled, Adjust	\$ 61.50	Purchase
E0147	Walker, Heavy Duty, Multiple Bra	\$ 407.02	Purchase
E0148	Walker, Heavy Duty, Without Wh	\$ 86.73	Purchase
E0149	Walker, Heavy Duty, Wheeled, Ri	\$ 140.20	Medicare is rental/BMS - Purchase(X 10)
E0153	Platform Attachment, Forearm Cr	\$ 54.82	Purchase
E0154	Platform Attachment, Walker, Eac	\$ 45.22	Purchase
E0155	Wheel Attachment, Rigid Pick-Up	\$ 21.69	Purchase
E0156	Seat Attachment, Walker	\$ 15.82	Purchase
E0157	Crutch Attachment, Walker, Each	\$ 52.18	Purchase
E0158	Leg Extensions For Walker, Per S	\$ 22.26	Purchase
E0159	Brake Attachment For Wheeled W	\$ 13.51	Purchase
E0160	Sitz Type Bath Or Equipment, Por	\$ 25.58	Purchase
E0161	Sitz Type Bath Or Equipment, Por	\$ 22.90	Purchase
E0162	Sitz Bath Chair	\$ 130.02	Purchase
E0163	Commode Chair, Mobile Or Static	\$ 72.31	Purchase
E0165	Commode Chair, Mobile Or Static	\$ 126.50	Medicare is rental/BMS - Purchase(X 10)
E0167	Pail Or Pan For Use With Commo	\$ 10.27	Purchase
E0168	Commode Chair, Extra Wide And	\$ 120.87	Purchase
E0181	Powered Pressure Reducing Mattr	\$ 188.50	Medicare is rental/BMS - Purchase(X 10)
E0182	Pump For Alternating Pressure Pa	\$ 193.70	Medicare is rental/BMS - Purchase(X 10)
E0184	Dry Pressure Mattress	\$ 146.66	Purchase
E0185	Gel Or Gel-Like Pressure Pad For	\$ 199.81	Purchase
E0186	Air Pressure Mattress	\$ 175.40	Medicare is rental/BMS - Purchase(X 10)
E0187	Water Pressure Mattress	\$ 200.10	Medicare is rental/BMS - Purchase(X 10)
E0188	Synthetic Sheepskin Pad	\$ 22.97	Purchase
E0189	Lambswool Sheepskin Pad, Any S	\$ 45.72	Purchase
E0190	Positioning Cushion/Pillow/Wedge	\$ 14.18	Per BMS - Purchase
E0191	Heel Or Elbow Protector, Each	\$ 9.24	Purchase
E0196	Gel Pressure Mattress	\$ 284.10	Medicare is rental/BMS - Purchase(X 10)

Durable Medical Equipment Fee Schedule
Effective 04/01/20 - 03/31/21

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
E0197	Air Pressure Pad For Mattress, Sta	\$ 220.70	Medicare is rental/BMS - Purchase(X 10)
E0198	Water Pressure Pad For Mattress,	\$ 205.90	Medicare is rental/BMS - Purchase(X 10)
E0199	Dry Pressure Pad For Mattress, St	\$ 25.33	Purchase
E0202	Phototherapy (Bilirubin) Light Wi	\$ 58.19	Rental
E0240	Bath/Shower Chair, With Or With	\$ -	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	\$ -	Cost Invoice
E0248	Transfer Bench, Heavy Duty, For	\$ -	Cost Invoice
E0250	Hospital Bed, Fixed Height, With	\$ 65.51	10 mth CAP rental
E0255	Hospital Bed, Variable Height, Hi-	\$ 73.61	10 mth CAP rental
E0260	Hospital Bed, Semi-Electric (Heac	\$ 82.84	10 mth CAP rental
E0261	Hosp bed semi-electr w/o mat	\$ 75.50	10 mth CAP rental
E0271	Mattress, Innerspring	\$ 129.21	Purchase
E0272	Mattress, Foam Rubber	\$ 137.17	Purchase
E0275	Bed Pan, Standard, Metal Or Plast	\$ 13.17	Purchase
E0276	Bed Pan, Fracture, Metal Or Plast	\$ 11.38	Purchase
E0277	Powered Pressure-Reducing Air M	\$ 365.22	10 mth CAP rental
E0300	Pediatric Crib, Hospital Grade, Fu	\$ 215.22	10 mth CAP rental
E0303	Hospital Bed, Heavy Duty, Extra Y	\$ 188.61	10 mth CAP rental
E0304	Hospital Bed, Extra Heavy Duty, F	\$ 518.29	10 mth CAP rental
E0305	Bed Side Rails, Half Length	\$ 107.30	Medicare is rental/BMS - Purchase(X 10)
E0310	Bed Side Rails, Full Length	\$ 122.56	Purchase
E0325	Urinal; Male, Jug-Type, Any Mate	\$ 7.95	Purchase
E0326	Urinal; Female, Jug-Type, Any M	\$ 9.11	Purchase
E0371	Nonpowered Advanced Pressure I	\$ 255.39	10 mth CAP rental
E0424	Stationary Compressed Gaseous C	\$ 109.42	Monthly rental
E0431	Portable Gaseous Oxygen System,	\$ 19.52	Monthly rental
E0434	Portable Liquid Oxygen System, F	\$ 35.97	Monthly rental
E0439	Stationary Liquid Oxygen System,	\$ 109.42	Monthly rental
E0441	Oxygen Contents, Gaseous (For U	\$ 52.14	Monthly rental
E0443	Portable Oxygen Contents, Gaseou	\$ 50.06	Monthly rental
E0445	Oximeter Device For Measuring E	\$ 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	\$ 887.13	Monthly rental
E0466	Home vent non-invasive inter	\$ 887.13	Monthly rental
E0470	Respiratory Assist Device, Bi-Lev	\$ 150.07	Monthly rental
E0471	Respiratory Assist Device, Bi-Lev	\$ 374.86	Monthly rental
E0472	Respiratory Assist Device, Bi-Lev	\$ 433.23	Monthly rental

Durable Medical Equipment Fee Schedule
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
E0480	Percussor, Electric Or Pneumatic,	\$ 37.46	10 mth CAP rental
E0482	Cough Stimulating Device, Altern	\$ 386.16	10 mth CAP rental
E0483	High Frequency Chest Wall Oscill	\$ 988.07	10 mth CAP rental
E0484	Oscillatory Positive Expiratory Pre	\$ 34.33	Purchase
E0555	Humidifier, durable, glass or autoc	\$ 7.38	Per BMS - Purchase
E0561	Humidifier, Non-Heated, Used Wi	\$ 74.52	Purchase
E0562	Humidifier, Heated, Used With Po	\$ 181.14	Purchase
E0565	Compressor, Air Power Source Fo	\$ 42.42	10 mth CAP rental
E0570	Nebulizer, With Compressor	\$ 99.90	Medicare is rental/BMS - Purchase(X 10)
E0600	Respiratory Suction Pump, Home	\$ 425.50	Medicare is rental/BMS - Purchase(X 10)
E0601	Continuous Airway Pressure (Cpa	\$ 61.48	10 mth CAP rental
E0602	Breast Pump, Manual, Any Type	\$ 27.43	Purchase
E0603	Breast Pump, Electric (Ac And/O	\$ 55.00	Per BMS - Purchase
E0605	Vaporizer, Room Type	\$ 23.26	Purchase
E0606	Postural Drainage Board	\$ 213.40	Medicare is rental/BMS - Purchase(X 10)
E0617	Automatic ext defibrillator	\$ 282.57	10 mth CAP rental
E0619	Apnea Monitor, With Recording F	\$ 323.00	Per BMS - 10 Mth CAP Rental
E0621	Sling Or Seat, Patient Lift, Canvas	\$ 74.18	Purchase
E0630	Patient Lift, Hydraulic Or Mechan	\$ 71.17	10 mth CAP rental
E0650	Pneumatic Compressor, Non-Segr	\$ 82.60	10 mth CAP rental
E0651	Pneumatic Compressor, Segmenta	\$ 74.12	10 mth CAP rental
E0652	Pneumatic Compressor, Segmenta	\$ 486.94	10 mth CAP rental
E0655	Non-Segmental Pneumatic Applia	\$ 100.31	Purchase
E0660	Non-Segmental Pneumatic Applia	\$ 148.48	Purchase
E0665	Non-Segmental Pneumatic Applia	\$ 108.23	Purchase
E0666	Non-Segmental Pneumatic Applia	\$ 128.34	Purchase
E0667	Segmental Pneumatic Appliance F	\$ 300.90	Purchase
E0668	Segmental Pneumatic Appliance F	\$ 349.08	Purchase
E0669	Segmental Pneumatic Appliance F	\$ 161.76	Purchase
E0671	Segmental Gradient Pressure Pneu	\$ 386.02	Purchase
E0672	Segmental Gradient Pressure Pneu	\$ 299.93	Purchase
E0673	Segmental Gradient Pressure Pneu	\$ 249.23	Purchase
E0705	Transfer Device, Any Type, Each	\$ 41.82	Purchase
E0720	Transcutaneous Electrical Nerve	\$ 199.82	Purchase
E0730	Transcutaneous Electrical Nerve S	\$ 200.06	Purchase
E0747	Osteogenesis Stimulator, Electrica	\$ 3,639.57	Purchase
E0748	Osteogenesis Stimulator, Electrica	\$ 3,616.00	Purchase
E0760	Osteogenesis Stimulator, Low Inte	\$ 3,004.82	Purchase
E0766	Elec stim cancer treatment	\$10,685.18	10 Mth CAP rental
E0781	Ambulatory Infusion Pump, Single	\$ 214.27	10 mth CAP rental
E0784	External Ambulatory Infusion Pur	\$ 371.67	10 mth CAP rental
E0860	Traction Equipment, Overdoor, C	\$ 34.58	Purchase

Durable Medical Equipment Fee Schedule
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
E0910	Trapeze Bars, A/K/A Patient Help	\$ 122.10	Medicare is rental/BMS - Purchase(X 10)
E0911	Trapeze Bar, Heavy Duty, For Pat	\$ 382.10	Medicare is rental/BMS - Purchase(X 10)
E0912	Trapeze Bar, Heavy Duty, For Pat	\$ 812.60	Medicare is rental/BMS - Purchase(X 10)
E0935	Continuous Passive Motion Exerc	\$ 21.14	Rental Per day
E0940	Trapeze Bar, Free Standing, Com	\$ 209.50	Medicare is rental/BMS - Purchase(X 10)
E0942	Cervical Head Harness/Halter	\$ 16.42	Purchase
E0950	Wheelchair Accessory, Tray, Each	\$ 67.90	Purchase
E0951	Heel Loop/Holder, Any Type, Wit	\$ 12.07	Purchase
E0952	Toe Loop/Holder, Any Type, Eacl	\$ 12.82	Purchase
E0953	Wheelchair accessory, lateral thigh	\$ 72.12	Purchase
E0954	Wheelchair accessory, foot box, a	\$ 41.92	Purchase
E0955	Wheelchair Accessory, Headrest, C	\$ 143.00	Medicare is rental/BMS - Purchase(X 10)
E0956	Wheelchair Accessory, Lateral Tr	\$ 72.12	Purchase
E0957	Wheelchair Accessory, Medial Th	\$ 106.60	Purchase
E0958	Manual Wheelchair Accessory, Or	\$ 380.00	Medicare is rental/BMS - Purchase(X 10)
E0959	Manual Wheelchair Accessory, Ac	\$ 34.93	Purchase
E0960	Wheelchair Accessory, Shoulder P	\$ 67.39	Purchase
E0961	Manual Wheelchair Accessory, W	\$ 22.57	Purchase
E0966	Manual Wheelchair Accessory, He	\$ 57.57	Purchase
E0967	Manual Wheelchair Accessory, Ha	\$ 61.04	Purchase
E0968	Commode Seat, Wheelchair	\$ 166.60	Medicare is rental/BMS - Purchase(X 10)
E0969	Narrowing Device, Wheelchair	\$ 138.17	Purchase
E0970	No.2 Footplates, Except For Eleva	\$ -	Cost Invoice
E0971	Manual Wheelchair Accessory, Ar	\$ 33.06	Purchase
E0973	Wheelchair Accessory, Adjustable	\$ 61.94	Purchase
E0974	Manual Wheelchair Accessory, Ar	\$ 67.78	Purchase
E0978	Wheelchair Accessory, Positioning	\$ 27.26	Purchase
E0980	Safety Vest, Wheelchair	\$ 29.70	Purchase
E0981	Wheelchair Accessory, Seat Upho	\$ 32.10	Purchase
E0982	Wheelchair Accessory, Back Upho	\$ 35.09	Purchase
E0983	Manual Wheelchair Accessory, Pc	\$ 2,249.00	Medicare is rental/BMS - Purchase(X 10)
E0984	Manual Wheelchair Accessory, Pc	\$ 1,571.90	Medicare is rental/BMS - Purchase(X 10)
E0988	Lever-Activated Wheel Drive	\$ 2,782.20	Medicare is rental/BMS - Purchase(X 10)
E0990	Wheelchair Accessory, Elevating I	\$ 69.95	Purchase
E0992	Manual Wheelchair Accessory, Sc	\$ 71.74	Purchase
E1002	Wheelchair Accessory, Power Sea	\$ 3,094.10	Medicare is rental/BMS - Purchase(X 10)
E1003	Wheelchair Accessory, Power Sea	\$ 3,480.30	Medicare is rental/BMS - Purchase(X 10)
E1004	Wheelchair Accessory, Power Sea	\$ 3,842.20	Medicare is rental/BMS - Purchase(X 10)
E1005	Wheelchair Accessory, Power Sea	\$ 4,180.70	Medicare is rental/BMS - Purchase(X 10)
E1006	Wheelchair Accessory, Power Sea	\$ 5,137.70	Medicare is rental/BMS - Purchase(X 10)
E1007	Wheelchair Accessory, Power Sea	\$ 6,669.00	Medicare is rental/BMS - Purchase(X 10)
E1008	Wheelchair Accessory, Power Sea	\$ 6,750.80	Medicare is rental/BMS - Purchase(X 10)

Durable Medical Equipment Fee Schedule
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
E1009	Wheelchair Accessory, Addition To	\$ -	Cost Invoice
E1010	Wheelchair Accessory, Addition To	\$ 899.80	Medicare is rental/BMS - Purchase(X 10)
E1011	Modification To Pediatric Size Wheelchair	\$ -	Cost Invoice
E1012	Ctr mount pwr elev leg rest	\$ 899.80	Medicare is rental/BMS - Purchase(X 10)
E1014	Reclining Back, Addition To Pediatric	\$ 339.50	Medicare is rental/BMS - Purchase(X 10)
E1015	Shock Absorber For Manual Wheelchair	\$ 104.14	Purchase
E1016	Shock Absorber For Power Wheelchair	\$ 100.32	Purchase
E1020	Residual Limb Support System For	\$ 174.10	Medicare is rental/BMS - Purchase(X 10)
E1028	Wheelchair Accessory, Manual Swivel	\$ 140.20	Medicare is rental/BMS - Purchase(X 10)
E1029	Wheelchair Accessory, Ventilator	\$ 295.90	Medicare is rental/BMS - Purchase(X 10)
E1030	Wheelchair Accessory, Ventilator	\$ 931.40	Medicare is rental/BMS - Purchase(X 10)
E1031	Rollabout Chair, Any And All Types	\$ 41.75	10 mth CAP rental
E1161	Manual Adult Size Wheelchair, Inclinable	\$ 2,199.00	Medicare is rental/BMS - Purchase(X 10)
E1225	Wheelchair Accessory, Manual Swivel	\$ 371.10	Medicare is rental/BMS - Purchase(X 10)
E1226	Wheelchair Accessory, Manual Footrest	\$ 407.34	Purchase
E1229	Wheelchair, Pediatric Size, Not On	\$ -	Cost Invoice
E1231	Wheelchair, Pediatric Size, Tilt-In	\$ 1,710.73	Per BMS - Purchase
E1232	Wheelchair, Pediatric Size, Tilt-In	\$ 1,987.60	Medicare is rental/BMS - Purchase(X 10)
E1233	Wheelchair, Pediatric Size, Tilt-In	\$ 2,059.30	Medicare is rental/BMS - Purchase(X 10)
E1234	Wheelchair, Pediatric Size, Tilt-In	\$ 1,792.80	Medicare is rental/BMS - Purchase(X 10)
E1235	Wheelchair, Pediatric Size, Rigid,	\$ 1,726.40	Medicare is rental/BMS - Purchase(X 10)
E1236	Wheelchair, Pediatric Size, Folding	\$ 1,523.00	Medicare is rental/BMS - Purchase(X 10)
E1237	Wheelchair, Pediatric Size, Rigid,	\$ 1,536.30	Medicare is rental/BMS - Purchase(X 10)
E1238	Wheelchair, Pediatric Size, Folding	\$ 1,523.00	Medicare is rental/BMS - Purchase(X 10)
E1239	Power Wheelchair, Pediatric Size,	\$ -	Cost Invoice
E1372	Immersion External Heater For Ne	\$ 118.02	Purchase
E1390	Oxygen Concentrator, Single Deliv	\$ 109.42	Rental
E1399	Durable Medical Equipment, Misc	\$ -	Cost Invoice
E2100	Blood Glucose Monitor With Integ	\$ 597.77	Purchase
E2201	Manual Wheelchair Accessory, No	\$ 304.14	Purchase
E2202	Manual Wheelchair Accessory, No	\$ 410.77	Purchase
E2203	Manual Wheelchair Accessory, No	\$ 400.82	Purchase
E2204	Manual Wheelchair Accessory, No	\$ 689.86	Purchase
E2205	Manual Wheelchair Accessory, Ha	\$ 29.92	Purchase
E2206	Manual Wheelchair Accessory, W	\$ 35.06	Purchase
E2207	Wheelchair Accessory, Crutch An	\$ 39.49	Purchase
E2208	Wheelchair Accessory, Cylinder T	\$ 80.06	Purchase
E2209	Accessory, Arm Tough, With Or V	\$ 78.35	Purchase
E2210	Wheelchair Accessory, Bearings, A	\$ 4.89	Purchase
E2211	Manual Wheelchair Accessory, Pr	\$ 30.58	Purchase
E2212	Manual Wheelchair Accessory, Tu	\$ 5.37	Purchase
E2213	Manual Wheelchair Accessory, In	\$ 26.73	Purchase

Durable Medical Equipment Fee Schedule
Effective 04/01/20 - 03/31/21

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
E2214	Manual Wheelchair Accessory, Pr	\$ 28.09	Purchase
E2215	Manual Wheelchair Accessory, Tu	\$ 8.81	Purchase
E2216	Manual Wheelchair Accessory, Fc	\$ 41.37	Purchase
E2217	Manual Wheelchair Accessory, Fc	\$ 36.61	Purchase
E2218	Manual Wheelchair Accessory, Foa	\$ 41.37	Purchase
E2219	Manual Wheelchair Accessory, Fc	\$ 36.61	Purchase
E2220	Manual Wheelchair Accessory, Sol	\$ 23.94	Purchase
E2221	Manual Wheelchair Accessory, Sol	\$ 23.14	Purchase
E2222	Manual Wheelchair Accessory, Sc	\$ 19.20	Purchase
E2224	Manual Wheelchair Accessory, Pr	\$ 77.46	Purchase
E2225	Manual Wheelchair Accessory, Ca	\$ 16.02	Purchase
E2226	Manual Wheelchair Accessory, Ca	\$ 34.28	Purchase
E2227	Manual Wheelchair Accessory, Ge	\$ 1,738.70	Medicare is rental/BMS - Purchase(X 10)
E2228	Manual Wheelchair Accessory, W	\$ 838.10	Medicare is rental/BMS - Purchase(X 10)
E2231	Solid Seat Support Base	\$ 130.30	Purchase
E2291	Back, Planar, For Pediatric Size W	\$ -	Cost Invoice
E2292	Seat, Planar, For Pediatric Size W	\$ -	Cost Invoice
E2293	Back, Contoured, For Pediatric Si	\$ -	Cost Invoice
E2294	Seat, Contoured, For Pediatric Siz	\$ -	Cost Invoice
E2295	Manual Wheelchair Accessory, Fc	\$ -	Cost Invoice
E2310	Power Wheelchair Accessory, Ele	\$ 899.30	Medicare is rental/BMS - Purchase(X 10)
E2311	Power Wheelchair Accessory, Ele	\$ 1,818.00	Medicare is rental/BMS - Purchase(X 10)
E2312	Power Wheelchair Accessory, Har	\$ 1,874.20	Medicare is rental/BMS - Purchase(X 10)
E2313	Power Wheelchair Accessory, Har	\$ 297.80	Medicare is rental/BMS - Purchase(X 10)
E2321	Power Wheelchair Accessory, Har	\$ 1,221.70	Medicare is rental/BMS - Purchase(X 10)
E2322	Power Wheelchair Accessory, Har	\$ 1,117.70	Medicare is rental/BMS - Purchase(X 10)
E2323	Power Wheelchair Accessory, Spe	\$ 54.65	Purchase
E2324	Power Wheelchair Accessory, Chi	\$ 35.10	Purchase
E2325	Power Wheelchair Accessory, Sip	\$ 1,067.80	Medicare is rental/BMS - Purchase(X 10)
E2326	Power Wheelchair Accessory, Bre	\$ 277.70	Medicare is rental/BMS - Purchase(X 10)
E2327	Power Wheelchair Accessory, Hea	\$ 2,079.80	Medicare is rental/BMS - Purchase(X 10)
E2328	Power Wheelchair Accessory, Hea	\$ 3,935.50	Medicare is rental/BMS - Purchase(X 10)
E2329	Power Wheelchair Accessory, Hea	\$ 1,411.80	Medicare is rental/BMS - Purchase(X 10)
E2330	Power Wheelchair Accessory, Hea	\$ 2,723.10	Medicare is rental/BMS - Purchase(X 10)
E2340	Power Wheelchair Accessory, Nor	\$ 333.06	Purchase
E2341	Power Wheelchair Accessory, Nor	\$ 499.62	Purchase
E2342	Power Wheelchair Accessory, Nor	\$ 416.36	Purchase
E2343	Power Wheelchair Accessory, Nor	\$ 666.18	Purchase
E2351	Power Wheelchair Accessory, Ele	\$ 559.84	Purchase
E2359	Gr34 sealed leadacid battery	\$ 151.86	Purchase
E2360	Power Wheelchair Accessory, 22	\$ 104.42	Purchase
E2361	Power Wheelchair Accessory, 22N	\$ 104.78	Purchase

Durable Medical Equipment Fee Schedule
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
E2362	Power Wheelchair Accessory, Gro	\$ 85.49	Purchase
E2363	Power Wheelchair Accessory, Gro	\$ 136.34	Purchase
E2364	Power Wheelchair Accessory, U-1	\$ 100.77	Purchase
E2365	Power Wheelchair Accessory, U-1	\$ 77.54	Purchase
E2366	Power Wheelchair Accessory, Bat	\$ 172.10	Purchase
E2368	Power Wheelchair Component, M	\$ 380.60	Medicare is rental/BMS - Purchase(X 10)
E2369	Power Wheelchair Component, G	\$ 344.80	Medicare is rental/BMS - Purchase(X 10)
E2370	Power Wheelchair Component, M	\$ 546.80	Medicare is rental/BMS - Purchase(X 10)
E2371	Power Wheelchair Accessory, Gro	\$ 119.74	Purchase
E2372	Power Wheelchair Accessory, Gro	\$ -	Cost Invoice
E2373	Power Wheelchair Accessory, Har	\$ 640.30	Medicare is rental/BMS - Purchase(X 10)
E2374	Power Wheelchair Accessory, Har	\$ 412.40	Medicare is rental/BMS - Purchase(X 10)
E2375	Power Wheelchair Accessory, No	\$ 629.90	Medicare is rental/BMS - Purchase(X 10)
E2376	Power Wheelchair Accessory, Exp	\$ 1,030.60	Medicare is rental/BMS - Purchase(X 10)
E2377	Power Wheelchair Accessory, Exp	\$ 377.10	Medicare is rental/BMS - Purchase(X 10)
E2378	Pw Actuator Replacement	\$ 473.70	Medicare is rental/BMS - Purchase(X 10)
E2381	Power Wheelchair Accessory, Pne	\$ 56.38	Purchase
E2382	Power Wheelchair Accessory, Tub	\$ 15.55	Purchase
E2383	Power Wheelchair Accessory, Ins	\$ 115.10	Purchase
E2384	Power Wheelchair Accessory, Pne	\$ 58.49	Purchase
E2385	Power Wheelchair Accessory, Tub	\$ 37.18	Purchase
E2386	Power Wheelchair Accessory, Foa	\$ 103.79	Purchase
E2387	Power Wheelchair Accessory, Foa	\$ 46.90	Purchase
E2388	Power Wheelchair Accessory, Foa	\$ 39.06	Purchase
E2389	Power Wheelchair Accessory, Foa	\$ 21.52	Purchase
E2390	Power Wheelchair Accessory, Sol	\$ 33.48	Purchase
E2391	Power Wheelchair Accessory, Sol	\$ 15.70	Purchase
E2392	Power Wheelchair Accessory, Sol	\$ 39.50	Purchase
E2394	Power Wheelchair Accessory, Dri	\$ 55.46	Purchase
E2395	Power Wheelchair Accessory, Cas	\$ 40.35	Purchase
E2396	Power Wheelchair Accessory, Cas	\$ 46.98	Purchase
E2397	Power Wheelchair Accessory, Litl	\$ 381.42	Purchase
E2402	Negative Pressure Wound Therap	\$ 973.25	10 mth CAP rental
E2500	Sgd Digitized Pre-Rec <=8Min	\$ 363.43	Purchase
E2502	Sgd Prerec Msg >8Min <=20Min	\$ 1,111.35	Purchase
E2504	Sgd Prerec Msg>20Min <=40Min	\$ 1,466.04	Purchase
E2506	Sgd Prerec Msg > 40 Min	\$ 2,149.65	Purchase
E2508	Sgd Spelling Phys Contact	\$ 3,324.07	Purchase
E2510	Sgd W Multi Methods Msg/Accs	\$ 6,290.37	Purchase
E2512	Sgd Accessory, Mounting Sys	\$ -	Cost Invoice
E2599	Accessory For Speech Generating	\$ -	Cost Invoice
E2601	General Use Wheelchair Seat Cus	\$ 41.04	Purchase

Durable Medical Equipment Fee Schedule
Effective 04/01/20 - 03/31/21

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
E2602	General Use Wheelchair Seat Cushion	\$ 83.50	Purchase
E2603	Skin Protection Wheelchair Seat Cushion	\$ 104.44	Purchase
E2604	Skin Protection Wheelchair Seat Cushion	\$ 137.39	Purchase
E2605	Positioning Wheelchair Seat Cushion	\$ 197.05	Purchase
E2606	Positioning Wheelchair Seat Cushion	\$ 311.29	Purchase
E2607	Skin Protection And Positioning Wheelchair Seat Cushion	\$ 202.50	Purchase
E2608	Skin Protection And Positioning Wheelchair Seat Cushion	\$ 248.27	Purchase
E2609	Custom Fabricated Wheelchair Seat Cushion	\$ -	Cost Invoice
E2611	General Use Wheelchair Back Cushion	\$ 191.61	Purchase
E2612	General Use Wheelchair Back Cushion	\$ 299.02	Purchase
E2613	Positioning Wheelchair Back Cushion	\$ 288.76	Purchase
E2614	Positioning Wheelchair Back Cushion	\$ 411.65	Purchase
E2615	Positioning Wheelchair Back Cushion	\$ 330.98	Purchase
E2616	Positioning Wheelchair Back Cushion	\$ 445.54	Purchase
E2617	Custom Fabricated Wheelchair Back Cushion	\$ -	Cost Invoice
E2619	Replacement Cover For Wheelchair Back Cushion	\$ 40.00	Purchase
E2620	Positioning Wheelchair Back Cushion	\$ 379.94	Purchase
E2621	Positioning Wheelchair Back Cushion	\$ 420.42	Purchase
E2622	Adj Skin Pro W/C Cus Wd<22In	\$ 256.14	Purchase
E2623	Adj Skin Pro Wc Cus Wd>=22In	\$ 324.94	Purchase
E2624	Adj Skin Pro/Pos Cus<22In	\$ 259.22	Purchase
E2625	Adj Skin Pro/Pos Wc Cus>=22	\$ 324.60	Purchase
E2626	Seo Mobile Arm Sup Att To Wc	\$ 558.74	Purchase
E2627	Arm Supp Att To Wc Rancho Ty	\$ 782.97	Purchase
E2628	Mobile Arm Supports Reclinin	\$ 589.84	Purchase
E2629	Friction Dampening Arm Supp	\$ 851.89	Purchase
E2630	Monosuspension Arm/Hand Supp	\$ 521.98	Purchase
E2631	Elevat Proximal Arm Support	\$ 208.80	Purchase
E2632	Offset/Lat Rocker Arm W/Ela	\$ 132.77	Purchase
E2633	Mobile Arm Support Supinator	\$ 112.62	Purchase
K0001	Standard Wheelchair	\$ 34.71	10 mth CAP rental
K0002	Standard Hemi (Low Seat) Wheelchair	\$ 49.63	10 mth CAP rental
K0003	Lightweight Wheelchair	\$ 56.56	10 mth CAP rental
K0004	High Strength, Lightweight Wheelchair	\$ 75.59	10 mth CAP rental
K0005	Ultralightweight Wheelchair	\$ 171.81	10 mth CAP rental
K0006	Heavy Duty Wheelchair	\$ 76.83	10 mth CAP rental
K0007	Extra Heavy Duty Wheelchair	\$ 119.58	10 mth CAP rental
K0009	Other Manual Wheelchair/Base	\$ 69.10	10 mth CAP rental
K0015	Detachable, Non-Adjustable Height Armrest	\$ 132.90	Medicare is rental/BMS - Purchase(X 10)
K0017	Detachable, Adjustable Height Armrest	\$ 39.19	Purchase
K0018	Detachable, Adjustable Height Armrest	\$ 22.02	Purchase
K0019	Arm Pad, Each	\$ 12.21	Purchase

Durable Medical Equipment Fee Schedule
Effective 04/01/20 - 03/31/21

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
K0020	Fixed, Adjustable Height Armrest	\$ 36.95	Purchase
K0037	High Mount Flip-Up Footrest, Each	\$ 32.79	Purchase
K0038	Leg Strap, Each	\$ 19.08	Purchase
K0039	Leg Strap, H Style, Each	\$ 41.67	Purchase
K0040	Adjustable Angle Footplate, Each	\$ 52.22	Purchase
K0041	Large Size Footplate, Each	\$ 40.39	Purchase
K0042	Standard Size Footplate, Each	\$ 26.93	Purchase
K0043	Footrest, Lower Extension Tube, I	\$ 15.43	Purchase
K0044	Footrest, Upper Hanger Bracket, F	\$ 13.29	Purchase
K0045	Footrest, Complete Assembly	\$ 44.47	Purchase
K0046	Elevating Legrest, Lower Extensio	\$ 15.48	Purchase
K0047	Elevating Legrest, Upper Hanger I	\$ 57.71	Purchase
K0050	Ratchet Assembly	\$ 25.58	Purchase
K0051	Cam Release Assembly, Footrest	\$ 40.94	Purchase
K0052	Swingaway, Detachable Footrests,	\$ 67.23	Purchase
K0053	Elevating Footrests, Articulating (	\$ 76.82	Purchase
K0056	Seat Height Less Than 17" Or Equ	\$ 84.28	Purchase
K0065	Spoke Protectors, Each	\$ 40.60	Purchase
K0069	Rear Wheel Assembly, Complete,	\$ 86.73	Purchase
K0070	Rear Wheel Assembly, Complete,	\$ 152.60	Medicare is rental/BMS - Purchase(X 10)
K0071	Front Caster Assembly, Complete	\$ 97.23	Purchase
K0072	Front Caster Assembly, Complete	\$ 59.43	Purchase
K0073	Caster Pin Lock,Each	\$ 30.66	Purchase
K0077	Front Caster Assembly, Complete	\$ 50.20	Purchase
K0098	Drive Belt For Power Wheelchair	\$ 20.82	Purchase
K0105	Iv Hanger, Each	\$ 88.59	Purchase
K0108	Wheelchair Component Or Access	\$ -	Cost Invoice
K0195	Elevating Leg Rests, Pair (For Use	\$ 129.80	Medicare is rental/BMS - Purchase(X 10)
K0606	Automatic External Defibrillator,	\$ 2,340.48	10 mth CAP rental
K0669	Wheelchair Accessory, Seat Or Ba	\$ -	Cost Invoice
K0730	Controlled Dose Inhalation Drug I	\$ 1,602.20	Medicare is rental/BMS - Purchase(X 10)
K0733	12-24Hr Sealed Lead Acid	\$ 24.20	Purchase
K0739	Repair Of Nonroutine Service For	\$ 12.76	Priced per MLN Matters MM11570 - 12.06.19
K0740	Repair Of Nonroutine Service For	\$ 6.30	Per BMS - Purchase
K0800	Power Operated Vehicle, Group 1	\$ 876.58	10 mth CAP rental
K0801	Power Operated Vehicle, Group 1	\$ 149.08	10 mth CAP rental
K0802	Power Operated Vehicle, Group 1	\$ 181.90	10 mth CAP rental
K0806	Power Operated Vehicle, Group 2	\$ 118.14	10 mth CAP rental
K0807	Power Operated Vehicle, Group 2	\$ 181.06	10 mth CAP rental
K0808	Power Operated Vehicle, Group 2	\$ 280.02	10 mth CAP rental
K0812	Power Operated Vehicle, Not Oth	\$ -	Cost Invoice
K0813	Power Wheelchair, Group 1 Stand	\$ 257.82	10 mth CAP rental

Durable Medical Equipment Fee Schedule
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
K0814	Power Wheelchair, Group 1 Stand	\$ 302.29	10 mth CAP rental
K0815	Power Wheelchair, Group 1 Stand	\$ 340.08	10 mth CAP rental
K0816	Power Wheelchair, Group 1 Stand	\$ 321.78	10 mth CAP rental
K0820	Power Wheelchair, Group 2 Stand	\$ 270.78	10 mth CAP rental
K0821	Power Wheelchair, Group 2 Stand	\$ 318.40	10 mth CAP rental
K0822	Power Wheelchair, Group 2 Stand	\$ 368.87	10 mth CAP rental
K0823	Power Wheelchair, Group 2 Stand	\$ 361.51	10 mth CAP rental
K0824	Power Wheelchair, Group 2 Heav	\$ 475.54	10 mth CAP rental
K0825	Power Wheelchair, Group 2 Heav	\$ 437.38	10 mth CAP rental
K0826	Power Wheelchair, Group 2 Very	\$ 689.21	10 mth CAP rental
K0827	Power Wheelchair, Group 2 Very	\$ 593.35	10 mth CAP rental
K0828	Power Wheelchair, Group 2 Extra	\$ 802.38	10 mth CAP rental
K0829	Power Wheelchair, Group 2 Extra	\$ 757.65	10 mth CAP rental
K0830	Power Wheelchair, Group 2 Stand	\$ 354.07	Per BMS - 10 Mth CAP Rental
K0831	Power Wheelchair, Group 2 Stand	\$ 354.07	Per BMS - 10 Mth CAP Rental
K0835	Power Wheelchair, Group 2 Stand	\$ 386.37	10 mth CAP rental
K0836	Power Wheelchair, Group 2 Stand	\$ 400.70	10 mth CAP rental
K0837	Power Wheelchair, Group 2 Heav	\$ 473.85	10 mth CAP rental
K0838	Power Wheelchair, Group 2 Heav	\$ 422.39	10 mth CAP rental
K0839	Power Wheelchair, Group 2 Very	\$ 619.63	10 mth CAP rental
K0840	Power Wheelchair, Group 2 Extra	\$ 943.66	10 mth CAP rental
K0841	Power Wheelchair, Group 2 Stand	\$ 420.17	10 mth CAP rental
K0842	Power Wheelchair, Group 2 Stand	\$ 419.94	10 mth CAP rental
K0843	Power Wheelchair, Group 2 Heav	\$ 502.89	10 mth CAP rental
K0848	Power Wheelchair, Group 3 Stand	\$ 634.97	10 mth CAP rental
K0849	Power Wheelchair, Group 3 Stand	\$ 610.47	10 mth CAP rental
K0850	Power Wheelchair, Group 3 Heav	\$ 736.52	10 mth CAP rental
K0851	Power Wheelchair, Group 3 Heav	\$ 708.18	10 mth CAP rental
K0852	Power Wheelchair, Group 3 Very	\$ 851.01	10 mth CAP rental
K0853	Power Wheelchair, Group 3 Very	\$ 874.21	10 mth CAP rental
K0854	Power Wheelchair, Group 3 Extra	\$ 1,158.13	10 mth CAP rental
K0855	Power Wheelchair, Group 3 Extra	\$ 1,094.02	10 mth CAP rental
K0856	Power Wheelchair, Group 3 Stand	\$ 681.55	10 mth CAP rental
K0857	Power Wheelchair, Group 3 Stand	\$ 695.22	10 mth CAP rental
K0858	Power Wheelchair, Group 3 Heav	\$ 845.62	10 mth CAP rental
K0859	Power Wheelchair, Group 3 Heav	\$ 806.46	10 mth CAP rental
K0860	Power Wheelchair, Group 3 Very	\$ 1,208.07	10 mth CAP rental
K0861	Power Wheelchair, Group 3 Stand	\$ 682.64	10 mth CAP rental
K0862	Power Wheelchair, Group 3 Heav	\$ 845.62	10 mth CAP rental
K0863	Power Wheelchair, Group 3 Very	\$ 1,208.07	10 mth CAP rental
K0864	Power Wheelchair, Group 3 Extra	\$ 1,437.61	10 mth CAP rental
K0868	Power Wheelchair, Group 4 Stand	\$ -	Cost Invoice

Durable Medical Equipment Fee Schedule
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
K0869	Power Wheelchair, Group 4 Stand	\$ -	Cost Invoice
K0870	Power Wheelchair, Group 4 Heavy	\$ -	Cost Invoice
K0871	Power Wheelchair, Group 4 Very	\$ -	Cost Invoice
K0877	Power Wheelchair, Group 4 Stand	\$ -	Cost Invoice
K0878	Power Wheelchair, Group 4 Stand	\$ -	Cost Invoice
K0879	Power Wheelchair, Group 4 Heavy	\$ -	Cost Invoice
K0880	Power Wheelchair, Group 4 Very	\$ -	Cost Invoice
K0884	Power Wheelchair, Group 4 Stand	\$ -	Cost Invoice
K0885	Power Wheelchair, Group 4 Stand	\$ -	Cost Invoice
K0886	Power Wheelchair, Group 4 Heavy	\$ -	Cost Invoice
K0890	Power Wheelchair, Group 5 Pedia	\$ -	Cost Invoice
K0891	Power Wheelchair, Group 5 Pedia	\$ -	Cost Invoice
K0898	Power Wheelchair, Not Otherwise	\$ -	Cost Invoice
K0899	Power Mobility Device, Not Code	\$ -	Cost Invoice
L0112	Cranial Cervical Orthosis, Congen	\$ 1,094.85	Purchase
L0113	Cranial Cervical Torticollis	\$ 223.07	Purchase
L0120	Cervical, Flexible; Non-Adjustable	\$ 20.95	Purchase
L0130	Cervical, Flexible, Thermoplastic	\$ 148.12	Purchase
L0140	Cervical, Semi-Rigid; Adjustable	\$ 48.98	Purchase
L0150	Cervical, Semi-Rigid, Adjustable	\$ 89.86	Purchase
L0160	Cervical, Semi-Rigid, Wire Frame	\$ 117.37	Purchase
L0170	Cervical Collar; Molded To Patient	\$ 483.30	Purchase
L0172	Cervical, Collar, Semi-Rigid, Ther	\$ 104.79	Purchase
L0174	Cervical, Collar, Semi-Rigid, Ther	\$ 205.86	Purchase
L0180	Cervical, Multiple Post Collar, Oc	\$ 285.46	Purchase
L0190	Cervical, Multiple Post Collar, Oc	\$ 371.22	Purchase
L0200	Cervical, Multiple Post Collar, Oc	\$ 386.99	Purchase
L0220	Thoracic, Rib Belt, Custom Fabric	\$ 105.69	Purchase
L0450	Tlso, Flexible, Provides Trunk Sup	\$ 132.70	Purchase
L0452	Tlfo, Flexible, Provides Trunk Sup	\$ 198.51	Per BMS - Purchase
L0454	Tlso Flexible, Provides Trunk Sup	\$ 271.30	Purchase
L0456	Tlso, Flexible Provides Trunk Sup	\$ 778.00	Purchase
L0466	Tlso, Sagittal Control, Rigid Poste	\$ 282.61	Purchase
L0468	Tlso, Sagittal-Coronal Control, Ri	\$ 374.41	Purchase
L0470	Tlso, Triplanar Control, Rigid Pos	\$ 477.78	Purchase
L0472	Tlso, Triplanar Control, Hyperexte	\$ 303.02	Purchase
L0480	Tlso, Triplanar Control, One Piece	\$ 1,067.09	Purchase
L0482	Tlso, Triplanar Control, One Piece	\$ 1,239.46	Purchase
L0484	Tslo, Triplanar Control, Two Piec	\$ 1,331.77	Purchase
L0486	Tlfo, Triplanar Control, Two Piec	\$ 1,412.94	Purchase
L0488	Tlso, Triplanar Control, One Piece	\$ 785.23	Purchase
L0490	Tlso, Sagittal-Coronal Control, Or	\$ 221.30	Purchase

Durable Medical Equipment Fee Schedule
Effective 04/01/20 - 03/31/21

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L0491	Tlso, Sagittal-Coronal Control, Me	\$ 600.77	Purchase
L0492	Tlso, Sagittal-Coronal Control, Me	\$ 395.10	Purchase
L0621	Sacroiliac Orthosis, Flexible, Prov	\$ 69.10	Purchase
L0622	Sacroiliac Orthosis, Flexible, Prov	\$ 226.33	Purchase
L0623	Sacroiliac Orthosis, Provides Pelv	\$ 138.42	Purchase
L0624	Sacroiliac Orthosis, Provides Pelv	\$ -	Cost Invoice
L0625	Lumbar Orthosis, Flexible, Provid	\$ 43.08	Purchase
L0626	Lumbar Orthosis, Sagittal Control	\$ 60.97	Purchase
L0627	Lumbar Orthosis, Sagittal Control	\$ 321.56	Purchase
L0628	Lso, Flexible, Provides Lumbo-Sa	\$ 65.63	Purchase
L0629	Lso, Flexible, Provides Lumbo-Sa	\$ 164.18	Per BMS - Purchase
L0630	Lso, Sagittal Control, With Rigid I	\$ 126.69	Purchase
L0631	Lso, Sagittal Control, With Rigid A	\$ 803.03	Purchase
L0632	Lso, Sagittal Control, With Rigid A	\$ -	Cost Invoice
L0633	Lso, Sagittal-Coronal Control, Wit	\$ 224.32	Purchase
L0634	Lso, Sagittal-Coronal Control, Wit	\$ -	Cost Invoice
L0635	Lso, Sagittal-Coronal Control, Lu	\$ 717.31	Purchase
L0636	Lso, Sagittal-Coronal Control, Lu	\$ 1,061.89	Purchase
L0637	Lso, Sagittal-Coronal Control, Wit	\$ 840.35	Purchase
L0638	Lso, Sagittal-Coronal Control, Wit	\$ 1,031.70	Purchase
L0639	Lso, Sagittal-Coronal Control, Rig	\$ 840.35	Purchase
L0640	Lso, Sagittal-Coronal Control, Rig	\$ 818.56	Purchase
L0700	Ctlso, Anterior-Posterior-Lateral C	\$ 1,531.98	Purchase
L0710	Ctlso, Anterior-Posterior-Lateral C	\$ 1,565.10	Purchase
L0810	Halo Procedure, Cervical Halo Inc	\$ 1,957.36	Purchase
L0820	Halo Procedure, Cervical Halo Inc	\$ 1,756.86	Purchase
L0830	Halo Procedure, Cervical Halo Inc	\$ 2,475.93	Purchase
L0859	Addition To Halo Procedure, Mag	\$ 1,031.82	Purchase
L0861	Additional To Halo Procedure, Re	\$ 168.60	Purchase
L0970	Tlso, Corset Front	\$ 100.77	Purchase
L0972	Lso, Corset Front	\$ 90.50	Purchase
L0974	Tlso, Full Corset	\$ 134.40	Purchase
L0976	Lso, Full Corset	\$ 119.83	Purchase
L0978	Axillary Crutch Extension	\$ 158.17	Purchase
L0980	Peroneal Straps, Pair	\$ 17.26	Purchase
L0982	Stocking Supporter Grips, Set Of	\$ 12.20	Purchase
L0984	Protective Body Sock, Each	\$ 50.66	Purchase
L0999	Additional To Spinal Orthosis, No	\$ -	Cost Invoice
L1000	Cervical-Thoracic-Lumbar-Sacral	\$ 1,537.03	Purchase
L1001	Cervical Thoracic Lumbar Sacral	\$ -	Cost Invoice
L1010	Additions To Cervical-Thoracic-L	\$ 50.30	Purchase
L1020	Addition To Ctlso Or Scoliosis, K	\$ 64.78	Purchase

Durable Medical Equipment Fee Schedule
Effective 04/01/20 - 03/31/21

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L1025	Addition To Ctlso Or Scoliosis Or	\$ 123.64	Purchase
L1030	Addition To Ctlso Or Scoliosis Or	\$ 47.67	Purchase
L1040	Addition To Ctlso Or Scoliosis Or	\$ 62.38	Purchase
L1050	Addition To Ctlso Or Scoliosis Or	\$ 75.21	Purchase
L1060	Addition To Ctlso Or Scoliosis Or	\$ 90.20	Purchase
L1070	Addition To Ctlso Or Scoliosis Or	\$ 88.07	Purchase
L1080	Addition To Ctlso Or Scoliosis Or	\$ 49.54	Purchase
L1085	Addition To Ctlso Or Scoliosis Or	\$ 134.03	Purchase
L1090	Addition To Ctlso Or Scoliosis Or	\$ 88.67	Purchase
L1100	Addition To Ctlso Or Scoliosis Or	\$ 141.60	Purchase
L1110	Addition To Ctlso Or Scoliosis Or	\$ 191.39	Purchase
L1120	Addition To Ctlso Or Scoliosis Or	\$ 32.37	Purchase
L1200	Thoracic-Lumbar-Sacral-Orthosis	\$ 1,174.16	Purchase
L1210	Addition To Tlso, (Low Profile); I	\$ 196.09	Purchase
L1220	Addition To Tlso, (Low Profile), A	\$ 187.32	Purchase
L1230	Addition To Tlso, (Low Profile), I	\$ 480.15	Purchase
L1240	Addition To Tlso, (Low Profile), I	\$ 64.91	Purchase
L1250	Addition To Tlso, (Low Profile), A	\$ 64.91	Purchase
L1260	Addition To Tlso, (Low Profile), A	\$ 66.27	Purchase
L1270	Addition To Tlso, (Low Profile), A	\$ 67.33	Purchase
L1280	Addition To Tlso, (Low Profile), I	\$ 77.44	Purchase
L1290	Addition To Tlso, (Low Profile), I	\$ 61.30	Purchase
L1300	Other Scoliosis Procedure, Body J	\$ 1,380.34	Purchase
L1310	Other Scoliosis Procedure, Post C	\$ 1,418.30	Purchase
L1499	Spinal Orthosis, Not Otherwise Sp	\$ -	Cost Invoice
L1600	Hip Orthosis, Ho), Abduction Cor	\$ 96.57	Purchase
L1610	Ho, Abduction Control Of Hip Joi	\$ 42.62	Purchase
L1620	Ho, Abduction Control Of Hip Joi	\$ 120.70	Purchase
L1630	Ho, Abduction Control Of Hip Joi	\$ 126.98	Purchase
L1640	Ho, Abduction Control Of Hip Joi	\$ 386.54	Purchase
L1650	Ho, Abduction Control Of Hip Joi	\$ 195.61	Purchase
L1660	Ho, Abduction Control Of Hip Joi	\$ 128.25	Purchase
L1680	Ho, Abduction Control Of Hip Joi	\$ 913.07	Purchase
L1685	Ho, Abduction Control Of Hip Joi	\$ 931.84	Purchase
L1686	Ho, Abduction Control Of Hip Joi	\$ 860.43	Purchase
L1690	Combination, Bilateral, Lumbo-Sa	\$ 1,512.66	Purchase
L1700	Legg Perthes Orthosis, (Toronto T	\$ 1,144.40	Purchase
L1710	Legg Perthes Orthosis, (Newingto	\$ 1,339.65	Purchase
L1720	Legg Perthes Orthosis, Trilateral, c	\$ 987.48	Purchase
L1730	Legg Perthes Orthosis, (Scottish R	\$ 848.15	Purchase
L1755	Legg Perthes Orthosis, (Pattern Bc	\$ 1,345.97	Purchase
L1810	Ko, Elastic With Joints, Prefabrica	\$ 73.80	Purchase

Durable Medical Equipment Fee Schedule
Effective 04/01/20 - 03/31/21

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L1820	Ko, Elastic With Condylar Pads A	\$ 114.34	Purchase
L1830	Ko, Immobilizer, Canvas Longitud	\$ 69.54	Purchase
L1831	Ko, Locking Knee Joint(S), Positi	\$ 230.22	Purchase
L1832	Knee Orthosis, Adjustable Knee J	\$ 529.99	Purchase
L1834	Ko, Without Knee Joint, Rigid, Cu	\$ 581.73	Purchase
L1836	Ko, Rigid, Without Joint(S), Inclu	\$ 104.38	Purchase
L1840	Ko, Derotation, Medial-Lateral, A	\$ 774.87	Purchase
L1843	Knee Orthosis, Single Upright, Th	\$ 701.89	Purchase
L1844	Knee Orthosis, Double Upright, T	\$ 1,216.58	Purchase
L1845	Knee Orthosis, Double Upright, T	\$ 728.36	Purchase
L1846	Knee Orthosis, Double Upright, T	\$ 893.03	Purchase
L1847	Ko, Double Upright With Adjusta	\$ 449.93	Purchase
L1850	Ko, Swedish Type, Prefabricated,	\$ 227.79	Purchase
L1860	Ko, Modification Of Supracondyla	\$ 804.14	Purchase
L1900	Ankle-Foot Orthosis (Afo), Spring	\$ 202.16	Purchase
L1902	Afo, Ankle Gauntlet, Prefabricate	\$ 69.86	Purchase
L1904	Afo, Molded Ankle Gauntlet, Cus	\$ 420.10	Purchase
L1906	Afo, Multiligamentous Ankle Sup	\$ 90.12	Purchase
L1907	Afo, Supramalleolar With Straps,	\$ 440.16	Purchase
L1910	Afo, Posterior, Single Bar, Clasp	\$ 204.67	Purchase
L1920	Afo, Single Upright With Static Or	\$ 261.98	Purchase
L1930	Afo, Plastic Or Other Material, Pr	\$ 177.28	Purchase
L1932	Afo, Rigid Anterior Tibial Section	\$ 698.04	Purchase
L1940	Afo, Plastic Or Other Material, Cu	\$ 370.61	Purchase
L1945	Afo, Molded To Patient Model, P	\$ 886.06	Purchase
L1950	Afo, Spiral (Institute Of Rehabilita	\$ 587.50	Purchase
L1951	Afo, Spiral, (Institute Of Rehabilit	\$ 656.95	Purchase
L1960	Afo, Posterior Solid Ankle, Plastic	\$ 443.10	Purchase
L1970	Afo, Plastic With Ankle Joint, Cus	\$ 533.24	Purchase
L1971	Afo, Plastic Or Other Material Wi	\$ 366.66	Purchase
L1980	Afo, Single Upright Free Plantar I	\$ 275.03	Purchase
L1990	Afo, Double Upright Free Plantar	\$ 334.04	Purchase
L2000	Knee-Ankle-Foot-Orthosis (Kafo)	\$ 791.40	Purchase
L2005	Kafo, Any Material, Single Or Do	\$ 3,205.42	Purchase
L2010	Kafo, Single Upright, Free Ankle,	\$ 738.26	Purchase
L2020	Kafo, Double Upright, Free Ankle	\$ 929.57	Purchase
L2030	Kafo Double Upright, Free Ankle	\$ 843.84	Purchase
L2034	Kafo, Full Plastic, Single Upright,	\$ 1,593.83	Purchase
L2035	Kafo, Full Plastic, Static (Pediatic	\$ 136.88	Purchase
L2036	Kafo, Full Plastic, Double Upright	\$ 1,440.82	Purchase
L2037	Knee Ankle Foot Orthosis, Full Pl	\$ 1,344.21	Purchase
L2038	Knee Ankle Foot Orthosis, Full P	\$ 1,365.50	Purchase

Durable Medical Equipment Fee Schedule
Effective 04/01/20 - 03/31/21

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L2040	Hip-Knee-Ankle-Foot Orthosis (H	\$ 165.61	Purchase
L2050	Hkafo, Torsion Control, Bilateral	\$ 356.98	Purchase
L2060	Hkafo, Torsion Control, Bilateral	\$ 435.10	Purchase
L2070	Hkafo, Torsion Control, Unilatera	\$ 111.72	Purchase
L2080	Hkafo, Torsion Control, Unilatera	\$ 269.54	Purchase
L2090	Hkafo, Torsion Control, Unilatera	\$ 328.60	Purchase
L2106	Ankle-Foot-Orthosis (Afo), Fractu	\$ 509.53	Purchase
L2108	Afo, Fracture Orthosis, Tibial Frac	\$ 887.18	Purchase
L2112	Afo, Fracture Orthosis, Tibial Frac	\$ 408.06	Purchase
L2114	Afo, Fracture Orthosis, Tibial Frac	\$ 511.82	Purchase
L2116	Afo, Fracture Orthosis, Tibial Frac	\$ 588.89	Purchase
L2126	Knee-Ankle-Foot-Orthosis (Kafo)	\$ 985.10	Purchase
L2128	Kafo, Fracture Orthosis, Femoral	\$ 1,394.97	Purchase
L2132	Kafo, Fracture Orthosis, Femoral	\$ 756.30	Purchase
L2134	Kafo, Fracture Orthosis, Femoral	\$ 807.03	Purchase
L2136	Kafo, Fracture Orthosis, Femoral	\$ 963.25	Purchase
L2180	Addition To Lower Extremity Fra	\$ 89.90	Purchase
L2182	Addition To Lower Extremity Fra	\$ 74.48	Purchase
L2184	Addition To Lower Extremity Fra	\$ 101.82	Purchase
L2186	Addition To Lower Extremity Fra	\$ 141.23	Purchase
L2188	Addition To Lower Extremity Fra	\$ 270.46	Purchase
L2190	Addition To Lower Extremity Fra	\$ 69.89	Purchase
L2192	Addition To Lower Extremity Fra	\$ 306.86	Purchase
L2200	Addition To Lower Extremity, Lir	\$ 35.63	Purchase
L2210	Addition To Lower Extremity, D	\$ 51.58	Purchase
L2220	Addition To Lower Extremity, Do	\$ 61.37	Purchase
L2230	Addition To Lower Extremity, Sp	\$ 57.50	Purchase
L2232	Addition To Lower Extremity, Ro	\$ 77.86	Purchase
L2240	Addition To Lower Extremity, Ro	\$ 71.17	Purchase
L2250	Addition To Lower Extremity, Fo	\$ 288.54	Purchase
L2260	Addition To Lower Extremity, Rei	\$ 150.22	Purchase
L2265	Addition To Lower Extremity, Lo	\$ 88.26	Purchase
L2270	Addition To Lower Extremity, Va	\$ 41.38	Purchase
L2275	Addition To Lower Extremity, Va	\$ 97.56	Purchase
L2280	Addition To Lower Extremity, Mc	\$ 341.14	Purchase
L2300	Addition To Lower Extremity, Ab	\$ 213.91	Purchase
L2310	Addition To Lower Extremity, Ab	\$ 107.11	Purchase
L2320	Addition To Lower Extremity, No	\$ 154.19	Purchase
L2330	Addition To Lower Extremity, La	\$ 322.76	Purchase
L2335	Addition To Lower Extremity, An	\$ 199.27	Purchase
L2340	Addition To Lower Extremity, P	\$ 431.39	Purchase
L2350	Addition To Lower Extremity, P	\$ 745.06	Purchase

Durable Medical Equipment Fee Schedule
Effective 04/01/20 - 03/31/21

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L2360	Addition To Lower Extremity, Ex	\$ 38.78	Purchase
L2370	Addition To Lower Extremity, Pat	\$ 251.25	Purchase
L2375	Addition To Lower Extremity, To	\$ 106.12	Purchase
L2380	Addition To Lower Extremity, To	\$ 92.26	Purchase
L2385	Addition To Lower Extremity, Str	\$ 100.38	Purchase
L2387	Addition To Lower Extremity, Po	\$ 144.62	Purchase
L2390	Addition To Lower Extremity, Of	\$ 84.05	Purchase
L2395	Addition To Lower Extremity, Of	\$ 117.25	Purchase
L2397	Addition To Lower Extremity Ort	\$ 91.34	Purchase
L2405	Addition To Knee Joint, Drop Loc	\$ 68.19	Purchase
L2415	Addition To Knee Lock With Inte	\$ 95.01	Purchase
L2425	Addition To Knee Joint, Disc Or I	\$ 112.13	Purchase
L2430	Addition To Knee Joint, Ratchet I	\$ 112.13	Purchase
L2492	Addition To Knee Joint, Life Lool	\$ 101.81	Purchase
L2500	Addition To Lower Extremity, Th	\$ 243.55	Purchase
L2510	Addition To Lower Extremity, Th	\$ 546.44	Purchase
L2520	Addition To Lower Extremity, Th	\$ 360.46	Purchase
L2525	Addition To Lower Extremity, Th	\$ 972.53	Purchase
L2526	Addition To Lower Extremity, Th	\$ 554.98	Purchase
L2530	Addition To Lower Extremity, Th	\$ 176.07	Purchase
L2540	Addition To Lower Extremity, Th	\$ 316.83	Purchase
L2550	Addition To Lower Extremity, Th	\$ 215.23	Purchase
L2570	Addition To Lower Extremity, Pel	\$ 356.94	Purchase
L2580	Addition To Lower Extremity, Pel	\$ 347.80	Purchase
L2600	Addition To Lower Extremity, Pel	\$ 190.45	Purchase
L2610	Addition To Lower Extremity, Pel	\$ 201.73	Purchase
L2620	Addition To Lower Extremity, Pel	\$ 226.82	Purchase
L2622	Addition To Lower Extremity, Pel	\$ 257.15	Purchase
L2624	Addition To Lower Extremity, Pel	\$ 248.15	Purchase
L2627	Addition To Lower Extremity, Pel	\$ 1,354.11	Purchase
L2628	Addition To Lower Extremity, Pel	\$ 1,331.98	Purchase
L2630	Addition To Lower Extremity, Pel	\$ 185.57	Purchase
L2640	Addition To Lower Extremity, Pel	\$ 251.84	Purchase
L2650	Addition To Lower Extremity, Pel	\$ 107.22	Purchase
L2660	Addition To Lower Extremity, Th	\$ 139.67	Purchase
L2670	Addition To Lower Extremity, Th	\$ 135.45	Purchase
L2680	Addition To Lower Extremity, Th	\$ 125.46	Purchase
L2750	Addition To Lower Extremity Ort	\$ 62.64	Purchase
L2755	Addition To Lower Extremity Ort	\$ 102.19	Purchase
L2760	Addition To Lower Extremity Ort	\$ 45.54	Purchase
L2780	Addition To Lower Extremity Ort	\$ 50.72	Purchase
L2785	Addition To Lower Extremity Ort	\$ 23.85	Purchase

Durable Medical Equipment Fee Schedule
Effective 04/01/20 - 03/31/21

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L2795	Addition To Lower Extremity Ort	\$ 64.68	Purchase
L2800	Addition To Lower Extremity Ort	\$ 99.42	Purchase
L2810	Addition To Lower Extremity Ort	\$ 78.04	Purchase
L2820	Addition To Lower Extremity Ort	\$ 65.08	Purchase
L2830	Addition To Lower Extremity Ort	\$ 70.40	Purchase
L2840	Addition To Lower Extremity Ort	\$ 41.62	Purchase
L2850	Addition To Lower Extremity Ort	\$ 46.40	Purchase
L2999	Lower Extremity Orthosis, Not Ot	\$ -	Cost Invoice
L3000	Foot, Insert, Removable, Molded	\$ 245.73	Purchase
L3001	Foot, Insert, Removable, Molded	\$ 103.46	Purchase
L3002	Foot, Insert, Removable, Molded	\$ 126.34	Purchase
L3003	Foot, Insert, Removable, Molded	\$ 136.33	Purchase
L3010	Foot, Insert, Removable, Molded	\$ 136.33	Purchase
L3020	Foot, Insert, Removable, Molded	\$ 155.19	Purchase
L3030	Foot, Insert, Removable, Formed	\$ 59.70	Purchase
L3031	Foot, Insert/Plate, Removable, Ad	\$ 95.82	Purchase
L3040	Foot, Arch Support, Removable, I	\$ 36.81	Purchase
L3050	Foot, Arch Support, Removable, I	\$ 36.81	Purchase
L3060	Foot, Arch Support, Removable, I	\$ 57.69	Purchase
L3070	Foot, Arch Support, Non-Remova	\$ 24.85	Purchase
L3080	Foot, Arch Support, Non-Remova	\$ 24.85	Purchase
L3090	Foot, Arch Support, Non-Remova	\$ 31.85	Purchase
L3100	Hallus-Valgus Night Dynamic Spl	\$ 33.82	Purchase
L3140	Foot, Abduction Rotation Bar, Inc	\$ 69.66	Purchase
L3150	Foot, Abduction Rotation Bars, W	\$ 63.67	Purchase
L3170	Foot, Plastic, Silicone Or Equal, F	\$ 39.81	Purchase
L3201	Orthopedic Shoe, Oxford With Su	\$ 36.00	Per BMS - Purchase
L3202	Orthopedic Shoe, Oxford With Su	\$ 36.00	Per BMS - Purchase
L3203	Orthopedic Shoe, Oxford With Su	\$ 37.80	Per BMS - Purchase
L3204	Orthopedic Shoe, Hightop With S	\$ 36.00	Per BMS - Purchase
L3206	Orthopedic Shoe, Hightop With S	\$ 36.00	Per BMS - Purchase
L3207	Orthopedic Shoe, Hightop With S	\$ 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 Sho	\$ 80.38	Per BMS - Purchase
L3216	Orthopedic Footwear, Ladies Sho	\$ 123.93	Per BMS - Purchase
L3217	Orthopedic Footwear, Ladies Sho	\$ 164.43	Per BMS - Purchase
L3219	Orthopedic Footwear, Men'S Sho	\$ 82.52	Per BMS - Purchase

Durable Medical Equipment Fee Schedule
Effective 04/01/20 - 03/31/21

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L3221	Orthopedic Footwear, Men'S Sho	\$ 143.37	Per BMS - Purchase
L3222	Orthopedic Footwear, Men'S Sho	\$ 162.00	Per BMS - Purchase
L3224	Orthopedic Footwear, Woman'S S	\$ 49.86	Purchase
L3225	Orthopedic Footwear, Man'S Shoe	\$ 51.19	Purchase
L3230	Orthopedic Footwear, Custom Sho	\$ 392.04	Per BMS - Purchase
L3250	Orthopedic Footwear, Custom Mo	\$ 277.83	Per BMS - Purchase
L3251	Foot, Shoe Molded To Patient Mo	\$ -	Cost Invoice
L3252	Foot, Shoe Molded To Patient Mo	\$ 81.00	Per BMS - Purchase
L3253	Foot, Molded Shoe Plastazote (Or	\$ 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	\$ 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	\$ 40.78	Purchase
L3310	Lift, Elevation, Heel And Sole, Ne	\$ 63.67	Purchase
L3320	Lift, Elevation, Heel And Sole, Co	\$ 103.68	Per BMS - Purchase
L3330	Lift, Elevation, Metal Extension (\$	\$ 442.71	Purchase
L3332	Lift, Elevation, Inside Shoe, Tape	\$ 57.69	Purchase
L3334	Lift, Elevation, Heel, Per Inch	\$ 29.86	Purchase
L3340	Heel Wedge, Sach	\$ 66.68	Purchase
L3350	Heel Wedge	\$ 17.93	Purchase
L3360	Sole Wedge, Outside Sole	\$ 27.86	Purchase
L3370	Sole Wedge, Between Sole	\$ 38.77	Purchase
L3380	Clubfoot Wedge	\$ 38.77	Purchase
L3390	Outflare Wedge	\$ 38.77	Purchase
L3400	Metatarsal Bar Wedge, Rocker	\$ 31.85	Purchase
L3410	Metatarsal Bar Wedge, Between S	\$ 72.62	Purchase
L3420	Full Sole And Heel Wedge; Betwe	\$ 42.79	Purchase
L3430	Heel, Counter, Plastic Reinforced	\$ 125.35	Purchase
L3440	Heel, Counter, Leather Reinforced	\$ 59.70	Purchase
L3450	Heel, Sach Cushion Type	\$ 82.58	Purchase
L3455	Heel, New Leather, Standard	\$ 31.85	Purchase
L3460	Heel, New Rubber, Standard	\$ 26.84	Purchase
L3465	Heel, Thomas With Wedge	\$ 45.76	Purchase
L3470	Heel, Thomas Extended To Ball	\$ 48.74	Purchase
L3480	Heel, Pad And Depression For S	\$ 48.74	Purchase
L3485	Heel, Pad, Removal For Spur	\$ 13.77	Per BMS - Purchase
L3500	Orthopedic Shoe Addition, Insole,	\$ 22.88	Purchase
L3510	Orthopedic Shoe Addition Insole,	\$ 22.88	Purchase
L3520	Orthopedic Shoe Addition Insole,	\$ 24.85	Purchase
L3530	Orthopedic Shoe Addition Sole, H	\$ 24.85	Purchase

Durable Medical Equipment Fee Schedule
Effective 04/01/20 - 03/31/21

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L3540	Orthopedic Shoe Addition Sole, F	\$ 39.81	Purchase
L3550	Orthopedic Shoe Addition Toe Ta	\$ 6.94	Purchase
L3560	Orthopedic Shoe Addition Toe Ta	\$ 17.93	Purchase
L3570	Orthopedic Shoe Addition, Specia	\$ 66.68	Purchase
L3580	Orthopedic Shoe Addition, Conve	\$ 50.74	Purchase
L3590	Orthopedic Shoe Addition, Conve	\$ 41.78	Purchase
L3595	Orthopedic Shoe Addition, March	\$ 32.82	Purchase
L3600	Transfer Of An Orthosis From On	\$ 59.70	Purchase
L3610	Transfer Of An Orthosis From On	\$ 78.59	Purchase
L3620	Transfer Of An Orthosis From On	\$ 59.70	Purchase
L3630	Transfer Of An Orthosis From On	\$ 78.59	Purchase
L3640	Transfer Of An Orthosis From On	\$ 33.82	Purchase
L3649	Orthopedic Shoe, Modification, A	\$ -	Cost Invoice
L3650	Shoulder Orthosis, (So); Figure O	\$ 49.83	Purchase
L3660	Shoulder Orthosis, Figure Of Eigh	\$ 75.37	Purchase
L3670	Shoulder Orthosis, Acromio/Clav	\$ 99.60	Purchase
L3671	Shoulder Orthosis, Shoulder Cap I	\$ 641.50	Purchase
L3674	So Airplane W/Wo Joint Cf	\$ 841.51	Purchase
L3702	Elbow Orthosis, Without Joints, M	\$ 205.57	Purchase
L3710	Elbow Orthosis (Eo), Elastic With	\$ 114.59	Purchase
L3720	Elbow Orthosis (Eo), Double Upr	\$ 511.32	Purchase
L3730	Elbow Orthosis (Eo), Double Upr	\$ 661.05	Purchase
L3740	Elbow Orthosis (Eo), Double Upr	\$ 783.73	Purchase
L3760	Eo withjoint, prefabricated	\$ 356.02	Purchase
L3761	Eo, adj lock joint prefab ot	\$ 356.02	Purchase
L3762	Eo rigid w/o joints pre ots	\$ 76.54	Purchase
L3763	Ewho, Rigid, Without Joints, May	\$ 499.72	Purchase
L3764	Ewho, Includes One Or More Nor	\$ 652.26	Purchase
L3765	Ewhfo, Rigid, Without Joints, May	\$ 912.85	Purchase
L3766	Ewhfo, Includes One Or More No	\$ 966.63	Purchase
L3806	Wrist-Hand-Finger Orthosis, Inclu	\$ 323.39	Purchase
L3807	Wrist-Hand-Finger-Orthosis (Whf	\$ 178.02	Purchase
L3808	Wrist-Hand-Finger Orthosis, Rigid	\$ 266.22	Purchase
L3900	Wrist-Hand-Finger Orthosis, Dyna	\$ 1,038.04	Purchase
L3901	Wrist-Hand-Finger Orthosis, Dyna	\$ 1,178.82	Purchase
L3904	Wrist-Hand-Finger Orthosis, Exte	\$ 2,147.47	Purchase
L3905	Wrist-Hand Orthosis, Includes On	\$ 706.01	Purchase
L3906	Wrist-Hand Orthosis, Without Joi	\$ 313.47	Purchase
L3908	Wrist-Hand Orthosis (Who), Wris	\$ 49.33	Purchase
L3912	Hand-Finger Orthosis, Flexion Glo	\$ 85.46	Purchase
L3913	Hand-Finger Orthosis, Without Jo	\$ 192.82	Purchase
L3915	Wrist-Hand-Finger Orthosis, Inclu	\$ 378.42	Purchase

Durable Medical Equipment Fee Schedule
Effective 04/01/20 - 03/31/21

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L3917	Hand Orthosis, Metacarpal Fracture	\$ 75.23	Purchase
L3919	Hand Orthosis, Without Joints, May Include	\$ 192.82	Purchase
L3921	Hand-Finger Orthosis, Includes Orthosis	\$ 228.67	Purchase
L3923	Hand-Finger Orthosis, Without Joints, May Include	\$ 68.71	Purchase
L3925	Finger Orthosis Proximal Interphalangeal Joint	\$ 36.86	Purchase
L3927	Finger Orthosis, Proximal Interphalangeal Joint	\$ 24.89	Purchase
L3929	Hand-Finger Orthosis, Includes Orthosis	\$ 65.30	Purchase
L3931	Wrist-Hand-Finger Orthosis, Includes Orthosis	\$ 133.72	Purchase
L3933	Finger Orthosis, Without Joints, May Include	\$ 151.88	Purchase
L3935	Finger Orthosis, Nontorsion Joint, May Include	\$ 157.26	Purchase
L3956	Addition Of Joint To Upper Extremity	\$ -	Cost Invoice
L3960	Shoulder-Elbow-Wrist-Hand Orthosis	\$ 539.42	Purchase
L3961	Shoulder-Elbow-Wrist-Hand Orthosis	\$ 1,196.10	Purchase
L3962	Shoulder-Elbow-Wrist-Hand Orthosis	\$ 526.15	Purchase
L3967	Sewho, Abduction Positioning (Any)	\$ 1,412.18	Purchase
L3971	Sewho, Shoulder Cap Design, Includes Orthosis	\$ 1,340.50	Purchase
L3973	Sewho, Abduction Positioning (Any)	\$ 1,412.18	Purchase
L3975	Sewhfo, Shoulder Cap Design, Includes Orthosis	\$ 1,196.10	Purchase
L3976	Sewhfo, Abduction Positioning (Any)	\$ 1,196.10	Purchase
L3977	Sewhfo, Shoulder Cap Design, Includes Orthosis	\$ 1,340.50	Purchase
L3978	Sewhfo, Abduction Positioning (Any)	\$ 1,412.18	Purchase
L3980	Upper Extremity Fracture Orthosis	\$ 234.82	Purchase
L3981	Upper Extremity Fracture Orthosis	\$ 716.59	Purchase
L3982	Upper Extremity Fracture Orthosis	\$ 273.76	Purchase
L3984	Upper Extremity Fracture Orthosis	\$ 252.40	Purchase
L3995	Addition To Upper Extremity Orthosis	\$ 26.15	Purchase
L3999	Upper Limb Orthosis, Not Otherwise Specified	\$ -	Cost Invoice
L4000	Replace Girdle For Spinal Orthosis	\$ 1,031.61	Purchase
L4002	Replacement Strap, Any Orthosis	\$ 11.52	Per BMS - Purchase
L4010	Replace trilateral socket brace	\$ 502.93	Purchase
L4020	Replace Quadrilateral Socket Brace	\$ 703.36	Purchase
L4030	Replace Quadrilateral Socket Brace	\$ 378.35	Purchase
L4040	Replace Molded Thigh Lacer, For Cast	\$ 308.74	Purchase
L4045	Replace Non-Molded Thigh Lacer, For Cast	\$ 245.82	Purchase
L4050	Replace Molded Calf Lacer, For Cast	\$ 309.38	Purchase
L4055	Replace Non-Molded Calf Lacer, For Cast	\$ 200.34	Purchase
L4060	Replace High Roll Cuff	\$ 238.16	Purchase
L4070	Replace Proximal And Distal Upright	\$ 210.90	Purchase
L4080	Replace Metal Bands Kafo, Proximal	\$ 86.50	Purchase
L4090	Replace Metal Bands Kafo-Afo, Calf	\$ 68.26	Purchase
L4100	Replace Leather Cuff Kafo, Proximal	\$ 89.63	Purchase
L4110	Replace Leather Cuff Kafo-Afo, Calf	\$ 67.52	Purchase

Durable Medical Equipment Fee Schedule
Effective 04/01/20 - 03/31/21

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L4130	Replace Pretibial Shell	\$ 378.63	Purchase
L4205	Repair Of Orthotic Device, Labor	\$ 18.99	Priced per MLN Matters MM11570 - 12.06.19
L4210	Repair Of Orthotic Device, Repair	\$ -	Cost Invoice
L4350	Ankle Control Orthosis, Stirrup St	\$ 75.01	Purchase
L4360	Walking Boot, Pneumatic, With O	\$ 230.59	Purchase
L4370	Pneumatic Full Leg Splint, Prefab	\$ 152.50	Purchase
L4386	Walking Boot, Non-Pneumatic, W	\$ 124.02	Purchase
L4392	Replacement, Soft Interface Mate	\$ 18.40	Purchase
L4394	Replace Soft Interface Material, F	\$ 13.42	Purchase
L4396	Static Ankle Foot Orthosis, Includ	\$ 131.26	Purchase
L4398	Foot Drop Splint, Recumbent Pos	\$ 60.43	Purchase
L4631	Afo, Walk Boot Type, Cus Fab	\$ 1,247.31	Purchase
L5000	Partial Foot, Shoe Insert With Lon	\$ 444.98	Purchase
L5010	Partial Foot, Molded Socket, Ankl	\$ 971.99	Purchase
L5020	Partial Foot, Molded Socket, Tibia	\$ 1,582.20	Purchase
L5050	Ankle, Symes, Molded Socket Sac	\$ 1,832.26	Purchase
L5060	Ankle, Symes, Metal Frame, Mold	\$ 2,205.14	Purchase
L5100	Below Knee, Molded, Socket, Shi	\$ 1,908.72	Purchase
L5105	Below Knee, Plastic Socket, Joint	\$ 3,029.55	Purchase
L5150	Knee Disarticulation (Or Through	\$ 2,803.67	Purchase
L5160	Knee Disarticulation (Or Through	\$ 3,049.50	Purchase
L5200	Above Knee, Molded Socket, Sing	\$ 2,656.38	Purchase
L5210	Above Knee, Short Prosthesis, No	\$ 1,937.34	Purchase
L5220	Above Knee, Short Prosthesis, No	\$ 2,202.14	Purchase
L5230	Above Knee, For Proximal Femor	\$ 3,037.18	Purchase
L5250	Hip Disarticulation, Canadian Typ	\$ 4,142.46	Purchase
L5270	Hip Disarticulation, Tilt Table Typ	\$ 4,106.16	Purchase
L5280	Hemipelvectomy, Canadian Type;	\$ 4,065.10	Purchase
L5301	Below Knee, Molded Socket, Shir	\$ 1,833.11	Purchase
L5312	Knee Disarticulation (Or Through	\$ 2,633.46	Purchase
L5321	Above Knee, Molded Socket, Ope	\$ 2,624.05	Purchase
L5331	Hip Disarticulation, Canadian Typ	\$ 3,713.13	Purchase
L5341	Hemipelvectomy, Canadian Type,	\$ 4,035.00	Purchase
L5400	Immediate Post Surgical Or Early	\$ 960.88	Purchase
L5410	Immediate Post Surgical Or Early	\$ 420.99	Purchase
L5420	Immediate Post Surgical Or Early	\$ 1,213.56	Purchase
L5430	Immediate Post Surgical Or Early	\$ 535.68	Purchase
L5450	Immediate Post Surgical Or Early	\$ 342.68	Purchase
L5460	Immediate Post Surgical Or Early	\$ 505.09	Purchase
L5500	Initial, Below Knee "Ptb" Type So	\$ 1,025.38	Purchase
L5505	Initial, Above Knee - Knee Disarti	\$ 1,388.64	Purchase
L5510	Preparatory, Below Knee "Ptb" Ty	\$ 1,162.34	Purchase

Durable Medical Equipment Fee Schedule
Effective 04/01/20 - 03/31/21

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L5520	Preparatory, Below Knee "Ptb" Ty	\$ 1,148.12	Purchase
L5530	Preparatory, Below Knee "Ptb" Ty	\$ 1,453.28	Purchase
L5535	Preparatory, Below Knee "Ptb" Ty	\$ 1,432.20	Purchase
L5540	Preparatory, Below Knee "Ptb" Ty	\$ 1,512.34	Purchase
L5560	Preparatory, Above Knee - Knee I	\$ 1,551.72	Purchase
L5570	Preparatory, Above Knee - Knee I	\$ 1,613.24	Purchase
L5580	Preparatory, Above Knee - Knee I	\$ 1,883.35	Purchase
L5585	Preparatory, Above Knee - Knee I	\$ 2,042.71	Purchase
L5590	Preparatory, Above Knee - Knee I	\$ 1,919.26	Purchase
L5595	Preparatory, Hip Disarticulation-H	\$ 3,373.54	Purchase
L5600	Preparatory, Hip Disarticulation -	\$ 3,679.61	Purchase
L5610	Addition To Lower Extremity, Enc	\$ 1,652.96	Purchase
L5611	Addition To Lower Extremity, En	\$ 1,286.34	Purchase
L5613	Addition To Lower Extremity, En	\$ 1,956.60	Purchase
L5614	Addition To Lower Extremity, Enc	\$ 1,322.58	Purchase
L5616	Addition To Lower Extremity, Enc	\$ 1,084.34	Purchase
L5617	Addition To Lower Extremity, Qu	\$ 438.52	Purchase
L5618	Addition To Lower Extremity, Te	\$ 252.62	Purchase
L5620	Addition To Lower Extremity, Te	\$ 221.96	Purchase
L5622	Addition To Lower Extremity, Te	\$ 338.98	Purchase
L5624	Addition To Lower Extremity, Te	\$ 323.42	Purchase
L5626	Addition To Lower Extremity, Te	\$ 454.62	Purchase
L5628	Addition To Lower Extremity, Te	\$ 430.58	Purchase
L5629	Addition To Lower Extremity, Be	\$ 328.82	Purchase
L5630	Addition To Lower Extremity, Sy	\$ 358.31	Purchase
L5631	Addition To Lower Extremity, Ab	\$ 428.48	Purchase
L5632	Addition To Lower Extremity, Sy	\$ 177.27	Purchase
L5634	Addition To Lower Extremity, Sy	\$ 242.86	Purchase
L5636	Addition To Lower Extremity, Sy	\$ 203.42	Purchase
L5637	Addition To Lower Extremity, Be	\$ 271.74	Purchase
L5638	Addition To Lower Extremity, Be	\$ 388.54	Purchase
L5639	Addition To Lower Extremity, Be	\$ 911.50	Purchase
L5640	Addition To Lower Extremity, Kn	\$ 554.95	Purchase
L5642	Addition To Lower Extremity, Ab	\$ 496.83	Purchase
L5643	Addition To Lower Extremity, Hip	\$ 1,242.64	Purchase
L5644	Addition To Lower Extremity, Ab	\$ 471.56	Purchase
L5645	Addition To Lower Extremity, Be	\$ 637.02	Purchase
L5646	Addition To Lower Extremity, Be	\$ 437.44	Purchase
L5647	Addition To Lower Extremity, Be	\$ 635.08	Purchase
L5648	Addition To Lower Extremity, Ab	\$ 525.64	Purchase
L5649	Addition To Lower Extremity, Isc	\$ 1,595.76	Purchase
L5650	Addition To Lower Extremity, To	\$ 389.76	Purchase

Durable Medical Equipment Fee Schedule
Effective 04/01/20 - 03/31/21

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L5651	Addition To Lower Extremity, Ab	\$ 958.79	Purchase
L5652	Addition To Lower Extremity, Su	\$ 348.08	Purchase
L5653	Addition To Lower Extremity, Kn	\$ 464.66	Purchase
L5654	Addition To Lower Extremity, So	\$ 264.78	Purchase
L5655	Addition To Lower Extremity, So	\$ 224.18	Purchase
L5656	Addition To Lower Extremity, So	\$ 315.80	Purchase
L5658	Addition To Lower Extremity, So	\$ 307.54	Purchase
L5661	Addition To Lower Extremity, So	\$ 534.45	Purchase
L5665	Addition To Lower Extremity, So	\$ 408.79	Purchase
L5666	Addition To Lower Extremity; Be	\$ 60.74	Purchase
L5668	Addition To Lower Extremity; Be	\$ 81.10	Purchase
L5670	Addition To Lower Extremity; Be	\$ 246.90	Purchase
L5671	Addition To Lower Extremity; Be	\$ 397.13	Purchase
L5672	Additional To Lower Extremity B	\$ 301.69	Purchase
L5673	Additional To Lower Extremity Be	\$ 560.91	Purchase
L5676	Additional To Lower Extremity B	\$ 289.31	Purchase
L5677	Additional To Lower Extremity B	\$ 393.65	Purchase
L5678	Additional To Lower Extremity B	\$ 31.70	Purchase
L5679	Additional To Lower Extremity, E	\$ 467.42	Purchase
L5680	Additional To Lower Extremity B	\$ 276.51	Purchase
L5681	Additional To Lower Extremity, B	\$ 1,030.96	Purchase
L5682	Additional To Lower Extremity B	\$ 499.30	Purchase
L5683	Addition To Lower Extremity, Bel	\$ 1,030.96	Purchase
L5684	Addition To Lower Extremity, Be	\$ 38.42	Purchase
L5685	Addition To Lower Extremity Pro	\$ 100.39	Purchase
L5686	Addition To Lower Extremity, Be	\$ 51.82	Purchase
L5688	Addition To Lower Extremity, Be	\$ 48.77	Purchase
L5690	Addition To Lower Extremity, Be	\$ 94.43	Purchase
L5692	Addition To Lower Extremity, Ab	\$ 109.61	Purchase
L5694	Addition To Lower Extremity, Pel	\$ 144.84	Purchase
L5695	Addition To Lower Extremity, Pe	\$ 151.94	Purchase
L5696	Addition To Lower Extremity, Ab	\$ 166.04	Purchase
L5697	Addition To Lower Extremity, Pel	\$ 67.45	Purchase
L5698	Addition To Lower Extremity, Sil	\$ 83.89	Purchase
L5699	All Lower Extremity Prostheses, S	\$ 148.86	Purchase
L5700	Replacement, Socket; Below Kne	\$ 2,300.08	Purchase
L5701	Replacement, Socket; Above Kne	\$ 2,853.46	Purchase
L5702	Replacement, Socket; Hip Disartic	\$ 3,596.36	Purchase
L5703	Ankle, Symes, Molded To Patient	\$ 1,670.11	Purchase
L5704	Custom Shaped Protective Cover,	\$ 468.98	Purchase
L5705	Custom Shaped Protective Cover,	\$ 859.82	Purchase
L5706	Custom Shaped Protective Cover,	\$ 838.64	Purchase

Durable Medical Equipment Fee Schedule
Effective 04/01/20 - 03/31/21

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L5707	Custom Shaped Protective Cover,	\$ 1,126.70	Purchase
L5710	Addition, Exoskeletal Knee-Shin	\$ 287.14	Purchase
L5711	Addition, Exoskeletal Knee-Shin	\$ 435.59	Purchase
L5712	Addition, Exoskeletal Knee-Shin	\$ 344.02	Purchase
L5714	Addition, Exoskeletal Knee-Shin	\$ 354.77	Purchase
L5716	Addition, Exoskeletal Knee-Shin	\$ 581.89	Purchase
L5718	Addition, Exoskeletal Knee-Shin	\$ 727.30	Purchase
L5722	Addition, Exoskeletal Knee-Shin	\$ 758.97	Purchase
L5724	Addition, Exoskeletal Knee-Shin	\$ 1,205.09	Purchase
L5726	Addition, Exoskeletal Knee-Shin	\$ 1,582.41	Purchase
L5728	Addition, Exoskeletal Knee-Shin	\$ 1,971.48	Purchase
L5780	Addition, Exoskeletal Knee-Shin	\$ 950.55	Purchase
L5785	Addition, Exoskeletal System, Bel	\$ 414.80	Purchase
L5790	Addition, Exoskeletal System, Ab	\$ 574.06	Purchase
L5795	Addition, Exoskeletal System, Hip	\$ 857.22	Purchase
L5810	Addition, Endoskeletal Knee-Shin	\$ 398.78	Purchase
L5811	Addition, Endoskeletal Knee-Shin	\$ 582.27	Purchase
L5812	Addition, Endoskeletal Knee-Shin	\$ 451.33	Purchase
L5814	Addition, Endoskeletal Knee-Shin	\$ 2,910.80	Purchase
L5816	Addition, Endoskeletal Knee-Shin	\$ 678.98	Purchase
L5818	Addition, Endoskeletal Knee-Shin	\$ 766.70	Purchase
L5822	Addition, Endoskeletal Knee-Shin	\$ 1,487.47	Purchase
L5824	Addition, Endoskeletal Knee-Shin	\$ 1,224.37	Purchase
L5826	Addition, Endoskeletal Knee-Shin	\$ 2,472.12	Purchase
L5828	Addition, Endoskeletal Knee-Shin	\$ 2,333.91	Purchase
L5830	Addition, Endoskeletal Knee-Shin	\$ 1,658.34	Purchase
L5840	Addition, Endoskeletal Knee-Shin	\$ 2,924.29	Purchase
L5845	Addition, Endoskeletal, Knee-Shin	\$ 1,404.81	Purchase
L5850	Addition, Endoskeletal System; A	\$ 106.04	Purchase
L5855	Addition, Endoskeletal System; H	\$ 246.57	Purchase
L5910	Addition, Endoskeletal System, Be	\$ 291.21	Purchase
L5920	Addition, Endoskeletal System, A	\$ 423.62	Purchase
L5925	Addition, Endoskeletal System, A	\$ 268.26	Purchase
L5930	Addition, Endoskeletal System; H	\$ 2,638.11	Purchase
L5940	Addition, Endoskeletal System; B	\$ 400.48	Purchase
L5950	Addition, Endoskeletal System; A	\$ 676.54	Purchase
L5960	Addition, Endoskeletal System; F	\$ 810.39	Purchase
L5961	Endo Poly Hip, Pneu/Hyd/Rot	\$ 3,632.22	Purchase
L5962	Addition, Endoskeletal System; B	\$ 469.28	Purchase
L5964	Addition, Endoskeletal System; A	\$ 840.59	Purchase
L5966	Addition, Endoskeletal System; F	\$ 1,082.81	Purchase
L5970	All Lower Extremity Protheses; F	\$ 175.26	Purchase

Durable Medical Equipment Fee Schedule
Effective 04/01/20 - 03/31/21

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L5971	All Lower Extremity Prosthesis, S	\$ 175.26	Purchase
L5972	All Lower Extremity Prosthesis, F	\$ 281.38	Purchase
L5974	All Lower Extremity Prosthesis, F	\$ 237.40	Purchase
L5975	All Lower Extremity Prosthesis; C	\$ 363.34	Purchase
L5976	All Lower Extremity Prosthesis, F	\$ 447.11	Purchase
L5978	All Lower Extremity Prosthesis, F	\$ 232.99	Purchase
L5979	All Lower Extremity Prosthesis, M	\$ 1,869.60	Purchase
L5980	All Lower Extremity Prosthesis, I	\$ 2,960.17	Purchase
L5981	All Lower Extremity Prosthesis, F	\$ 2,558.68	Purchase
L5982	All Exoskeletal Lower Extremity I	\$ 461.55	Purchase
L5984	All Endoskeletal Lower Extremity	\$ 457.46	Purchase
L5985	All Endoskeletal Lower Extremity	\$ 221.34	Purchase
L5986	All Lower Extremity Prosthesis, M	\$ 508.61	Purchase
L5987	All Lower Extremity Prosthesis, S	\$ 5,638.23	Purchase
L5988	Addition To Lower Limb Prothes	\$ 1,565.75	Purchase
L5990	Addition To Lower Extremity Pro	\$ 1,421.94	Purchase
L5999	Lower Extremity Prosthesis, Not C	\$ -	Cost Invoice
L6000	Partial Hand, Robin-Aids; Thumb	\$ 1,060.81	Purchase
L6010	Partial Hand, Robin-Aids; Little	\$ 1,180.50	Purchase
L6020	Partial Hand, Robin-Aids; No Fin	\$ 1,100.63	Purchase
L6026	Part hand myo exclu term dev	\$ 3,376.28	Purchase
L6050	Wrist Disarticulation, Molded Soc	\$ 1,516.62	Purchase
L6055	Wrist Disarticulation, Molded Soc	\$ 2,410.74	Purchase
L6100	Below Elbow, Molded Socket; Fle	\$ 1,536.58	Purchase
L6110	Below Elbow, (Muenster Or Nort	\$ 1,629.79	Purchase
L6120	Below Elbow, Molded Double W	\$ 1,899.30	Purchase
L6130	Below Elbow, Molded Double W	\$ 2,066.78	Purchase
L6200	Elbow Disarticulation, Molded So	\$ 2,178.06	Purchase
L6205	Elbow Disarticulation, Molded So	\$ 3,629.50	Purchase
L6250	Above Elbow, Molded Double W	\$ 2,143.94	Purchase
L6300	Shoulder Disarticulation, Molded	\$ 2,974.48	Purchase
L6310	Shoulder Disarticulation, Passive I	\$ 2,446.12	Purchase
L6320	Shoulder Disarticulation, Passive I	\$ 1,364.38	Purchase
L6350	Interscapular Thoracic; Molded Sc	\$ 3,127.21	Purchase
L6360	Interscapular Thoracic Passive Re	\$ 2,567.26	Purchase
L6370	Interscapular Thoracic Passive Re	\$ 1,932.74	Purchase
L6380	Immediate Post Surgical Or Early	\$ 1,043.85	Purchase
L6382	Immediate Post Surgical Or Early	\$ 1,249.12	Purchase
L6384	Immediate Post Surgical Or Early	\$ 1,524.27	Purchase
L6386	Immediate Post Surgical Or Early	\$ 365.54	Purchase
L6388	Immediate Post Surgical Or Early	\$ 350.98	Purchase
L6400	Below Elbow, Molded Socket End	\$ 1,856.47	Purchase

Durable Medical Equipment Fee Schedule
Effective 04/01/20 - 03/31/21

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L6450	Elbow Disarticulation, Molded So	\$ 2,461.48	Purchase
L6500	Above Elbow, Molded Socket, Er	\$ 2,463.50	Purchase
L6550	Shoulder Disarticulation, Molded	\$ 3,044.43	Purchase
L6570	Interscapular Thoracic, Molded So	\$ 3,693.94	Purchase
L6580	Preparatory, Wrist Disarticulation	\$ 1,289.42	Purchase
L6582	Preparatory, Wrist Disarticulation	\$ 1,098.82	Purchase
L6584	Preparatory, Elbow Disarticulation	\$ 1,779.90	Purchase
L6586	Preparatory, Elbow Disarticulation	\$ 1,557.04	Purchase
L6588	Preparatory, Shoulder Disarticulat	\$ 2,570.31	Purchase
L6590	Preparatory, Shoulder Disarticulat	\$ 2,351.12	Purchase
L6600	Upper Extremity Additions, Polyc	\$ 158.64	Purchase
L6605	Upper Extremity Additions, Single	\$ 148.08	Purchase
L6610	Upper Extremity Additions, Flexib	\$ 132.92	Purchase
L6611	Addition To Upper Extremity Pro	\$ 322.71	Purchase
L6615	Upper Extremity Additions, Disco	\$ 163.90	Purchase
L6616	Upper Extremity Additions, Addit	\$ 69.05	Purchase
L6620	Upper Extremity Additions, Flexic	\$ 257.24	Purchase
L6621	Upper Extremity Prosthesis Additi	\$ 1,792.73	Purchase
L6623	Upper Extremity Additions, Spring	\$ 588.82	Purchase
L6624	Upper Extremity Addition, Flexior	\$ 2,951.78	Purchase
L6625	Upper Extremity Additions, Rotat	\$ 428.46	Purchase
L6628	Upper Extremity Additions, Quick	\$ 437.86	Purchase
L6629	Upper Extremity Additions, Quick	\$ 116.81	Purchase
L6630	Upper Extremity Additions, Stainl	\$ 172.06	Purchase
L6632	Upper Extremity Additions, Latex	\$ 57.39	Purchase
L6635	Upper Extremity Additions, Lift A	\$ 159.38	Purchase
L6637	Upper Extremity Additions, Nudg	\$ 330.82	Purchase
L6638	Upper Extremity Addition To Pro	\$ 1,960.01	Purchase
L6640	Upper Extremity Addition To Pro	\$ 225.77	Purchase
L6641	Upper Extremity Addition To Pro	\$ 150.05	Purchase
L6642	Upper Extremity Addition To Pro	\$ 213.63	Purchase
L6645	Upper Extremity Addition To Pro	\$ 259.44	Purchase
L6650	Upper Extremity Addition, Shoul	\$ 270.24	Purchase
L6655	Upper Extremity Addition, Stand	\$ 59.98	Purchase
L6660	Upper Extremity Addition, Heavy	\$ 73.28	Purchase
L6665	Upper Extremity Addition, Teflor	\$ 41.90	Purchase
L6670	Upper Extremity Addition, Hook	\$ 39.72	Purchase
L6672	Upper Extremity Addition, Harne	\$ 134.62	Purchase
L6675	Upper Extremity Addition, Harnes	\$ 95.88	Purchase
L6676	Upper Extremity Addition, Harne	\$ 96.82	Purchase
L6677	Upper Extremity Addition, Harnes	\$ 232.50	Purchase
L6680	Upper Extremity Addition, Test S	\$ 185.23	Purchase

Durable Medical Equipment Fee Schedule
Effective 04/01/20 - 03/31/21

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L6682	Upper Extremity Addition, Test Socket	\$ 207.60	Purchase
L6684	Upper Extremity Addition, Test Socket	\$ 278.30	Purchase
L6686	Upper Extremity Addition, Suction	\$ 517.52	Purchase
L6687	Upper Extremity Addition, Frame	\$ 460.52	Purchase
L6688	Upper Extremity Addition, Frame	\$ 445.47	Purchase
L6689	Upper Extremity Addition, Frame	\$ 537.95	Purchase
L6690	Upper Extremity Addition, Frame	\$ 582.58	Purchase
L6691	Upper Extremity Addition, Removal	\$ 348.40	Purchase
L6692	Upper Extremity Addition, Silicone	\$ 446.48	Purchase
L6693	Upper Extremity Addition, Locking	\$ 2,225.14	Purchase
L6694	Addition To Upper Extremity Prosthesis	\$ 560.91	Purchase
L6695	Additional To Upper Extremity Prosthesis	\$ 467.42	Purchase
L6696	Addition To Upper Extremity Prosthesis	\$ 1,030.96	Purchase
L6697	Addition To Upper Extremity Prosthesis	\$ 1,030.96	Purchase
L6698	Addition To Upper Extremity Prosthesis	\$ 397.13	Purchase
L6703	Terminal Device, Passive Hand/Mechanical	\$ 282.35	Purchase
L6706	Terminal Device, Hook, Mechanical	\$ 278.57	Purchase
L6707	Terminal Device, Hook, Mechanical	\$ 1,174.06	Purchase
L6708	Terminal Device, Hand, Mechanical	\$ 667.82	Purchase
L6709	Terminal Device, Hand, Mechanical	\$ 1,080.83	Purchase
L6711	Ped Term Dev, Hook, Vol Open	\$ 526.93	Purchase
L6712	Ped Term Dev, Hook, Vol Closed	\$ 970.19	Purchase
L6713	Ped Term Dev, Hand, Vol Open	\$ 1,224.50	Purchase
L6714	Ped Term Dev, Hand, Vol Closed	\$ 1,037.14	Purchase
L6721	Hook/Hand, Hvy Dty, Vol Open	\$ 1,843.39	Purchase
L6722	Hook/Hand, Hvy Dty, Vol Closed	\$ 1,589.15	Purchase
L6805	Terminal Device, Modifier Wrist	\$ 287.38	Purchase
L6810	Terminal Device; Pincher Tool, Open	\$ 156.65	Purchase
L6883	Replacement Socket, Below Elbow	\$ 1,266.94	Purchase
L6884	Replacement Socket, Above Elbow	\$ 1,782.40	Purchase
L6885	Replacement Socket, Shoulder Disarticulation	\$ 2,567.26	Purchase
L6890	Addition To Upper Extremity Prosthesis	\$ 135.79	Purchase
L6895	Addition To Upper Extremity Prosthesis	\$ 494.25	Purchase
L6900	Hand Restoration (Casts, Shading)	\$ 1,282.71	Purchase
L6905	Hand Restoration (Casts, Shading)	\$ 1,259.26	Purchase
L6910	Hand Restoration (Casts, Shading)	\$ 1,292.72	Purchase
L6915	Hand Restoration (Shading And Mechanical)	\$ 499.81	Purchase
L6920	Wrist Disarticulation, External Power	\$ 6,154.13	Purchase
L6925	Wrist Disarticulation, External Power	\$ 6,746.70	Purchase
L6930	Below Elbow, External Power, Sealed	\$ 5,821.95	Purchase
L6935	Below Elbow, External Power, Sealed	\$ 6,889.27	Purchase
L6940	Elbow Disarticulation, External Power	\$ 7,589.98	Purchase

Durable Medical Equipment Fee Schedule
Effective 04/01/20 - 03/31/21

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L6945	Elbow Disarticulation, External Power, Michigan	\$ 8,489.24	Purchase
L6950	Above Elbow, External Power, Michigan	\$ 8,043.75	Purchase
L6955	Otto Bock Or Equal Electrodes, Child	\$ 9,782.76	Purchase
L6960	Shoulder Disarticulation, External Power, Michigan	\$ 10,385.90	Purchase
L6965	Shoulder Disarticulation, External Power, Michigan	\$ 11,897.01	Purchase
L6970	Interscapular Thoracic, External Power, Michigan	\$ 12,786.90	Purchase
L6975	Interscapular Thoracic, External Power, Michigan	\$ 14,116.90	Purchase
L7007	Electric Hand, Switch Or Myoelectric, Child	\$ 2,895.76	Purchase
L7008	Electric Hand, Switch Or Myoelectric, Adult	\$ 4,892.00	Purchase
L7009	Electric Hook, Switch Or Myoelectric, Child	\$ 2,961.26	Purchase
L7040	Prehensile Actuator; Hosmer Or Equal, Child	\$ 2,322.54	Purchase
L7045	Electronic Hook, Child, Michigan	\$ 1,290.45	Purchase
L7170	Electronic Elbow; Hosmer Or Equal, Child	\$ 4,681.33	Purchase
L7180	Electronic Elbow, Microprocessor, Child	\$ 27,876.06	Purchase
L7185	Electronic Elbow, Adolescent, Variety	\$ 4,792.90	Purchase
L7186	Electronic Elbow, Child, Variety	\$ 7,319.16	Purchase
L7190	Electronic Elbow, Adolescent, Variety	\$ 6,240.18	Purchase
L7191	Electronic Elbow, Child, Variety	\$ 7,883.34	Purchase
L7259	Electronic wrist rotator any	\$ 3,329.03	Purchase
L7360	Six-Volt Battery, Otto Bock , Each	\$ 238.55	Purchase
L7362	Battery Charger, Six-Volt, Each	\$ 214.91	Purchase
L7364	Twelve-Volt Battery, Each	\$ 397.25	Purchase
L7366	Battery Charger, Twelve-Volt, Each	\$ 535.19	Purchase
L7400	Addition To Upper Extremity Prosthesis	\$ 240.22	Purchase
L7401	Addition To Upper Extremity Prosthesis	\$ 268.93	Purchase
L7402	Addition To Upper Extremity Prosthesis	\$ 290.42	Purchase
L7403	Addition To Upper Extremity Prosthesis	\$ 288.62	Purchase
L7404	Addition To Upper Extremity Prosthesis	\$ 435.64	Purchase
L7405	Addition To Upper Extremity Prosthesis	\$ 569.75	Purchase
L7499	Upper Extremity Prosthesis, Not Covered	\$ -	Cost Invoice
L7510	Repair Of Prosthetic Device, Repair	\$ 46.80	Per BMS - Purchase
L7520	Repair Prosthetic Device, Labor Charge	\$ 25.82	Priced per MLN Matters MM11570 - 12.06.19
L7600	Prosthetic Donning Sleeve, Any Material	\$ -	Cost Invoice
L7700	Pros soc insert gasket/seal	\$ 115.05	Purchase
L8000	Breast Prosthesis; Mastectomy Bra	\$ 29.15	Purchase
L8001	Breast Prosthesis, Mastectomy Bra	\$ 98.32	Purchase
L8002	Breast Prosthesis, Mastectomy Bra	\$ 129.30	Purchase
L8010	Breast Prosthesis Mastectomy Sleeve	\$ 39.03	Per BMS - Purchase
L8015	External Breast Prosthesis Garment	\$ 46.98	Purchase
L8020	Breast Prosthesis; Mastectomy Form	\$ 199.74	Purchase
L8030	Breast Prosthesis Silicone Or Equal	\$ 258.52	Purchase
L8031	Breast Prosthesis W Adhesive	\$ 258.52	Purchase

Durable Medical Equipment Fee Schedule
Effective 04/01/20 - 03/31/21

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L8035	Custom Breast Prosthesis, Post M	\$ 2,871.46	Purchase
L8039	Breast Prosthesis, Not Otherwise \$	\$ -	Cost Invoice
L8300	Truss, Single With Standard Pad	\$ 67.35	Purchase
L8310	Truss, Double With Standard Pad	\$ 106.33	Purchase
L8320	Truss, Addition To Standard Pad,	\$ 47.67	Purchase
L8330	Truss, Addition To Standard Pad,	\$ 39.42	Purchase
L8400	Prosthetic Sheath, Below Knee, E	\$ 13.86	Purchase
L8410	Prosthetic Sheath, Above Knee, E	\$ 18.52	Purchase
L8415	Prosthetic Sheath, Upper Limb, E	\$ 18.21	Purchase
L8417	Prosthetic Sheath/Sock, Including	\$ 58.90	Purchase
L8420	Prosthetic Sock, Multiple Ply, Bel	\$ 16.36	Purchase
L8430	Prosthetic Sock, Multiple Ply, Abc	\$ 17.67	Purchase
L8435	Prosthetic Sock, Multiple Ply, Up	\$ 16.78	Purchase
L8440	Prosthetic Shrinker; Below Knee,	\$ 33.39	Purchase
L8460	Prosthetic Shrinker; Above Knee,	\$ 53.21	Purchase
L8465	Prosthetic Shrinker; Upper Limb,	\$ 47.10	Purchase
L8470	Prosthetic Sock, Single Ply, Fitting	\$ 5.33	Purchase
L8480	Prosthetic Sock, Single Ply, Fitting	\$ 7.35	Purchase
L8485	Prosthetic Sock, Single Ply, Fitting	\$ 9.23	Purchase
L8499	Unlisted Procedure For Miscellane	\$ -	Cost Invoice
L8500	Artificial Larynx, Any Type	\$ 702.54	Purchase
L8501	Tracheostomy Speaking Valve	\$ 96.45	Purchase
L8505	Artificial Larynx Replacement Bat	\$ 49.40	Per BMS - Purchase
L8510	Voice Amplifier	\$ 198.05	Purchase
L8607	Inj vocal cord bulking agent	\$ 33.61	Purchase
L8614	Cochlear Device	\$15,568.42	Purchase
L8615	Coch Implant Headset Replace	\$ 353.50	Purchase
L8616	Coch Implant Microphone Repl	\$ 82.34	Purchase
L8617	Coch Implant Trans Coil Repl	\$ 71.91	Purchase
L8618	Coch Implant Tran Cable Repl	\$ 20.55	Purchase
L8619	Coch Imp Ext Proc/Contr Rplc	\$ 6,683.41	Purchase
L8621	Repl Zinc Air Battery	\$ 0.49	Purchase
L8622	Repl Alkaline Battery	\$ 0.25	Purchase
L8623	Lith Ion Batt Cid,Non-Earlvl	\$ 50.70	Purchase
L8624	Lith Ion Batt Cid, Ear Level	\$ 126.40	Purchase
L8679	Imp Neurosti Pls Gn Any Type	\$ 6,567.02	Purchase
L8690	Aud Osseo Dev, Int/Ext Comp	\$ 3,728.55	Purchase
L8691	Osseointegrated Snd Proc Rpl	\$ 1,349.76	Purchase
L8692	Auditory Osseointegrated Device,	\$ -	Cost Invoice
L8694	Aoi transducer/actuator repl	\$ 740.17	Purchase
S1040	Cranial Remolding Orthosis, Rigid	\$ 1,200.00	Per BMS - Purchase
T4535	Disposable liner/shield/guard/pad/	\$ 0.19	Per BMS - Purchase

Durable Medical Equipment Fee Schedule
Effective 04/01/20 - 03/31/21

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
V2531	Hearing Screening	\$ 424.38	Purchase
V5008	Repair/Modification Of Hearing A	\$ 20.00	Per BMS - Event
V5014	Hearing Aid, Monaural, Body Wo	\$ -	Cost Invoice
V5030	Hearing Aid, Monaural, Body Wo	\$ -	Cost Invoice
V5040	Hearing Aid, Monaural, In The Ea	\$ -	Cost Invoice
V5050	Hearing Aid, Monaural, Behind T	\$ -	Cost Invoice
V5060	Binaural, Body	\$ -	Cost Invoice
V5120	Binaural, Ite	\$ -	Cost Invoice
V5130	Binaural, Bte	\$ -	Cost Invoice
V5140	Hearing aid, contralateral routing	\$ -	Cost Invoice
V5171	Hearing aid, contralateral routing	\$ -	Cost Invoice
V5172	Hearing aid, contralateral routing	\$ -	Cost Invoice
V5181	Hearing aid, contralateral routing	\$ -	Cost Invoice
V5211	Hearing aid, contralateral routing	\$ -	Cost Invoice
V5212	Hearing aid, contralateral routing	\$ -	Cost Invoice
V5213	Hearing aid, contralateral routing	\$ -	Cost Invoice
V5214	Hearing aid, contralateral routing	\$ -	Cost Invoice
V5215	Hearing aid, contralateral routing	\$ -	Cost Invoice
V5221	Hearing Aid, Digitally Programma	\$ -	Cost Invoice
V5246	Hearing Aid, Digitally Programma	\$ -	Cost Invoice
V5247	Hearing Aid, Digitally Programma	\$ -	Cost Invoice
V5252	Hearing Aid, Digitally Programma	\$ -	Cost Invoice
V5253	Hearing Aid, Digital, Monaural, It	\$ -	Cost Invoice
V5256	Hearing Aid, Digital, Monaural, B	\$ -	Cost Invoice
V5257	Hearing Aid, Digital, Binaural, Ite	\$ -	Cost Invoice
V5260	Hearing Aid, Digital, Binaural, Bte	\$ -	Cost Invoice
V5261	Ear Mold Insert	\$ -	Cost Invoice
V5264	Battery For Use In Hearing Device	\$ 34.75	Per BMS - Purchase
V5266	Ear Impression	\$ 2.25	Per BMS - Purchase
V5275	Repair/Modification Of Augmenta	\$ 32.27	Per BMS - Purchase
V5336	Repair/modification of augmentati	\$ -	Cost Invoice