

**Durable Medical Equipment
Fee Schedule
Effective 04/01/22 - 03/31/23**

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
A4206	Syringe With Needle, Steri	\$ 0.27	Per BMS - Purchase
A4207	Syringe With Needle, Steri	\$ 0.31	Per BMS - Purchase
A4208	Syringe With Needle, Steri	\$ 0.30	Per BMS - Purchase
A4209	Syringe With Needle, Steri	\$ 0.30	Per BMS - Purchase
A4213	Syringe, Sterile, 20 cc Or C	\$ 4.32	Per BMS - Purchase
A4215	Needle, Sterile, Any Size E	\$ 0.24	Per BMS - Purchase
A4216	Sterile Water, Saline And/O	\$ 0.41	Purchase
A4217	Sterile Water/Saline, 500 M	\$ 3.07	Purchase
A4221	Supplies For Maintenance	\$ 19.82	Purchase
A4222	Infusion Supplies For Exte	\$ 38.58	Purchase
A4223	Infusion Supplies Not Used	\$ 21.51	Per BMS - Purchase
A4224	Supply insulin inf cath/wk	\$ 19.82	Purchase
A4225	Sup/ext insulin inf pump sy	\$ 2.45	Purchase
A4230	Infusion Set For External I	\$ 14.00	Per BMS - Purchase
A4231	Infusion Set For External I	\$ 14.00	Per BMS - Purchase
A4232	Syringe With Needle For E	\$ 2.62	Per BMS - Purchase
A4233	Replacement Battery, Alka	\$ 0.41	Purchase
A4234	Replacement Battery, Alka	\$ 1.89	Purchase
A4235	Replacement Battery, Lithi	\$ 0.80	Purchase
A4236	Replacement Battery, Silve	\$ 0.93	Purchase
A4244	Alcohol Or Peroxide, Per F	\$ 0.94	Per BMS - Purchase
A4245	Alcohol Wipes, Per Box	\$ 1.00	Per BMS - Purchase
A4246	Betadine Or Phisohex Solu	\$ 11.43	Per BMS - Purchase
A4247	Betadine Or Iodine Swabs/	\$ 11.00	Per BMS - Purchase
A4310	Insertion Tray Without Dra	\$ 7.56	Purchase
A4311	Insertion Tray Without Dra	\$ 14.50	Purchase
A4312	Insertion Tray Without Dra	\$ 17.66	Purchase
A4313	Insertion Tray Without Dra	\$ 18.13	Purchase
A4314	Insertion Tray With Draina	\$ 24.74	Purchase
A4315	Insertion Tray With Draina	\$ 25.82	Purchase
A4316	Insertion Tray With Draina	\$ 27.80	Purchase
A4320	Irrigation Tray With Bulb C	\$ 4.66	Purchase
A4322	Irrigation Syringe, Bulb Or	\$ 2.85	Purchase
A4326	Male External Catheter Wi	\$ 10.15	Purchase
A4327	Female External Urinary C	\$ 41.37	Purchase
A4328	Female External Urinary C	\$ 9.90	Purchase
A4330	Perianal Fecal Collection P	\$ 5.96	Purchase
A4331	Extension Drainage Tubing	\$ 3.11	Purchase
A4332	Lubricant, Individual Steril	\$ 0.11	Purchase
A4333	Urinary Catheter Anchorin	\$ 2.17	Purchase
A4334	Urinary Catheter Anchorin	\$ 4.82	Purchase
A4335	Incontinence Supply; Misc	\$ -	Cost Invoice
A4338	Indwelling Catheter; Foley	\$ 12.01	Purchase
A4340	Indwelling Catheter; Speci	\$ 26.41	Purchase
A4344	Indwelling Catheter, Foley	\$ 15.67	Purchase
A4346	Indwelling Catheter; Foley	\$ 19.17	Purchase
A4349	Male External Catheter, W	\$ 1.97	Purchase
A4351	Intermittent Urinary Cathet	\$ 1.66	Purchase
A4352	Intermittent Urinary Cathet	\$ 5.34	Purchase
A4353	Intermittent Urinary Cathet	\$ 6.85	Purchase
A4354	Insertion Tray With Draina	\$ 11.55	Purchase
A4355	Irrigation Tubing Set For C	\$ 8.60	Purchase
A4356	External Urethral Clamp O	\$ 44.66	Purchase
A4357	Bedside Drainage Bag, Da	\$ 9.50	Purchase
A4358	Urinary Drainage Bag, Leg	\$ 6.49	Purchase
A4361	Ostomy Faceplate, Each	\$ 17.98	Purchase
A4362	Skin Barrier, Solid, 4 X 4 C	\$ 3.33	Purchase
A4363	Ostomy Clamp, Replaceme	\$ 2.32	Purchase

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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
A4364	Adhesive, Liquid Or Equal	\$ 2.45	Purchase
A4366	Ostomy Vent, Any Type, E	\$ 1.26	Purchase
A4367	Ostomy Belt, Each	\$ 7.21	Purchase
A4368	Ostomy Filter, Any Type, E	\$ 0.24	Purchase
A4369	Ostomy Skin Barrier, Liqu	\$ 2.38	Purchase
A4371	Ostomy Skin Barrier, Pow	\$ 3.57	Purchase
A4372	Ostomy Skin Barrier, Solid	\$ 4.10	Purchase
A4373	Ostomy Skin Barrier, With	\$ 6.13	Purchase
A4375	Ostomy Pouch, Drainable,	\$ 16.81	Purchase
A4376	Ostomy Pouch, Drainable,	\$ 46.57	Purchase
A4377	Ostomy Pouch, Drainable,	\$ 4.19	Purchase
A4378	Ostomy Pouch, Drainable,	\$ 30.10	Purchase
A4379	Ostomy Pouch, Urinary, W	\$ 14.70	Purchase
A4380	Ostomy Pouch, Urinary, W	\$ 36.54	Purchase
A4381	Ostomy Pouch, Urinary, Fo	\$ 4.53	Purchase
A4382	Ostomy Pouch, Urinary, Fo	\$ 24.10	Purchase
A4383	Ostomy Pouch, Urinary, Fo	\$ 27.59	Purchase
A4384	Ostomy Faceplate Equival	\$ 9.41	Purchase
A4385	Ostomy Skin Barrier, Solid	\$ 4.98	Purchase
A4387	Ostomy Pouch, Closed, Wi	\$ 2.20	Purchase
A4388	Ostomy Pouch, Drainable,	\$ 4.27	Purchase
A4389	Ostomy Pouch, Drainable,	\$ 6.08	Purchase
A4390	Ostomy Pouch, Drainable,	\$ 9.40	Purchase
A4391	Ostomy Pouch, Urinary, W	\$ 6.92	Purchase
A4392	Ostomy Pouch, Urinary, W	\$ 8.00	Purchase
A4393	Ostomy Pouch, Urinary, W	\$ 8.85	Purchase
A4394	Ostomy Deodorant For Use	\$ 2.54	Purchase
A4395	Ostomy Deodorant For Use	\$ 0.04	Purchase
A4396	Ostomy Belt With Periston	\$ 39.62	Purchase
A4398	Ostomy Irrigation Supply;	\$ 13.53	Purchase
A4399	Ostomy Irrigation Supply;	\$ 10.21	Purchase
A4400	Ostomy Irrigation Set	\$ 47.83	Purchase
A4402	Lubricant, Per Ounce	\$ 1.56	Purchase
A4404	Ostomy Ring, Each	\$ 1.51	Purchase
A4405	Ostomy Skin Barrier, Non-	\$ 3.34	Purchase
A4406	Ostomy Skin Barrier, Pecti	\$ 5.60	Purchase
A4407	Ostomy Skin Barrier, With	\$ 8.58	Purchase
A4408	Ostomy Skin Barrier, With	\$ 9.66	Purchase
A4409	Ostomy Skin Barrier, With	\$ 6.08	Purchase
A4410	Ostomy Skin Barrier, With	\$ 8.85	Purchase
A4411	Ostomy Skin Barrier, Solid	\$ 4.98	Purchase
A4412	Ostomy Pouch, Drainable,	\$ 2.65	Purchase
A4413	Ostomy Pouch, Drainable,	\$ 5.39	Purchase
A4414	Ostomy Skin Barrier, With	\$ 4.82	Purchase
A4415	Ostomy Skin Barrier, With	\$ 5.86	Purchase
A4416	Ostomy Pouch, Closed, Wi	\$ 2.70	Purchase
A4417	Ostomy Pouch, Closed, Wi	\$ 3.65	Purchase
A4418	Ostomy Pouch, Closed; Wi	\$ 1.78	Purchase
A4419	Ostomy Pouch, Closed; Fo	\$ 1.69	Purchase
A4420	Ostomy Pouch, Closed; For Use On Barrie		Cost Invoice
A4421	Ostomy Supply; Miscellan	\$ -	Cost Invoice
A4422	Ostomy Absorbent Materia	\$ 0.11	Purchase
A4423	Ostomy Pouch, Closed; Fo	\$ 1.82	Purchase
A4424	Ostomy Pouch, Drainable,	\$ 4.66	Purchase
A4425	Ostomy Pouch, Drainable;	\$ 3.50	Purchase
A4426	Ostomy Pouch, Drainable;	\$ 2.67	Purchase
A4427	Ostomy Pouch, Drainable;	\$ 2.73	Purchase
A4428	Ostomy Pouch, Urinary, W	\$ 6.38	Purchase

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A4429	Ostomy Pouch, Urinary, W	\$ 8.07	Purchase
A4430	Ostomy Pouch, Urinary, W	\$ 8.34	Purchase
A4431	Ostomy Pouch, Urinary; W	\$ 6.08	Purchase
A4432	Ostomy Pouch, Urinary; F	\$ 3.51	Purchase
A4433	Ostomy Pouch, Urinary; F	\$ 3.28	Purchase
A4434	Ostomy Pouch, Urinary; F	\$ 3.68	Purchase
A4435	1Pc Ost Pch Drain Hgh Ou	\$ 5.64	Purchase
A4436	Irr supply sleeve reus per m	\$ 18.77	Purchase
A4437	Irr supply sleeve disp per m	\$ 18.77	Purchase
A4450	Tape, Non-Waterproof, Pe	\$ 0.07	Purchase
A4452	Tape, Waterproof, Per 18 S	\$ 0.34	Purchase
A4455	Adhesive Remover Or Solv	\$ 1.39	Purchase
A4456	Adhesive remover, wipes	\$ 0.23	Purchase
A4461	Surgical Dressing Holder,	\$ 3.23	Purchase
A4463	Surgical Dressing Holder,	\$ 13.02	Purchase
A4481	Tracheostoma Filter, Any T	\$ 0.35	Purchase
A4490	Surgical Stockings Above	\$ 29.70	Per BMS - Purchase
A4495	Surgical Stockings Thigh L	\$ 29.70	Per BMS - Purchase
A4500	Surgical Stockings Below	\$ 31.50	Per BMS - Purchase
A4510	Surgical Stockings Full Len	\$ 84.15	Per BMS - Purchase
A4520	Incontinence Garment, Any	\$ 0.75	Per BMS - Purchase
A4550	Surgical Tray	\$ 8.00	Per BMS - Purchase
A4554	Disposable Underpads, All	\$ 0.31	Per BMS - Purchase
A4555	Electrode/transducer for us	\$ -	Cost Invoice
A4556	Electrodes, (E.G., Apnea M	\$ 10.10	Purchase
A4557	Lead Wires, (E.G., Apnea I	\$ 13.51	Purchase
A4561	Pessary, Rubber, Any Type	\$ 19.53	Purchase
A4562	Pessary, Non Rubber, Any	\$ 48.62	Purchase
A4565	Slings	\$ 7.54	Purchase
A4570	Splint	\$ 67.50	Per BMS - Purchase
A4595	Electrical Stimulator Suppl	\$ 18.82	Purchase
A4601	Lithium Ion Battery For Nd	\$ 26.00	Per BMS - Purchase
A4604	Tubing With Integrated He	\$ 46.83	Purchase
A4605	Tracheal Suction Catheter,	\$ 16.05	Purchase
A4606	Oxygen Probe For Use Wit	\$ 100.00	Per BMS - Purchase
A4614	Peak Expiratory Flow Rate	\$ 23.28	Purchase
A4619	Face Tent	\$ 1.78	Purchase
A4623	Tracheostomy, Inner Cann	\$ 5.46	Purchase
A4624	Tracheal Suction Catheter,	\$ 2.58	Purchase
A4625	Tracheostomy Care Kit For	\$ 6.78	Purchase
A4627	Spacer, Bag Or Reservoir,	\$ 20.61	Per BMS - Purchase
A4628	Oropharyngeal Suction Ca	\$ 3.66	Purchase
A4629	Tracheostomy Care Kit For	\$ 4.55	Purchase
A4635	Underarm Pad, Crutch, Re	\$ 5.00	Purchase
A4636	Replacement, Handgrip, C	\$ 2.85	Purchase
A4637	Replacement, Tip, Cane, C	\$ 1.65	Purchase
A4640	Replacement Pad For Use	\$ 50.93	Purchase
A4649	Surgical Supply; Miscellan	\$ -	Cost Invoice
A4927	Gloves, Non-Sterile, Per 10	\$ 42.71	Per BMS - Purchase
A5051	Ostomy Pouch, Closed; Wi	\$ 2.02	Purchase
A5052	Ostomy Pouch, Closed; Wi	\$ 1.46	Purchase
A5053	Ostomy Pouch, Closed; Fo	\$ 1.69	Purchase
A5054	Ostomy Pouch, Closed; Fo	\$ 1.76	Purchase
A5055	Stoma Cap	\$ 1.29	Purchase
A5056	1 Pc Ost Pouch W Filter	\$ 4.58	Purchase
A5057	1 Pc Ost Pou W Built-In C	\$ 9.40	Purchase
A5061	Ostomy Pouch, Drainable;	\$ 3.46	Purchase
A5062	Ostomy Pouch, Drainable;	\$ 2.03	Purchase

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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
A5063	Ostomy Pouch, Drainable;	\$ 2.65	Purchase
A5071	Ostomy Pouch, Urinary; W	\$ 5.88	Purchase
A5072	Ostomy Pouch, Urinary; W	\$ 3.46	Purchase
A5073	Ostomy Pouch, Urinary; F	\$ 3.06	Purchase
A5081	Continent Device; Plug Fo	\$ 3.25	Purchase
A5082	Continent Device; Cathete	\$ 11.65	Purchase
A5083	Continent Device, Stoma A	\$ 0.63	Purchase
A5093	Ostomy Accessory; Conve	\$ 1.62	Purchase
A5102	Bedside Drainage Bottle W	\$ 21.93	Purchase
A5105	Urinary Suspensory With I	\$ 39.90	Purchase
A5112	Urinary Leg Bag; Latex	\$ 30.84	Purchase
A5113	Leg Strap; Latex, Replac	\$ 3.92	Purchase
A5114	Leg Strap; Foam Or Fabric	\$ 7.45	Purchase
A5120	Skin Barrier, Wipes Or Sw	\$ 0.21	Purchase
A5121	Skin Barrier; Solid, 6 X 6	\$ 6.98	Purchase
A5122	Skin Barrier; Solid, 8 X 8	\$ 12.57	Purchase
A5126	Adhesive Or Non-Adhesiv	\$ 1.09	Purchase
A5131	Appliance Cleaner, Inconti	\$ 13.18	Purchase
A5500	For Diabetics Only, Fitting	\$ 62.24	Purchase
A5501	For Diabetics Only, Fitting	\$ 186.66	Purchase
A5503	For Diabetics Only, Modif	\$ 31.66	Purchase
A5504	For Diabetics Only, Modif	\$ 31.66	Purchase
A5505	For Diabetics Only, Modif	\$ 31.66	Purchase
A5506	For Diabetics Only, Modif	\$ 31.66	Purchase
A5507	For Diabetics Only, Not O	\$ 31.66	Purchase
A5512	For Diabetics Only, Multip	\$ 25.38	Purchase
A5513	For Diabetics Only, Multip	\$ 37.88	Purchase
A5514	Mult den insert dir carv/car	\$ 37.88	Purchase
A6154	Wound Pouch, Each	\$ 13.64	Purchase
A6196	Alginate Or Other Fiber Ge	\$ 7.21	Purchase
A6197	Alginate Or Other Fiber Ge	\$ 16.10	Purchase
A6198	Alginate Or Other Fiber Ge	\$ 14.12	Per BMS - Purchase
A6199	Alginate Or Other Fiber Ge	\$ 5.17	Purchase
A6203	Composite Dressing, Pad S	\$ 3.30	Purchase
A6204	Composite Dressing, Pad S	\$ 6.09	Purchase
A6205	Composite Dressing, Pad S	\$ 5.35	Per BMS - Purchase
A6206	Contact Layer, 16 Sq. In. C	\$ 5.35	Per BMS - Purchase
A6207	Contact Layer, More Than	\$ 7.19	Purchase
A6208	Contact Layer, More Than	\$ 6.30	Per BMS - Purchase
A6209	Foam Dressing, Wound Co	\$ 7.31	Purchase
A6210	Foam Dressing, Wound Co	\$ 19.50	Purchase
A6211	Foam Dressing, Wound Co	\$ 28.74	Purchase
A6212	Foam Dressing, Wound Co	\$ 9.50	Purchase
A6213	Foam Dressing, Wound Co	\$ 8.34	Per BMS - Purchase
A6214	Foam Dressing, Wound Co	\$ 10.07	Purchase
A6215	Foam Dressing, Wound Fil	\$ -	Cost Invoice
A6216	Gauze, Non-Impregnated, 1	\$ 0.04	Purchase
A6217	Gauze, Non-Impregnated, 1	\$ 0.32	Per BMS - Purchase
A6218	Gauze, Non-Impregnated, 1	\$ 0.54	Per BMS - Purchase
A6219	Gauze, Non-Impregnated, 1	\$ 0.94	Purchase
A6220	Gauze, Non-Impregnated, 1	\$ 2.54	Purchase
A6221	Gauze, Non-Impregnated, 1	\$ 1.93	Per BMS - Purchase
A6222	Gauze, Impregnated With C	\$ 2.09	Purchase
A6223	Gauze, Impregnated With C	\$ 2.38	Purchase
A6224	Gauze, Impregnated With C	\$ 3.53	Purchase
A6231	Gauze, Impregnated, Hydr	\$ 4.58	Purchase
A6232	Gauze, Impregnated, Hydr	\$ 6.72	Purchase
A6233	Gauze, Impregnated, Hydr	\$ 18.77	Purchase

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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
A6234	Hydrocolloid Dressing, Wc	\$ 6.41	Purchase
A6235	Hydrocolloid Dressing, Wc	\$ 16.46	Purchase
A6236	Hydrocolloid Dressing, Wc	\$ 26.67	Purchase
A6237	Hydrocolloid Dressing, Wc	\$ 7.74	Purchase
A6238	Hydrocolloid Dressing, Wc	\$ 22.31	Purchase
A6239	Hydrocolloid Dressing, Wc	\$ 15.84	Per BMS - Purchase
A6240	Hydrocolloid Dressing, Wc	\$ 11.99	Purchase
A6241	Hydrocolloid Dressing, Wc	\$ 2.52	Purchase
A6242	Hydrogel Dressing, Wound	\$ 5.93	Purchase
A6243	Hydrogel Dressing, Wound	\$ 12.06	Purchase
A6244	Hydrogel Dressing, Wound	\$ 38.45	Purchase
A6245	Hydrogel Dressing, Wound	\$ 7.12	Purchase
A6246	Hydrogel Dressing, Wound	\$ 9.72	Purchase
A6247	Hydrogel Dressing, Wound	\$ 23.28	Purchase
A6248	Hydrogel Dressing, Wound	\$ 15.90	Purchase
A6250	Skin Sealants, Protectants,	\$ 15.00	Per BMS - Purchase
A6251	Specialty Absorptive Dress	\$ 1.94	Purchase
A6252	Specialty Absorptive Dress	\$ 3.18	Purchase
A6253	Specialty Absorptive Dress	\$ 6.20	Purchase
A6254	Specialty Absorptive Dress	\$ 1.17	Purchase
A6255	Specialty Absorptive Dress	\$ 2.98	Purchase
A6256	Specialty Absorptive Dress	\$ 2.61	Per BMS - Purchase
A6257	Transparent Film, 16 Sq. In	\$ 1.50	Purchase
A6258	Transparent Film, More Th	\$ 4.22	Purchase
A6259	Transparent Film, More Th	\$ 10.70	Purchase
A6260	Wound Cleansers, Any Ty	\$ 18.00	Per BMS - Purchase
A6261	Wound Filler, Gel/Paste, P	\$ -	Cost Invoice
A6262	Wound Filler, Dry Form, P	\$ -	Cost Invoice
A6266	Gauze, Impregnated, Other	\$ 1.87	Purchase
A6402	Gauze, Non-Impregnated, \$	\$ 0.11	Purchase
A6403	Gauze, Non-Impregnated, \$	\$ 0.41	Purchase
A6404	Gauze, Non-Impregnated, \$	\$ 2.16	Per BMS - Purchase
A6407	Packing Strips, Non-Impre	\$ 1.83	Purchase
A6441	Padding Bandage, Non-El	\$ 0.67	Purchase
A6442	Conforming Bandage, Non	\$ 0.15	Purchase
A6443	Conforming Bandage, Non	\$ 0.27	Purchase
A6444	Conforming Bandage, Non	\$ 0.54	Purchase
A6445	Conforming Bandage, Non	\$ 0.31	Purchase
A6446	Conforming Bandage, Non	\$ 0.38	Purchase
A6447	Conforming Bandage, Non	\$ 0.67	Purchase
A6448	Light Compression Bandag	\$ 1.13	Purchase
A6449	Light Compression Bandag	\$ 1.71	Purchase
A6450	Light Compression Bandag	\$ 1.71	Purchase
A6451	Moderate Compression Ba	\$ 1.71	Purchase
A6452	High Compression Bandag	\$ 5.78	Purchase
A6453	Self-Adherent Bandage, El	\$ 0.62	Purchase
A6454	Self-Adherent Bandage, El	\$ 0.77	Purchase
A6455	Self-Adherent Bandage, El	\$ 1.36	Purchase
A6456	Zinc Paste Impregnated Ba	\$ 1.23	Purchase
A6501	Compression Burn Garmer	\$ -	Cost Invoice
A6502	Compression Burn Garmer	\$ -	Cost Invoice
A6503	Compression Burn Garmer	\$ -	Cost Invoice
A6504	Compression Burn Garmer	\$ -	Cost Invoice
A6505	Compression Burn Garmer	\$ -	Cost Invoice
A6506	Compression Burn Garmer	\$ -	Cost Invoice
A6507	Compression Burn Garmer	\$ -	Cost Invoice
A6508	Compression Burn Garmer	\$ -	Cost Invoice
A6509	Compression Burn Garmer	\$ -	Cost Invoice

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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
A6510	Compression Burn Garment	\$ -	Cost Invoice
A6511	Compression Burn Garment	\$ -	Cost Invoice
A6512	Compression Burn Garment	\$ -	Cost Invoice
A6513	Compression Burn Mask, F	\$ -	Cost Invoice
A6530	Gradient Compression Stocking	\$ 25.20	Per BMS - Purchase
A6531	Gradient Compression Stocking	\$ 42.34	Purchase
A6532	Gradient Compression Stocking	\$ 59.66	Purchase
A6533	Gradient Compression Stocking	\$ 29.70	Per BMS - Purchase
A6534	Gradient Compression Stocking	\$ 29.70	Per BMS - Purchase
A6535	Gradient Compression Stocking	\$ 29.70	Per BMS - Purchase
A6536	Gradient Compression Stocking	\$ 29.70	Per BMS - Purchase
A6537	Gradient Compression Stocking	\$ 29.70	Per BMS - Purchase
A6538	Gradient Compression Stocking	\$ -	Cost Invoice
A6539	Gradient Compression Stocking	\$ 84.15	Per BMS - Purchase
A6540	Gradient Compression Stocking	\$ -	Cost Invoice
A6541	Gradient Compression Stocking	\$ -	Cost Invoice
A6544	Gradient Compression Stocking	\$ 13.50	Per BMS - Purchase
A6549	Gradient Compression Stocking	\$ -	Cost Invoice
A6550	Wound Care Set, For Negative	\$ 23.14	Purchase
A7000	Canister, Disposable, Used	\$ 7.17	Purchase
A7002	Tubing, Used With Suction	\$ 3.75	Purchase
A7003	Administration Set, With Small	\$ 1.84	Purchase
A7004	Small Volume Nonfiltered	\$ 1.46	Purchase
A7005	Administration Set, With Small	\$ 20.58	Purchase
A7006	Administration Set, With Small	\$ 8.01	Purchase
A7010	Disposable Corrugated Tubing	\$ 18.66	Purchase
A7012	Nebulizer Water Collection De	\$ 2.87	Purchase
A7013	Filter, Disposable, Used With	\$ 0.66	Purchase
A7015	Aerosol Mask, Used With	\$ 1.38	Purchase
A7020	Interface, Cough Stim Dev	\$ 14.17	Purchase
A7030	Full Face Mask Used With	\$ 121.30	Purchase
A7031	Face Mask Interface, Replac	\$ 45.29	Purchase
A7032	Cushion For Use On Nasal	\$ 25.97	Purchase
A7033	Pillow For Use On Nasal C	\$ 19.26	Purchase
A7034	Nasal Interface (Mask Or C	\$ 75.72	Purchase
A7035	Headgear Used With Posit	\$ 25.39	Purchase
A7036	Chinstrap Used With Posit	\$ 11.46	Purchase
A7037	Tubing Used With Positive	\$ 22.84	Purchase
A7038	Filter, Disposable, Used With	\$ 2.92	Purchase
A7039	Filter, Non Disposable, Us	\$ 8.74	Purchase
A7045	Exhalation Port With Or W	\$ 13.86	Purchase
A7046	Water Chamber For Humid	\$ 14.46	Purchase
A7507	Filter Holder And Integrate	\$ 2.44	Purchase
A7508	Housing And Integrated A	\$ 2.81	Purchase
A7509	Filter Holder And Integrate	\$ 1.38	Purchase
A7520	Tracheostomy/Laryngector	\$ 46.47	Purchase
A7521	Tracheostomy/Laryngector	\$ 46.04	Purchase
A7522	Tracheostomy/Laryngector	\$ 44.20	Purchase
A7523	Tracheostomy Shower Prot	\$ -	Cost Invoice
A7524	Tracheostoma Stent/Stud/E	\$ 75.77	Purchase
A7525	Tracheostomy Mask, Each	\$ 2.02	Purchase
A7526	Tracheostomy Tube Collar	\$ 3.32	Purchase
A7527	Tracheostomy/Laryngector	\$ 3.50	Purchase
A8000	Helmet, Protective, Soft Pr	\$ 150.11	Purchase
A8001	Helmet, Protective, Hard, F	\$ 150.11	Purchase
A8002	Helmet, Protective, Soft, C	\$ 375.35	Per BMS - Purchase
A8003	Helmet, Protective, Hard, C	\$ 375.35	Per BMS - Purchase
B4034	Enteral Feeding Supply Kit	\$ 4.21	Purchase

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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
B4035	Enteral Feeding Supply Kit	\$ 7.77	Purchase
B4036	Enteral Feeding Supply Kit	\$ 5.59	Purchase
B4081	Nasogastric Tubing With S	\$ 17.02	Purchase
B4082	Nasogastric Tubing Witho	\$ 12.45	Purchase
B4083	Stomach Tube - Levine Ty	\$ 1.89	Purchase
B4087	Gastrostomy/Jejunostomy	\$ 28.79	Purchase
B4088	Gastrostomy/Jejunostomy	\$ 30.94	Purchase
B4164	Parenteral Nutrition Soluti	\$ 17.27	Purchase
B4168	Parenteral Nutrition Soluti	\$ 25.19	Purchase
B4172	Parenteral Nutrition Soluti	\$ 30.50	Per BMS - Purchase
B4176	Parenteral Nutrition Soluti	\$ 48.74	Purchase
B4178	Parenteral Nutrition Soluti	\$ 58.48	Purchase
B4180	Parenteral Nutrition Soluti	\$ 24.79	Purchase
B4185	Parental Nutrition Solution	\$ 11.42	Purchase
B4187	Omegaven, 10 g lipids	\$ 11.42	Purchase
B4189	Parenteral Nutrition Soluti	\$ 180.66	Purchase
B4193	Parenteral Nutrition Soluti	\$ 233.43	Purchase
B4197	Parenteral Nutrition Soluti	\$ 284.21	Purchase
B4199	Parenteral Nutrition Soluti	\$ 324.75	Purchase
B4216	Parenteral Nutrition; Addit	\$ 7.85	Purchase
B4220	Parenteral Nutrition Supply	\$ 8.14	Purchase
B4222	Parenteral Nutrition Supply	\$ 10.04	Purchase
B4224	Parenteral Nutrition Admin	\$ 25.41	Purchase
B5000	Parenteral Nutrition Soluti	\$ 12.09	Purchase
B5100	Parenteral Nutrition Soluti	\$ 4.72	Purchase
B5200	Parenteral Nutrition Soluti	\$ 4.94	Per BMS - Purchase
B9002	Enteral Nutrition Infusion I	\$ 41.42	10 mth CAP rental
B9004	Parenteral Nutrition Infusio	\$ 202.98	10 mth CAP rental
B9006	Parenteral Nutrition Infusio	\$ 202.98	10 mth CAP rental
B9998	Noc For Enteral Supplies	\$ -	Cost Invoice
B9999	Noc For Parenteral Supplie	\$ -	Cost Invoice
E0100	Cane, Includes Canes Of A	\$ 19.12	Purchase
E0105	Cane, Quad Or Three Pron	\$ 44.46	Purchase
E0110	Crutches, Forearm, Include	\$ 64.55	Purchase
E0111	Crutch Forearm, Includes C	\$ 47.38	Purchase
E0112	Crutches Underarm, Wood	\$ 32.84	Purchase
E0113	Crutch Underarm, Wood, A	\$ 17.59	Purchase
E0114	Crutches Underarm, Other	\$ 39.26	Purchase
E0116	Crutch, Underarm, Other T	\$ 23.09	Purchase
E0130	Walker, Rigid (Pickup), A	\$ 50.52	Purchase
E0135	Walker, Folding (Pickup),	\$ 53.18	Purchase
E0140	Walker, With Trunk Supp	\$ 281.00	Medicare is rental/BMS - Purchase(X 10)
E0141	Walker, Rigid, Wheeled, A	\$ 63.15	Purchase
E0143	Walker, Folding, Wheeled,	\$ 64.92	Purchase
E0147	Walker, Heavy Duty, Mult	\$ 429.91	Purchase
E0148	Walker, Heavy Duty, With	\$ 91.59	Purchase
E0149	Walker, Heavy Duty, Whee	\$ 148.00	Medicare is rental/BMS - Purchase(X 10)
E0153	Platform Attachment, Fore	\$ 57.74	Purchase
E0154	Platform Attachment, Walk	\$ 47.78	Purchase
E0155	Wheel Attachment, Rigid F	\$ 22.90	Purchase
E0156	Seat Attachment, Walker	\$ 16.70	Purchase
E0157	Crutch Attachment, Walke	\$ 55.14	Purchase
E0158	Leg Extensions For Walker	\$ 23.50	Purchase
E0159	Brake Attachment For Whe	\$ 14.28	Purchase
E0160	Sitz Type Bath Or Equipm	\$ 27.02	Purchase
E0161	Sitz Type Bath Or Equipm	\$ 24.20	Purchase
E0162	Sitz Bath Chair	\$ 136.93	Purchase
E0163	Commode Chair, Mobile C	\$ 76.31	Purchase

**Durable Medical Equipment
Fee Schedule
Effective 04/01/22 - 03/31/23**

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
E0165	Commode Chair, Mobile C	\$ 133.60	Medicare is rental/BMS - Purchase(X 10)
E0167	Pail Or Pan For Use With C	\$ 10.86	Purchase
E0168	Commode Chair, Extra Wi	\$ 127.66	Purchase
E0181	Powered Pressure Reducin	\$ 199.00	Medicare is rental/BMS - Purchase(X 10)
E0182	Pump For Alternating Pres	\$ 204.60	Medicare is rental/BMS - Purchase(X 10)
E0184	Dry Pressure Mattress	\$ 154.94	Purchase
E0185	Gel Or Gel-Like Pressure F	\$ 210.95	Purchase
E0186	Air Pressure Mattress	\$ 185.30	Medicare is rental/BMS - Purchase(X 10)
E0187	Water Pressure Mattress	\$ 211.40	Medicare is rental/BMS - Purchase(X 10)
E0188	Synthetic Sheepskin Pad	\$ 24.26	Purchase
E0189	Lambswool Sheepskin Pad	\$ 48.30	Purchase
E0190	Positioning Cushion/Pillow	\$ 14.18	Per BMS - Purchase
E0191	Heel Or Elbow Protector, E	\$ 9.73	Purchase
E0196	Gel Pressure Mattress	\$ 300.20	Medicare is rental/BMS - Purchase(X 10)
E0197	Air Pressure Pad For Matt	\$ 233.00	Medicare is rental/BMS - Purchase(X 10)
E0198	Water Pressure Pad For M	\$ 216.90	Medicare is rental/BMS - Purchase(X 10)
E0199	Dry Pressure Pad For Matt	\$ 26.67	Purchase
E0202	Phototherapy (Bilirubin) L	\$ 61.29	Rental
E0240	Bath/Shower Chair, With C	\$ -	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	\$ -	Cost Invoice
E0248	Transfer Bench, Heavy Du	\$ -	Cost Invoice
E0250	Hospital Bed, Fixed Heigh	\$ 69.18	10 mth CAP rental
E0255	Hospital Bed, Variable Hei	\$ 77.71	10 mth CAP rental
E0260	Hospital Bed, Semi-Electri	\$ 87.42	10 mth CAP rental
E0261	Hosp bed semi-electr w/o r	\$ 79.70	10 mth CAP rental
E0271	Mattress, Innerspring	\$ 136.46	Purchase
E0272	Mattress, Foam Rubber	\$ 144.89	Purchase
E0275	Bed Pan, Standard, Metal C	\$ 13.91	Purchase
E0276	Bed Pan, Fracture, Metal C	\$ 12.03	Purchase
E0277	Powered Pressure-Reducin	\$ 385.22	10 mth CAP rental
E0300	Pediatric Crib, Hospital Gr	\$ 227.38	10 mth CAP rental
E0303	Hospital Bed, Heavy Duty,	\$ 199.14	10 mth CAP rental
E0304	Hospital Bed, Extra Heavy	\$ 547.32	10 mth CAP rental
E0305	Bed Side Rails, Half Leng	\$ 113.30	Medicare is rental/BMS - Purchase(X 10)
E0310	Bed Side Rails, Full Leng	\$ 129.42	Purchase
E0325	Urinal; Male, Jug-Type, A	\$ 8.40	Purchase
E0326	Urinal; Female, Jug-Type,	\$ 9.62	Purchase
E0371	Nonpowered Advanced Pr	\$ 269.56	10 mth CAP rental
E0424	Stationary Compressed Ga	\$ 120.92	Monthly rental
E0431	Portable Gaseous Oxygen S	\$ 21.57	Monthly rental
E0434	Portable Liquid Oxygen Sy	\$ 38.71	Monthly rental
E0439	Stationary Liquid Oxygen S	\$ 120.92	Monthly rental
E0441	Oxygen Contents, Gaseous	\$ 55.96	Monthly rental
E0443	Portable Oxygen Contents,	\$ 53.65	Monthly rental
E0445	Oximeter Device For Meas	\$ 250.00	Per BMS - 10 Mth CAP Rental
E0459	Chest wrap	\$ 40.14	Per BMS - Purchase
E0465	Home vent invasive interfa	\$ 934.24	Monthly rental
E0466	Home vent non-invasive in	\$ 934.24	Monthly rental
E0470	Respiratory Assist Device,	\$ 158.38	Monthly rental
E0471	Respiratory Assist Device,	\$ 395.60	Monthly rental
E0472	Respiratory Assist Device,	\$ 457.50	Monthly rental
E0480	Percussor, Electric Or Pneu	\$ 39.44	10 mth CAP rental
E0482	Cough Stimulating Device,	\$ 406.67	10 mth CAP rental
E0483	High Frequency Chest Wal	\$ 1,040.54	10 mth CAP rental

**Durable Medical Equipment
Fee Schedule
Effective 04/01/22 - 03/31/23**

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
E0484	Oscillatory Positive Expira	\$ 36.15	Purchase
E0561	Humidifier, Non-Heated, U	\$ 78.70	Purchase
E0562	Humidifier, Heated, Used	\$ 191.19	Purchase
E0565	Compressor, Air Power So	\$ 44.81	10 mth CAP rental
E0570	Nebulizer, With Compress	\$ 105.40	Medicare is rental/BMS - Purchase(X 10)
E0600	Respiratory Suction Pump,	\$ 448.20	Medicare is rental/BMS - Purchase(X 10)
E0601	Continuous Airway Pressu	\$ 64.87	10 mth CAP rental
E0602	Breast Pump, Manual, Any	\$ 28.89	Purchase
E0603	Breast Pump, Electric (Ac	\$ 55.00	Per BMS - Purchase
E0605	Vaporizer, Room Type	\$ 24.50	Purchase
E0606	Postural Drainage Board	\$ 224.60	Medicare is rental/BMS - Purchase(X 10)
E0617	Automatic ext defibrillator	\$ 297.58	10 mth CAP rental
E0619	Apnea Monitor, With Recc	\$ 323.00	Per BMS - 10 Mth CAP Rental
E0621	Sling Or Seat, Patient Lift,	\$ 78.39	Purchase
E0630	Patient Lift, Hydraulic Or I	\$ 75.14	10 mth CAP rental
E0650	Pneumatic Compressor, No	\$ 86.99	10 mth CAP rental
E0651	Pneumatic Compressor, Se	\$ 78.06	10 mth CAP rental
E0652	Pneumatic Compressor, Se	\$ 512.79	10 mth CAP rental
E0655	Non-Segmental Pneumatic	\$ 105.64	Purchase
E0660	Non-Segmental Pneumatic	\$ 156.36	Purchase
E0665	Non-Segmental Pneumatic	\$ 113.98	Purchase
E0666	Non-Segmental Pneumatic	\$ 135.16	Purchase
E0667	Segmental Pneumatic Appl	\$ 316.87	Purchase
E0668	Segmental Pneumatic Appl	\$ 367.62	Purchase
E0669	Segmental Pneumatic Appl	\$ 170.34	Purchase
E0671	Segmental Gradient Pressu	\$ 406.53	Purchase
E0672	Segmental Gradient Pressu	\$ 315.86	Purchase
E0673	Segmental Gradient Pressu	\$ 262.46	Purchase
E0705	Transfer Device, Any Type	\$ 44.18	Purchase
E0720	Transcutaneous Electrical	\$ 210.63	Purchase
E0730	Transcutaneous Electrical	\$ 210.89	Purchase
E0747	Osteogenesis Stimulator, E	\$ 3,832.84	Purchase
E0748	Osteogenesis Stimulator, E	\$ 3,808.02	Purchase
E0760	Osteogenesis Stimulator, L	\$ 3,164.38	Purchase
E0766	Elec stim cancer treatment	\$ 11,252.58	10 Mth CAP rental
E0781	Ambulatory Infusion Pump	\$ 226.38	10 mth CAP rental
E0784	External Ambulatory Infus	\$ 392.72	10 mth CAP rental
E0860	Traction Equipment, Overc	\$ 36.42	Purchase
E0910	Trapeze Bars, A/K/A Patie	\$ 128.90	Medicare is rental/BMS - Purchase(X 10)
E0911	Trapeze Bar, Heavy Duty,	\$ 403.70	Medicare is rental/BMS - Purchase(X 10)
E0912	Trapeze Bar, Heavy Duty,	\$ 858.30	Medicare is rental/BMS - Purchase(X 10)
E0935	Continuous Passive Motio	\$ 22.26	Rental Per day
E0940	Trapeze Bar, Free Standing	\$ 221.40	Medicare is rental/BMS - Purchase(X 10)
E0942	Cervical Head Harness/Ha	\$ 17.29	Purchase
E0950	Wheelchair Accessory, Tra	\$ 71.74	Purchase
E0951	Heel Loop/Holder, Any Ty	\$ 12.75	Purchase
E0952	Toe Loop/Holder, Any Typ	\$ 13.51	Purchase
E0953	Wheelchair accessory, late	\$ 57.14	Purchase
E0954	Wheelchair accessory, foot	\$ 46.42	Purchase
E0955	Wheelchair Accessory, He	\$ 151.00	Medicare is rental/BMS - Purchase(X 10)
E0956	Wheelchair Accessory, Lat	\$ 76.18	Purchase
E0957	Wheelchair Accessory, Me	\$ 112.63	Purchase
E0958	Manual Wheelchair Access	\$ 401.50	Medicare is rental/BMS - Purchase(X 10)
E0959	Manual Wheelchair Access	\$ 36.78	Purchase
E0960	Wheelchair Accessory, Sho	\$ 71.19	Purchase
E0961	Manual Wheelchair Access	\$ 23.82	Purchase
E0966	Manual Wheelchair Access	\$ 60.62	Purchase
E0967	Manual Wheelchair Access	\$ 64.28	Purchase

**Durable Medical Equipment
Fee Schedule
Effective 04/01/22 - 03/31/23**

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
E0968	Commode Seat, Wheelchair	\$ 175.40	Medicare is rental/BMS - Purchase(X 10)
E0969	Narrowing Device, Wheelchair	\$ 145.51	Purchase
E0970	No.2 Footplates, Except For	\$ -	Cost Invoice
E0971	Manual Wheelchair Access	\$ 34.92	Purchase
E0973	Wheelchair Accessory, Ad	\$ 65.40	Purchase
E0974	Manual Wheelchair Access	\$ 71.61	Purchase
E0978	Wheelchair Accessory, Pos	\$ 28.78	Purchase
E0980	Safety Vest, Wheelchair	\$ 31.28	Purchase
E0981	Wheelchair Accessory, Sea	\$ 33.81	Purchase
E0982	Wheelchair Accessory, Ba	\$ 39.62	Purchase
E0983	Manual Wheelchair Access	\$ 2,368.50	Medicare is rental/BMS - Purchase(X 10)
E0984	Manual Wheelchair Access	\$ 1,655.40	Medicare is rental/BMS - Purchase(X 10)
E0988	Lever-Activated Wheel Dr	\$ 2,929.90	Medicare is rental/BMS - Purchase(X 10)
E0990	Wheelchair Accessory, Ele	\$ 73.89	Purchase
E0992	Manual Wheelchair Access	\$ 75.80	Purchase
E1002	Wheelchair Accessory, Pos	\$ 3,269.00	Medicare is rental/BMS - Purchase(X 10)
E1003	Wheelchair Accessory, Pos	\$ 3,677.60	Medicare is rental/BMS - Purchase(X 10)
E1004	Wheelchair Accessory, Pos	\$ 4,059.90	Medicare is rental/BMS - Purchase(X 10)
E1005	Wheelchair Accessory, Pos	\$ 4,417.70	Medicare is rental/BMS - Purchase(X 10)
E1006	Wheelchair Accessory, Pos	\$ 5,428.90	Medicare is rental/BMS - Purchase(X 10)
E1007	Wheelchair Accessory, Pos	\$ 7,046.00	Medicare is rental/BMS - Purchase(X 10)
E1008	Wheelchair Accessory, Pos	\$ 7,132.70	Medicare is rental/BMS - Purchase(X 10)
E1009	Wheelchair Accessory, Ad	\$ -	Cost Invoice
E1010	Wheelchair Accessory, Ad	\$ 950.70	Medicare is rental/BMS - Purchase(X 10)
E1011	Modification To Pediatric	\$ -	Cost Invoice
E1012	Ctr mount pwr elev leg rest	\$ 950.70	Medicare is rental/BMS - Purchase(X 10)
E1014	Reclining Back, Addition	\$ 357.50	Medicare is rental/BMS - Purchase(X 10)
E1015	Shock Absorber For Manu	\$ 110.04	Purchase
E1016	Shock Absorber For Power	\$ 105.99	Purchase
E1020	Residual Limb Support Sys	\$ 183.90	Medicare is rental/BMS - Purchase(X 10)
E1028	Wheelchair Accessory, Ma	\$ 148.00	Medicare is rental/BMS - Purchase(X 10)
E1029	Wheelchair Accessory, Ve	\$ 311.60	Medicare is rental/BMS - Purchase(X 10)
E1030	Wheelchair Accessory, Ve	\$ 983.00	Medicare is rental/BMS - Purchase(X 10)
E1031	Rollabout Chair, Any And	\$ 44.10	10 mth CAP rental
E1161	Manual Adult Size Wheelc	\$ 2,315.80	Medicare is rental/BMS - Purchase(X 10)
E1225	Wheelchair Accessory, Ma	\$ 392.00	Medicare is rental/BMS - Purchase(X 10)
E1226	Wheelchair Accessory, Ma	\$ 430.13	Purchase
E1229	Wheelchair, Pediatric Size	\$ -	Cost Invoice
E1231	Wheelchair, Pediatric Size	\$ 1,710.73	Per BMS - Purchase
E1232	Wheelchair, Pediatric Size	\$ 2,093.20	Medicare is rental/BMS - Purchase(X 10)
E1233	Wheelchair, Pediatric Size	\$ 2,168.60	Medicare is rental/BMS - Purchase(X 10)
E1234	Wheelchair, Pediatric Size	\$ 1,888.00	Medicare is rental/BMS - Purchase(X 10)
E1235	Wheelchair, Pediatric Size	\$ 1,818.10	Medicare is rental/BMS - Purchase(X 10)
E1236	Wheelchair, Pediatric Size	\$ 1,603.90	Medicare is rental/BMS - Purchase(X 10)
E1237	Wheelchair, Pediatric Size	\$ 1,617.80	Medicare is rental/BMS - Purchase(X 10)
E1238	Wheelchair, Pediatric Size	\$ 1,603.90	Medicare is rental/BMS - Purchase(X 10)
E1239	Power Wheelchair, Pediatr	\$ -	Cost Invoice
E1372	Immersion External Heater	\$ 124.68	Purchase
E1390	Oxygen Concentrator, Sing	\$ 120.92	Rental
E1399	Durable Medical Equipmen	\$ -	Cost Invoice
E2100	Blood Glucose Monitor W	\$ 629.50	Purchase
E2201	Manual Wheelchair Access	\$ 321.24	Purchase
E2202	Manual Wheelchair Access	\$ 433.95	Purchase
E2203	Manual Wheelchair Access	\$ 423.39	Purchase
E2204	Manual Wheelchair Access	\$ 728.74	Purchase
E2205	Manual Wheelchair Access	\$ 31.62	Purchase
E2206	Manual Wheelchair Access	\$ 37.05	Purchase
E2207	Wheelchair Accessory, Cru	\$ 41.72	Purchase

**Durable Medical Equipment
Fee Schedule
Effective 04/01/22 - 03/31/23**

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
E2208	Wheelchair Accessory, Cy	\$ 84.54	Purchase
E2209	Accessory, Arm Tough, W	\$ 82.78	Purchase
E2210	Wheelchair Accessory, Be	\$ 5.16	Purchase
E2211	Manual Wheelchair Access	\$ 32.30	Purchase
E2212	Manual Wheelchair Access	\$ 5.67	Purchase
E2213	Manual Wheelchair Access	\$ 28.24	Purchase
E2214	Manual Wheelchair Access	\$ 29.68	Purchase
E2215	Manual Wheelchair Access	\$ 9.31	Purchase
E2216	Manual Wheelchair Access	\$ 43.71	Purchase
E2217	Manual Wheelchair Access	\$ 38.68	Purchase
E2218	Manual Wheelchair Access	\$ 43.71	Purchase
E2219	Manual Wheelchair Access	\$ 38.68	Purchase
E2220	Manual Wheelchair Access	\$ 25.21	Purchase
E2221	Manual Wheelchair Access	\$ 24.45	Purchase
E2222	Manual Wheelchair Access	\$ 20.29	Purchase
E2224	Manual Wheelchair Access	\$ 81.58	Purchase
E2225	Manual Wheelchair Access	\$ 16.94	Purchase
E2226	Manual Wheelchair Access	\$ 36.22	Purchase
E2227	Manual Wheelchair Access	\$ 1,831.00	Medicare is rental/BMS - Purchase(X 10)
E2228	Manual Wheelchair Access	\$ 885.40	Medicare is rental/BMS - Purchase(X 10)
E2231	Solid Seat Support Base	\$ 137.64	Purchase
E2291	Back, Planar, For Pediatric	\$ -	Cost Invoice
E2292	Seat, Planar, For Pediatric	\$ -	Cost Invoice
E2293	Back, Contoured, For Pedia	\$ -	Cost Invoice
E2294	Seat, Contoured, For Pedia	\$ -	Cost Invoice
E2295	Manual Wheelchair Access	\$ -	Cost Invoice
E2310	Power Wheelchair Access	\$ 950.20	Medicare is rental/BMS - Purchase(X 10)
E2311	Power Wheelchair Access	\$ 1,920.80	Medicare is rental/BMS - Purchase(X 10)
E2312	Power Wheelchair Access	\$ 1,973.80	Medicare is rental/BMS - Purchase(X 10)
E2313	Power Wheelchair Access	\$ 313.60	Medicare is rental/BMS - Purchase(X 10)
E2321	Power Wheelchair Access	\$ 1,290.80	Medicare is rental/BMS - Purchase(X 10)
E2322	Power Wheelchair Access	\$ 1,181.00	Medicare is rental/BMS - Purchase(X 10)
E2323	Power Wheelchair Access	\$ 57.74	Purchase
E2324	Power Wheelchair Access	\$ 36.97	Purchase
E2325	Power Wheelchair Access	\$ 1,128.40	Medicare is rental/BMS - Purchase(X 10)
E2326	Power Wheelchair Access	\$ 293.00	Medicare is rental/BMS - Purchase(X 10)
E2327	Power Wheelchair Access	\$ 2,197.80	Medicare is rental/BMS - Purchase(X 10)
E2328	Power Wheelchair Access	\$ 4,158.60	Medicare is rental/BMS - Purchase(X 10)
E2329	Power Wheelchair Access	\$ 1,489.80	Medicare is rental/BMS - Purchase(X 10)
E2330	Power Wheelchair Access	\$ 2,877.50	Medicare is rental/BMS - Purchase(X 10)
E2340	Power Wheelchair Access	\$ 350.74	Purchase
E2341	Power Wheelchair Access	\$ 526.15	Purchase
E2342	Power Wheelchair Access	\$ 438.47	Purchase
E2343	Power Wheelchair Access	\$ 701.56	Purchase
E2351	Power Wheelchair Access	\$ 589.56	Purchase
E2359	Gr34 sealed leadacid batter	\$ 160.43	Purchase
E2360	Power Wheelchair Access	\$ 109.96	Purchase
E2361	Power Wheelchair Access	\$ 110.70	Purchase
E2362	Power Wheelchair Access	\$ 90.03	Purchase
E2363	Power Wheelchair Access	\$ 144.02	Purchase
E2364	Power Wheelchair Access	\$ 106.47	Purchase
E2365	Power Wheelchair Access	\$ 81.89	Purchase
E2366	Power Wheelchair Access	\$ 181.72	Purchase
E2368	Power Wheelchair Compon	\$ 402.00	Medicare is rental/BMS - Purchase(X 10)
E2369	Power Wheelchair Compon	\$ 364.20	Medicare is rental/BMS - Purchase(X 10)
E2370	Power Wheelchair Compon	\$ 577.40	Medicare is rental/BMS - Purchase(X 10)
E2371	Power Wheelchair Access	\$ 126.52	Purchase
E2372	Power Wheelchair Access	\$ -	Cost Invoice

**Durable Medical Equipment
Fee Schedule
Effective 04/01/22 - 03/31/23**

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
E2373	Power Wheelchair Access	\$ 676.60	Medicare is rental/BMS - Purchase(X 10)
E2374	Power Wheelchair Access	\$ 435.70	Medicare is rental/BMS - Purchase(X 10)
E2375	Power Wheelchair Access	\$ 665.40	Medicare is rental/BMS - Purchase(X 10)
E2376	Power Wheelchair Access	\$ 1,088.90	Medicare is rental/BMS - Purchase(X 10)
E2377	Power Wheelchair Access	\$ 398.50	Medicare is rental/BMS - Purchase(X 10)
E2378	Pw Actuator Replacement	\$ 498.80	Medicare is rental/BMS - Purchase(X 10)
E2381	Power Wheelchair Access	\$ 59.55	Purchase
E2382	Power Wheelchair Access	\$ 16.42	Purchase
E2383	Power Wheelchair Access	\$ 121.61	Purchase
E2384	Power Wheelchair Access	\$ 61.78	Purchase
E2385	Power Wheelchair Access	\$ 39.29	Purchase
E2386	Power Wheelchair Access	\$ 109.62	Purchase
E2387	Power Wheelchair Access	\$ 49.54	Purchase
E2388	Power Wheelchair Access	\$ 41.27	Purchase
E2389	Power Wheelchair Access	\$ 22.74	Purchase
E2390	Power Wheelchair Access	\$ 35.38	Purchase
E2391	Power Wheelchair Access	\$ 16.59	Purchase
E2392	Power Wheelchair Access	\$ 41.73	Purchase
E2394	Power Wheelchair Access	\$ 58.58	Purchase
E2395	Power Wheelchair Access	\$ 42.63	Purchase
E2396	Power Wheelchair Access	\$ 49.64	Purchase
E2397	Power Wheelchair Access	\$ 403.03	Purchase
E2402	Negative Pressure Wound	\$ 1,026.99	10 mth CAP rental
E2500	Sgd Digitized Pre-Rec <=8	\$ 382.74	Purchase
E2502	Sgd Prerec Msg >8Min <=	\$ 1,170.37	Purchase
E2504	Sgd Prerec Msg>20Min <	\$ 1,543.90	Purchase
E2506	Sgd Prerec Msg > 40 Min	\$ 2,263.79	Purchase
E2508	Sgd Spelling Phys Contact	\$ 3,500.58	Purchase
E2510	Sgd W Multi Methods Msg	\$ 6,624.40	Purchase
E2512	Sgd Accessory, Mounting	\$ -	Cost Invoice
E2599	Accessory For Speech Gen	\$ -	Cost Invoice
E2601	General Use Wheelchair Se	\$ 43.34	Purchase
E2602	General Use Wheelchair Se	\$ 88.19	Purchase
E2603	Skin Protection Wheelchai	\$ 110.30	Purchase
E2604	Skin Protection Wheelchai	\$ 145.14	Purchase
E2605	Positioning Wheelchair Se	\$ 208.16	Purchase
E2606	Positioning Wheelchair Se	\$ 328.85	Purchase
E2607	Skin Protection And Positi	\$ 213.87	Purchase
E2608	Skin Protection And Positi	\$ 262.24	Purchase
E2609	Custom Fabricated Wheelc	\$ -	Cost Invoice
E2611	General Use Wheelchair B	\$ 202.26	Purchase
E2612	General Use Wheelchair B	\$ 315.84	Purchase
E2613	Positioning Wheelchair Ba	\$ 305.05	Purchase
E2614	Positioning Wheelchair Ba	\$ 434.90	Purchase
E2615	Positioning Wheelchair Ba	\$ 349.64	Purchase
E2616	Positioning Wheelchair Ba	\$ 470.66	Purchase
E2617	Custom Fabricated Wheelc	\$ -	Cost Invoice
E2619	Replacement Cover For W	\$ 42.26	Purchase
E2620	Positioning Wheelchair Ba	\$ 401.28	Purchase
E2621	Positioning Wheelchair Ba	\$ 444.11	Purchase
E2622	Adj Skin Pro W/C Cus Wd	\$ 270.62	Purchase
E2623	Adj Skin Pro Wc Cus Wd>	\$ 343.33	Purchase
E2624	Adj Skin Pro/Pos Cus<22I	\$ 273.89	Purchase
E2625	Adj Skin Pro/Pos Wc Cus>	\$ 342.96	Purchase
E2626	Seo Mobile Arm Sup Att T	\$ 590.39	Purchase
E2627	Arm Supp Att To Wc Rand	\$ 824.54	Purchase
E2628	Mobile Arm Supports Recl	\$ 621.16	Purchase
E2629	Friction Dampening Arm S	\$ 900.10	Purchase

**Durable Medical Equipment
Fee Schedule
Effective 04/01/22 - 03/31/23**

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
E2630	Monosuspension Arm/Han	\$ 549.69	Purchase
E2631	Elevat Proximal Arm Supp	\$ 219.88	Purchase
E2632	Offset/Lat Rocker Arm W/	\$ 139.82	Purchase
E2633	Mobile Arm Support Supir	\$ 118.59	Purchase
K0001	Standard Wheelchair	\$ 36.62	10 mth CAP rental
K0002	Standard Hemi (Low Seat)	\$ 52.39	10 mth CAP rental
K0003	Lightweight Wheelchair	\$ 59.67	10 mth CAP rental
K0004	High Strength, Lightweigh	\$ 79.74	10 mth CAP rental
K0005	Ultralightweight Wheelcha	\$ 180.93	10 mth CAP rental
K0006	Heavy Duty Wheelchair	\$ 81.11	10 mth CAP rental
K0007	Extra Heavy Duty Wheelch	\$ 126.20	10 mth CAP rental
K0009	Other Manual Wheelchair/	\$ 72.77	10 mth CAP rental
K0015	Detachable, Non-Adjustab	\$ 140.30	Medicare is rental/BMS - Purchase(X 10)
K0017	Detachable, Adjustable He	\$ 41.41	Purchase
K0018	Detachable, Adjustable He	\$ 23.26	Purchase
K0019	Arm Pad, Each	\$ 12.90	Purchase
K0020	Fixed, Adjustable Height A	\$ 39.05	Purchase
K0037	High Mount Flip-Up Footr	\$ 34.53	Purchase
K0038	Leg Strap, Each	\$ 20.16	Purchase
K0039	Leg Strap, H Style, Each	\$ 44.03	Purchase
K0040	Adjustable Angle Footplat	\$ 55.16	Purchase
K0041	Large Size Footplate, Each	\$ 42.68	Purchase
K0042	Standard Size Footplate, E	\$ 28.45	Purchase
K0043	Footrest, Lower Extension	\$ 16.30	Purchase
K0044	Footrest, Upper Hanger Br	\$ 14.04	Purchase
K0045	Footrest, Complete Assembl	\$ 46.98	Purchase
K0046	Elevating Legrest, Lower E	\$ 16.36	Purchase
K0047	Elevating Legrest, Upper H	\$ 60.97	Purchase
K0050	Ratchet Assembly	\$ 27.03	Purchase
K0051	Cam Release Assembly, Fo	\$ 43.26	Purchase
K0052	Swingaway, Detachable Fo	\$ 71.02	Purchase
K0053	Elevating Footrests, Artic	\$ 81.16	Purchase
K0056	Seat Height Less Than 17"	\$ 89.05	Purchase
K0065	Spoke Protectors, Each	\$ 42.90	Purchase
K0069	Rear Wheel Assembly, Cor	\$ 91.62	Purchase
K0070	Rear Wheel Assembly, Cor	\$ 161.30	Medicare is rental/BMS - Purchase(X 10)
K0071	Front Caster Assembly, Co	\$ 102.74	Purchase
K0072	Front Caster Assembly, Co	\$ 62.80	Purchase
K0073	Caster Pin Lock,Each	\$ 32.41	Purchase
K0077	Front Caster Assembly, Co	\$ 53.03	Purchase
K0098	Drive Belt For Power Whe	\$ 21.99	Purchase
K0105	Iv Hanger, Each	\$ 93.60	Purchase
K0108	Wheelchair Component Or	\$ -	Cost Invoice
K0195	Elevating Leg Rests, Pair (\$ 137.00	Medicare is rental/BMS - Purchase(X 10)
K0606	Automatic External Defibr	\$ 2,464.76	10 mth CAP rental
K0669	Wheelchair Accessory, Sea	\$ -	Cost Invoice
K0730	Controlled Dose Inhalation	\$ 1,687.30	Medicare is rental/BMS - Purchase(X 10)
K0733	12-24Hr Sealed Lead Acid	\$ 25.48	Purchase
K0739	Repair Of Nonroutine Serv	\$ 13.54	Priced per Transmittal 11137 - 12.01.21
K0740	Repair Of Nonroutine Serv	\$ 6.30	Per BMS - Purchase
K0800	Power Operated Vehicle, C	\$ 92.58	10 mth CAP rental
K0801	Power Operated Vehicle, C	\$ 157.47	10 mth CAP rental
K0802	Power Operated Vehicle, C	\$ 192.19	10 mth CAP rental
K0806	Power Operated Vehicle, C	\$ 124.81	10 mth CAP rental
K0807	Power Operated Vehicle, C	\$ 191.30	10 mth CAP rental
K0808	Power Operated Vehicle, C	\$ 295.85	10 mth CAP rental
K0812	Power Operated Vehicle, N	\$ -	Cost Invoice
K0813	Power Wheelchair, Group	\$ 272.33	10 mth CAP rental

**Durable Medical Equipment
Fee Schedule
Effective 04/01/22 - 03/31/23**

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
K0814	Power Wheelchair, Group	\$ 319.18	10 mth CAP rental
K0815	Power Wheelchair, Group	\$ 359.07	10 mth CAP rental
K0816	Power Wheelchair, Group	\$ 339.73	10 mth CAP rental
K0820	Power Wheelchair, Group	\$ 285.99	10 mth CAP rental
K0821	Power Wheelchair, Group	\$ 336.18	10 mth CAP rental
K0822	Power Wheelchair, Group	\$ 389.38	10 mth CAP rental
K0823	Power Wheelchair, Group	\$ 381.58	10 mth CAP rental
K0824	Power Wheelchair, Group	\$ 502.12	10 mth CAP rental
K0825	Power Wheelchair, Group	\$ 461.85	10 mth CAP rental
K0826	Power Wheelchair, Group	\$ 728.06	10 mth CAP rental
K0827	Power Wheelchair, Group	\$ 626.82	10 mth CAP rental
K0828	Power Wheelchair, Group	\$ 847.78	10 mth CAP rental
K0829	Power Wheelchair, Group	\$ 800.60	10 mth CAP rental
K0830	Power Wheelchair, Group	\$ 354.07	Per BMS - 10 Mth CAP Rental
K0831	Power Wheelchair, Group	\$ 354.07	Per BMS - 10 Mth CAP Rental
K0835	Power Wheelchair, Group	\$ 407.91	10 mth CAP rental
K0836	Power Wheelchair, Group	\$ 423.05	10 mth CAP rental
K0837	Power Wheelchair, Group	\$ 500.33	10 mth CAP rental
K0838	Power Wheelchair, Group	\$ 445.98	10 mth CAP rental
K0839	Power Wheelchair, Group	\$ 654.28	10 mth CAP rental
K0840	Power Wheelchair, Group	\$ 996.46	10 mth CAP rental
K0841	Power Wheelchair, Group	\$ 443.64	10 mth CAP rental
K0842	Power Wheelchair, Group	\$ 443.39	10 mth CAP rental
K0843	Power Wheelchair, Group	\$ 530.96	10 mth CAP rental
K0848	Power Wheelchair, Group	\$ 668.69	10 mth CAP rental
K0849	Power Wheelchair, Group	\$ 642.90	10 mth CAP rental
K0850	Power Wheelchair, Group	\$ 775.63	10 mth CAP rental
K0851	Power Wheelchair, Group	\$ 745.78	10 mth CAP rental
K0852	Power Wheelchair, Group	\$ 896.20	10 mth CAP rental
K0853	Power Wheelchair, Group	\$ 920.63	10 mth CAP rental
K0854	Power Wheelchair, Group	\$ 1,219.63	10 mth CAP rental
K0855	Power Wheelchair, Group	\$ 1,152.12	10 mth CAP rental
K0856	Power Wheelchair, Group	\$ 717.74	10 mth CAP rental
K0857	Power Wheelchair, Group	\$ 732.14	10 mth CAP rental
K0858	Power Wheelchair, Group	\$ 890.52	10 mth CAP rental
K0859	Power Wheelchair, Group	\$ 849.28	10 mth CAP rental
K0860	Power Wheelchair, Group	\$ 1,272.22	10 mth CAP rental
K0861	Power Wheelchair, Group	\$ 718.90	10 mth CAP rental
K0862	Power Wheelchair, Group	\$ 890.52	10 mth CAP rental
K0863	Power Wheelchair, Group	\$ 1,272.22	10 mth CAP rental
K0864	Power Wheelchair, Group	\$ 1,513.94	10 mth CAP rental
K0868	Power Wheelchair, Group	\$ -	Cost Invoice
K0869	Power Wheelchair, Group	\$ -	Cost Invoice
K0870	Power Wheelchair, Group	\$ -	Cost Invoice
K0871	Power Wheelchair, Group	\$ -	Cost Invoice
K0877	Power Wheelchair, Group	\$ -	Cost Invoice
K0878	Power Wheelchair, Group	\$ -	Cost Invoice
K0879	Power Wheelchair, Group	\$ -	Cost Invoice
K0880	Power Wheelchair, Group	\$ -	Cost Invoice
K0884	Power Wheelchair, Group	\$ -	Cost Invoice
K0885	Power Wheelchair, Group	\$ -	Cost Invoice
K0886	Power Wheelchair, Group	\$ -	Cost Invoice
K0890	Power Wheelchair, Group	\$ -	Cost Invoice
K0891	Power Wheelchair, Group	\$ -	Cost Invoice
K0898	Power Wheelchair, Not Ot	\$ -	Cost Invoice
K0899	Power Mobility Device, No	\$ -	Cost Invoice
L0112	Cranial Cervical Orthosis,	\$ 1,152.99	Purchase
L0113	Cranial Cervical Torticollis	\$ 234.92	Purchase

**Durable Medical Equipment
Fee Schedule
Effective 04/01/22 - 03/31/23**

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L0120	Cervical, Flexible; Non-Ad	\$ 22.06	Purchase
L0130	Cervical, Flexible, Therm	\$ 155.98	Purchase
L0140	Cervical, Semi-Rigid; Adj	\$ 51.58	Purchase
L0150	Cervical, Semi-Rigid, Adj	\$ 94.62	Purchase
L0160	Cervical, Semi-Rigid, Wire	\$ 123.60	Purchase
L0170	Cervical Collar; Molded T	\$ 508.96	Purchase
L0172	Cervical, Collar, Semi-Rig	\$ 110.35	Purchase
L0174	Cervical, Collar, Semi-Rig	\$ 216.79	Purchase
L0180	Cervical, Multiple Post Co	\$ 300.62	Purchase
L0190	Cervical, Multiple Post Co	\$ 390.93	Purchase
L0200	Cervical, Multiple Post Co	\$ 407.54	Purchase
L0220	Thoracic, Rib Belt, Custom	\$ 111.30	Purchase
L0450	Tlso, Flexible, Provides Tr	\$ 124.74	Purchase
L0452	Tlfo, Flexible, Provides Tr	\$ 198.51	Per BMS - Purchase
L0454	Tlso Flexible, Provides Tru	\$ 285.70	Purchase
L0456	Tlso, Flexible Provides Tru	\$ 819.32	Purchase
L0466	Tlso, Sagittal Control, Rigi	\$ 297.62	Purchase
L0468	Tlso, Sagittal-Coronal Con	\$ 394.30	Purchase
L0470	Tlso, Triplanar Control, Ri	\$ 503.14	Purchase
L0472	Tlso, Triplanar Control, Hy	\$ 319.10	Purchase
L0480	Tlso, Triplanar Control, Or	\$ 1,123.75	Purchase
L0482	Tlso, Triplanar Control, Or	\$ 1,305.28	Purchase
L0484	Tslo, Triplanar Control, Tv	\$ 1,402.49	Purchase
L0486	Tlfo, Triplanar Control, Tv	\$ 1,487.97	Purchase
L0488	Tlso, Triplanar Control, Or	\$ 826.93	Purchase
L0490	Tlso, Sagittal-Coronal Con	\$ 233.05	Purchase
L0491	Tlso, Sagittal-Coronal Con	\$ 632.67	Purchase
L0492	Tlso, Sagittal-Coronal Con	\$ 416.09	Purchase
L0621	Sacroiliac Orthosis, Flexib	\$ 65.31	Purchase
L0622	Sacroiliac Orthosis, Flexib	\$ 238.35	Purchase
L0623	Sacroiliac Orthosis, Provid	\$ 124.74	Purchase
L0624	Sacroiliac Orthosis, Provid	\$ -	Cost Invoice
L0625	Lumbar Orthosis, Flexible,	\$ 38.86	Purchase
L0626	Lumbar Orthosis, Sagittal C	\$ 64.20	Purchase
L0627	Lumbar Orthosis, Sagittal C	\$ 338.63	Purchase
L0628	Lso, Flexible, Provides Lun	\$ 59.20	Purchase
L0629	Lso, Flexible, Provides Lun	\$ 164.18	Per BMS - Purchase
L0630	Lso, Sagittal Control, With	\$ 133.42	Purchase
L0631	Lso, Sagittal Control, With	\$ 845.68	Purchase
L0632	Lso, Sagittal Control, With	\$ -	Cost Invoice
L0633	Lso, Sagittal-Coronal Cont	\$ 236.23	Purchase
L0634	Lso, Sagittal-Coronal Cont	\$ -	Cost Invoice
L0635	Lso, Sagittal-Coronal Cont	\$ 755.40	Purchase
L0636	Lso, Sagittal-Coronal Cont	\$ 1,118.28	Purchase
L0637	Lso, Sagittal-Coronal Cont	\$ 884.98	Purchase
L0638	Lso, Sagittal-Coronal Cont	\$ 1,086.49	Purchase
L0639	Lso, Sagittal-Coronal Cont	\$ 884.98	Purchase
L0640	Lso, Sagittal-Coronal Cont	\$ 862.03	Purchase
L0700	Ctlso, Anterior-Posterior-L	\$ 1,613.33	Purchase
L0710	Ctlso, Anterior-Posterior-L	\$ 1,648.22	Purchase
L0810	Halo Procedure, Cervical H	\$ 2,061.30	Purchase
L0820	Halo Procedure, Cervical H	\$ 1,850.15	Purchase
L0830	Halo Procedure, Cervical H	\$ 2,607.41	Purchase
L0859	Addition To Halo Procedu	\$ 1,086.62	Purchase
L0861	Additional To Halo Proce	\$ 177.55	Purchase
L0970	Tlso, Corset Front	\$ 106.12	Purchase
L0972	Lso, Corset Front	\$ 95.31	Purchase
L0974	Tlso, Full Corset	\$ 141.54	Purchase

**Durable Medical Equipment
Fee Schedule
Effective 04/01/22 - 03/31/23**

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L0976	Lso, Full Corset	\$ 126.19	Purchase
L0978	Axillary Crutch Extension	\$ 166.57	Purchase
L0980	Peroneal Straps, Pair	\$ 18.18	Purchase
L0982	Stocking Supporter Grips,	\$ 12.85	Purchase
L0984	Protective Body Sock, Eac	\$ 53.35	Purchase
L0999	Additional To Spinal Ortho	\$ -	Cost Invoice
L1000	Cervical-Thoracic-Lumbar	\$ 1,618.65	Purchase
L1001	Cervical Thoracic Lumbar	\$ -	Cost Invoice
L1010	Additions To Cervical-Tho	\$ 52.97	Purchase
L1020	Addition To Ctlso Or Scol	\$ 68.22	Purchase
L1025	Addition To Ctlso Or Scol	\$ 130.21	Purchase
L1030	Addition To Ctlso Or Scol	\$ 50.20	Purchase
L1040	Addition To Ctlso Or Scol	\$ 65.70	Purchase
L1050	Addition To Ctlso Or Scol	\$ 79.20	Purchase
L1060	Addition To Ctlso Or Scol	\$ 94.99	Purchase
L1070	Addition To Ctlso Or Scol	\$ 92.75	Purchase
L1080	Addition To Ctlso Or Scol	\$ 52.17	Purchase
L1085	Addition To Ctlso Or Scol	\$ 141.15	Purchase
L1090	Addition To Ctlso Or Scol	\$ 93.38	Purchase
L1100	Addition To Ctlso Or Scol	\$ 149.11	Purchase
L1110	Addition To Ctlso Or Scol	\$ 201.56	Purchase
L1120	Addition To Ctlso Or Scol	\$ 34.09	Purchase
L1200	Thoracic-Lumbar-Sacral-C	\$ 1,236.51	Purchase
L1210	Addition To Tlso, (Low Pr	\$ 206.50	Purchase
L1220	Addition To Tlso, (Low Pr	\$ 197.27	Purchase
L1230	Addition To Tlso, (Low Pr	\$ 505.65	Purchase
L1240	Addition To Tlso, (Low Pr	\$ 68.36	Purchase
L1250	Addition To Tlso, (Low Pr	\$ 68.36	Purchase
L1260	Addition To Tlso, (Low Pr	\$ 69.79	Purchase
L1270	Addition To Tlso, (Low Pr	\$ 70.90	Purchase
L1280	Addition To Tlso, (Low Pr	\$ 81.55	Purchase
L1290	Addition To Tlso, (Low Pr	\$ 64.56	Purchase
L1300	Other Scoliosis Procedure,	\$ 1,453.63	Purchase
L1310	Other Scoliosis Procedure,	\$ 1,493.62	Purchase
L1499	Spinal Orthosis, Not Other	\$ -	Cost Invoice
L1600	Hip Orthosis, Ho), Abduct	\$ 101.70	Purchase
L1610	Ho, Abduction Control Of	\$ 44.88	Purchase
L1620	Ho, Abduction Control Of	\$ 127.10	Purchase
L1630	Ho, Abduction Control Of	\$ 133.73	Purchase
L1640	Ho, Abduction Control Of	\$ 407.07	Purchase
L1650	Ho, Abduction Control Of	\$ 206.00	Purchase
L1660	Ho, Abduction Control Of	\$ 135.06	Purchase
L1680	Ho, Abduction Control Of	\$ 961.56	Purchase
L1685	Ho, Abduction Control Of	\$ 981.32	Purchase
L1686	Ho, Abduction Control Of	\$ 906.12	Purchase
L1690	Combination, Bilateral, Lu	\$ 1,592.99	Purchase
L1700	Legg Perthes Orthosis, (To	\$ 1,205.18	Purchase
L1710	Legg Perthes Orthosis, (Ne	\$ 1,410.78	Purchase
L1720	Legg Perthes Orthosis, Tri	\$ 1,039.92	Purchase
L1730	Legg Perthes Orthosis, (Sc	\$ 893.19	Purchase
L1755	Legg Perthes Orthosis, (Pa	\$ 1,417.44	Purchase
L1810	Ko, Elastic With Joints, Pr	\$ 77.72	Purchase
L1820	Ko, Elastic With Condylar	\$ 120.41	Purchase
L1830	Ko, Immobilizer, Canvas I	\$ 65.82	Purchase
L1831	Ko, Locking Knee Joint(S)	\$ 242.46	Purchase
L1832	Knee Orthosis, Adjustable	\$ 558.13	Purchase
L1834	Ko, Without Knee Joint, R	\$ 612.62	Purchase
L1836	Ko, Rigid, Without Joint(S	\$ 96.26	Purchase

**Durable Medical Equipment
Fee Schedule
Effective 04/01/22 - 03/31/23**

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L1840	Ko, Derotation, Medial-La	\$ 816.02	Purchase
L1843	Knee Orthosis, Single Upr	\$ 739.15	Purchase
L1844	Knee Orthosis, Double Upr	\$ 1,281.18	Purchase
L1845	Knee Orthosis, Double Upr	\$ 767.04	Purchase
L1846	Knee Orthosis, Double Upr	\$ 940.45	Purchase
L1847	Ko, Double Upright With A	\$ 473.82	Purchase
L1850	Ko, Swedish Type, Prefabr	\$ 215.05	Purchase
L1860	Ko, Modification Of Supra	\$ 846.84	Purchase
L1900	Ankle-Foot Orthosis (Afo)	\$ 212.90	Purchase
L1902	Afo, Ankle Gauntlet, Prefa	\$ 73.57	Purchase
L1904	Afo, Molded Ankle Gauntl	\$ 442.42	Purchase
L1906	Afo, Multiligamentous Anl	\$ 94.91	Purchase
L1907	Afo, Supramalleolar With	\$ 463.54	Purchase
L1910	Afo, Posterior, Single Bar,	\$ 215.54	Purchase
L1920	Afo, Single Upright With S	\$ 275.90	Purchase
L1930	Afo, Plastic Or Other Mate	\$ 186.69	Purchase
L1932	Afo, Rigid Anterior Tibial	\$ 735.11	Purchase
L1940	Afo, Plastic Or Other Mate	\$ 390.29	Purchase
L1945	Afo, Molded To Patient M	\$ 933.11	Purchase
L1950	Afo, Spiral (Institute Of R	\$ 618.70	Purchase
L1951	Afo, Spiral, (Institute Of R	\$ 691.83	Purchase
L1960	Afo, Posterior Solid Ankle	\$ 466.63	Purchase
L1970	Afo, Plastic With Ankle Jo	\$ 561.56	Purchase
L1971	Afo, Plastic Or Other Mate	\$ 386.13	Purchase
L1980	Afo, Single Upright Free P	\$ 289.63	Purchase
L1990	Afo, Double Upright Free	\$ 351.78	Purchase
L2000	Knee-Ankle-Foot-Orthosis	\$ 833.42	Purchase
L2005	Kafo, Any Material, Single	\$ 3,375.63	Purchase
L2010	Kafo, Single Upright, Free	\$ 777.46	Purchase
L2020	Kafo, Double Upright, Fre	\$ 978.93	Purchase
L2030	Kafo Double Upright, Fre	\$ 888.65	Purchase
L2034	Kafo, Full Plastic, Single U	\$ 1,678.46	Purchase
L2035	Kafo, Full Plastic, Static (F	\$ 144.14	Purchase
L2036	Kafo, Full Plastic, Double	\$ 1,517.33	Purchase
L2037	Knee Ankle Foot Orthosis,	\$ 1,415.58	Purchase
L2038	Knee Ankle Foot Orthosis,	\$ 1,438.01	Purchase
L2040	Hip-Knee-Ankle-Foot Orth	\$ 174.40	Purchase
L2050	Hkafo, Torsion Control, B	\$ 375.94	Purchase
L2060	Hkafo, Torsion Control, B	\$ 458.20	Purchase
L2070	Hkafo, Torsion Control, U	\$ 117.66	Purchase
L2080	Hkafo, Torsion Control, U	\$ 283.86	Purchase
L2090	Hkafo, Torsion Control, U	\$ 346.05	Purchase
L2106	Ankle-Foot-Orthosis (Afo)	\$ 536.58	Purchase
L2108	Afo, Fracture Orthosis, Tit	\$ 934.29	Purchase
L2112	Afo, Fracture Orthosis, Tit	\$ 429.73	Purchase
L2114	Afo, Fracture Orthosis, Tit	\$ 538.99	Purchase
L2116	Afo, Fracture Orthosis, Tit	\$ 620.16	Purchase
L2126	Knee-Ankle-Foot-Orthosis	\$ 1,037.42	Purchase
L2128	Kafo, Fracture Orthosis, Fe	\$ 1,469.05	Purchase
L2132	Kafo, Fracture Orthosis, Fe	\$ 796.46	Purchase
L2134	Kafo, Fracture Orthosis, Fe	\$ 849.89	Purchase
L2136	Kafo, Fracture Orthosis, Fe	\$ 1,014.40	Purchase
L2180	Addition To Lower Extrem	\$ 94.66	Purchase
L2182	Addition To Lower Extrem	\$ 78.44	Purchase
L2184	Addition To Lower Extrem	\$ 107.22	Purchase
L2186	Addition To Lower Extrem	\$ 148.73	Purchase
L2188	Addition To Lower Extrem	\$ 284.82	Purchase
L2190	Addition To Lower Extrem	\$ 73.59	Purchase

**Durable Medical Equipment
Fee Schedule
Effective 04/01/22 - 03/31/23**

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L2192	Addition To Lower Extremity	\$ 323.16	Purchase
L2200	Addition To Lower Extremity	\$ 37.52	Purchase
L2210	Addition To Lower Extremity	\$ 54.31	Purchase
L2220	Addition To Lower Extremity	\$ 64.62	Purchase
L2230	Addition To Lower Extremity	\$ 60.55	Purchase
L2232	Addition To Lower Extremity	\$ 81.98	Purchase
L2240	Addition To Lower Extremity	\$ 74.95	Purchase
L2250	Addition To Lower Extremity	\$ 303.86	Purchase
L2260	Addition To Lower Extremity	\$ 158.20	Purchase
L2265	Addition To Lower Extremity	\$ 92.94	Purchase
L2270	Addition To Lower Extremity	\$ 43.57	Purchase
L2275	Addition To Lower Extremity	\$ 102.74	Purchase
L2280	Addition To Lower Extremity	\$ 359.25	Purchase
L2300	Addition To Lower Extremity	\$ 225.26	Purchase
L2310	Addition To Lower Extremity	\$ 112.80	Purchase
L2320	Addition To Lower Extremity	\$ 162.38	Purchase
L2330	Addition To Lower Extremity	\$ 339.90	Purchase
L2335	Addition To Lower Extremity	\$ 209.86	Purchase
L2340	Addition To Lower Extremity	\$ 454.30	Purchase
L2350	Addition To Lower Extremity	\$ 784.62	Purchase
L2360	Addition To Lower Extremity	\$ 40.83	Purchase
L2370	Addition To Lower Extremity	\$ 264.59	Purchase
L2375	Addition To Lower Extremity	\$ 111.76	Purchase
L2380	Addition To Lower Extremity	\$ 97.16	Purchase
L2385	Addition To Lower Extremity	\$ 105.70	Purchase
L2387	Addition To Lower Extremity	\$ 152.30	Purchase
L2390	Addition To Lower Extremity	\$ 88.51	Purchase
L2395	Addition To Lower Extremity	\$ 123.48	Purchase
L2397	Addition To Lower Extremity	\$ 96.19	Purchase
L2405	Addition To Knee Joint, D	\$ 71.82	Purchase
L2415	Addition To Knee Lock W	\$ 100.06	Purchase
L2425	Addition To Knee Joint, D	\$ 118.08	Purchase
L2430	Addition To Knee Joint, R	\$ 118.08	Purchase
L2492	Addition To Knee Joint, Li	\$ 107.21	Purchase
L2500	Addition To Lower Extremity	\$ 256.49	Purchase
L2510	Addition To Lower Extremity	\$ 575.46	Purchase
L2520	Addition To Lower Extremity	\$ 379.61	Purchase
L2525	Addition To Lower Extremity	\$ 1,024.17	Purchase
L2526	Addition To Lower Extremity	\$ 584.46	Purchase
L2530	Addition To Lower Extremity	\$ 185.42	Purchase
L2540	Addition To Lower Extremity	\$ 333.66	Purchase
L2550	Addition To Lower Extremity	\$ 226.66	Purchase
L2570	Addition To Lower Extremity	\$ 375.90	Purchase
L2580	Addition To Lower Extremity	\$ 366.26	Purchase
L2600	Addition To Lower Extremity	\$ 200.57	Purchase
L2610	Addition To Lower Extremity	\$ 212.44	Purchase
L2620	Addition To Lower Extremity	\$ 238.87	Purchase
L2622	Addition To Lower Extremity	\$ 270.81	Purchase
L2624	Addition To Lower Extremity	\$ 261.34	Purchase
L2627	Addition To Lower Extremity	\$ 1,426.02	Purchase
L2628	Addition To Lower Extremity	\$ 1,402.70	Purchase
L2630	Addition To Lower Extremity	\$ 195.42	Purchase
L2640	Addition To Lower Extremity	\$ 265.21	Purchase
L2650	Addition To Lower Extremity	\$ 112.92	Purchase
L2660	Addition To Lower Extremity	\$ 147.09	Purchase
L2670	Addition To Lower Extremity	\$ 142.64	Purchase
L2680	Addition To Lower Extremity	\$ 132.12	Purchase
L2750	Addition To Lower Extremity	\$ 65.96	Purchase

**Durable Medical Equipment
Fee Schedule
Effective 04/01/22 - 03/31/23**

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L2755	Addition To Lower Extrem	\$ 107.62	Purchase
L2760	Addition To Lower Extrem	\$ 47.95	Purchase
L2780	Addition To Lower Extrem	\$ 53.42	Purchase
L2785	Addition To Lower Extrem	\$ 25.11	Purchase
L2795	Addition To Lower Extrem	\$ 68.11	Purchase
L2800	Addition To Lower Extrem	\$ 104.70	Purchase
L2810	Addition To Lower Extrem	\$ 82.18	Purchase
L2820	Addition To Lower Extrem	\$ 68.54	Purchase
L2830	Addition To Lower Extrem	\$ 74.14	Purchase
L2840	Addition To Lower Extrem	\$ 43.82	Purchase
L2850	Addition To Lower Extrem	\$ 48.86	Purchase
L2999	Lower Extremity Orthosis,	\$ -	Cost Invoice
L3000	Foot, Insert, Removable, M	\$ 258.78	Purchase
L3001	Foot, Insert, Removable, M	\$ 108.96	Purchase
L3002	Foot, Insert, Removable, M	\$ 133.05	Purchase
L3003	Foot, Insert, Removable, M	\$ 143.57	Purchase
L3010	Foot, Insert, Removable, M	\$ 143.57	Purchase
L3020	Foot, Insert, Removable, M	\$ 163.43	Purchase
L3030	Foot, Insert, Removable, F	\$ 62.87	Purchase
L3031	Foot, Insert/Plate, Remova	\$ 100.90	Purchase
L3040	Foot, Arch Support, Remo	\$ 38.76	Purchase
L3050	Foot, Arch Support, Remo	\$ 38.76	Purchase
L3060	Foot, Arch Support, Remo	\$ 60.74	Purchase
L3070	Foot, Arch Support, Non-R	\$ 26.17	Purchase
L3080	Foot, Arch Support, Non-R	\$ 26.17	Purchase
L3090	Foot, Arch Support, Non-R	\$ 33.54	Purchase
L3100	Hallus-Valgus Night Dyna	\$ 35.62	Purchase
L3140	Foot, Abduction Rotation F	\$ 73.35	Purchase
L3150	Foot, Abduction Rotation F	\$ 67.06	Purchase
L3170	Foot, Plastic, Silicone Or E	\$ 41.92	Purchase
L3201	Orthopedic Shoe, Oxford V	\$ 36.00	Per BMS - Purchase
L3202	Orthopedic Shoe, Oxford V	\$ 36.00	Per BMS - Purchase
L3203	Orthopedic Shoe, Oxford V	\$ 37.80	Per BMS - Purchase
L3204	Orthopedic Shoe, Hightop	\$ 36.00	Per BMS - Purchase
L3206	Orthopedic Shoe, Hightop	\$ 36.00	Per BMS - Purchase
L3207	Orthopedic Shoe, Hightop	\$ 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, Junic	\$ 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, Ladi	\$ 80.38	Per BMS - Purchase
L3216	Orthopedic Footwear, Ladi	\$ 123.93	Per BMS - Purchase
L3217	Orthopedic Footwear, Ladi	\$ 164.43	Per BMS - Purchase
L3219	Orthopedic Footwear, Men	\$ 82.52	Per BMS - Purchase
L3221	Orthopedic Footwear, Men	\$ 143.37	Per BMS - Purchase
L3222	Orthopedic Footwear, Men	\$ 162.00	Per BMS - Purchase
L3224	Orthopedic Footwear, Wor	\$ 52.50	Purchase
L3225	Orthopedic Footwear, Mar	\$ 53.91	Purchase
L3230	Orthopedic Footwear, Cust	\$ 392.04	Per BMS - Purchase
L3250	Orthopedic Footwear, Cust	\$ 277.83	Per BMS - Purchase
L3251	Foot, Shoe Molded To Pati	\$ -	Cost Invoice
L3252	Foot, Shoe Molded To Pati	\$ 81.00	Per BMS - Purchase
L3253	Foot, Molded Shoe Plastaz	\$ 55.89	Per BMS - Purchase
L3254	Non-Standard Size Or Wid	\$ 12.96	Per BMS - Purchase
L3255	Non-Standard Size Or Len	\$ 12.96	Per BMS - Purchase
L3257	Orthopedic Footwear, Add	\$ 27.00	Per BMS - Purchase

**Durable Medical Equipment
Fee Schedule
Effective 04/01/22 - 03/31/23**

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L3260	Surgical Boot/Shoe, Each	\$ 84.24	Per BMS - Purchase
L3265	Plastazote Sandal, Each	\$ 40.50	Per BMS - Purchase
L3300	Lift, Elevation, Heel, Tape	\$ 42.95	Purchase
L3310	Lift, Elevation, Heel And S	\$ 67.06	Purchase
L3320	Lift, Elevation, Heel And S	\$ 103.68	Per BMS - Purchase
L3330	Lift, Elevation, Metal Ext	\$ 466.22	Purchase
L3332	Lift, Elevation, Inside Sho	\$ 60.74	Purchase
L3334	Lift, Elevation, Heel, Per I	\$ 31.44	Purchase
L3340	Heel Wedge, Sach	\$ 70.22	Purchase
L3350	Heel Wedge	\$ 18.87	Purchase
L3360	Sole Wedge, Outside Sole	\$ 29.34	Purchase
L3370	Sole Wedge, Between Sole	\$ 40.83	Purchase
L3380	Clubfoot Wedge	\$ 40.83	Purchase
L3390	Outflare Wedge	\$ 40.83	Purchase
L3400	Metatarsal Bar Wedge, Ro	\$ 33.54	Purchase
L3410	Metatarsal Bar Wedge, Bet	\$ 76.47	Purchase
L3420	Full Sole And Heel Wedge	\$ 45.06	Purchase
L3430	Heel, Counter, Plastic Rein	\$ 132.01	Purchase
L3440	Heel, Counter, Leather Rei	\$ 62.87	Purchase
L3450	Heel, Sach Cushion Type	\$ 86.98	Purchase
L3455	Heel, New Leather, Stand	\$ 33.54	Purchase
L3460	Heel, New Rubber, Stand	\$ 28.26	Purchase
L3465	Heel, Thomas With Wedge	\$ 48.18	Purchase
L3470	Heel, Thomas Extended Tc	\$ 51.33	Purchase
L3480	Heel, Pad And Depression	\$ 51.33	Purchase
L3485	Heel, Pad, Removal For Sp	\$ 13.77	Per BMS - Purchase
L3500	Orthopedic Shoe Addition.	\$ 24.10	Purchase
L3510	Orthopedic Shoe Addition	\$ 24.10	Purchase
L3520	Orthopedic Shoe Addition	\$ 26.17	Purchase
L3530	Orthopedic Shoe Addition	\$ 26.17	Purchase
L3540	Orthopedic Shoe Addition	\$ 41.92	Purchase
L3550	Orthopedic Shoe Addition	\$ 7.31	Purchase
L3560	Orthopedic Shoe Addition	\$ 18.87	Purchase
L3570	Orthopedic Shoe Addition.	\$ 70.22	Purchase
L3580	Orthopedic Shoe Addition.	\$ 53.43	Purchase
L3590	Orthopedic Shoe Addition.	\$ 44.00	Purchase
L3595	Orthopedic Shoe Addition.	\$ 34.56	Purchase
L3600	Transfer Of An Orthosis F	\$ 62.87	Purchase
L3610	Transfer Of An Orthosis F	\$ 82.77	Purchase
L3620	Transfer Of An Orthosis F	\$ 62.87	Purchase
L3630	Transfer Of An Orthosis F	\$ 82.77	Purchase
L3640	Transfer Of An Orthosis F	\$ 35.62	Purchase
L3649	Orthopedic Shoe, Modifica	\$ -	Cost Invoice
L3650	Shoulder Orthosis, (So); Fi	\$ 52.47	Purchase
L3660	Shoulder Orthosis, Figure C	\$ 79.37	Purchase
L3670	Shoulder Orthosis, Acrom	\$ 104.89	Purchase
L3671	Shoulder Orthosis, Shoulde	\$ 675.56	Purchase
L3674	So Airplane W/Wo Joint C	\$ 886.19	Purchase
L3702	Elbow Orthosis, Without J	\$ 216.48	Purchase
L3710	Elbow Orthosis (Eo), Elast	\$ 120.68	Purchase
L3720	Elbow Orthosis (Eo), Doub	\$ 538.47	Purchase
L3730	Elbow Orthosis (Eo), Doub	\$ 696.15	Purchase
L3740	Elbow Orthosis (Eo), Doub	\$ 825.34	Purchase
L3760	Eo withjoint, prefabricated	\$ 374.92	Purchase
L3761	Eo, adj lock joint prefab ot	\$ 374.92	Purchase
L3762	Eo rigid w/o joints pre ots	\$ 80.61	Purchase
L3763	Ewho, Rigid, Without Join	\$ 526.26	Purchase
L3764	Ewho, Includes One Or M	\$ 686.89	Purchase

**Durable Medical Equipment
Fee Schedule
Effective 04/01/22 - 03/31/23**

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L3765	Ewhfo, Rigid, Without Joint	\$ 961.32	Purchase
L3766	Ewhfo, Includes One Or More	\$ 1,017.97	Purchase
L3806	Wrist-Hand-Finger Orthosis	\$ 340.57	Purchase
L3807	Wrist-Hand-Finger-Orthosis	\$ 187.47	Purchase
L3808	Wrist-Hand-Finger Orthosis	\$ 280.36	Purchase
L3900	Wrist-Hand-Finger Orthosis	\$ 1,093.17	Purchase
L3901	Wrist-Hand-Finger Orthosis	\$ 1,241.42	Purchase
L3904	Wrist-Hand-Finger Orthosis	\$ 2,261.51	Purchase
L3905	Wrist-Hand Orthosis, Includes	\$ 743.50	Purchase
L3906	Wrist-Hand Orthosis, With	\$ 330.11	Purchase
L3908	Wrist-Hand Orthosis (Whichever)	\$ 51.94	Purchase
L3912	Hand-Finger Orthosis, Flexible	\$ 89.99	Purchase
L3913	Hand-Finger Orthosis, With	\$ 203.06	Purchase
L3915	Wrist-Hand-Finger Orthosis	\$ 398.52	Purchase
L3917	Hand Orthosis, Metacarpal	\$ 79.23	Purchase
L3919	Hand Orthosis, Without Joint	\$ 203.06	Purchase
L3921	Hand-Finger Orthosis, Includes	\$ 240.82	Purchase
L3923	Hand-Finger Orthosis, Without	\$ 72.36	Purchase
L3925	Finger Orthosis Proximal Inter	\$ 38.81	Purchase
L3927	Finger Orthosis, Proximal Inter	\$ 26.21	Purchase
L3929	Hand-Finger Orthosis, Includes	\$ 68.76	Purchase
L3931	Wrist-Hand-Finger Orthosis	\$ 140.82	Purchase
L3933	Finger Orthosis, Without Joint	\$ 159.94	Purchase
L3935	Finger Orthosis, Nontorsional	\$ 165.62	Purchase
L3956	Addition Of Joint To Upper	\$ -	Cost Invoice
L3960	Shoulder-Elbow-Wrist-Hand	\$ 568.06	Purchase
L3961	Shoulder-Elbow-Wrist-Hand	\$ 1,259.61	Purchase
L3962	Shoulder-Elbow-Wrist-Hand	\$ 554.09	Purchase
L3967	Sewhfo, Abduction Position	\$ 1,487.18	Purchase
L3971	Sewhfo, Shoulder Cap Design	\$ 1,411.69	Purchase
L3973	Sewhfo, Abduction Position	\$ 1,487.18	Purchase
L3975	Sewhfo, Shoulder Cap Design	\$ 1,259.61	Purchase
L3976	Sewhfo, Abduction Position	\$ 1,259.61	Purchase
L3977	Sewhfo, Shoulder Cap Design	\$ 1,411.69	Purchase
L3978	Sewhfo, Abduction Position	\$ 1,487.18	Purchase
L3980	Upper Extremity Fracture Cast	\$ 247.29	Purchase
L3981	Upper Extremity Fracture Cast	\$ 754.64	Purchase
L3982	Upper Extremity Fracture Cast	\$ 288.30	Purchase
L3984	Upper Extremity Fracture Cast	\$ 265.80	Purchase
L3995	Addition To Upper Extremity	\$ 27.54	Purchase
L3999	Upper Limb Orthosis, Not	\$ -	Cost Invoice
L4000	Replace Girdle For Spinal	\$ 1,086.39	Purchase
L4002	Replacement Strap, Any Other	\$ 11.52	Per BMS - Purchase
L4010	Replace trilateral socket brace	\$ 529.63	Purchase
L4020	Replace Quadrilateral Sock	\$ 740.71	Purchase
L4030	Replace Quadrilateral Sock	\$ 398.45	Purchase
L4040	Replace Molded Thigh Lace	\$ 325.14	Purchase
L4045	Replace Non-Molded Thigh	\$ 258.88	Purchase
L4050	Replace Molded Calf Lace	\$ 325.81	Purchase
L4055	Replace Non-Molded Calf	\$ 210.98	Purchase
L4060	Replace High Roll Cuff	\$ 250.80	Purchase
L4070	Replace Proximal And Distal	\$ 222.10	Purchase
L4080	Replace Metal Bands Kalf	\$ 91.10	Purchase
L4090	Replace Metal Bands Kalf	\$ 71.88	Purchase
L4100	Replace Leather Cuff Kalf	\$ 94.39	Purchase
L4110	Replace Leather Cuff Kalf	\$ 71.10	Purchase
L4130	Replace Pretibial Shell	\$ 398.74	Purchase
L4205	Repair Of Orthotic Device	\$ 20.14	Priced per Transmittal 11137 - 12.01.21

**Durable Medical Equipment
Fee Schedule
Effective 04/01/22 - 03/31/23**

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L4210	Repair Of Orthotic Device	\$ -	Cost Invoice
L4350	Ankle Control Orthosis, St	\$ 78.99	Purchase
L4360	Walking Boot, Pneumatic,	\$ 242.84	Purchase
L4370	Pneumatic Full Leg Splint,	\$ 160.59	Purchase
L4386	Walking Boot, Non-Pneum	\$ 130.60	Purchase
L4392	Replacement, Soft Interfac	\$ 19.38	Purchase
L4394	Replace Soft Interface Mat	\$ 14.14	Purchase
L4396	Static Ankle Foot Orthosis	\$ 138.22	Purchase
L4398	Foot Drop Splint, Recumb	\$ 63.64	Purchase
L4631	Afo, Walk Boot Type, Cus	\$ 1,313.55	Purchase
L5000	Partial Foot, Shoe Insert W	\$ 468.61	Purchase
L5010	Partial Foot, Molded Socke	\$ 1,023.60	Purchase
L5020	Partial Foot, Molded Socke	\$ 1,666.22	Purchase
L5050	Ankle, Symes, Molded Soc	\$ 1,929.54	Purchase
L5060	Ankle, Symes, Metal Fram	\$ 2,322.24	Purchase
L5100	Below Knee, Molded, Sock	\$ 2,010.07	Purchase
L5105	Below Knee, Plastic Socke	\$ 3,190.42	Purchase
L5150	Knee Disarticulation (Or T	\$ 2,952.55	Purchase
L5160	Knee Disarticulation (Or T	\$ 3,211.43	Purchase
L5200	Above Knee, Molded Sock	\$ 2,797.43	Purchase
L5210	Above Knee, Short Prosthe	\$ 2,040.22	Purchase
L5220	Above Knee, Short Prosthe	\$ 2,319.08	Purchase
L5230	Above Knee, For Proximal	\$ 3,198.46	Purchase
L5250	Hip Disarticulation, Canad	\$ 4,362.42	Purchase
L5270	Hip Disarticulation, Tilt Ta	\$ 4,324.21	Purchase
L5280	Hemipelvectomy, Canadia	\$ 4,280.97	Purchase
L5301	Below Knee, Molded Sock	\$ 1,930.46	Purchase
L5312	Knee Disarticulation (Or T	\$ 2,773.30	Purchase
L5321	Above Knee, Molded Sock	\$ 2,763.39	Purchase
L5331	Hip Disarticulation, Canad	\$ 3,910.30	Purchase
L5341	Hemipelvectomy, Canadia	\$ 4,249.26	Purchase
L5400	Immediate Post Surgical O	\$ 1,011.91	Purchase
L5410	Immediate Post Surgical O	\$ 443.34	Purchase
L5420	Immediate Post Surgical O	\$ 1,278.00	Purchase
L5430	Immediate Post Surgical O	\$ 564.13	Purchase
L5450	Immediate Post Surgical O	\$ 360.88	Purchase
L5460	Immediate Post Surgical O	\$ 531.90	Purchase
L5500	Initial, Below Knee "Ptb" T	\$ 1,079.83	Purchase
L5505	Initial, Above Knee - Knee	\$ 1,462.38	Purchase
L5510	Preparatory, Below Knee "	\$ 1,224.06	Purchase
L5520	Preparatory, Below Knee "	\$ 1,209.08	Purchase
L5530	Preparatory, Below Knee "	\$ 1,530.45	Purchase
L5535	Preparatory, Below Knee "	\$ 1,508.26	Purchase
L5540	Preparatory, Below Knee "	\$ 1,592.64	Purchase
L5560	Preparatory, Above Knee -	\$ 1,634.12	Purchase
L5570	Preparatory, Above Knee -	\$ 1,698.91	Purchase
L5580	Preparatory, Above Knee -	\$ 1,983.36	Purchase
L5585	Preparatory, Above Knee -	\$ 2,151.18	Purchase
L5590	Preparatory, Above Knee -	\$ 2,021.18	Purchase
L5595	Preparatory, Hip Disarticu	\$ 3,552.68	Purchase
L5600	Preparatory, Hip Disarticu	\$ 3,875.00	Purchase
L5610	Addition To Lower Extrem	\$ 1,740.74	Purchase
L5611	Addition To Lower Extrem	\$ 1,354.64	Purchase
L5613	Addition To Lower Extrem	\$ 2,060.50	Purchase
L5614	Addition To Lower Extrem	\$ 1,392.82	Purchase
L5616	Addition To Lower Extrem	\$ 1,141.91	Purchase
L5617	Addition To Lower Extrem	\$ 461.81	Purchase
L5618	Addition To Lower Extrem	\$ 266.04	Purchase

**Durable Medical Equipment
Fee Schedule
Effective 04/01/22 - 03/31/23**

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L5620	Addition To Lower Extremity	\$ 233.75	Purchase
L5622	Addition To Lower Extremity	\$ 356.98	Purchase
L5624	Addition To Lower Extremity	\$ 340.60	Purchase
L5626	Addition To Lower Extremity	\$ 478.76	Purchase
L5628	Addition To Lower Extremity	\$ 453.45	Purchase
L5629	Addition To Lower Extremity	\$ 346.27	Purchase
L5630	Addition To Lower Extremity	\$ 377.34	Purchase
L5631	Addition To Lower Extremity	\$ 451.23	Purchase
L5632	Addition To Lower Extremity	\$ 186.69	Purchase
L5634	Addition To Lower Extremity	\$ 255.75	Purchase
L5636	Addition To Lower Extremity	\$ 214.23	Purchase
L5637	Addition To Lower Extremity	\$ 286.17	Purchase
L5638	Addition To Lower Extremity	\$ 409.18	Purchase
L5639	Addition To Lower Extremity	\$ 959.90	Purchase
L5640	Addition To Lower Extremity	\$ 584.42	Purchase
L5642	Addition To Lower Extremity	\$ 523.22	Purchase
L5643	Addition To Lower Extremity	\$ 1,308.62	Purchase
L5644	Addition To Lower Extremity	\$ 496.60	Purchase
L5645	Addition To Lower Extremity	\$ 670.85	Purchase
L5646	Addition To Lower Extremity	\$ 460.67	Purchase
L5647	Addition To Lower Extremity	\$ 668.81	Purchase
L5648	Addition To Lower Extremity	\$ 553.54	Purchase
L5649	Addition To Lower Extremity	\$ 1,680.50	Purchase
L5650	Addition To Lower Extremity	\$ 410.46	Purchase
L5651	Addition To Lower Extremity	\$ 1,009.70	Purchase
L5652	Addition To Lower Extremity	\$ 366.56	Purchase
L5653	Addition To Lower Extremity	\$ 489.33	Purchase
L5654	Addition To Lower Extremity	\$ 278.84	Purchase
L5655	Addition To Lower Extremity	\$ 236.09	Purchase
L5656	Addition To Lower Extremity	\$ 332.57	Purchase
L5658	Addition To Lower Extremity	\$ 323.88	Purchase
L5661	Addition To Lower Extremity	\$ 562.83	Purchase
L5665	Addition To Lower Extremity	\$ 430.50	Purchase
L5666	Addition To Lower Extremity	\$ 63.97	Purchase
L5668	Addition To Lower Extremity	\$ 85.41	Purchase
L5670	Addition To Lower Extremity	\$ 260.02	Purchase
L5671	Addition To Lower Extremity	\$ 418.22	Purchase
L5672	Additional To Lower Extremity	\$ 317.70	Purchase
L5673	Additional To Lower Extremity	\$ 590.70	Purchase
L5676	Additional To Lower Extremity	\$ 304.68	Purchase
L5677	Additional To Lower Extremity	\$ 414.55	Purchase
L5678	Additional To Lower Extremity	\$ 33.38	Purchase
L5679	Additional To Lower Extremity	\$ 492.24	Purchase
L5680	Additional To Lower Extremity	\$ 291.19	Purchase
L5681	Additional To Lower Extremity	\$ 1,085.71	Purchase
L5682	Additional To Lower Extremity	\$ 525.81	Purchase
L5683	Addition To Lower Extremity	\$ 1,085.71	Purchase
L5684	Addition To Lower Extremity	\$ 40.47	Purchase
L5685	Addition To Lower Extremity	\$ 105.72	Purchase
L5686	Addition To Lower Extremity	\$ 54.58	Purchase
L5688	Addition To Lower Extremity	\$ 51.36	Purchase
L5690	Addition To Lower Extremity	\$ 99.45	Purchase
L5692	Addition To Lower Extremity	\$ 115.42	Purchase
L5694	Addition To Lower Extremity	\$ 152.53	Purchase
L5695	Addition To Lower Extremity	\$ 160.01	Purchase
L5696	Addition To Lower Extremity	\$ 174.86	Purchase
L5697	Addition To Lower Extremity	\$ 71.03	Purchase
L5698	Addition To Lower Extremity	\$ 88.34	Purchase

**Durable Medical Equipment
Fee Schedule
Effective 04/01/22 - 03/31/23**

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L5699	All Lower Extremity Prost	\$ 156.77	Purchase
L5700	Replacement, Socket; Belo	\$ 2,422.22	Purchase
L5701	Replacement, Socket; Abo	\$ 3,004.98	Purchase
L5702	Replacement, Socket; Hip	\$ 3,787.34	Purchase
L5703	Ankle, Symes, Molded To	\$ 1,758.80	Purchase
L5704	Custom Shaped Protective	\$ 493.88	Purchase
L5705	Custom Shaped Protective	\$ 905.48	Purchase
L5706	Custom Shaped Protective	\$ 883.18	Purchase
L5707	Custom Shaped Protective	\$ 1,186.54	Purchase
L5710	Addition, Exoskeletal Kne	\$ 302.39	Purchase
L5711	Addition, Exoskeletal Kne	\$ 458.72	Purchase
L5712	Addition, Exoskeletal Kne	\$ 362.29	Purchase
L5714	Addition, Exoskeletal Kne	\$ 373.61	Purchase
L5716	Addition, Exoskeletal Kne	\$ 612.78	Purchase
L5718	Addition, Exoskeletal Kne	\$ 765.93	Purchase
L5722	Addition, Exoskeletal Kne	\$ 799.27	Purchase
L5724	Addition, Exoskeletal Kne	\$ 1,269.09	Purchase
L5726	Addition, Exoskeletal Kne	\$ 1,666.44	Purchase
L5728	Addition, Exoskeletal Kne	\$ 2,076.17	Purchase
L5780	Addition, Exoskeletal Kne	\$ 1,001.03	Purchase
L5785	Addition, Exoskeletal Syst	\$ 436.82	Purchase
L5790	Addition, Exoskeletal Syst	\$ 604.54	Purchase
L5795	Addition, Exoskeletal Syst	\$ 902.74	Purchase
L5810	Addition, Endoskeletal Kn	\$ 419.96	Purchase
L5811	Addition, Endoskeletal Kn	\$ 613.19	Purchase
L5812	Addition, Endoskeletal Kn	\$ 475.30	Purchase
L5814	Addition, Endoskeletal Kn	\$ 3,065.37	Purchase
L5816	Addition, Endoskeletal Kn	\$ 715.04	Purchase
L5818	Addition, Endoskeletal Kn	\$ 807.42	Purchase
L5822	Addition, Endoskeletal Kn	\$ 1,566.46	Purchase
L5824	Addition, Endoskeletal Kn	\$ 1,289.38	Purchase
L5826	Addition, Endoskeletal Kn	\$ 2,603.39	Purchase
L5828	Addition, Endoskeletal Kn	\$ 2,457.84	Purchase
L5830	Addition, Endoskeletal Kn	\$ 1,746.41	Purchase
L5840	Addition, Endoskeletal Kn	\$ 3,079.58	Purchase
L5845	Addition, Endoskeletal, Kr	\$ 1,479.41	Purchase
L5850	Addition, Endoskeletal Sys	\$ 111.67	Purchase
L5855	Addition, Endoskeletal Sys	\$ 259.66	Purchase
L5910	Addition, Endoskeletal Sys	\$ 306.67	Purchase
L5920	Addition, Endoskeletal Sys	\$ 446.11	Purchase
L5925	Addition, Endoskeletal Sys	\$ 282.50	Purchase
L5930	Addition, Endoskeletal Sys	\$ 2,778.21	Purchase
L5940	Addition, Endoskeletal Sys	\$ 421.74	Purchase
L5950	Addition, Endoskeletal Sys	\$ 712.47	Purchase
L5960	Addition, Endoskeletal Sys	\$ 853.43	Purchase
L5961	Endo Poly Hip, Pneu/Hyd/	\$ 3,825.10	Purchase
L5962	Addition, Endoskeletal Sys	\$ 494.20	Purchase
L5964	Addition, Endoskeletal Sys	\$ 885.22	Purchase
L5966	Addition, Endoskeletal Sys	\$ 1,140.31	Purchase
L5970	All Lower Extremity Prost	\$ 184.58	Purchase
L5971	All Lower Extremity Prost	\$ 184.58	Purchase
L5972	All Lower Extremity Prost	\$ 296.32	Purchase
L5974	All Lower Extremity Prost	\$ 250.00	Purchase
L5975	All Lower Extremity Prost	\$ 382.64	Purchase
L5976	All Lower Extremity Prost	\$ 470.86	Purchase
L5978	All Lower Extremity Prost	\$ 245.36	Purchase
L5979	All Lower Extremity Prost	\$ 1,968.88	Purchase
L5980	All Lower Extremity Prost	\$ 3,117.36	Purchase

**Durable Medical Equipment
Fee Schedule
Effective 04/01/22 - 03/31/23**

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L5981	All Lower Extremity Prost	\$ 2,694.55	Purchase
L5982	All Exoskeletal Lower Ext	\$ 486.06	Purchase
L5984	All Endoskeletal Lower Ex	\$ 481.74	Purchase
L5985	All Endoskeletal Lower Ex	\$ 233.09	Purchase
L5986	All Lower Extremity Prost	\$ 535.62	Purchase
L5987	All Lower Extremity Prost	\$ 5,937.64	Purchase
L5988	Addition To Lower Limb F	\$ 1,648.90	Purchase
L5990	Addition To Lower Extrem	\$ 1,497.45	Purchase
L5999	Lower Extremity Prosthesis	\$ -	Cost Invoice
L6000	Partial Hand, Robin-Aids;	\$ 1,117.14	Purchase
L6010	Partial Hand, Robin-Aids;	\$ 1,243.19	Purchase
L6020	Partial Hand, Robin-Aids;	\$ 1,159.07	Purchase
L6026	Part hand myo exclu term c	\$ 3,555.57	Purchase
L6050	Wrist Disarticulation, Mole	\$ 1,597.16	Purchase
L6055	Wrist Disarticulation, Mole	\$ 2,538.75	Purchase
L6100	Below Elbow, Molded Soc	\$ 1,618.17	Purchase
L6110	Below Elbow, (Muenster C	\$ 1,716.34	Purchase
L6120	Below Elbow, Molded Dou	\$ 2,000.15	Purchase
L6130	Below Elbow, Molded Dou	\$ 2,176.54	Purchase
L6200	Elbow Disarticulation, Mo	\$ 2,293.71	Purchase
L6205	Elbow Disarticulation, Mo	\$ 3,822.22	Purchase
L6250	Above Elbow, Molded Dou	\$ 2,257.78	Purchase
L6300	Shoulder Disarticulation, M	\$ 3,132.43	Purchase
L6310	Shoulder Disarticulation, P	\$ 2,576.02	Purchase
L6320	Shoulder Disarticulation, P	\$ 1,436.83	Purchase
L6350	Interscapular Thoracic; Mo	\$ 3,293.27	Purchase
L6360	Interscapular Thoracic Pas	\$ 2,703.59	Purchase
L6370	Interscapular Thoracic Pas	\$ 2,035.38	Purchase
L6380	Immediate Post Surgical O	\$ 1,099.28	Purchase
L6382	Immediate Post Surgical O	\$ 1,315.45	Purchase
L6384	Immediate Post Surgical O	\$ 1,605.22	Purchase
L6386	Immediate Post Surgical O	\$ 384.94	Purchase
L6388	Immediate Post Surgical O	\$ 369.62	Purchase
L6400	Below Elbow, Molded Soc	\$ 1,955.06	Purchase
L6450	Elbow Disarticulation, Mo	\$ 2,592.19	Purchase
L6500	Above Elbow, Molded Soc	\$ 2,594.31	Purchase
L6550	Shoulder Disarticulation, M	\$ 3,206.10	Purchase
L6570	Interscapular Thoracic, Mo	\$ 3,890.10	Purchase
L6580	Preparatory, Wrist Disartic	\$ 1,357.90	Purchase
L6582	Preparatory, Wrist Disartic	\$ 1,157.18	Purchase
L6584	Preparatory, Elbow Disartic	\$ 1,874.42	Purchase
L6586	Preparatory, Elbow Disartic	\$ 1,639.72	Purchase
L6588	Preparatory, Shoulder Disa	\$ 2,706.81	Purchase
L6590	Preparatory, Shoulder Disa	\$ 2,475.97	Purchase
L6600	Upper Extremity Additions	\$ 167.06	Purchase
L6605	Upper Extremity Additions	\$ 155.94	Purchase
L6610	Upper Extremity Additions	\$ 139.98	Purchase
L6611	Addition To Upper Extrem	\$ 339.85	Purchase
L6615	Upper Extremity Additions	\$ 172.61	Purchase
L6616	Upper Extremity Additions	\$ 72.72	Purchase
L6620	Upper Extremity Additions	\$ 270.90	Purchase
L6621	Upper Extremity Prosthesis	\$ 1,887.92	Purchase
L6623	Upper Extremity Additions	\$ 620.08	Purchase
L6624	Upper Extremity Addition.	\$ 3,108.52	Purchase
L6625	Upper Extremity Additions	\$ 451.22	Purchase
L6628	Upper Extremity Additions	\$ 461.10	Purchase
L6629	Upper Extremity Additions	\$ 123.01	Purchase
L6630	Upper Extremity Additions	\$ 181.21	Purchase

**Durable Medical Equipment
Fee Schedule
Effective 04/01/22 - 03/31/23**

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L6632	Upper Extremity Additions	\$ 60.44	Purchase
L6635	Upper Extremity Additions	\$ 167.84	Purchase
L6637	Upper Extremity Additions	\$ 348.39	Purchase
L6638	Upper Extremity Addition	\$ 2,064.09	Purchase
L6640	Upper Extremity Addition	\$ 237.75	Purchase
L6641	Upper Extremity Addition	\$ 158.02	Purchase
L6642	Upper Extremity Addition	\$ 224.98	Purchase
L6645	Upper Extremity Addition	\$ 273.22	Purchase
L6650	Upper Extremity Addition,	\$ 284.59	Purchase
L6655	Upper Extremity Addition,	\$ 63.16	Purchase
L6660	Upper Extremity Addition,	\$ 77.18	Purchase
L6665	Upper Extremity Addition,	\$ 44.12	Purchase
L6670	Upper Extremity Addition,	\$ 41.83	Purchase
L6672	Upper Extremity Addition,	\$ 141.77	Purchase
L6675	Upper Extremity Addition,	\$ 100.98	Purchase
L6676	Upper Extremity Addition,	\$ 101.97	Purchase
L6677	Upper Extremity Addition,	\$ 244.85	Purchase
L6680	Upper Extremity Addition,	\$ 195.06	Purchase
L6682	Upper Extremity Addition,	\$ 218.62	Purchase
L6684	Upper Extremity Addition,	\$ 293.07	Purchase
L6686	Upper Extremity Addition,	\$ 545.00	Purchase
L6687	Upper Extremity Addition,	\$ 484.97	Purchase
L6688	Upper Extremity Addition,	\$ 469.13	Purchase
L6689	Upper Extremity Addition,	\$ 566.52	Purchase
L6690	Upper Extremity Addition,	\$ 613.51	Purchase
L6691	Upper Extremity Addition,	\$ 366.90	Purchase
L6692	Upper Extremity Addition,	\$ 470.18	Purchase
L6693	Upper Extremity Addition,	\$ 2,343.30	Purchase
L6694	Addition To Upper Extrem	\$ 590.70	Purchase
L6695	Additional To Upper Extre	\$ 492.24	Purchase
L6696	Addition To Upper Extrem	\$ 1,085.71	Purchase
L6697	Addition To Upper Extrem	\$ 1,085.71	Purchase
L6698	Addition To Upper Extrem	\$ 418.22	Purchase
L6703	Terminal Device, Passive H	\$ 297.35	Purchase
L6706	Terminal Device, Hook, M	\$ 293.36	Purchase
L6707	Terminal Device, Hook, M	\$ 1,236.42	Purchase
L6708	Terminal Device, Hand, M	\$ 703.29	Purchase
L6709	Terminal Device, Hand, M	\$ 1,138.22	Purchase
L6711	Ped Term Dev, Hook, Vol	\$ 554.91	Purchase
L6712	Ped Term Dev, Hook, Vol	\$ 1,021.71	Purchase
L6713	Ped Term Dev, Hand, Vol	\$ 1,289.53	Purchase
L6714	Ped Term Dev, Hand, Vol	\$ 1,092.21	Purchase
L6721	Hook/Hand, Hvy Dty, Vol	\$ 1,941.28	Purchase
L6722	Hook/Hand, Hvy Dty, Vol	\$ 1,673.54	Purchase
L6805	Terminal Device, Modifie	\$ 302.65	Purchase
L6810	Terminal Device; Pincher	\$ 164.97	Purchase
L6883	Replacement Socket, Below	\$ 1,334.22	Purchase
L6884	Replacement Socket, Above	\$ 1,877.05	Purchase
L6885	Replacement Socket, Shou	\$ 2,703.59	Purchase
L6890	Addition To Upper Extrem	\$ 143.01	Purchase
L6895	Addition To Upper Extrem	\$ 520.50	Purchase
L6900	Hand Restoration (Casts, S	\$ 1,350.83	Purchase
L6905	Hand Restoration (Casts, S	\$ 1,326.14	Purchase
L6910	Hand Restoration (Casts, S	\$ 1,361.37	Purchase
L6915	Hand Restoration (Shading	\$ 526.34	Purchase
L6920	Wrist Disarticulation, Exte	\$ 6,480.93	Purchase
L6925	Wrist Disarticulation, Exte	\$ 7,104.97	Purchase
L6930	Below Elbow, External Po	\$ 6,131.10	Purchase

**Durable Medical Equipment
Fee Schedule
Effective 04/01/22 - 03/31/23**

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L6935	Below Elbow, External Po	\$ 7,255.10	Purchase
L6940	Elbow Disarticulation, Ext	\$ 7,993.02	Purchase
L6945	Elbow Disarticulation, Ext	\$ 8,940.03	Purchase
L6950	Above Elbow, External Po	\$ 8,470.89	Purchase
L6955	Otto Bock Or Equal Electr	\$ 10,302.25	Purchase
L6960	Shoulder Disarticulation, E	\$ 10,937.40	Purchase
L6965	Shoulder Disarticulation, E	\$ 12,528.76	Purchase
L6970	Interscapular Thoracic, Ex	\$ 13,465.91	Purchase
L6975	Interscapular Thoracic, Ex	\$ 14,866.54	Purchase
L7007	Electric Hand, Switch Or M	\$ 3,049.53	Purchase
L7008	Electric Hand, Switch Or M	\$ 5,151.78	Purchase
L7009	Electric Hook, Switch Or M	\$ 3,118.50	Purchase
L7040	Prehensile Actuator; Hosm	\$ 2,445.87	Purchase
L7045	Electronic Hook, Child, M	\$ 1,358.98	Purchase
L7170	Electronic Elbow; Hosmer	\$ 4,929.92	Purchase
L7180	Electronic Elbow, Micropr	\$ 29,356.34	Purchase
L7185	Electronic Elbow, Adolesc	\$ 5,047.42	Purchase
L7186	Electronic Elbow, Child, V	\$ 7,707.82	Purchase
L7190	Electronic Elbow, Adolesc	\$ 6,571.54	Purchase
L7191	Electronic Elbow, Child, V	\$ 8,301.96	Purchase
L7259	Electronic wrist rotator any	\$ 3,505.81	Purchase
L7360	Six-Volt Battery, Otto Boc	\$ 251.22	Purchase
L7362	Battery Charger, Six-Volt,	\$ 226.33	Purchase
L7364	Twelve-Volt Battery, Each	\$ 418.34	Purchase
L7366	Battery Charger, Twelve-V	\$ 563.62	Purchase
L7400	Addition To Upper Extrem	\$ 252.98	Purchase
L7401	Addition To Upper Extrem	\$ 283.21	Purchase
L7402	Addition To Upper Extrem	\$ 305.85	Purchase
L7403	Addition To Upper Extrem	\$ 303.95	Purchase
L7404	Addition To Upper Extrem	\$ 458.78	Purchase
L7405	Addition To Upper Extrem	\$ 600.00	Purchase
L7499	Upper Extremity Prosthesis	\$ -	Cost Invoice
L7510	Repair Of Prosthetic Devic	\$ 46.80	Per BMS - Purchase
L7520	Repair Prosthetic Device, I	\$ 27.38	Priced per Transmittal 11137 - 12.01.21
L7600	Prosthetic Donning Sleeve	\$ -	Cost Invoice
L7700	Pros soc insert gasket/seal	\$ 121.16	Purchase
L8000	Breast Prosthesis; Mastect	\$ 30.70	Purchase
L8001	Breast Prosthesis, Mastect	\$ 103.54	Purchase
L8002	Breast Prosthesis, Mastect	\$ 136.16	Purchase
L8010	Breast Prosthesis Mastecto	\$ 39.03	Per BMS - Purchase
L8015	External Breast Prosthesis	\$ 49.48	Purchase
L8020	Breast Prosthesis; Mastect	\$ 210.35	Purchase
L8030	Breast Prosthesis Silicone	\$ 272.25	Purchase
L8031	Breast Prosthesis W Adhes	\$ 272.25	Purchase
L8035	Custom Breast Prosthesis,	\$ 3,023.94	Purchase
L8039	Breast Prosthesis, Not Oth	\$ -	Cost Invoice
L8300	Truss, Single With Standar	\$ 70.93	Purchase
L8310	Truss, Double With Stand	\$ 111.98	Purchase
L8320	Truss, Addition To Stand	\$ 50.21	Purchase
L8330	Truss, Addition To Stand	\$ 41.50	Purchase
L8400	Prosthetic Sheath, Below K	\$ 14.60	Purchase
L8410	Prosthetic Sheath, Above	\$ 19.50	Purchase
L8415	Prosthetic Sheath, Upper L	\$ 19.18	Purchase
L8417	Prosthetic Sheath/Sock, In	\$ 62.02	Purchase
L8420	Prosthetic Sock, Multiple F	\$ 17.22	Purchase
L8430	Prosthetic Sock, Multiple F	\$ 18.62	Purchase
L8435	Prosthetic Sock, Multiple F	\$ 17.68	Purchase
L8440	Prosthetic Shrinker; Below	\$ 35.16	Purchase

**Durable Medical Equipment
Fee Schedule
Effective 04/01/22 - 03/31/23**

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L8460	Prosthetic Shrinker; Above	\$ 56.04	Purchase
L8465	Prosthetic Shrinker; Upper	\$ 49.61	Purchase
L8470	Prosthetic Sock, Single Ply	\$ 5.61	Purchase
L8480	Prosthetic Sock, Single Ply	\$ 7.74	Purchase
L8485	Prosthetic Sock, Single Ply	\$ 9.72	Purchase
L8499	Unlisted Procedure For Mi	\$ -	Cost Invoice
L8500	Artificial Larynx, Any Typ	\$ 739.84	Purchase
L8501	Tracheostomy Speaking V	\$ 101.57	Purchase
L8505	Artificial Larynx Replacem	\$ 49.40	Per BMS - Purchase
L8510	Voice Amplifier	\$ 208.57	Purchase
L8607	Inj vocal cord bulking ager	\$ 35.39	Purchase
L8612	Aqueous shunt prosthesis	\$ 519.49	Purchase
L8614	Cochlear Device	\$ 16,395.13	Purchase
L8615	Coch Implant Headset Rep	\$ 372.26	Purchase
L8616	Coch Implant Microphone	\$ 86.71	Purchase
L8617	Coch Implant Trans Coil R	\$ 75.73	Purchase
L8618	Coch Implant Tran Cable F	\$ 21.64	Purchase
L8619	Coch Imp Ext Proc/Contr F	\$ 7,038.31	Purchase
L8621	Repl Zinc Air Battery	\$ 0.51	Purchase
L8622	Repl Alkaline Battery	\$ 0.26	Purchase
L8623	Lith Ion Batt Cid,Non-Ear	\$ 53.39	Purchase
L8624	Lith Ion Batt Cid, Ear Lev	\$ 133.11	Purchase
L8679	Imp Neurosti Pls Gn Any T	\$ 6,915.74	Purchase
L8690	Aud Osseo Dev, Int/Ext Cd	\$ 3,926.54	Purchase
L8691	Osseointegrated Snd Proc I	\$ 1,421.43	Purchase
L8692	Auditory Osseointegrated I	\$ -	Cost Invoice
L8694	Aoi transducer/actuator rep	\$ 779.47	Purchase
S1040	Cranial Remolding Orthosi	\$ 1,200.00	Per BMS - Purchase
T4535	Disposable liner/shield/gua	\$ 0.19	Per BMS - Purchase
V2531	Contact lens, scleral, gas p	\$ 446.92	Purchase
V5008	Hearing screening	\$ 20.00	Per BMS - Event
V5014	Repair/modification of a he	\$ -	Cost Invoice
V5030	Hearing aid, monaural, bod	\$ -	Cost Invoice
V5040	Hearing aid, monaural, bod	\$ -	Cost Invoice
V5050	Hearing aid, monaural, in t	\$ -	Cost Invoice
V5060	Hearing aid, monaural, beh	\$ -	Cost Invoice
V5120	Binaural, body	\$ -	Cost Invoice
V5130	Binaural, in the ear	\$ -	Cost Invoice
V5140	Binaural, behind the ear	\$ -	Cost Invoice
V5171	Hearing aid, contralateral r	\$ -	Cost Invoice
V5172	Hearing aid, contralateral r	\$ -	Cost Invoice
V5181	Hearing aid, contralateral r	\$ -	Cost Invoice
V5211	Hearing aid, contralateral r	\$ -	Cost Invoice
V5212	Hearing aid, contralateral r	\$ -	Cost Invoice
V5213	Hearing aid, contralateral r	\$ -	Cost Invoice
V5214	Hearing aid, contralateral r	\$ -	Cost Invoice
V5215	Hearing aid, contralateral r	\$ -	Cost Invoice
V5221	Hearing aid, contralateral r	\$ -	Cost Invoice
V5246	Hearing aid, digitally progr	\$ -	Cost Invoice
V5247	Hearing aid, digitally progr	\$ -	Cost Invoice
V5252	Hearing aid, digitally progr	\$ -	Cost Invoice
V5253	Hearing aid, digitally progr	\$ -	Cost Invoice
V5256	Hearing aid, digital, monau	\$ -	Cost Invoice
V5257	Hearing aid, digital, monau	\$ -	Cost Invoice
V5260	Hearing aid, digital, binaur	\$ -	Cost Invoice
V5261	Hearing aid, digital, binaur	\$ -	Cost Invoice
V5264	Ear mold/insert, not dispos	\$ 34.75	Per BMS - Purchase
V5266	Battery for use in hearing d	\$ 2.25	Per BMS - Purchase

**Durable Medical Equipment
Fee Schedule
Effective 04/01/22 - 03/31/23**

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
V5275	Ear impression, each	\$ 32.27	Per BMS - Purchase
V5336	Repair/modification of aug	\$ -	Cost Invoice