

Durable Medical Equipment (DME) Fee Schedule
Effective 04/01/23 - 03/31/24

HCPCS	DESCRIPTION	WV	
		Medicaid	Purchase or Rental
		Fee	
A4206	Syringe With Needle, Sterile	\$ 0.27	Per BMS - Purchase
A4207	Syringe With Needle, Sterile	\$ 0.31	Per BMS - Purchase
A4208	Syringe With Needle, Sterile	\$ 0.30	Per BMS - Purchase
A4209	Syringe With Needle, Sterile	\$ 0.30	Per BMS - Purchase
A4213	Syringe, Sterile, 20 cc Or Gr	\$ 4.32	Per BMS - Purchase
A4215	Needle, Sterile, Any Size Ea	\$ 0.24	Per BMS - Purchase
A4216	Sterile Water, Saline And/Or	\$ 0.44	Purchase
A4217	Sterile Water/Saline, 500 Ml	\$ 3.34	Purchase
A4221	Supplies For Maintenance O	\$ 21.58	Purchase
A4222	Infusion Supplies For Extern	\$ 41.99	Purchase
A4223	Infusion Supplies Not Used \	\$ 21.51	Per BMS - Purchase
A4224	Supply insulin inf cath/wk	\$ 21.58	Purchase
A4225	Sup/ext insulin inf pump syr	\$ 2.67	Purchase
A4230	Infusion Set For External Ins	\$ 14.00	Per BMS - Purchase
A4231	Infusion Set For External Ins	\$ 14.00	Per BMS - Purchase
A4232	Syringe With Needle For Ext	\$ 2.62	Per BMS - Purchase
A4233	Replacement Battery, Alkali	\$ 0.41	Purchase
A4234	Replacement Battery, Alkali	\$ 1.89	Purchase
A4235	Replacement Battery, Lithiur	\$ 0.80	Purchase
A4236	Replacement Battery, Silver	\$ 0.93	Purchase
A4244	Alcohol Or Peroxide, Per Pir	\$ 0.94	Per BMS - Purchase
A4245	Alcohol Wipes, Per Box	\$ 1.00	Per BMS - Purchase
A4246	Betadine Or Phisohex Solutio	\$ 11.43	Per BMS - Purchase
A4247	Betadine Or Iodine Swabs/W	\$ 11.00	Per BMS - Purchase
A4310	Insertion Tray Without Drair	\$ 8.22	Purchase
A4311	Insertion Tray Without Drair	\$ 15.76	Purchase
A4312	Insertion Tray Without Drair	\$ 19.19	Purchase
A4313	Insertion Tray Without Drair	\$ 19.70	Purchase
A4314	Insertion Tray With Drainage	\$ 26.90	Purchase
A4315	Insertion Tray With Drainage	\$ 28.06	Purchase
A4316	Insertion Tray With Drainage	\$ 30.22	Purchase
A4320	Irrigation Tray With Bulb Or	\$ 5.06	Purchase
A4322	Irrigation Syringe, Bulb Or P	\$ 3.10	Purchase
A4326	Male External Catheter With	\$ 11.03	Purchase
A4327	Female External Urinary Col	\$ 44.97	Purchase
A4328	Female External Urinary Col	\$ 10.77	Purchase
A4330	Perianal Fecal Collection Poi	\$ 6.48	Purchase
A4331	Extension Drainage Tubing,	\$ 3.38	Purchase
A4332	Lubricant, Individual Sterile	\$ 0.12	Purchase
A4333	Urinary Catheter Anchoring	\$ 2.36	Purchase

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		Medicaid	Purchase or Rental
		Fee	
A4334	Urinary Catheter Anchoring	\$ 5.23	Purchase
A4335	Incontinence Supply; Miscel	\$ -	Cost Invoice
A4338	Indwelling Catheter; Foley T	\$ 13.06	Purchase
A4340	Indwelling Catheter; Special	\$ 28.71	Purchase
A4344	Indwelling Catheter, Foley T	\$ 17.03	Purchase
A4346	Indwelling Catheter; Foley T	\$ 20.83	Purchase
A4349	Male External Catheter, With	\$ 2.14	Purchase
A4351	Intermittent Urinary Catheter	\$ 1.81	Purchase
A4352	Intermittent Urinary Catheter	\$ 5.81	Purchase
A4353	Intermittent Urinary Catheter	\$ 7.44	Purchase
A4354	Insertion Tray With Drainage	\$ 12.56	Purchase
A4355	Irrigation Tubing Set For Co	\$ 9.35	Purchase
A4356	External Urethral Clamp Or	\$ 48.54	Purchase
A4357	Bedside Drainage Bag, Day	\$ 10.33	Purchase
A4358	Urinary Drainage Bag, Leg C	\$ 7.06	Purchase
A4361	Ostomy Faceplate, Each	\$ 19.54	Purchase
A4362	Skin Barrier; Solid, 4 X 4 Or	\$ 3.62	Purchase
A4363	Ostomy Clamp, Replacemen	\$ 2.52	Purchase
A4364	Adhesive, Liquid Or Equal, 1	\$ 2.66	Purchase
A4366	Ostomy Vent, Any Type, Ea	\$ 1.38	Purchase
A4367	Ostomy Belt, Each	\$ 7.83	Purchase
A4368	Ostomy Filter, Any Type, Ea	\$ 0.26	Purchase
A4369	Ostomy Skin Barrier, Liquid	\$ 2.58	Purchase
A4371	Ostomy Skin Barrier, Powde	\$ 3.88	Purchase
A4372	Ostomy Skin Barrier, Solid 4	\$ 4.46	Purchase
A4373	Ostomy Skin Barrier, With F	\$ 6.66	Purchase
A4375	Ostomy Pouch, Drainable, W	\$ 18.27	Purchase
A4376	Ostomy Pouch, Drainable, W	\$ 50.62	Purchase
A4377	Ostomy Pouch, Drainable, Fo	\$ 4.56	Purchase
A4378	Ostomy Pouch, Drainable, Fo	\$ 32.71	Purchase
A4379	Ostomy Pouch, Urinary, With	\$ 15.98	Purchase
A4380	Ostomy Pouch, Urinary, With	\$ 39.72	Purchase
A4381	Ostomy Pouch, Urinary, For	\$ 4.92	Purchase
A4382	Ostomy Pouch, Urinary, For	\$ 26.19	Purchase
A4383	Ostomy Pouch, Urinary, For	\$ 29.99	Purchase
A4384	Ostomy Faceplate Equivalen	\$ 10.22	Purchase
A4385	Ostomy Skin Barrier, Solid 4	\$ 5.42	Purchase
A4387	Ostomy Pouch, Closed, With	\$ 2.39	Purchase
A4388	Ostomy Pouch, Drainable, W	\$ 4.64	Purchase
A4389	Ostomy Pouch, Drainable, W	\$ 6.61	Purchase

Durable Medical Equipment (DME) Fee Schedule
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		Medicaid	Fee	
A4390	Ostomy Pouch, Drainable, W	\$	10.22	Purchase
A4391	Ostomy Pouch, Urinary, Witl	\$	7.52	Purchase
A4392	Ostomy Pouch, Urinary, Witl	\$	8.70	Purchase
A4393	Ostomy Pouch, Urinary, Witl	\$	9.62	Purchase
A4394	Ostomy Deodorant For Use I	\$	2.76	Purchase
A4395	Ostomy Deodorant For Use I	\$	0.04	Purchase
A4396	Ostomy Belt With Peristoma	\$	43.06	Purchase
A4398	Ostomy Irrigation Supply; B	\$	14.70	Purchase
A4399	Ostomy Irrigation Supply; C	\$	11.10	Purchase
A4400	Ostomy Irrigation Set	\$	51.99	Purchase
A4402	Lubricant, Per Ounce	\$	1.70	Purchase
A4404	Ostomy Ring, Each	\$	1.64	Purchase
A4405	Ostomy Skin Barrier, Non-Pe	\$	3.63	Purchase
A4406	Ostomy Skin Barrier, Pectin-	\$	6.09	Purchase
A4407	Ostomy Skin Barrier, With F	\$	9.32	Purchase
A4408	Ostomy Skin Barrier, Wtih F	\$	10.50	Purchase
A4409	Ostomy Skin Barrier, With F	\$	6.61	Purchase
A4410	Ostomy Skin Barrier, With F	\$	9.62	Purchase
A4411	Ostomy Skin Barrier, Solid 4	\$	5.42	Purchase
A4412	Ostomy Pouch, Drainable, H	\$	2.88	Purchase
A4413	Ostomy Pouch, Drainable, H	\$	5.86	Purchase
A4414	Ostomy Skin Barrier, With F	\$	5.23	Purchase
A4415	Ostomy Skin Barrier, With F	\$	6.38	Purchase
A4416	Ostomy Pouch, Closed, With	\$	2.93	Purchase
A4417	Ostomy Pouch, Closed, With	\$	3.97	Purchase
A4418	Ostomy Pouch, Closed; With	\$	1.93	Purchase
A4419	Ostomy Pouch, Closed; For U	\$	1.83	Purchase
A4420	Ostomy Pouch, Closed; For Use On Barrie			Cost Invoice
A4421	Ostomy Supply; Miscellaneo	\$	-	Cost Invoice
A4422	Ostomy Absorbent Material	\$	0.12	Purchase
A4423	Ostomy Pouch, Closed; For U	\$	1.98	Purchase
A4424	Ostomy Pouch, Drainable, W	\$	5.06	Purchase
A4425	Ostomy Pouch, Drainable; Fo	\$	3.81	Purchase
A4426	Ostomy Pouch, Drainable; Fo	\$	2.90	Purchase
A4427	Ostomy Pouch, Drainable; Fo	\$	2.97	Purchase
A4428	Ostomy Pouch, Urinary, Witl	\$	6.94	Purchase
A4429	Ostomy Pouch, Urinary, Witl	\$	8.78	Purchase
A4430	Ostomy Pouch, Urinary, Witl	\$	9.06	Purchase
A4431	Ostomy Pouch, Urinary; Wit	\$	6.61	Purchase
A4432	Ostomy Pouch, Urinary; For	\$	3.82	Purchase

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		Fee	
A4433	Ostomy Pouch, Urinary; For	\$ 3.57	Purchase
A4434	Ostomy Pouch, Urinary; For	\$ 4.00	Purchase
A4435	1Pc Ost Pch Drain Hgh Outp	\$ 6.13	Purchase
A4436	Power Wheelchair, Group 3	\$ 6.09	Purchase
A4437	Power Wheelchair, Group 3	\$ 6.09	Purchase
A4450	Tape, Non-Waterproof, Per 1	\$ 0.08	Purchase
A4452	Tape, Waterproof, Per 18 Sq	\$ 0.38	Purchase
A4455	Adhesive Remover Or Solve	\$ 1.51	Purchase
A4456	Adhesive remover, wipes	\$ 0.26	Purchase
A4461	Surgical Dressing Holder, No	\$ 3.51	Purchase
A4463	Surgical Dressing Holder, Re	\$ 14.16	Purchase
A4481	Tracheostoma Filter, Any Ty	\$ 0.38	Purchase
A4490	Surgical Stockings Above Kr	\$ 29.70	Per BMS - Purchase
A4495	Surgical Stockings Thigh Le	\$ 29.70	Per BMS - Purchase
A4500	Surgical Stockings Below Kr	\$ 31.50	Per BMS - Purchase
A4510	Surgical Stockings Full Leng	\$ 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 S	\$ 0.31	Per BMS - Purchase
A4555	Electrode/transducer for use	\$ -	Cost Invoice
A4556	Electrodes, (E.G., Apnea Mo	\$ 10.98	Purchase
A4557	Lead Wires, (E.G., Apnea M	\$ 14.70	Purchase
A4561	Pessary, Rubber, Any Type	\$ 21.22	Purchase
A4562	Pessary, Non Rubber, Any T	\$ 52.86	Purchase
A4565	Slings	\$ 8.19	Purchase
A4570	Splint	\$ 67.50	Per BMS - Purchase
A4595	Electrical Stimulator Supplie	\$ 20.48	Purchase
A4601	Lithium Ion Battery For Non	\$ 26.00	Per BMS - Purchase
A4604	Tubing With Integrated Hear	\$ 50.98	Purchase
A4605	Tracheal Suction Catheter, C	\$ 17.45	Purchase
A4606	Oxygen Probe For Use With	\$ 100.00	Per BMS - Purchase
A4614	Peak Expiratory Flow Rate M	\$ 25.30	Purchase
A4619	Face Tent	\$ 1.93	Purchase
A4623	Tracheostomy, Inner Cannul	\$ 5.93	Purchase
A4624	Tracheal Suction Catheter, A	\$ 2.81	Purchase
A4625	Tracheostomy Care Kit For	\$ 7.37	Purchase
A4627	Spacer, Bag Or Reservoir, W	\$ 20.61	Per BMS - Purchase
A4628	Oropharyngeal Suction Cath	\$ 3.98	Purchase
A4629	Tracheostomy Care Kit For I	\$ 4.95	Purchase
A4635	Underarm Pad, Crutch, Repl	\$ 5.43	Purchase

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HCPCS	DESCRIPTION	WV	
		Medicaid	Purchase or Rental
		Fee	
A4636	Replacement, Handgrip, Can	\$ 3.10	Purchase
A4637	Replacement, Tip, Cane, Cru	\$ 1.79	Purchase
A4640	Replacement Pad For Use W	\$ 55.46	Purchase
A4649	Surgical Supply; Miscellane	\$ -	Cost Invoice
A4927	Gloves, Non-Sterile, Per 100	\$ 42.71	Per BMS - Purchase
A5051	Ostomy Pouch, Closed; With	\$ 2.19	Purchase
A5052	Ostomy Pouch, Closed; With	\$ 1.58	Purchase
A5053	Ostomy Pouch, Closed; For U	\$ 1.83	Purchase
A5054	Ostomy Pouch, Closed; For U	\$ 1.91	Purchase
A5055	Stoma Cap	\$ 1.40	Purchase
A5056	1 Pc Ost Pouch W Filter	\$ 4.98	Purchase
A5057	1 Pc Ost Pou W Built-In Con	\$ 10.22	Purchase
A5061	Ostomy Pouch, Drainable; W	\$ 3.76	Purchase
A5062	Ostomy Pouch, Drainable; W	\$ 2.21	Purchase
A5063	Ostomy Pouch, Drainable; Fo	\$ 2.88	Purchase
A5071	Ostomy Pouch, Urinary; Wit	\$ 6.39	Purchase
A5072	Ostomy Pouch, Urinary; Wit	\$ 3.76	Purchase
A5073	Ostomy Pouch, Urinary; For	\$ 3.33	Purchase
A5081	Continent Device; Plug For C	\$ 3.53	Purchase
A5082	Continent Device; Catheter F	\$ 12.66	Purchase
A5083	Continent Device, Stoma Ab	\$ 0.69	Purchase
A5093	Ostomy Accessory; Convex I	\$ 1.77	Purchase
A5102	Bedside Drainage Bottle Wit	\$ 23.83	Purchase
A5105	Urinary Suspensory With Le;	\$ 43.38	Purchase
A5112	Urinary Leg Bag; Latex	\$ 33.52	Purchase
A5113	Leg Strap; Latex, Replaceme	\$ 4.26	Purchase
A5114	Leg Strap; Foam Or Fabric, I	\$ 8.10	Purchase
A5120	Skin Barrier, Wipes Or Swat	\$ 0.22	Purchase
A5121	Skin Barrier; Solid, 6 X 6 Or	\$ 7.59	Purchase
A5122	Skin Barrier; Solid, 8 X 8 Or	\$ 13.66	Purchase
A5126	Adhesive Or Non-Adhesive;	\$ 1.18	Purchase
A5131	Appliance Cleaner, Incontine	\$ 14.34	Purchase
A5500	For Diabetics Only, Fitting (\$ 67.66	Purchase
A5501	For Diabetics Only, Fitting (I	\$ 202.90	Purchase
A5503	For Diabetics Only, Modifica	\$ 34.45	Purchase
A5504	For Diabetics Only, Modifica	\$ 34.45	Purchase
A5505	For Diabetics Only, Modifica	\$ 34.45	Purchase
A5506	For Diabetics Only, Modifica	\$ 34.45	Purchase
A5507	For Diabetics Only, Not Othe	\$ 34.45	Purchase
A5512	For Diabetics Only, Multiple	\$ 27.59	Purchase

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HCPCS	DESCRIPTION	WV	
		Medicaid	Purchase or Rental
		Fee	
A5513	For Diabetics Only, Multiple	\$ 41.18	Purchase
A5514	Mult den insert dir carv/cam	\$ 41.18	Purchase
A6154	Wound Pouch, Each	\$ 14.82	Purchase
A6196	Alginate Or Other Fiber Gell	\$ 7.83	Purchase
A6197	Alginate Or Other Fiber Gell	\$ 17.50	Purchase
A6198	Alginate Or Other Fiber Gell	\$ 14.12	Per BMS - Purchase
A6199	Alginate Or Other Fiber Gell	\$ 5.62	Purchase
A6203	Composite Dressing, Pad Siz	\$ 3.58	Purchase
A6204	Composite Dressing, Pad Siz	\$ 6.62	Purchase
A6205	Composite Dressing, Pad Siz	\$ 5.35	Per BMS - Purchase
A6206	Contact Layer, 16 Sq. In. Or	\$ 5.35	Per BMS - Purchase
A6207	Contact Layer, More Than 16	\$ 7.82	Purchase
A6208	Contact Layer, More Than 48	\$ 6.30	Per BMS - Purchase
A6209	Foam Dressing, Wound Cove	\$ 7.95	Purchase
A6210	Foam Dressing, Wound Cove	\$ 21.20	Purchase
A6211	Foam Dressing, Wound Cove	\$ 31.25	Purchase
A6212	Foam Dressing, Wound Cove	\$ 10.33	Purchase
A6213	Foam Dressing, Wound Cove	\$ 8.34	Per BMS - Purchase
A6214	Foam Dressing, Wound Cove	\$ 10.95	Purchase
A6215	Foam Dressing, Wound Fille	-	Cost Invoice
A6216	Gauze, Non-Impregnated, No	\$ 0.04	Purchase
A6217	Gauze, Non-Impregnated, No	\$ 0.32	Per BMS - Purchase
A6218	Gauze, Non-Impregnated, No	\$ 0.54	Per BMS - Purchase
A6219	Gauze, Non-Impregnated, Pa	\$ 1.02	Purchase
A6220	Gauze, Non-Impregnated, Pa	\$ 2.76	Purchase
A6221	Gauze, Non-Impregnated, Pa	\$ 1.93	Per BMS - Purchase
A6222	Gauze, Impregnated With Ot	\$ 2.27	Purchase
A6223	Gauze, Impregnated With Ot	\$ 2.58	Purchase
A6224	Gauze, Impregnated With Ot	\$ 3.83	Purchase
A6231	Gauze, Impregnated, Hydrog	\$ 4.98	Purchase
A6232	Gauze, Impregnated, Hydrog	\$ 7.30	Purchase
A6233	Gauze, Impregnated, Hydrog	\$ 20.40	Purchase
A6234	Hydrocolloid Dressing, Wou	\$ 6.97	Purchase
A6235	Hydrocolloid Dressing, Wou	\$ 17.90	Purchase
A6236	Hydrocolloid Dressing, Wou	\$ 28.99	Purchase
A6237	Hydrocolloid Dressing, Wou	\$ 8.42	Purchase
A6238	Hydrocolloid Dressing, Wou	\$ 24.26	Purchase
A6239	Hydrocolloid Dressing, Wou	\$ 15.84	Per BMS - Purchase
A6240	Hydrocolloid Dressing, Wou	\$ 13.03	Purchase
A6241	Hydrocolloid Dressing, Wou	\$ 2.74	Purchase

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HCPCS	DESCRIPTION	WV	
		Medicaid	Purchase or Rental
		Fee	
A6242	Hydrogel Dressing, Wound C	\$ 6.44	Purchase
A6243	Hydrogel Dressing, Wound C	\$ 13.11	Purchase
A6244	Hydrogel Dressing, Wound C	\$ 41.79	Purchase
A6245	Hydrogel Dressing, Wound C	\$ 7.74	Purchase
A6246	Hydrogel Dressing, Wound C	\$ 10.57	Purchase
A6247	Hydrogel Dressing, Wound C	\$ 25.30	Purchase
A6248	Hydrogel Dressing, Wound F	\$ 17.29	Purchase
A6250	Skin Sealants, Protectants, M	\$ 15.00	Per BMS - Purchase
A6251	Specialty Absorptive Dressin	\$ 2.11	Purchase
A6252	Specialty Absorptive Dressin	\$ 3.46	Purchase
A6253	Specialty Absorptive Dressin	\$ 6.74	Purchase
A6254	Specialty Absorptive Dressin	\$ 1.27	Purchase
A6255	Specialty Absorptive Dressin	\$ 3.23	Purchase
A6256	Specialty Absorptive Dressin	\$ 2.61	Per BMS - Purchase
A6257	Transparent Film, 16 Sq. In.	\$ 1.63	Purchase
A6258	Transparent Film, More Than	\$ 4.58	Purchase
A6259	Transparent Film, More Than	\$ 11.63	Purchase
A6260	Wound Cleansers, Any Type	\$ 18.00	Per BMS - Purchase
A6261	Wound Filler, Gel/Paste, Per	\$ -	Cost Invoice
A6262	Wound Filler, Dry Form, Per	\$ -	Cost Invoice
A6266	Gauze, Impregnated, Other T	\$ 2.03	Purchase
A6402	Gauze, Non-Impregnated, St	\$ 0.12	Purchase
A6403	Gauze, Non-Impregnated, St	\$ 0.44	Purchase
A6404	Gauze, Non-Impregnated, St	\$ 2.16	Per BMS - Purchase
A6407	Packing Strips, Non-Impregr	\$ 1.99	Purchase
A6441	Padding Bandage, Non-Elast	\$ 0.73	Purchase
A6442	Conforming Bandage, Non-E	\$ 0.17	Purchase
A6443	Conforming Bandage, Non-E	\$ 0.30	Purchase
A6444	Conforming Bandage, Non-E	\$ 0.59	Purchase
A6445	Conforming Bandage, Non-E	\$ 0.34	Purchase
A6446	Conforming Bandage, Non-E	\$ 0.42	Purchase
A6447	Conforming Bandage, Non-E	\$ 0.73	Purchase
A6448	Light Compression Bandage,	\$ 1.22	Purchase
A6449	Light Compression Bandage,	\$ 1.86	Purchase
A6450	Light Compression Bandage,	\$ 1.86	Purchase
A6451	Moderate Compression Banc	\$ 1.86	Purchase
A6452	High Compression Bandage,	\$ 6.28	Purchase
A6453	Self-Adherent Bandage, Elas	\$ 0.67	Purchase
A6454	Self-Adherent Bandage, Elas	\$ 0.83	Purchase
A6455	Self-Adherent Bandage, Elas	\$ 1.48	Purchase

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HCPCS	DESCRIPTION	WV	
		Medicaid	Purchase or Rental
		Fee	
A6456	Zinc Paste Impregnated Bandage	\$ 1.34	Purchase
A6501	Compression Burn Garment, \$	-	Cost Invoice
A6502	Compression Burn Garment, \$	-	Cost Invoice
A6503	Compression Burn Garment, \$	-	Cost Invoice
A6504	Compression Burn Garment, \$	-	Cost Invoice
A6505	Compression Burn Garment, \$	-	Cost Invoice
A6506	Compression Burn Garment, \$	-	Cost Invoice
A6507	Compression Burn Garment, \$	-	Cost Invoice
A6508	Compression Burn Garment, \$	-	Cost Invoice
A6509	Compression Burn Garment, \$	-	Cost Invoice
A6510	Compression Burn Garment, \$	-	Cost Invoice
A6511	Compression Burn Garment, \$	-	Cost Invoice
A6512	Compression Burn Garment, \$	-	Cost Invoice
A6513	Compression Burn Mask, Fabric	-	Cost Invoice
A6530	Gradient Compression Stocking	\$ 25.20	Per BMS - Purchase
A6531	Gradient Compression Stocking	\$ 46.02	Purchase
A6532	Gradient Compression Stocking	\$ 64.86	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 Pressure	\$ 25.16	Purchase
A7000	Canister, Disposable, Used With Suction	\$ 7.79	Purchase
A7002	Tubing, Used With Suction Filter	\$ 4.08	Purchase
A7003	Administration Set, With Small Volume	\$ 2.01	Purchase
A7004	Small Volume Nonfiltered Port	\$ 1.60	Purchase
A7005	Administration Set, With Small Volume	\$ 22.39	Purchase
A7006	Administration Set, With Small Volume	\$ 8.72	Purchase
A7010	Disposable Corrugated Tubing	\$ 20.31	Purchase
A7012	Nebulizer Water Collection Device	\$ 3.13	Purchase
A7013	Filter, Disposable, Used With Suction	\$ 0.72	Purchase
A7015	Aerosol Mask, Used With Disposable	\$ 1.51	Purchase
A7020	Interface, Cough Stimulator Device	\$ 15.40	Purchase

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		Medicaid	Fee	
A7030	Full Face Mask Used With P	\$	132.02	Purchase
A7031	Face Mask Interface, Replac	\$	49.30	Purchase
A7032	Cushion For Use On Nasal M	\$	28.26	Purchase
A7033	Pillow For Use On Nasal Ca	\$	20.96	Purchase
A7034	Nasal Interface (Mask Or Ca	\$	82.41	Purchase
A7035	Headgear Used With Positive	\$	27.64	Purchase
A7036	Chinstrap Used With Positive	\$	12.48	Purchase
A7037	Tubing Used With Positive A	\$	24.86	Purchase
A7038	Filter, Disposable, Used Witl	\$	3.18	Purchase
A7039	Filter, Non Disposable, Used	\$	9.51	Purchase
A7045	Exhalation Port With Or Wit	\$	15.09	Purchase
A7046	Water Chamber For Humidif	\$	15.74	Purchase
A7507	Filter Holder And Integrated	\$	2.66	Purchase
A7508	Housing And Integrated Adh	\$	3.06	Purchase
A7509	Filter Holder And Integrated	\$	1.50	Purchase
A7520	Tracheostomy/Laryngectomy	\$	50.51	Purchase
A7521	Tracheostomy/Laryngectomy	\$	50.05	Purchase
A7522	Tracheostomy/Laryngectomy	\$	48.05	Purchase
A7523	Tracheostomy Shower Protec	\$	-	Cost Invoice
A7524	Tracheostoma Stent/Stud/Bu	\$	82.36	Purchase
A7525	Tracheostomy Mask, Each	\$	2.19	Purchase
A7526	Tracheostomy Tube Collar/E	\$	3.61	Purchase
A7527	Tracheostomy/Laryngectomy	\$	3.81	Purchase
A8000	Helmet, Protective, Soft Pref	\$	163.17	Purchase
A8001	Helmet, Protective, Hard, Pre	\$	163.17	Purchase
A8002	Helmet, Protective, Soft, Cus	\$	375.35	Per BMS - Purchase
A8003	Helmet, Protective, Hard, Cu	\$	375.35	Per BMS - Purchase
B4034	Enteral Feeding Supply Kit; i	\$	4.58	Purchase
B4035	Enteral Feeding Supply Kit; i	\$	8.45	Purchase
B4036	Enteral Feeding Supply Kit; i	\$	6.08	Purchase
B4081	Nasogastric Tubing With Sty	\$	18.52	Purchase
B4082	Nasogastric Tubing Without	\$	13.55	Purchase
B4083	Stomach Tube - Levine Type	\$	2.06	Purchase
B4087	Gastrostomy/Jejunostomy Tu	\$	31.34	Purchase
B4088	Gastrostomy/Jejunostomy Tu	\$	33.69	Purchase
B4164	Parenteral Nutrition Solution	\$	18.78	Purchase
B4168	Parenteral Nutrition Solution	\$	27.38	Purchase
B4172	Parenteral Nutrition Solution	\$	30.50	Per BMS - Purchase
B4176	Parenteral Nutrition Solution	\$	52.98	Purchase
B4178	Parenteral Nutrition Solution	\$	63.57	Purchase

Durable Medical Equipment (DME) Fee Schedule
Effective 04/01/23 - 03/31/24

HCPCS	DESCRIPTION	WV		Purchase or Rental
		Medicaid	Fee	
B4180	Parenteral Nutrition Solution	\$	26.95	Purchase
B4185	Parental Nutrition Solution, I	\$	12.41	Purchase
B4187	Omegaven, 10 g lipids	\$	12.41	Purchase
B4189	Parenteral Nutrition Solution	\$	196.38	Purchase
B4193	Parenteral Nutrition Solution	\$	253.74	Purchase
B4197	Parenteral Nutrition Solution	\$	308.94	Purchase
B4199	Parenteral Nutrition Solution	\$	353.01	Purchase
B4216	Parenteral Nutrition; Additiv	\$	8.53	Purchase
B4220	Parenteral Nutrition Supply I	\$	8.84	Purchase
B4222	Parenteral Nutrition Supply I	\$	10.91	Purchase
B4224	Parenteral Nutrition Adminis	\$	27.62	Purchase
B5000	Parenteral Nutrition Solution	\$	13.14	Purchase
B5100	Parenteral Nutrition Solution	\$	5.13	Purchase
B5200	Parenteral Nutrition Solution	\$	4.94	Per BMS - Purchase
B9002	Enteral Nutrition Infusion Pu	\$	45.09	CAP rental
B9004	Parenteral Nutrition Infusion	\$	220.63	CAP rental
B9006	Parenteral Nutrition Infusion	\$	220.63	CAP rental
B9998	Noc For Enteral Supplies	\$	-	Cost Invoice
B9999	Noc For Parenteral Supplies	\$	-	Cost Invoice
E0100	Cane, Includes Canes Of All	\$	20.78	Purchase
E0105	Cane, Quad Or Three Prong,	\$	48.32	Purchase
E0110	Crutches, Forearm, Includes	\$	70.17	Purchase
E0111	Crutch Forearm, Includes Cr	\$	51.50	Purchase
E0112	Crutches Underarm, Wood, /	\$	35.70	Purchase
E0113	Crutch Underarm, Wood, Ad	\$	19.12	Purchase
E0114	Crutches Underarm, Other T	\$	42.68	Purchase
E0116	Crutch, Underarm, Other Tha	\$	25.10	Purchase
E0130	Walker, Rigid (Pickup), Adj	\$	55.00	Purchase
E0135	Walker, Folding (Pickup), A	\$	57.90	Purchase
E0140	Walker, With Trunk Support	\$	397.67	Medicare is rental/BMS - Purchase(X 10)
E0141	Walker, Rigid, Wheeled, Adj	\$	68.73	Purchase
E0143	Walker, Folding, Wheeled, A	\$	70.65	Purchase
E0147	Walker, Heavy Duty, Multipi	\$	468.07	Purchase
E0148	Walker, Heavy Duty, Withou	\$	99.71	Purchase
E0149	Walker, Heavy Duty, Wheel	\$	209.43	Medicare is rental/BMS - Purchase(X 10)
E0153	Platform Attachment, Forear	\$	62.76	Purchase
E0154	Platform Attachment, Walke	\$	52.02	Purchase
E0155	Wheel Attachment, Rigid Pic	\$	24.94	Purchase
E0156	Seat Attachment, Walker	\$	18.18	Purchase
E0157	Crutch Attachment, Walker,	\$	60.03	Purchase

Durable Medical Equipment (DME) Fee Schedule
Effective 04/01/23 - 03/31/24

HCPCS	DESCRIPTION	WV	
		Medicaid	Purchase or Rental
		Fee	
E0158	Leg Extensions For Walker, .	\$ 25.58	Purchase
E0159	Brake Attachment For Whee	\$ 15.54	Purchase
E0160	Sitz Type Bath Or Equipmen	\$ 29.42	Purchase
E0161	Sitz Type Bath Or Equipmen	\$ 26.35	Purchase
E0162	Sitz Bath Chair	\$ 148.84	Purchase
E0163	Commode Chair, Mobile Or	\$ 83.05	Purchase
E0165	Commode Chair, Mobile Or	\$ 189.02	Medicare is rental/BMS - Purchase(X 10)
E0167	Pail Or Pan For Use With Cc	\$ 11.82	Purchase
E0168	Commode Chair, Extra Wide	\$ 138.98	Purchase
E0181	Powered Pressure Reducing .	\$ 281.58	Medicare is rental/BMS - Purchase(X 10)
E0182	Pump For Alternating Pressu	\$ 289.64	Medicare is rental/BMS - Purchase(X 10)
E0184	Dry Pressure Mattress	\$ 168.72	Purchase
E0185	Gel Or Gel-Like Pressure Pa	\$ 229.62	Purchase
E0186	Air Pressure Mattress	\$ 262.34	Medicare is rental/BMS - Purchase(X 10)
E0187	Water Pressure Mattress	\$ 299.26	Medicare is rental/BMS - Purchase(X 10)
E0188	Synthetic Sheepskin Pad	\$ 26.42	Purchase
E0189	Lambswool Sheepskin Pad, /	\$ 52.59	Purchase
E0190	Positioning Cushion/Pillow/\	\$ 14.18	Per BMS - Purchase
E0191	Heel Or Elbow Protector, Ea	\$ 10.58	Purchase
E0196	Gel Pressure Mattress	\$ 424.97	Medicare is rental/BMS - Purchase(X 10)
E0197	Air Pressure Pad For Mattres	\$ 329.68	Medicare is rental/BMS - Purchase(X 10)
E0198	Water Pressure Pad For Matt	\$ 306.54	Medicare is rental/BMS - Purchase(X 10)
E0199	Dry Pressure Pad For Mattre:	\$ 28.99	Purchase
E0202	Phototherapy (Bilirubin) Ligi	\$ 66.62	Rental
E0240	Bath/Shower Chair, With Or	-	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 T	-	Cost Invoice
E0248	Transfer Bench, Heavy Duty	-	Cost Invoice
E0250	Hospital Bed, Fixed Height, .	\$ 75.31	CAP rental
E0255	Hospital Bed, Variable Heigl	\$ 84.58	CAP rental
E0260	Hospital Bed, Semi-Electric	\$ 95.14	CAP rental
E0261	Hosp bed semi-electr w/o ma	\$ 86.74	CAP rental
E0271	Mattress, Innerspring	\$ 148.55	Purchase
E0272	Mattress, Foam Rubber	\$ 157.75	Purchase
E0275	Bed Pan, Standard, Metal Or	\$ 15.15	Purchase
E0276	Bed Pan, Fracture, Metal Or	\$ 13.10	Purchase
E0277	Powered Pressure-Reducing	\$ 419.09	CAP rental

Durable Medical Equipment (DME) Fee Schedule
Effective 04/01/23 - 03/31/24

HCPCS	DESCRIPTION	WV	
		Medicaid	Purchase or Rental
		Fee	
E0300	Pediatric Crib, Hospital Grade	\$ 247.59	CAP rental
E0303	Hospital Bed, Heavy Duty, Electric	\$ 216.76	CAP rental
E0304	Hospital Bed, Extra Heavy Duty	\$ 595.82	CAP rental
E0305	Bed Side Rails, Half Length	\$ 160.42	Medicare is rental/BMS - Purchase(X 10)
E0310	Bed Side Rails, Full Length	\$ 140.88	Purchase
E0325	Urinal; Male, Jug-Type, Any	\$ 9.15	Purchase
E0326	Urinal; Female, Jug-Type, Any	\$ 10.48	Purchase
E0371	Nonpowered Advanced Pressure	\$ 293.36	CAP rental
E0424	Stationary Compressed Gas	\$ 131.58	Monthly rental
E0431	Portable Gaseous Oxygen System	\$ 23.47	Monthly rental
E0434	Portable Liquid Oxygen System	\$ 40.35	Monthly rental
E0439	Stationary Liquid Oxygen System	\$ 131.58	Monthly rental
E0441	Oxygen Contents, Gaseous (100%)	\$ 58.23	Monthly rental
E0443	Portable Oxygen Contents, Compressed	\$ 55.71	Monthly rental
E0445	Oximeter Device For Measurement	\$ 250.00	Per BMS - 10 Mth CAP Rental
E0459	Chest wrap	\$ 40.14	Per BMS - Purchase
E0465	Home vent invasive interface	\$ 1,015.52	Monthly rental
E0466	Home vent non-invasive interface	\$ 1,015.52	Monthly rental
E0470	Respiratory Assist Device, Bilevel	\$ 172.36	Monthly rental
E0471	Respiratory Assist Device, Bilevel	\$ 430.51	Monthly rental
E0472	Respiratory Assist Device, Bilevel	\$ 498.04	Monthly rental
E0480	Percussor, Electric Or Pneumatic	\$ 42.87	CAP rental
E0482	Cough Stimulating Device, Acoustic	\$ 442.06	CAP rental
E0483	High Frequency Chest Wall Oscillator	\$ 1,131.07	CAP rental
E0484	Oscillatory Positive Expiratory Pressure	\$ 39.30	Purchase
E0561	Humidifier, Non-Heated, Used With	\$ 85.69	Purchase
E0562	Humidifier, Heated, Used With	\$ 208.08	Purchase
E0565	Compressor, Air Power Source	\$ 48.78	CAP rental
E0570	Nebulizer, With Compressor	\$ 148.98	Medicare is rental/BMS - Purchase(X 10)
E0600	Respiratory Suction Pump, Electric	\$ 633.23	Medicare is rental/BMS - Purchase(X 10)
E0601	Continuous Airway Pressure	\$ 70.59	CAP rental
E0602	Breast Pump, Manual, Any Type	\$ 31.40	Purchase
E0603	Breast Pump, Electric (Ac Adapter)	\$ 55.00	Per BMS - Purchase
E0605	Vaporizer, Room Type	\$ 26.63	Purchase
E0606	Postural Drainage Board	\$ 317.46	Medicare is rental/BMS - Purchase(X 10)
E0617	Automatic external defibrillator	\$ 323.46	CAP rental
E0619	Apnea Monitor, With Recorder	\$ 323.00	Per BMS - 10 Mth CAP Rental
E0621	Sling Or Seat, Patient Lift, Compressor	\$ 85.36	Purchase
E0630	Patient Lift, Hydraulic Or Mechanical	\$ 81.78	CAP rental
E0650	Pneumatic Compressor, Non-Heated	\$ 94.56	CAP rental

Durable Medical Equipment (DME) Fee Schedule
Effective 04/01/23 - 03/31/24

HCPCS	DESCRIPTION	WV	
		Medicaid	Purchase or Rental
		Fee	
E0651	Pneumatic Compressor, Segr	\$ 84.85	CAP rental
E0652	Pneumatic Compressor, Segr	\$ 557.41	CAP rental
E0655	Non-Segmental Pneumatic A	\$ 114.83	Purchase
E0660	Non-Segmental Pneumatic A	\$ 169.96	Purchase
E0665	Non-Segmental Pneumatic A	\$ 123.89	Purchase
E0666	Non-Segmental Pneumatic A	\$ 146.92	Purchase
E0667	Segmental Pneumatic Applia	\$ 344.44	Purchase
E0668	Segmental Pneumatic Applia	\$ 399.59	Purchase
E0669	Segmental Pneumatic Applia	\$ 185.16	Purchase
E0671	Segmental Gradient Pressure	\$ 441.90	Purchase
E0672	Segmental Gradient Pressure	\$ 343.34	Purchase
E0673	Segmental Gradient Pressure	\$ 285.30	Purchase
E0705	Transfer Device, Any Type, 1	\$ 48.11	Purchase
E0720	Transcutaneous Electrical N	\$ 229.08	Purchase
E0730	Transcutaneous Electrical Ne	\$ 229.36	Purchase
E0747	Osteogenesis Stimulator, Ele	\$ 4,166.30	Purchase
E0748	Osteogenesis Stimulator, Ele	\$ 4,139.31	Purchase
E0760	Osteogenesis Stimulator, Lov	\$ 3,439.69	Purchase
E0766	Elec stim cancer treatment	\$12,231.55	CAP rental
E0781	Ambulatory Infusion Pump, 1	\$ 246.50	CAP rental
E0784	External Ambulatory Infusio	\$ 427.64	CAP rental
E0860	Traction Equipment, Overdo	\$ 39.58	Purchase
E0910	Trapeze Bars, A/K/A Patient	\$ 182.39	Medicare is rental/BMS - Purchase(X 10)
E0911	Trapeze Bar, Heavy Duty, Fc	\$ 571.48	Medicare is rental/BMS - Purchase(X 10)
E0912	Trapeze Bar, Heavy Duty, Fc	\$ 1,214.85	Medicare is rental/BMS - Purchase(X 10)
E0935	Continuous Passive Motion I	\$ 24.20	Rental Per day
E0940	Trapeze Bar, Free Standing, 1	\$ 313.30	Medicare is rental/BMS - Purchase(X 10)
E0942	Cervical Head Harness/Halte	\$ 18.79	Purchase
E0950	Wheelchair Accessory, Tray,	\$ 78.12	Purchase
E0951	Heel Loop/Holder, Any Type	\$ 13.88	Purchase
E0952	Toe Loop/Holder, Any Type	\$ 14.69	Purchase
E0953	Wheelchair accessory, lateral	\$ 82.95	Purchase
E0954	Wheelchair accessory, foot b	\$ 50.52	Purchase
E0955	Wheelchair Accessory, Head	\$ 213.72	Medicare is rental/BMS - Purchase(X 10)
E0956	Wheelchair Accessory, Later	\$ 82.95	Purchase
E0957	Wheelchair Accessory, Medi	\$ 122.65	Purchase
E0958	Manual Wheelchair Accessor	\$ 568.36	Medicare is rental/BMS - Purchase(X 10)
E0959	Manual Wheelchair Accessor	\$ 39.98	Purchase
E0960	Wheelchair Accessory, Shou	\$ 77.52	Purchase
E0961	Manual Wheelchair Accessor	\$ 25.94	Purchase

Durable Medical Equipment (DME) Fee Schedule
Effective 04/01/23 - 03/31/24

HCPCS	DESCRIPTION	WV	
		Medicaid	Purchase or Rental
		Fee	
E0966	Manual Wheelchair Accessor	\$ 65.90	Purchase
E0967	Manual Wheelchair Accessor	\$ 69.87	Purchase
E0968	Commode Seat, Wheelchair	\$ 247.78	Medicare is rental/BMS - Purchase(X 10)
E0969	Narrowing Device, Wheelch	\$ 158.17	Purchase
E0970	No.2 Footplates, Except For	\$ -	Cost Invoice
E0971	Manual Wheelchair Accessor	\$ 38.01	Purchase
E0973	Wheelchair Accessory, Adju	\$ 71.18	Purchase
E0974	Manual Wheelchair Accessor	\$ 77.97	Purchase
E0978	Wheelchair Accessory, Posit	\$ 31.33	Purchase
E0980	Safety Vest, Wheelchair	\$ 34.00	Purchase
E0981	Wheelchair Accessory, Seat	\$ 36.75	Purchase
E0982	Wheelchair Accessory, Back	\$ 40.16	Purchase
E0983	Manual Wheelchair Accessor	\$ 3,346.98	Medicare is rental/BMS - Purchase(X 10)
E0984	Manual Wheelchair Accessor	\$ 2,339.22	Medicare is rental/BMS - Purchase(X 10)
E0988	Lever-Activated Wheel Drive	\$ 4,140.24	Medicare is rental/BMS - Purchase(X 10)
E0990	Wheelchair Accessory, Eleva	\$ 80.44	Purchase
E0992	Manual Wheelchair Accessor	\$ 82.54	Purchase
E1002	Wheelchair Accessory, Powe	\$ 4,627.61	Medicare is rental/BMS - Purchase(X 10)
E1003	Wheelchair Accessory, Powe	\$ 5,206.24	Medicare is rental/BMS - Purchase(X 10)
E1004	Wheelchair Accessory, Powe	\$ 5,747.56	Medicare is rental/BMS - Purchase(X 10)
E1005	Wheelchair Accessory, Powe	\$ 6,254.04	Medicare is rental/BMS - Purchase(X 10)
E1006	Wheelchair Accessory, Powe	\$ 7,685.73	Medicare is rental/BMS - Purchase(X 10)
E1007	Wheelchair Accessory, Powe	\$ 9,974.25	Medicare is rental/BMS - Purchase(X 10)
E1008	Wheelchair Accessory, Powe	\$10,097.10	Medicare is rental/BMS - Purchase(X 10)
E1009	Wheelchair Accessory, Addi	\$ -	Cost Invoice
E1010	Wheelchair Accessory, Addi	\$ 1,345.89	Medicare is rental/BMS - Purchase(X 10)
E1011	Modification To Pediatric Si	\$ -	Cost Invoice
E1012	Ctr mount pwr elev leg rest	\$ 1,345.89	Medicare is rental/BMS - Purchase(X 10)
E1014	Reclining Back, Addition To	\$ 505.18	Medicare is rental/BMS - Purchase(X 10)
E1015	Shock Absorber For Manual	\$ 119.83	Purchase
E1016	Shock Absorber For Power V	\$ 115.41	Purchase
E1020	Residual Limb Support Syste	\$ 260.26	Medicare is rental/BMS - Purchase(X 10)
E1028	Wheelchair Accessory, Mant	\$ 209.43	Medicare is rental/BMS - Purchase(X 10)
E1029	Wheelchair Accessory, Venti	\$ 440.31	Medicare is rental/BMS - Purchase(X 10)
E1030	Wheelchair Accessory, Venti	\$ 1,389.18	Medicare is rental/BMS - Purchase(X 10)
E1031	Rollabout Chair, Any And Al	\$ 48.01	CAP rental
E1161	Manual Adult Size Wheelcha	\$ 3,272.36	Medicare is rental/BMS - Purchase(X 10)
E1225	Wheelchair Accessory, Mant	\$ 554.84	Medicare is rental/BMS - Purchase(X 10)
E1226	Wheelchair Accessory, Mant	\$ 468.23	Purchase
E1229	Wheelchair, Pediatric Size, N	\$ -	Cost Invoice

Durable Medical Equipment (DME) Fee Schedule
Effective 04/01/23 - 03/31/24

HCPCS	DESCRIPTION	WV	
		Medicaid	Purchase or Rental
		Fee	
E1231	Wheelchair, Pediatric Size, T	\$ 1,710.73	Per BMS - Purchase
E1232	Wheelchair, Pediatric Size, T	\$ 2,957.89	Medicare is rental/BMS - Purchase(X 10)
E1233	Wheelchair, Pediatric Size, T	\$ 3,064.36	Medicare is rental/BMS - Purchase(X 10)
E1234	Wheelchair, Pediatric Size, T	\$ 2,667.86	Medicare is rental/BMS - Purchase(X 10)
E1235	Wheelchair, Pediatric Size, F	\$ 2,569.06	Medicare is rental/BMS - Purchase(X 10)
E1236	Wheelchair, Pediatric Size, F	\$ 2,266.42	Medicare is rental/BMS - Purchase(X 10)
E1237	Wheelchair, Pediatric Size, F	\$ 2,286.18	Medicare is rental/BMS - Purchase(X 10)
E1238	Wheelchair, Pediatric Size, F	\$ 2,266.42	Medicare is rental/BMS - Purchase(X 10)
E1239	Power Wheelchair, Pediatric	\$ -	Cost Invoice
E1372	Immersion External Heater F	\$ 135.75	Purchase
E1390	Oxygen Concentrator, Single	\$ 131.58	Rental
E1399	Durable Medical Equipment,	\$ -	Cost Invoice
E2100	Blood Glucose Monitor With	\$ 684.27	Purchase
E2201	Manual Wheelchair Accessor	\$ 349.74	Purchase
E2202	Manual Wheelchair Accessor	\$ 472.51	Purchase
E2203	Manual Wheelchair Accessor	\$ 460.98	Purchase
E2204	Manual Wheelchair Accessor	\$ 793.46	Purchase
E2205	Manual Wheelchair Accessor	\$ 34.43	Purchase
E2206	Manual Wheelchair Accessor	\$ 40.34	Purchase
E2207	Wheelchair Accessory, Crutc	\$ 45.43	Purchase
E2208	Wheelchair Accessory, Cylir	\$ 92.03	Purchase
E2209	Accessory, Arm Tough, With	\$ 90.12	Purchase
E2210	Wheelchair Accessory, Bear	\$ 5.62	Purchase
E2211	Manual Wheelchair Accessor	\$ 35.18	Purchase
E2212	Manual Wheelchair Accessor	\$ 6.18	Purchase
E2213	Manual Wheelchair Accessor	\$ 30.75	Purchase
E2214	Manual Wheelchair Accessor	\$ 32.32	Purchase
E2215	Manual Wheelchair Accessor	\$ 10.14	Purchase
E2216	Manual Wheelchair Accessor	\$ 47.58	Purchase
E2217	Manual Wheelchair Accessor	\$ 42.11	Purchase
E2218	Manual Wheelchair Accessor	\$ 47.58	Purchase
E2219	Manual Wheelchair Accessor	\$ 42.11	Purchase
E2220	Manual Wheelchair Accessor	\$ 27.40	Purchase
E2221	Manual Wheelchair Accessor	\$ 26.62	Purchase
E2222	Manual Wheelchair Accessor	\$ 22.10	Purchase
E2224	Manual Wheelchair Accessor	\$ 88.67	Purchase
E2225	Manual Wheelchair Accessor	\$ 18.44	Purchase
E2226	Manual Wheelchair Accessor	\$ 39.44	Purchase
E2227	Manual Wheelchair Accessor	\$ 2,587.39	Medicare is rental/BMS - Purchase(X 10)
E2228	Manual Wheelchair Accessor	\$ 1,253.46	Medicare is rental/BMS - Purchase(X 10)

Durable Medical Equipment (DME) Fee Schedule
Effective 04/01/23 - 03/31/24

HCPCS	DESCRIPTION	WV		Purchase or Rental
		Medicaid	Fee	
E2231	Solid Seat Support Base	\$	149.86	Purchase
E2291	Back, Planar, For Pediatric S	\$	-	Cost Invoice
E2292	Seat, Planar, For Pediatric Si	\$	-	Cost Invoice
E2293	Back, Contoured, For Pediatr	\$	-	Cost Invoice
E2294	Seat, Contoured, For Pediatr	\$	-	Cost Invoice
E2295	Manual Wheelchair Accessor	\$	-	Cost Invoice
E2310	Power Wheelchair Accessory	\$	1,344.98	Medicare is rental/BMS - Purchase(X 10)
E2311	Power Wheelchair Accessory	\$	2,719.08	Medicare is rental/BMS - Purchase(X 10)
E2312	Power Wheelchair Accessory	\$	2,789.02	Medicare is rental/BMS - Purchase(X 10)
E2313	Power Wheelchair Accessory	\$	443.17	Medicare is rental/BMS - Purchase(X 10)
E2321	Power Wheelchair Accessory	\$	1,827.28	Medicare is rental/BMS - Purchase(X 10)
E2322	Power Wheelchair Accessory	\$	1,671.93	Medicare is rental/BMS - Purchase(X 10)
E2323	Power Wheelchair Accessory	\$	62.89	Purchase
E2324	Power Wheelchair Accessory	\$	40.18	Purchase
E2325	Power Wheelchair Accessory	\$	1,597.44	Medicare is rental/BMS - Purchase(X 10)
E2326	Power Wheelchair Accessory	\$	413.92	Medicare is rental/BMS - Purchase(X 10)
E2327	Power Wheelchair Accessory	\$	3,111.42	Medicare is rental/BMS - Purchase(X 10)
E2328	Power Wheelchair Accessory	\$	5,887.18	Medicare is rental/BMS - Purchase(X 10)
E2329	Power Wheelchair Accessory	\$	2,105.35	Medicare is rental/BMS - Purchase(X 10)
E2330	Power Wheelchair Accessory	\$	4,073.68	Medicare is rental/BMS - Purchase(X 10)
E2340	Power Wheelchair Accessory	\$	381.25	Purchase
E2341	Power Wheelchair Accessory	\$	571.93	Purchase
E2342	Power Wheelchair Accessory	\$	476.62	Purchase
E2343	Power Wheelchair Accessory	\$	762.59	Purchase
E2351	Power Wheelchair Accessory	\$	640.86	Purchase
E2359	Gr34 sealed leadacid battery	\$	174.69	Purchase
E2360	Power Wheelchair Accessory	\$	119.53	Purchase
E2361	Power Wheelchair Accessory	\$	120.53	Purchase
E2362	Power Wheelchair Accessory	\$	97.86	Purchase
E2363	Power Wheelchair Accessory	\$	156.82	Purchase
E2364	Power Wheelchair Accessory	\$	115.94	Purchase
E2365	Power Wheelchair Accessory	\$	89.15	Purchase
E2366	Power Wheelchair Accessory	\$	197.81	Purchase
E2368	Power Wheelchair Compone	\$	569.14	Medicare is rental/BMS - Purchase(X 10)
E2369	Power Wheelchair Compone	\$	515.58	Medicare is rental/BMS - Purchase(X 10)
E2370	Power Wheelchair Compone	\$	817.18	Medicare is rental/BMS - Purchase(X 10)
E2371	Power Wheelchair Accessory	\$	137.78	Purchase
E2372	Power Wheelchair Accessory	\$	-	Cost Invoice
E2373	Power Wheelchair Accessory	\$	957.84	Medicare is rental/BMS - Purchase(X 10)
E2374	Power Wheelchair Accessory	\$	616.85	Medicare is rental/BMS - Purchase(X 10)

Durable Medical Equipment (DME) Fee Schedule
Effective 04/01/23 - 03/31/24

HCPCS	DESCRIPTION	WV	
		Medicaid	Purchase or Rental
		Fee	
E2375	Power Wheelchair Accessory	\$ 941.98	Medicare is rental/BMS - Purchase(X 10)
E2376	Power Wheelchair Accessory	\$ 1,541.54	Medicare is rental/BMS - Purchase(X 10)
E2377	Power Wheelchair Accessory	\$ 564.07	Medicare is rental/BMS - Purchase(X 10)
E2378	Pw Actuator Replacement	\$ 704.86	Medicare is rental/BMS - Purchase(X 10)
E2381	Power Wheelchair Accessory	\$ 64.84	Purchase
E2382	Power Wheelchair Accessory	\$ 17.89	Purchase
E2383	Power Wheelchair Accessory	\$ 132.42	Purchase
E2384	Power Wheelchair Accessory	\$ 67.27	Purchase
E2385	Power Wheelchair Accessory	\$ 42.78	Purchase
E2386	Power Wheelchair Accessory	\$ 119.34	Purchase
E2387	Power Wheelchair Accessory	\$ 53.93	Purchase
E2388	Power Wheelchair Accessory	\$ 44.94	Purchase
E2389	Power Wheelchair Accessory	\$ 24.76	Purchase
E2390	Power Wheelchair Accessory	\$ 38.53	Purchase
E2391	Power Wheelchair Accessory	\$ 18.06	Purchase
E2392	Power Wheelchair Accessory	\$ 45.43	Purchase
E2394	Power Wheelchair Accessory	\$ 63.78	Purchase
E2395	Power Wheelchair Accessory	\$ 46.42	Purchase
E2396	Power Wheelchair Accessory	\$ 54.06	Purchase
E2397	Power Wheelchair Accessory	\$ 438.90	Purchase
E2402	Negative Pressure Wound Tr	\$ 1,117.55	CAP rental
E2500	Sgd Digitized Pre-Rec <=8M	\$ 416.03	Purchase
E2502	Sgd Prerec Msg >8Min <=20	\$ 1,272.19	Purchase
E2504	Sgd Prerec Msg>20Min <=40	\$ 1,678.22	Purchase
E2506	Sgd Prerec Msg > 40 Min	\$ 2,460.74	Purchase
E2508	Sgd Spelling Phys Contact	\$ 3,805.14	Purchase
E2510	Sgd W Multi Methods Msg/4	\$ 7,200.72	Purchase
E2512	Sgd Accessory, Mounting Sy	\$ -	Cost Invoice
E2599	Accessory For Speech Gener	\$ -	Cost Invoice
E2601	General Use Wheelchair Sea	\$ 47.18	Purchase
E2602	General Use Wheelchair Sea	\$ 96.02	Purchase
E2603	Skin Protection Wheelchair S	\$ 120.09	Purchase
E2604	Skin Protection Wheelchair S	\$ 158.02	Purchase
E2605	Positioning Wheelchair Seat	\$ 226.65	Purchase
E2606	Positioning Wheelchair Seat	\$ 358.06	Purchase
E2607	Skin Protection And Position	\$ 232.84	Purchase
E2608	Skin Protection And Position	\$ 285.51	Purchase
E2609	Custom Fabricated Wheelcha	\$ -	Cost Invoice
E2611	General Use Wheelchair Bac	\$ 220.14	Purchase
E2612	General Use Wheelchair Bac	\$ 343.86	Purchase

Durable Medical Equipment (DME) Fee Schedule
Effective 04/01/23 - 03/31/24

HCPCS	DESCRIPTION	WV		Purchase or Rental
		Medicaid	Fee	
E2613	Positioning Wheelchair Back	\$	332.14	Purchase
E2614	Positioning Wheelchair Back	\$	473.57	Purchase
E2615	Positioning Wheelchair Back	\$	380.70	Purchase
E2616	Positioning Wheelchair Back	\$	512.46	Purchase
E2617	Custom Fabricated Wheelcha	\$	-	Cost Invoice
E2619	Replacement Cover For Whe	\$	46.02	Purchase
E2620	Positioning Wheelchair Back	\$	436.87	Purchase
E2621	Positioning Wheelchair Back	\$	483.56	Purchase
E2622	Adj Skin Pro W/C Cus Wd<	\$	294.69	Purchase
E2623	Adj Skin Pro Wc Cus Wd>=	\$	373.86	Purchase
E2624	Adj Skin Pro/Pos Cus<22In	\$	298.25	Purchase
E2625	Adj Skin Pro/Pos Wc Cus>=	\$	373.46	Purchase
E2626	Seo Mobile Arm Sup Att To	\$	642.92	Purchase
E2627	Arm Supp Att To Wc Ranch	\$	896.28	Purchase
E2628	Mobile Arm Supports Reclin	\$	675.20	Purchase
E2629	Friction Dampening Arm Sup	\$	980.17	Purchase
E2630	Monosuspension Arm/Hand	\$	597.51	Purchase
E2631	Elevat Proximal Arm Suppor	\$	239.02	Purchase
E2632	Offset/Lat Rocker Arm W/El	\$	151.98	Purchase
E2633	Mobile Arm Support Supinat	\$	128.91	Purchase
K0001	Standard Wheelchair	\$	39.85	CAP rental
K0002	Standard Hemi (Low Seat) W	\$	57.02	CAP rental
K0003	Lightweight Wheelchair	\$	64.93	CAP rental
K0004	High Strength, Lightweight \	\$	86.75	CAP rental
K0005	Ultralightweight Wheelchair	\$	196.67	CAP rental
K0006	Heavy Duty Wheelchair	\$	88.28	CAP rental
K0007	Extra Heavy Duty Wheelcha	\$	137.34	CAP rental
K0009	Other Manual Wheelchair/Ba	\$	79.10	CAP rental
K0015	Detachable, Non-Adjustable	\$	198.64	Medicare is rental/BMS - Purchase(X 10)
K0017	Detachable, Adjustable Heig	\$	45.09	Purchase
K0018	Detachable, Adjustable Heig	\$	25.33	Purchase
K0019	Arm Pad, Each	\$	14.04	Purchase
K0020	Fixed, Adjustable Height Arm	\$	42.52	Purchase
K0037	High Mount Flip-Up Footres	\$	37.54	Purchase
K0038	Leg Strap, Each	\$	21.95	Purchase
K0039	Leg Strap, H Style, Each	\$	47.94	Purchase
K0040	Adjustable Angle Footplate,	\$	60.05	Purchase
K0041	Large Size Footplate, Each	\$	46.47	Purchase
K0042	Standard Size Footplate, Eac	\$	30.98	Purchase
K0043	Footrest, Lower Extension T	\$	17.75	Purchase

Durable Medical Equipment (DME) Fee Schedule
Effective 04/01/23 - 03/31/24

HCPCS	DESCRIPTION	WV		Purchase or Rental
		Medicaid	Fee	
K0044	Footrest, Upper Hanger Brac	\$	15.26	Purchase
K0045	Footrest, Complete Assembly	\$	51.17	Purchase
K0046	Elevating Legrest, Lower Ex	\$	17.82	Purchase
K0047	Elevating Legrest, Upper Ha	\$	66.39	Purchase
K0050	Ratchet Assembly	\$	29.43	Purchase
K0051	Cam Release Assembly, Foo	\$	47.11	Purchase
K0052	Swingaway, Detachable Foot	\$	77.33	Purchase
K0053	Elevating Footrests, Articula	\$	88.38	Purchase
K0056	Seat Height Less Than 17" C	\$	96.97	Purchase
K0065	Spoke Protectors, Each	\$	46.71	Purchase
K0069	Rear Wheel Assembly, Comj	\$	99.77	Purchase
K0070	Rear Wheel Assembly, Comj	\$	228.28	Medicare is rental/BMS - Purchase(X 10)
K0071	Front Caster Assembly, Com	\$	111.87	Purchase
K0072	Front Caster Assembly, Com	\$	68.38	Purchase
K0073	Caster Pin Lock,Each	\$	35.29	Purchase
K0077	Front Caster Assembly, Com	\$	57.74	Purchase
K0098	Drive Belt For Power Wheel	\$	23.95	Purchase
K0105	Iv Hanger, Each	\$	101.93	Purchase
K0108	Wheelchair Component Or A	\$	-	Cost Invoice
K0195	Elevating Leg Rests, Pair (Fc	\$	193.83	Medicare is rental/BMS - Purchase(X 10)
K0606	Automatic External Defibrill	\$	2,679.19	CAP rental
K0669	Wheelchair Accessory, Seat	\$	-	Cost Invoice
K0730	Controlled Dose Inhalation I	\$	2,384.33	Medicare is rental/BMS - Purchase(X 10)
K0733	12-24Hr Sealed Lead Acid	\$	27.70	Purchase
K0739	Repair Of Nonroutine Servic	\$	14.77	Priced per Transmittal 11722 - 12.02.23
K0740	Repair Of Nonroutine Servic	\$	6.30	Per BMS - Purchase
K0800	Power Operated Vehicle, Gro	\$	-	CAP rental
K0801	Power Operated Vehicle, Gro	\$	1,285.96	CAP rental
K0802	Power Operated Vehicle, Gro	\$	209.29	CAP rental
K0806	Power Operated Vehicle, Gro	\$	1,359.06	CAP rental
K0807	Power Operated Vehicle, Gro	\$	2,083.02	CAP rental
K0808	Power Operated Vehicle, Gro	\$	3,221.49	CAP rental
K0812	Power Operated Vehicle, No	\$	-	Cost Invoice
K0813	Power Wheelchair, Group 1	\$	296.50	CAP rental
K0814	Power Wheelchair, Group 1	\$	347.45	CAP rental
K0815	Power Wheelchair, Group 1	\$	390.86	CAP rental
K0816	Power Wheelchair, Group 1	\$	369.79	CAP rental
K0820	Power Wheelchair, Group 2	\$	311.37	CAP rental
K0821	Power Wheelchair, Group 2	\$	365.93	CAP rental
K0822	Power Wheelchair, Group 2	\$	423.81	CAP rental

Durable Medical Equipment (DME) Fee Schedule
Effective 04/01/23 - 03/31/24

HCPCS	DESCRIPTION	WV	
		Medicaid	Purchase or Rental
		Fee	
K0823	Power Wheelchair, Group 21	\$ 415.28	CAP rental
K0824	Power Wheelchair, Group 21	\$ 546.58	CAP rental
K0825	Power Wheelchair, Group 21	\$ 502.75	CAP rental
K0826	Power Wheelchair, Group 21	\$ 792.72	CAP rental
K0827	Power Wheelchair, Group 21	\$ 682.52	CAP rental
K0828	Power Wheelchair, Group 21	\$ 923.18	CAP rental
K0829	Power Wheelchair, Group 21	\$ 871.85	CAP rental
K0830	Power Wheelchair, Group 21	\$ 354.07	Per BMS - 10 Mth CAP Rental
K0831	Power Wheelchair, Group 21	\$ 354.07	Per BMS - 10 Mth CAP Rental
K0835	Power Wheelchair, Group 21	\$ 444.01	CAP rental
K0836	Power Wheelchair, Group 21	\$ 460.48	CAP rental
K0837	Power Wheelchair, Group 21	\$ 544.63	CAP rental
K0838	Power Wheelchair, Group 21	\$ 485.47	CAP rental
K0839	Power Wheelchair, Group 21	\$ 712.24	CAP rental
K0840	Power Wheelchair, Group 21	\$ 1,084.74	CAP rental
K0841	Power Wheelchair, Group 21	\$ 482.91	CAP rental
K0842	Power Wheelchair, Group 21	\$ 482.65	CAP rental
K0843	Power Wheelchair, Group 21	\$ 577.97	CAP rental
K0848	Power Wheelchair, Group 31	\$ 726.86	CAP rental
K0849	Power Wheelchair, Group 31	\$ 698.82	CAP rental
K0850	Power Wheelchair, Group 31	\$ 843.11	CAP rental
K0851	Power Wheelchair, Group 31	\$ 810.66	CAP rental
K0852	Power Wheelchair, Group 31	\$ 974.17	CAP rental
K0853	Power Wheelchair, Group 31	\$ 1,000.73	CAP rental
K0854	Power Wheelchair, Group 31	\$ 1,325.74	CAP rental
K0855	Power Wheelchair, Group 31	\$ 1,252.35	CAP rental
K0856	Power Wheelchair, Group 31	\$ 780.18	CAP rental
K0857	Power Wheelchair, Group 31	\$ 795.83	CAP rental
K0858	Power Wheelchair, Group 31	\$ 967.99	CAP rental
K0859	Power Wheelchair, Group 31	\$ 923.17	CAP rental
K0860	Power Wheelchair, Group 31	\$ 1,382.90	CAP rental
K0861	Power Wheelchair, Group 31	\$ 781.44	CAP rental
K0862	Power Wheelchair, Group 31	\$ 967.99	CAP rental
K0863	Power Wheelchair, Group 31	\$ 1,382.90	CAP rental
K0864	Power Wheelchair, Group 31	\$ 1,645.66	CAP rental
K0868	Power Wheelchair, Group 41	\$ -	Cost Invoice
K0869	Power Wheelchair, Group 41	\$ -	Cost Invoice
K0870	Power Wheelchair, Group 41	\$ -	Cost Invoice
K0871	Power Wheelchair, Group 41	\$ -	Cost Invoice
K0877	Power Wheelchair, Group 41	\$ -	Cost Invoice

Durable Medical Equipment (DME) Fee Schedule
Effective 04/01/23 - 03/31/24

HCPCS	DESCRIPTION	WV	
		Medicaid	Purchase or Rental
		Fee	
K0878	Power Wheelchair, Group 4	\$ -	Cost Invoice
K0879	Power Wheelchair, Group 4	\$ -	Cost Invoice
K0880	Power Wheelchair, Group 4	\$ -	Cost Invoice
K0884	Power Wheelchair, Group 4	\$ -	Cost Invoice
K0885	Power Wheelchair, Group 4	\$ -	Cost Invoice
K0886	Power Wheelchair, Group 4	\$ -	Cost Invoice
K0890	Power Wheelchair, Group 5	\$ -	Cost Invoice
K0891	Power Wheelchair, Group 5	\$ -	Cost Invoice
K0898	Power Wheelchair, Not Othe	\$ -	Cost Invoice
K0899	Power Mobility Device, Not	\$ -	Cost Invoice
L0112	Cranial Cervical Orthosis, Co	\$ 1,253.30	Purchase
L0113	Cranial Cervical Torticollis	\$ 255.36	Purchase
L0120	Cervical, Flexible; Non-Adju	\$ 23.98	Purchase
L0130	Cervical, Flexible, Thermop	\$ 169.55	Purchase
L0140	Cervical, Semi-Rigid; Adjust	\$ 56.07	Purchase
L0150	Cervical, Semi-Rigid, Adjust	\$ 102.86	Purchase
L0160	Cervical, Semi-Rigid, Wire F	\$ 134.35	Purchase
L0170	Cervical Collar; Molded Tol	\$ 553.24	Purchase
L0172	Cervical, Collar, Semi-Rigid	\$ 119.95	Purchase
L0174	Cervical, Collar, Semi-Rigid	\$ 235.66	Purchase
L0180	Cervical, Multiple Post Colla	\$ 326.77	Purchase
L0190	Cervical, Multiple Post Colla	\$ 424.94	Purchase
L0200	Cervical, Multiple Post Colla	\$ 443.00	Purchase
L0220	Thoracic, Rib Belt, Custom I	\$ 120.98	Purchase
L0450	Tlso, Flexible, Provides Trun	\$ 130.82	Purchase
L0452	Tlfo, Flexible, Provides Trun	\$ 198.51	Per BMS - Purchase
L0454	Tlso Flexible, Provides Trun	\$ 310.56	Purchase
L0456	Tlso, Flexible Provides Trun	\$ 890.60	Purchase
L0466	Tlso, Sagittal Control, Rigid	\$ 323.51	Purchase
L0468	Tlso, Sagittal-Coronal Contr	\$ 428.60	Purchase
L0470	Tlso, Triplanar Control, Rigi	\$ 546.92	Purchase
L0472	Tlso, Triplanar Control, Hyp	\$ 346.86	Purchase
L0480	Tlso, Triplanar Control, One	\$ 1,221.51	Purchase
L0482	Tlso, Triplanar Control, One	\$ 1,418.84	Purchase
L0484	Tslo, Triplanar Control, Two	\$ 1,524.50	Purchase
L0486	Tlfo, Triplanar Control, Two	\$ 1,617.42	Purchase
L0488	Tlso, Triplanar Control, One	\$ 898.87	Purchase
L0490	Tlso, Sagittal-Coronal Contr	\$ 253.32	Purchase
L0491	Tlso, Sagittal-Coronal Contr	\$ 687.71	Purchase
L0492	Tlso, Sagittal-Coronal Contr	\$ 452.29	Purchase

Durable Medical Equipment (DME) Fee Schedule
Effective 04/01/23 - 03/31/24

HCPCS	DESCRIPTION	WV	
		Medicaid	Purchase or Rental
		Fee	
L0621	Sacroiliac Orthosis, Flexible,	\$ 68.48	Purchase
L0622	Sacroiliac Orthosis, Flexible,	\$ 259.09	Purchase
L0623	Sacroiliac Orthosis, Provides	\$ 131.08	Purchase
L0624	Sacroiliac Orthosis, Provides	\$ -	Cost Invoice
L0625	Lumbar Orthosis, Flexible, P	\$ 40.84	Purchase
L0626	Lumbar Orthosis, Sagittal Cc	\$ 69.78	Purchase
L0627	Lumbar Orthosis, Sagittal Cc	\$ 368.10	Purchase
L0628	Lso, Flexible, Provides Luml	\$ 62.21	Purchase
L0629	Lso, Flexible, Provides Luml	\$ 164.18	Per BMS - Purchase
L0630	Lso, Sagittal Control, With R	\$ 145.02	Purchase
L0631	Lso, Sagittal Control, With R	\$ 919.26	Purchase
L0632	Lso, Sagittal Control, With R	\$ -	Cost Invoice
L0633	Lso, Sagittal-Coronal Contro	\$ 256.78	Purchase
L0634	Lso, Sagittal-Coronal Contro	\$ -	Cost Invoice
L0635	Lso, Sagittal-Coronal Contro	\$ 821.12	Purchase
L0636	Lso, Sagittal-Coronal Contro	\$ 1,215.57	Purchase
L0637	Lso, Sagittal-Coronal Contro	\$ 961.97	Purchase
L0638	Lso, Sagittal-Coronal Contro	\$ 1,181.02	Purchase
L0639	Lso, Sagittal-Coronal Contro	\$ 961.97	Purchase
L0640	Lso, Sagittal-Coronal Contro	\$ 937.03	Purchase
L0700	Ctlso, Anterior-Posterior-Lat	\$ 1,753.69	Purchase
L0710	Ctlso, Anterior-Posterior-Lat	\$ 1,791.61	Purchase
L0810	Halo Procedure, Cervical Ha	\$ 2,240.63	Purchase
L0820	Halo Procedure, Cervical Ha	\$ 2,011.11	Purchase
L0830	Halo Procedure, Cervical Ha	\$ 2,834.26	Purchase
L0859	Addition To Halo Procedure,	\$ 1,181.15	Purchase
L0861	Additional To Halo Procedur	\$ 193.00	Purchase
L0970	Tlso, Corset Front	\$ 115.35	Purchase
L0972	Lso, Corset Front	\$ 103.61	Purchase
L0974	Tlso, Full Corset	\$ 153.86	Purchase
L0976	Lso, Full Corset	\$ 137.17	Purchase
L0978	Axillary Crutch Extension	\$ 181.06	Purchase
L0980	Peroneal Straps, Pair	\$ 19.76	Purchase
L0982	Stocking Supporter Grips, Se	\$ 13.97	Purchase
L0984	Protective Body Sock, Each	\$ 57.99	Purchase
L0999	Additional To Spinal Orthosi	\$ -	Cost Invoice
L1000	Cervical-Thoracic-Lumbar-S	\$ 1,759.47	Purchase
L1001	Cervical Thoracic Lumbar S:	\$ -	Cost Invoice
L1010	Additions To Cervical-Thora	\$ 57.58	Purchase
L1020	Addition To Ctlso Or Scolios	\$ 74.15	Purchase

Durable Medical Equipment (DME) Fee Schedule
Effective 04/01/23 - 03/31/24

HCPCS	DESCRIPTION	WV		Purchase or Rental
		Medicaid	Fee	
L1025	Addition To Ctlso Or Scolio:	\$	141.54	Purchase
L1030	Addition To Ctlso Or Scolio:	\$	54.57	Purchase
L1040	Addition To Ctlso Or Scolio:	\$	71.42	Purchase
L1050	Addition To Ctlso Or Scolio:	\$	86.09	Purchase
L1060	Addition To Ctlso Or Scolio:	\$	103.26	Purchase
L1070	Addition To Ctlso Or Scolio:	\$	100.82	Purchase
L1080	Addition To Ctlso Or Scolio:	\$	56.70	Purchase
L1085	Addition To Ctlso Or Scolio:	\$	153.43	Purchase
L1090	Addition To Ctlso Or Scolio:	\$	101.50	Purchase
L1100	Addition To Ctlso Or Scolio:	\$	162.09	Purchase
L1110	Addition To Ctlso Or Scolio:	\$	219.10	Purchase
L1120	Addition To Ctlso Or Scolio:	\$	37.06	Purchase
L1200	Thoracic-Lumbar-Sacral-Ort	\$	1,344.09	Purchase
L1210	Addition To Tlso, (Low Prof	\$	224.46	Purchase
L1220	Addition To Tlso, (Low Prof	\$	214.43	Purchase
L1230	Addition To Tlso, (Low Prof	\$	549.64	Purchase
L1240	Addition To Tlso, (Low Prof	\$	74.30	Purchase
L1250	Addition To Tlso, (Low Prof	\$	74.30	Purchase
L1260	Addition To Tlso, (Low Prof	\$	75.86	Purchase
L1270	Addition To Tlso, (Low Prof	\$	77.07	Purchase
L1280	Addition To Tlso, (Low Prof	\$	88.65	Purchase
L1290	Addition To Tlso, (Low Prof	\$	70.18	Purchase
L1300	Other Scoliosis Procedure, B	\$	1,580.10	Purchase
L1310	Other Scoliosis Procedure, F	\$	1,623.56	Purchase
L1499	Spinal Orthosis, Not Otherwi	\$	-	Cost Invoice
L1600	Hip Orthosis, Ho), Abduction	\$	110.54	Purchase
L1610	Ho, Abduction Control Of H	\$	48.78	Purchase
L1620	Ho, Abduction Control Of H	\$	138.16	Purchase
L1630	Ho, Abduction Control Of H	\$	145.36	Purchase
L1640	Ho, Abduction Control Of H	\$	442.49	Purchase
L1650	Ho, Abduction Control Of H	\$	223.92	Purchase
L1660	Ho, Abduction Control Of H	\$	146.81	Purchase
L1680	Ho, Abduction Control Of H	\$	1,045.22	Purchase
L1685	Ho, Abduction Control Of H	\$	1,066.70	Purchase
L1686	Ho, Abduction Control Of H	\$	984.95	Purchase
L1690	Combination, Bilateral, Lum	\$	1,731.58	Purchase
L1700	Legg Perthes Orthosis, (Toro	\$	1,310.02	Purchase
L1710	Legg Perthes Orthosis, (New	\$	1,533.52	Purchase
L1720	Legg Perthes Orthosis, Trilat	\$	1,130.39	Purchase
L1730	Legg Perthes Orthosis, (Scot	\$	970.90	Purchase

Durable Medical Equipment (DME) Fee Schedule
Effective 04/01/23 - 03/31/24

HCPCS	DESCRIPTION	WV		Purchase or Rental
		Medicaid	Fee	
L1755	Legg Perthes Orthosis, (Patte	\$ 1,540.76		Purchase
L1810	Ko, Elastic With Joints, Prefi	\$ 84.48		Purchase
L1820	Ko, Elastic With Condylar P	\$ 130.88		Purchase
L1830	Ko, Immobilizer, Canvas Lor	\$ 69.00		Purchase
L1831	Ko, Locking Knee Joint(S), I	\$ 263.55		Purchase
L1832	Knee Orthosis, Adjustable K	\$ 606.69		Purchase
L1834	Ko, Without Knee Joint, Rig	\$ 665.91		Purchase
L1836	Ko, Rigid, Without Joint(S),	\$ 101.04		Purchase
L1840	Ko, Derotation, Medial-Late	\$ 887.02		Purchase
L1843	Knee Orthosis, Single Uprigl	\$ 803.46		Purchase
L1844	Knee Orthosis, Double Uprig	\$ 1,392.64		Purchase
L1845	Knee Orthosis, Double Uprig	\$ 833.78		Purchase
L1846	Knee Orthosis, Double Uprig	\$ 1,022.26		Purchase
L1847	Ko, Double Upright With Ac	\$ 515.04		Purchase
L1850	Ko, Swedish Type, Prefabric	\$ 225.48		Purchase
L1860	Ko, Modification Of Supracc	\$ 920.52		Purchase
L1900	Ankle-Foot Orthosis (Afo), S	\$ 231.42		Purchase
L1902	Afo, Ankle Gauntlet, Prefabr	\$ 79.97		Purchase
L1904	Afo, Molded Ankle Gauntlet	\$ 480.90		Purchase
L1906	Afo, Multiligamentous Ankle	\$ 103.17		Purchase
L1907	Afo, Supramalleolar With St	\$ 503.86		Purchase
L1910	Afo, Posterior, Single Bar, C	\$ 234.29		Purchase
L1920	Afo, Single Upright With Sta	\$ 299.90		Purchase
L1930	Afo, Plastic Or Other Materi	\$ 202.93		Purchase
L1932	Afo, Rigid Anterior Tibial Se	\$ 799.06		Purchase
L1940	Afo, Plastic Or Other Materi	\$ 424.25		Purchase
L1945	Afo, Molded To Patient Mod	\$ 1,014.30		Purchase
L1950	Afo, Spiral (Institute Of Reh	\$ 672.52		Purchase
L1951	Afo, Spiral, (Institute Of Reh	\$ 752.02		Purchase
L1960	Afo, Posterior Solid Ankle, F	\$ 507.23		Purchase
L1970	Afo, Plastic With Ankle Join	\$ 610.42		Purchase
L1971	Afo, Plastic Or Other Materi	\$ 419.72		Purchase
L1980	Afo, Single Upright Free Pla	\$ 314.83		Purchase
L1990	Afo, Double Upright Free Pl	\$ 382.38		Purchase
L2000	Knee-Ankle-Foot-Orthosis (I	\$ 905.93		Purchase
L2005	Kafo, Any Material, Single C	\$ 3,669.31		Purchase
L2010	Kafo, Single Upright, Free A	\$ 845.10		Purchase
L2020	Kafo, Double Upright, Free /	\$ 1,064.10		Purchase
L2030	Kafo Double Upright, Free /	\$ 965.96		Purchase
L2034	Kafo, Full Plastic, Single Up	\$ 1,824.49		Purchase

Durable Medical Equipment (DME) Fee Schedule
Effective 04/01/23 - 03/31/24

HCPCS	DESCRIPTION	WV		Purchase or Rental
		Medicaid	Fee	
L2035	Kafo, Full Plastic, Static (Pec	\$	156.69	Purchase
L2036	Kafo, Full Plastic, Double Uj	\$	1,649.34	Purchase
L2037	Knee Ankle Foot Orthosis, F	\$	1,538.74	Purchase
L2038	Knee Ankle Foot Orthosis, I	\$	1,563.11	Purchase
L2040	Hip-Knee-Ankle-Foot Ortho:	\$	189.58	Purchase
L2050	Hkafo, Torsion Control, Bila	\$	408.64	Purchase
L2060	Hkafo, Torsion Control, Bil:	\$	498.06	Purchase
L2070	Hkafo, Torsion Control, Unil	\$	127.90	Purchase
L2080	Hkafo, Torsion Control, Unil	\$	308.55	Purchase
L2090	Hkafo, Torsion Control, Unil	\$	376.15	Purchase
L2106	Ankle-Foot-Orthosis (Afo), I	\$	583.26	Purchase
L2108	Afo, Fracture Orthosis, Tibia	\$	1,015.57	Purchase
L2112	Afo, Fracture Orthosis, Tibia	\$	467.11	Purchase
L2114	Afo, Fracture Orthosis, Tibia	\$	585.89	Purchase
L2116	Afo, Fracture Orthosis, Tibia	\$	674.11	Purchase
L2126	Knee-Ankle-Foot-Orthosis (l	\$	1,127.67	Purchase
L2128	Kafo, Fracture Orthosis, Ferr	\$	1,596.86	Purchase
L2132	Kafo, Fracture Orthosis, Ferr	\$	865.76	Purchase
L2134	Kafo, Fracture Orthosis, Ferr	\$	923.83	Purchase
L2136	Kafo, Fracture Orthosis, Ferr	\$	1,102.66	Purchase
L2180	Addition To Lower Extremit	\$	102.90	Purchase
L2182	Addition To Lower Extremit	\$	85.26	Purchase
L2184	Addition To Lower Extremit	\$	116.55	Purchase
L2186	Addition To Lower Extremit	\$	161.66	Purchase
L2188	Addition To Lower Extremit	\$	309.60	Purchase
L2190	Addition To Lower Extremit	\$	79.99	Purchase
L2192	Addition To Lower Extremit	\$	351.27	Purchase
L2200	Addition To Lower Extremit	\$	40.78	Purchase
L2210	Addition To Lower Extremit:	\$	59.04	Purchase
L2220	Addition To Lower Extremit	\$	70.25	Purchase
L2230	Addition To Lower Extremit	\$	65.82	Purchase
L2232	Addition To Lower Extremit	\$	89.12	Purchase
L2240	Addition To Lower Extremit	\$	81.47	Purchase
L2250	Addition To Lower Extremit	\$	330.30	Purchase
L2260	Addition To Lower Extremit:	\$	171.96	Purchase
L2265	Addition To Lower Extremit	\$	101.02	Purchase
L2270	Addition To Lower Extremit	\$	47.36	Purchase
L2275	Addition To Lower Extremit	\$	111.67	Purchase
L2280	Addition To Lower Extremit	\$	390.50	Purchase
L2300	Addition To Lower Extremit	\$	244.86	Purchase

Durable Medical Equipment (DME) Fee Schedule
Effective 04/01/23 - 03/31/24

HCPCS	DESCRIPTION	WV		Purchase or Rental
		Medicaid	Fee	
L2310	Addition To Lower Extremity	\$	122.62	Purchase
L2320	Addition To Lower Extremity	\$	176.50	Purchase
L2330	Addition To Lower Extremity	\$	369.47	Purchase
L2335	Addition To Lower Extremity	\$	228.11	Purchase
L2340	Addition To Lower Extremity	\$	493.83	Purchase
L2350	Addition To Lower Extremity	\$	852.89	Purchase
L2360	Addition To Lower Extremity	\$	44.38	Purchase
L2370	Addition To Lower Extremity	\$	287.61	Purchase
L2375	Addition To Lower Extremity	\$	121.48	Purchase
L2380	Addition To Lower Extremity	\$	105.61	Purchase
L2385	Addition To Lower Extremity	\$	114.90	Purchase
L2387	Addition To Lower Extremity	\$	165.54	Purchase
L2390	Addition To Lower Extremity	\$	96.22	Purchase
L2395	Addition To Lower Extremity	\$	134.22	Purchase
L2397	Addition To Lower Extremity	\$	104.56	Purchase
L2405	Addition To Knee Joint, Dro	\$	78.06	Purchase
L2415	Addition To Knee Lock With	\$	108.76	Purchase
L2425	Addition To Knee Joint, Disc	\$	128.35	Purchase
L2430	Addition To Knee Joint, Rate	\$	128.35	Purchase
L2492	Addition To Knee Joint, Life	\$	116.54	Purchase
L2500	Addition To Lower Extremity	\$	278.80	Purchase
L2510	Addition To Lower Extremity	\$	625.53	Purchase
L2520	Addition To Lower Extremity	\$	412.63	Purchase
L2525	Addition To Lower Extremity	\$	1,113.27	Purchase
L2526	Addition To Lower Extremity	\$	635.30	Purchase
L2530	Addition To Lower Extremity	\$	201.56	Purchase
L2540	Addition To Lower Extremity	\$	362.68	Purchase
L2550	Addition To Lower Extremity	\$	246.38	Purchase
L2570	Addition To Lower Extremity	\$	408.60	Purchase
L2580	Addition To Lower Extremity	\$	398.14	Purchase
L2600	Addition To Lower Extremity	\$	218.02	Purchase
L2610	Addition To Lower Extremity	\$	230.92	Purchase
L2620	Addition To Lower Extremity	\$	259.66	Purchase
L2622	Addition To Lower Extremity	\$	294.37	Purchase
L2624	Addition To Lower Extremity	\$	284.07	Purchase
L2627	Addition To Lower Extremity	\$	1,550.09	Purchase
L2628	Addition To Lower Extremity	\$	1,524.74	Purchase
L2630	Addition To Lower Extremity	\$	212.42	Purchase
L2640	Addition To Lower Extremity	\$	288.28	Purchase
L2650	Addition To Lower Extremity	\$	122.74	Purchase

Durable Medical Equipment (DME) Fee Schedule
Effective 04/01/23 - 03/31/24

HCPCS	DESCRIPTION	WV		Purchase or Rental
		Medicaid	Fee	
L2660	Addition To Lower Extremity	\$	159.88	Purchase
L2670	Addition To Lower Extremity	\$	155.05	Purchase
L2680	Addition To Lower Extremity	\$	143.62	Purchase
L2750	Addition To Lower Extremity	\$	71.70	Purchase
L2755	Addition To Lower Extremity	\$	116.98	Purchase
L2760	Addition To Lower Extremity	\$	52.12	Purchase
L2780	Addition To Lower Extremity	\$	58.06	Purchase
L2785	Addition To Lower Extremity	\$	27.30	Purchase
L2795	Addition To Lower Extremity	\$	74.04	Purchase
L2800	Addition To Lower Extremity	\$	113.81	Purchase
L2810	Addition To Lower Extremity	\$	89.34	Purchase
L2820	Addition To Lower Extremity	\$	74.50	Purchase
L2830	Addition To Lower Extremity	\$	80.59	Purchase
L2840	Addition To Lower Extremity	\$	47.64	Purchase
L2850	Addition To Lower Extremity	\$	53.11	Purchase
L2999	Lower Extremity Orthosis, N	\$	-	Cost Invoice
L3000	Foot, Insert, Removable, Mo	\$	281.29	Purchase
L3001	Foot, Insert, Removable, Mo	\$	118.44	Purchase
L3002	Foot, Insert, Removable, Mo	\$	144.62	Purchase
L3003	Foot, Insert, Removable, Mo	\$	156.06	Purchase
L3010	Foot, Insert, Removable, Mo	\$	156.06	Purchase
L3020	Foot, Insert, Removable, Mo	\$	177.65	Purchase
L3030	Foot, Insert, Removable, For	\$	68.34	Purchase
L3031	Foot, Insert/Plate, Removable	\$	109.68	Purchase
L3040	Foot, Arch Support, Removable	\$	42.14	Purchase
L3050	Foot, Arch Support, Removable	\$	42.14	Purchase
L3060	Foot, Arch Support, Removable	\$	66.03	Purchase
L3070	Foot, Arch Support, Non-Removable	\$	28.45	Purchase
L3080	Foot, Arch Support, Non-Removable	\$	28.45	Purchase
L3090	Foot, Arch Support, Non-Removable	\$	36.46	Purchase
L3100	Hallus-Valgus Night Dynamometer	\$	38.71	Purchase
L3140	Foot, Abduction Rotation Band	\$	79.74	Purchase
L3150	Foot, Abduction Rotation Band	\$	72.89	Purchase
L3170	Foot, Plastic, Silicone Or Equivalent	\$	45.57	Purchase
L3201	Orthopedic Shoe, Oxford Width	\$	36.00	Per BMS - Purchase
L3202	Orthopedic Shoe, Oxford Width	\$	36.00	Per BMS - Purchase
L3203	Orthopedic Shoe, Oxford Width	\$	37.80	Per BMS - Purchase
L3204	Orthopedic Shoe, Hightop Width	\$	36.00	Per BMS - Purchase
L3206	Orthopedic Shoe, Hightop Width	\$	36.00	Per BMS - Purchase
L3207	Orthopedic Shoe, Hightop Width	\$	37.80	Per BMS - Purchase

Durable Medical Equipment (DME) Fee Schedule
Effective 04/01/23 - 03/31/24

HCPCS	DESCRIPTION	WV	
		Medicaid	Purchase or Rental
		Fee	
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	\$ 80.38	Per BMS - Purchase
L3216	Orthopedic Footwear, Ladies	\$ 123.93	Per BMS - Purchase
L3217	Orthopedic Footwear, Ladies	\$ 164.43	Per BMS - Purchase
L3219	Orthopedic Footwear, Men'S	\$ 82.52	Per BMS - Purchase
L3221	Orthopedic Footwear, Men'S	\$ 143.37	Per BMS - Purchase
L3222	Orthopedic Footwear, Men'S	\$ 162.00	Per BMS - Purchase
L3224	Orthopedic Footwear, Woma	\$ 57.06	Purchase
L3225	Orthopedic Footwear, Man'S	\$ 58.60	Purchase
L3230	Orthopedic Footwear, Custoi	\$ 392.04	Per BMS - Purchase
L3250	Orthopedic Footwear, Custoi	\$ 277.83	Per BMS - Purchase
L3251	Foot, Shoe Molded To Patier	\$ -	Cost Invoice
L3252	Foot, Shoe Molded To Patier	\$ 81.00	Per BMS - Purchase
L3253	Foot, Molded Shoe Plastazot	\$ 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, Additi	\$ 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, Tapere	\$ 46.69	Purchase
L3310	Lift, Elevation, Heel And So	\$ 72.89	Purchase
L3320	Lift, Elevation, Heel And So	\$ 103.68	Per BMS - Purchase
L3330	Lift, Elevation, Metal Extens	\$ 506.78	Purchase
L3332	Lift, Elevation, Inside Shoe,	\$ 66.03	Purchase
L3334	Lift, Elevation, Heel, Per Inc	\$ 34.18	Purchase
L3340	Heel Wedge, Sach	\$ 76.34	Purchase
L3350	Heel Wedge	\$ 20.51	Purchase
L3360	Sole Wedge, Outside Sole	\$ 31.89	Purchase
L3370	Sole Wedge, Between Sole	\$ 44.38	Purchase
L3380	Clubfoot Wedge	\$ 44.38	Purchase
L3390	Outflare Wedge	\$ 44.38	Purchase
L3400	Metatarsal Bar Wedge, Rock	\$ 36.46	Purchase
L3410	Metatarsal Bar Wedge, Betw	\$ 83.13	Purchase
L3420	Full Sole And Heel Wedge; I	\$ 48.98	Purchase
L3430	Heel, Counter, Plastic Reinfc	\$ 143.50	Purchase

Durable Medical Equipment (DME) Fee Schedule
Effective 04/01/23 - 03/31/24

HCPCS	DESCRIPTION	WV		Purchase or Rental
		Medicaid	Fee	
L3440	Heel, Counter, Leather Reinf	\$	68.34	Purchase
L3450	Heel, Sach Cushion Type	\$	94.54	Purchase
L3455	Heel, New Leather, Standard	\$	36.46	Purchase
L3460	Heel, New Rubber, Standard	\$	30.72	Purchase
L3465	Heel, Thomas With Wedge	\$	52.38	Purchase
L3470	Heel, Thomas Extended To I	\$	55.79	Purchase
L3480	Heel, Pad And Depression I	\$	55.79	Purchase
L3485	Heel, Pad, Removal For Spu	\$	13.77	Per BMS - Purchase
L3500	Orthopedic Shoe Addition, I	\$	26.19	Purchase
L3510	Orthopedic Shoe Addition In	\$	26.19	Purchase
L3520	Orthopedic Shoe Addition In	\$	28.45	Purchase
L3530	Orthopedic Shoe Addition Sc	\$	28.45	Purchase
L3540	Orthopedic Shoe Addition Sc	\$	45.57	Purchase
L3550	Orthopedic Shoe Addition To	\$	7.95	Purchase
L3560	Orthopedic Shoe Addition To	\$	20.51	Purchase
L3570	Orthopedic Shoe Addition, S	\$	76.34	Purchase
L3580	Orthopedic Shoe Addition, C	\$	58.08	Purchase
L3590	Orthopedic Shoe Addition, C	\$	47.83	Purchase
L3595	Orthopedic Shoe Addition, M	\$	37.57	Purchase
L3600	Transfer Of An Orthosis Fro	\$	68.34	Purchase
L3610	Transfer Of An Orthosis Fro	\$	89.97	Purchase
L3620	Transfer Of An Orthosis Fro	\$	68.34	Purchase
L3630	Transfer Of An Orthosis Fro	\$	89.97	Purchase
L3640	Transfer Of An Orthosis Fro	\$	38.71	Purchase
L3649	Orthopedic Shoe, Modificati	\$	-	Cost Invoice
L3650	Shoulder Orthosis, (So); Fig	\$	57.04	Purchase
L3660	Shoulder Orthosis, Figure Of	\$	86.28	Purchase
L3670	Shoulder Orthosis, Acromio	\$	114.02	Purchase
L3671	Shoulder Orthosis, Shoulder	\$	734.34	Purchase
L3674	So Airplane W/Wo Joint Cf	\$	963.29	Purchase
L3702	Elbow Orthosis, Without Joi	\$	235.31	Purchase
L3710	Elbow Orthosis (Eo), Elastic	\$	131.18	Purchase
L3720	Elbow Orthosis (Eo), Double	\$	585.32	Purchase
L3730	Elbow Orthosis (Eo), Double	\$	756.71	Purchase
L3740	Elbow Orthosis (Eo), Double	\$	897.15	Purchase
L3760	Eo withjoint, prefabricated	\$	407.54	Purchase
L3761	Eo, adj lock joint prefab ot	\$	407.54	Purchase
L3762	Eo rigid w/o joints pre ots	\$	87.62	Purchase
L3763	Ewho, Rigid, Without Joints,	\$	572.04	Purchase
L3764	Ewho, Includes One Or More	\$	746.65	Purchase

Durable Medical Equipment (DME) Fee Schedule
Effective 04/01/23 - 03/31/24

HCPCS	DESCRIPTION	WV		Purchase or Rental
		Medicaid	Fee	
L3765	Ewhfo, Rigid, Without Joints	\$ 1,044.95		Purchase
L3766	Ewhfo, Includes One Or More	\$ 1,106.53		Purchase
L3806	Wrist-Hand-Finger Orthosis,	\$ 370.20		Purchase
L3807	Wrist-Hand-Finger-Orthosis	\$ 203.78		Purchase
L3808	Wrist-Hand-Finger Orthosis,	\$ 304.75		Purchase
L3900	Wrist-Hand-Finger Orthosis,	\$ 1,188.27		Purchase
L3901	Wrist-Hand-Finger Orthosis,	\$ 1,349.42		Purchase
L3904	Wrist-Hand-Finger Orthosis,	\$ 2,458.26		Purchase
L3905	Wrist-Hand Orthosis, Includes	\$ 808.19		Purchase
L3906	Wrist-Hand Orthosis, Without	\$ 358.83		Purchase
L3908	Wrist-Hand Orthosis (Who),	\$ 56.46		Purchase
L3912	Hand-Finger Orthosis, Flexion	\$ 97.82		Purchase
L3913	Hand-Finger Orthosis, With	\$ 220.72		Purchase
L3915	Wrist-Hand-Finger Orthosis,	\$ 433.19		Purchase
L3917	Hand Orthosis, Metacarpal F	\$ 86.13		Purchase
L3919	Hand Orthosis, Without Joint	\$ 220.72		Purchase
L3921	Hand-Finger Orthosis, Includes	\$ 261.77		Purchase
L3923	Hfo, Without Joints, May Include	\$ 78.66		Purchase
L3925	Finger Orthosis Proximal Int	\$ 42.18		Purchase
L3927	Finger Orthosis, Proximal In	\$ 28.49		Purchase
L3929	Hand Finger Orthosis, Includes	\$ 74.74		Purchase
L3931	Wrist Hand Finger Orthosis,	\$ 153.07		Purchase
L3933	Finger Orthosis, Without Joint	\$ 173.86		Purchase
L3935	Finger Orthosis, Nontorsion .	\$ 180.02		Purchase
L3956	Addition Of Joint To Upper l	\$ -		Cost Invoice
L3960	Shoulder-Elbow-Wrist-Hand	\$ 617.49		Purchase
L3961	Shoulder-Elbow-Wrist-Hand	\$ 1,369.19		Purchase
L3962	Shoulder-Elbow-Wrist-Hand	\$ 602.30		Purchase
L3967	Sewho, Abduction Positionir	\$ 1,616.56		Purchase
L3971	Sewho, Shoulder Cap Desigr	\$ 1,534.50		Purchase
L3973	Sewho, Abduction Positionir	\$ 1,616.56		Purchase
L3975	Sewhfo, Shoulder Cap Desig	\$ 1,369.19		Purchase
L3976	Sewhfo, Abduction Positioni	\$ 1,369.19		Purchase
L3977	Sewhfo, Shoulder Cap Desig	\$ 1,534.50		Purchase
L3978	Sewhfo, Abduction Positioni	\$ 1,616.56		Purchase
L3980	Upper Extremity Fracture Or	\$ 268.80		Purchase
L3981	Ue fx orth shoul cap forearm	\$ 820.30		Purchase
L3982	Upper Extremity Fracture Or	\$ 313.38		Purchase
L3984	Upper Extremity Fracture Or	\$ 288.93		Purchase
L3995	Addition To Upper Extremit	\$ 29.94		Purchase

Durable Medical Equipment (DME) Fee Schedule
Effective 04/01/23 - 03/31/24

HCPCS	DESCRIPTION	WV	
		Medicaid	Purchase or Rental
		Fee	
L3999	Upper Limb Orthosis, Not O	\$ -	Cost Invoice
L4000	Replace Girdle For Spinal O	\$ 1,180.91	Purchase
L4002	Replacement Strap, Any Ortl	\$ 11.52	Per BMS - Purchase
L4010	Replace trilateral socket br	\$ 575.71	Purchase
L4020	Replace Quadrilateral Socke	\$ 805.15	Purchase
L4030	Replace Quadrilateral Socke	\$ 433.11	Purchase
L4040	Replace Molded Thigh Lacer	\$ 353.42	Purchase
L4045	Replace Non-Molded Thigh	\$ 281.40	Purchase
L4050	Replace Molded Calf Lacer,	\$ 354.15	Purchase
L4055	Replace Non-Molded Calf L	\$ 229.33	Purchase
L4060	Replace High Roll Cuff	\$ 272.62	Purchase
L4070	Replace Proximal And Dista	\$ 241.42	Purchase
L4080	Replace Metal Bands Kafo, I	\$ 99.03	Purchase
L4090	Replace Metal Bands Kafo-A	\$ 78.14	Purchase
L4100	Replace Leather Cuff Kafo, I	\$ 102.61	Purchase
L4110	Replace Leather Cuff Kafo-A	\$ 77.29	Purchase
L4130	Replace Pretibial Shell	\$ 433.43	Purchase
L4205	Repair Of Orthotic Device, L	\$ 21.97	Priced per Transmittal 11722 - 12.02.23
L4210	Repair Of Orthotic Device, F	\$ -	Cost Invoice
L4350	Ankle Control Orthosis, Stirr	\$ 85.86	Purchase
L4360	Walking Boot, Pneumatic, W	\$ 263.97	Purchase
L4370	Pneumatic Full Leg Splint, P	\$ 174.56	Purchase
L4386	Walking Boot, Non-Pneumat	\$ 141.96	Purchase
L4392	Replacement, Soft Interface	\$ 21.07	Purchase
L4394	Replace Soft Interface Mater	\$ 15.37	Purchase
L4396	Static Ankle Foot Orthosis, I	\$ 150.25	Purchase
L4398	Foot Drop Splint, Recumben	\$ 69.18	Purchase
L4631	Afo, Walk Boot Type, Cus F	\$ 1,427.83	Purchase
L5000	Partial Foot, Shoe Insert Witl	\$ 509.38	Purchase
L5010	Partial Foot, Molded Socket,	\$ 1,112.66	Purchase
L5020	Partial Foot, Molded Socket,	\$ 1,811.18	Purchase
L5050	Ankle, Symes, Molded Socke	\$ 2,097.42	Purchase
L5060	Ankle, Symes, Metal Frame,	\$ 2,524.27	Purchase
L5100	Below Knee, Molded, Socke	\$ 2,184.95	Purchase
L5105	Below Knee, Plastic Socket,	\$ 3,467.99	Purchase
L5150	Knee Disarticulation (Or Thr	\$ 3,209.42	Purchase
L5160	Knee Disarticulation (Or Thr	\$ 3,490.82	Purchase
L5200	Above Knee, Molded Socket	\$ 3,040.81	Purchase
L5210	Above Knee, Short Prosthesi	\$ 2,217.72	Purchase
L5220	Above Knee, Short Prosthesi	\$ 2,520.84	Purchase

Durable Medical Equipment (DME) Fee Schedule
Effective 04/01/23 - 03/31/24

HCPCS	DESCRIPTION	WV		Purchase or Rental
		Medicaid	Fee	
L5230	Above Knee, For Proximal F	\$	3,476.74	Purchase
L5250	Hip Disarticulation, Canadia	\$	4,741.95	Purchase
L5270	Hip Disarticulation, Tilt Tab	\$	4,700.42	Purchase
L5280	Hemipelvectomy, Canadian ´	\$	4,653.42	Purchase
L5301	Below Knee, Molded Socket	\$	2,098.40	Purchase
L5312	Knee Disarticulation (Or Thr	\$	3,014.58	Purchase
L5321	Above Knee, Molded Socket	\$	3,003.81	Purchase
L5331	Hip Disarticulation, Canadia	\$	4,250.50	Purchase
L5341	Hemipelvectomy, Canadian ´	\$	4,618.95	Purchase
L5400	Immediate Post Surgical Or l	\$	1,099.94	Purchase
L5410	Immediate Post Surgical Or l	\$	481.91	Purchase
L5420	Immediate Post Surgical Or l	\$	1,389.18	Purchase
L5430	Immediate Post Surgical Or l	\$	613.21	Purchase
L5450	Immediate Post Surgical Or l	\$	392.28	Purchase
L5460	Immediate Post Surgical Or l	\$	578.18	Purchase
L5500	Initial, Below Knee "Pt" Ty	\$	1,173.78	Purchase
L5505	Initial, Above Knee - Knee I	\$	1,589.61	Purchase
L5510	Preparatory, Below Knee "Pt	\$	1,330.56	Purchase
L5520	Preparatory, Below Knee "Pt	\$	1,314.27	Purchase
L5530	Preparatory, Below Knee "Pt	\$	1,663.60	Purchase
L5535	Preparatory, Below Knee "Pt	\$	1,639.47	Purchase
L5540	Preparatory, Below Knee "Pt	\$	1,731.20	Purchase
L5560	Preparatory, Above Knee - K	\$	1,776.30	Purchase
L5570	Preparatory, Above Knee - K	\$	1,846.71	Purchase
L5580	Preparatory, Above Knee - K	\$	2,155.91	Purchase
L5585	Preparatory, Above Knee - K	\$	2,338.34	Purchase
L5590	Preparatory, Above Knee - K	\$	2,197.02	Purchase
L5595	Preparatory, Hip Disarticulat	\$	3,861.76	Purchase
L5600	Preparatory, Hip Disarticulat	\$	4,212.13	Purchase
L5610	Addition To Lower Extremit	\$	1,892.18	Purchase
L5611	Addition To Lower Extremit	\$	1,472.50	Purchase
L5613	Addition To Lower Extremit	\$	2,239.76	Purchase
L5614	Addition To Lower Extremit	\$	1,513.99	Purchase
L5616	Addition To Lower Extremit	\$	1,241.26	Purchase
L5617	Addition To Lower Extremit	\$	501.98	Purchase
L5618	Addition To Lower Extremit	\$	289.18	Purchase
L5620	Addition To Lower Extremit	\$	254.09	Purchase
L5622	Addition To Lower Extremit	\$	388.04	Purchase
L5624	Addition To Lower Extremit	\$	370.23	Purchase
L5626	Addition To Lower Extremit	\$	520.42	Purchase

Durable Medical Equipment (DME) Fee Schedule
Effective 04/01/23 - 03/31/24

HCPCS	DESCRIPTION	WV		Purchase or Rental
		Medicaid	Fee	
L5628	Addition To Lower Extremity	\$	492.90	Purchase
L5629	Addition To Lower Extremity	\$	376.40	Purchase
L5630	Addition To Lower Extremity	\$	410.17	Purchase
L5631	Addition To Lower Extremity	\$	490.49	Purchase
L5632	Addition To Lower Extremity	\$	202.93	Purchase
L5634	Addition To Lower Extremity	\$	278.01	Purchase
L5636	Addition To Lower Extremity	\$	232.86	Purchase
L5637	Addition To Lower Extremity	\$	311.06	Purchase
L5638	Addition To Lower Extremity	\$	444.77	Purchase
L5639	Addition To Lower Extremity	\$	1,043.41	Purchase
L5640	Addition To Lower Extremity	\$	635.27	Purchase
L5642	Addition To Lower Extremity	\$	568.74	Purchase
L5643	Addition To Lower Extremity	\$	1,422.47	Purchase
L5644	Addition To Lower Extremity	\$	539.80	Purchase
L5645	Addition To Lower Extremity	\$	729.22	Purchase
L5646	Addition To Lower Extremity	\$	500.74	Purchase
L5647	Addition To Lower Extremity	\$	726.99	Purchase
L5648	Addition To Lower Extremity	\$	601.70	Purchase
L5649	Addition To Lower Extremity	\$	1,826.70	Purchase
L5650	Addition To Lower Extremity	\$	446.17	Purchase
L5651	Addition To Lower Extremity	\$	1,097.55	Purchase
L5652	Addition To Lower Extremity	\$	398.46	Purchase
L5653	Addition To Lower Extremity	\$	531.90	Purchase
L5654	Addition To Lower Extremity	\$	303.10	Purchase
L5655	Addition To Lower Extremity	\$	256.62	Purchase
L5656	Addition To Lower Extremity	\$	361.50	Purchase
L5658	Addition To Lower Extremity	\$	352.06	Purchase
L5661	Addition To Lower Extremity	\$	611.80	Purchase
L5665	Addition To Lower Extremity	\$	467.95	Purchase
L5666	Addition To Lower Extremity	\$	69.54	Purchase
L5668	Addition To Lower Extremity	\$	92.84	Purchase
L5670	Addition To Lower Extremity	\$	282.64	Purchase
L5671	Addition To Lower Extremity	\$	454.60	Purchase
L5672	Additional To Lower Extremity	\$	345.34	Purchase
L5673	Additional To Lower Extremity	\$	642.09	Purchase
L5676	Additional To Lower Extremity	\$	331.18	Purchase
L5677	Additional To Lower Extremity	\$	450.62	Purchase
L5678	Additional To Lower Extremity	\$	36.29	Purchase
L5679	Additional To Lower Extremity	\$	535.06	Purchase
L5680	Additional To Lower Extremity	\$	316.53	Purchase

Durable Medical Equipment (DME) Fee Schedule
Effective 04/01/23 - 03/31/24

HCPCS	DESCRIPTION	WV		Purchase or Rental
		Medicaid	Fee	
L5681	Additional To Lower Extrem	\$ 1,180.17		Purchase
L5682	Additional To Lower Extrem	\$ 571.56		Purchase
L5683	Addition To Lower Extremity	\$ 1,180.17		Purchase
L5684	Addition To Lower Extremity	\$ 43.99		Purchase
L5685	Addition To Lower Extremity	\$ 114.92		Purchase
L5686	Addition To Lower Extremity	\$ 59.33		Purchase
L5688	Addition To Lower Extremity	\$ 55.83		Purchase
L5690	Addition To Lower Extremity	\$ 108.10		Purchase
L5692	Addition To Lower Extremity	\$ 125.46		Purchase
L5694	Addition To Lower Extremity	\$ 165.80		Purchase
L5695	Addition To Lower Extremity	\$ 173.93		Purchase
L5696	Addition To Lower Extremity	\$ 190.08		Purchase
L5697	Addition To Lower Extremity	\$ 77.21		Purchase
L5698	Addition To Lower Extremity	\$ 96.03		Purchase
L5699	All Lower Extremity Prosthesis	\$ 170.41		Purchase
L5700	Replacement, Socket; Below	\$ 2,632.95		Purchase
L5701	Replacement, Socket; Above	\$ 3,266.42		Purchase
L5702	Replacement, Socket; Hip Dis	\$ 4,116.83		Purchase
L5703	Ankle, Symes, Molded To Pat	\$ 1,911.82		Purchase
L5704	Custom Shaped Protective C	\$ 536.85		Purchase
L5705	Custom Shaped Protective C	\$ 984.26		Purchase
L5706	Custom Shaped Protective C	\$ 960.02		Purchase
L5707	Custom Shaped Protective C	\$ 1,289.77		Purchase
L5710	Addition, Exoskeletal Knee-	\$ 328.70		Purchase
L5711	Addition, Exoskeletal Knee-	\$ 498.63		Purchase
L5712	Addition, Exoskeletal Knee-	\$ 393.81		Purchase
L5714	Addition, Exoskeletal Knee-	\$ 406.11		Purchase
L5716	Addition, Exoskeletal Knee-	\$ 666.10		Purchase
L5718	Addition, Exoskeletal Knee-	\$ 832.56		Purchase
L5722	Addition, Exoskeletal Knee-	\$ 868.81		Purchase
L5724	Addition, Exoskeletal Knee-	\$ 1,379.50		Purchase
L5726	Addition, Exoskeletal Knee-	\$ 1,811.42		Purchase
L5728	Addition, Exoskeletal Knee-	\$ 2,256.79		Purchase
L5780	Addition, Exoskeletal Knee-	\$ 1,088.12		Purchase
L5785	Addition, Exoskeletal System	\$ 474.83		Purchase
L5790	Addition, Exoskeletal System	\$ 657.14		Purchase
L5795	Addition, Exoskeletal System	\$ 981.27		Purchase
L5810	Addition, Endoskeletal Knee	\$ 456.50		Purchase
L5811	Addition, Endoskeletal Knee	\$ 666.54		Purchase
L5812	Addition, Endoskeletal Knee	\$ 516.64		Purchase

Durable Medical Equipment (DME) Fee Schedule
Effective 04/01/23 - 03/31/24

HCPCS	DESCRIPTION	WV		Purchase or Rental
		Medicaid	Fee	
L5814	Addition, Endoskeletal Knee	\$ 3,332.06		Purchase
L5816	Addition, Endoskeletal Knee	\$ 777.25		Purchase
L5818	Addition, Endoskeletal Knee	\$ 877.66		Purchase
L5822	Addition, Endoskeletal Knee	\$ 1,702.74		Purchase
L5824	Addition, Endoskeletal Knee	\$ 1,401.56		Purchase
L5826	Addition, Endoskeletal Knee	\$ 2,829.89		Purchase
L5828	Addition, Endoskeletal Knee	\$ 2,671.67		Purchase
L5830	Addition, Endoskeletal Knee	\$ 1,898.34		Purchase
L5840	Addition, Endoskeletal Knee	\$ 3,347.50		Purchase
L5845	Addition, Endoskeletal, Knee	\$ 1,608.12		Purchase
L5850	Addition, Endoskeletal System	\$ 121.38		Purchase
L5855	Addition, Endoskeletal System	\$ 282.25		Purchase
L5910	Addition, Endoskeletal System	\$ 333.35		Purchase
L5920	Addition, Endoskeletal System	\$ 484.93		Purchase
L5925	Addition, Endoskeletal System	\$ 307.09		Purchase
L5930	Addition, Endoskeletal System	\$ 3,019.91		Purchase
L5940	Addition, Endoskeletal System	\$ 458.43		Purchase
L5950	Addition, Endoskeletal System	\$ 774.46		Purchase
L5960	Addition, Endoskeletal System	\$ 927.68		Purchase
L5961	Endo Poly Hip, Pneu/Hyd/Rotator	\$ 4,157.88		Purchase
L5962	Addition, Endoskeletal System	\$ 537.20		Purchase
L5964	Addition, Endoskeletal System	\$ 962.24		Purchase
L5966	Addition, Endoskeletal System	\$ 1,239.52		Purchase
L5970	All Lower Extremity Prosthesis	\$ 200.63		Purchase
L5971	All Lower Extremity Prosthesis	\$ 200.63		Purchase
L5972	All Lower Extremity Prosthesis	\$ 322.10		Purchase
L5974	All Lower Extremity Prosthesis	\$ 271.75		Purchase
L5975	All Lower Extremity Prosthesis	\$ 415.93		Purchase
L5976	All Lower Extremity Prosthesis	\$ 511.82		Purchase
L5978	All Lower Extremity Prosthesis	\$ 266.71		Purchase
L5979	All Lower Extremity Prosthesis	\$ 2,140.18		Purchase
L5980	All Lower Extremity Prosthesis	\$ 3,388.58		Purchase
L5981	All Lower Extremity Prosthesis	\$ 2,928.98		Purchase
L5982	All Exoskeletal Lower Extremity	\$ 528.35		Purchase
L5984	All Endoskeletal Lower Extremity	\$ 523.66		Purchase
L5985	All Endoskeletal Lower Extremity	\$ 253.37		Purchase
L5986	All Lower Extremity Prosthesis	\$ 582.22		Purchase
L5987	All Lower Extremity Prosthesis	\$ 6,454.22		Purchase
L5988	Addition To Lower Limb Prosthesis	\$ 1,792.35		Purchase
L5990	Addition To Lower Extremity	\$ 1,627.73		Purchase

Durable Medical Equipment (DME) Fee Schedule
Effective 04/01/23 - 03/31/24

HCPCS	DESCRIPTION	WV	
		Medicaid	Purchase or Rental
		Fee	
L5999	Lower Extremity Prosthesis,	\$ -	Cost Invoice
L6000	Partial Hand, Robin-Aids; TI	\$ 1,214.33	Purchase
L6010	Partial Hand, Robin-Aids; I	\$ 1,351.34	Purchase
L6020	Partial Hand, Robin-Aids; N	\$ 1,259.91	Purchase
L6026	Part hand myo exclu term de	\$ 3,864.90	Purchase
L6050	Wrist Disarticulation, Molde	\$ 1,736.11	Purchase
L6055	Wrist Disarticulation, Molde	\$ 2,759.62	Purchase
L6100	Below Elbow, Molded Socke	\$ 1,758.95	Purchase
L6110	Below Elbow, (Muenster Or	\$ 1,865.66	Purchase
L6120	Below Elbow, Molded Doub	\$ 2,174.17	Purchase
L6130	Below Elbow, Molded Doub	\$ 2,365.90	Purchase
L6200	Elbow Disarticulation, Mold	\$ 2,493.26	Purchase
L6205	Elbow Disarticulation, Mold	\$ 4,154.76	Purchase
L6250	Above Elbow, Molded Doub	\$ 2,454.21	Purchase
L6300	Shoulder Disarticulation, Mc	\$ 3,404.95	Purchase
L6310	Shoulder Disarticulation, Pas	\$ 2,800.13	Purchase
L6320	Shoulder Disarticulation, Pas	\$ 1,561.84	Purchase
L6350	Interscapular Thoracic; Mold	\$ 3,579.78	Purchase
L6360	Interscapular Thoracic Passi	\$ 2,938.81	Purchase
L6370	Interscapular Thoracic Passiv	\$ 2,212.46	Purchase
L6380	Immediate Post Surgical Or l	\$ 1,194.92	Purchase
L6382	Immediate Post Surgical Or l	\$ 1,429.89	Purchase
L6384	Immediate Post Surgical Or l	\$ 1,744.87	Purchase
L6386	Immediate Post Surgical Or l	\$ 418.43	Purchase
L6388	Immediate Post Surgical Or l	\$ 401.78	Purchase
L6400	Below Elbow, Molded Socke	\$ 2,125.14	Purchase
L6450	Elbow Disarticulation, Mold	\$ 2,817.71	Purchase
L6500	Above Elbow, Molded Socke	\$ 2,820.02	Purchase
L6550	Shoulder Disarticulation, Mc	\$ 3,485.03	Purchase
L6570	Interscapular Thoracic, Mold	\$ 4,228.54	Purchase
L6580	Preparatory, Wrist Disarticul	\$ 1,476.03	Purchase
L6582	Preparatory, Wrist Disarticul	\$ 1,257.85	Purchase
L6584	Preparatory, Elbow Disarticu	\$ 2,037.50	Purchase
L6586	Preparatory, Elbow Disarticu	\$ 1,782.38	Purchase
L6588	Preparatory, Shoulder Disarti	\$ 2,942.30	Purchase
L6590	Preparatory, Shoulder Disarti	\$ 2,691.38	Purchase
L6600	Upper Extremity Additions, l	\$ 181.60	Purchase
L6605	Upper Extremity Additions, l	\$ 169.51	Purchase
L6610	Upper Extremity Additions, l	\$ 152.16	Purchase
L6611	Addition To Upper Extremity	\$ 369.42	Purchase

Durable Medical Equipment (DME) Fee Schedule
Effective 04/01/23 - 03/31/24

HCPCS	DESCRIPTION	WV		Purchase or Rental
		Medicaid	Fee	
L6615	Upper Extremity Additions, I	\$	187.62	Purchase
L6616	Upper Extremity Additions, J	\$	79.04	Purchase
L6620	Upper Extremity Additions, L	\$	294.46	Purchase
L6621	Upper Extremity Prosthesis A	\$	2,052.17	Purchase
L6623	Upper Extremity Additions, P	\$	674.02	Purchase
L6624	Upper Extremity Addition, F	\$	3,378.96	Purchase
L6625	Upper Extremity Additions, I	\$	490.47	Purchase
L6628	Upper Extremity Additions, O	\$	501.22	Purchase
L6629	Upper Extremity Additions, O	\$	133.71	Purchase
L6630	Upper Extremity Additions, P	\$	196.97	Purchase
L6632	Upper Extremity Additions, I	\$	65.70	Purchase
L6635	Upper Extremity Additions, I	\$	182.44	Purchase
L6637	Upper Extremity Additions, I	\$	378.70	Purchase
L6638	Upper Extremity Addition To	\$	2,243.66	Purchase
L6640	Upper Extremity Addition To	\$	258.44	Purchase
L6641	Upper Extremity Addition To	\$	171.76	Purchase
L6642	Upper Extremity Addition To	\$	244.55	Purchase
L6645	Upper Extremity Addition To	\$	296.98	Purchase
L6650	Upper Extremity Addition, S	\$	309.35	Purchase
L6655	Upper Extremity Addition, S	\$	68.66	Purchase
L6660	Upper Extremity Addition, I	\$	83.89	Purchase
L6665	Upper Extremity Addition, T	\$	47.96	Purchase
L6670	Upper Extremity Addition, H	\$	45.47	Purchase
L6672	Upper Extremity Addition, I	\$	154.10	Purchase
L6675	Upper Extremity Addition, H	\$	109.76	Purchase
L6676	Upper Extremity Addition, I	\$	110.84	Purchase
L6677	Upper Extremity Addition, H	\$	266.15	Purchase
L6680	Upper Extremity Addition, T	\$	212.03	Purchase
L6682	Upper Extremity Addition, T	\$	237.65	Purchase
L6684	Upper Extremity Addition, T	\$	318.57	Purchase
L6686	Upper Extremity Addition, S	\$	592.42	Purchase
L6687	Upper Extremity Addition, F	\$	527.16	Purchase
L6688	Upper Extremity Addition, I	\$	509.94	Purchase
L6689	Upper Extremity Addition, F	\$	615.81	Purchase
L6690	Upper Extremity Addition, F	\$	666.89	Purchase
L6691	Upper Extremity Addition, R	\$	398.82	Purchase
L6692	Upper Extremity Addition, S	\$	511.10	Purchase
L6693	Upper Extremity Addition, I	\$	2,547.16	Purchase
L6694	Addition To Upper Extremity	\$	642.09	Purchase
L6695	Additional To Upper Extrem	\$	535.06	Purchase

Durable Medical Equipment (DME) Fee Schedule
Effective 04/01/23 - 03/31/24

HCPCS	DESCRIPTION	WV		Purchase or Rental
		Medicaid	Fee	
L6696	Addition To Upper Extremit	\$ 1,180.17		Purchase
L6697	Addition To Upper Extremit	\$ 1,180.17		Purchase
L6698	Addition To Upper Extremit	\$ 454.60		Purchase
L6703	Terminal Device, Passive Ha	\$ 323.22		Purchase
L6706	Terminal Device, Hook, Mec	\$ 318.89		Purchase
L6707	Terminal Device, Hook, Mec	\$ 1,343.98		Purchase
L6708	Terminal Device, Hand, Mec	\$ 764.47		Purchase
L6709	Terminal Device, Hand, Mec	\$ 1,237.25		Purchase
L6711	Ped Term Dev, Hook, Vol O	\$ 603.19		Purchase
L6712	Ped Term Dev, Hook, Vol C	\$ 1,110.60		Purchase
L6713	Ped Term Dev, Hand, Vol O	\$ 1,401.72		Purchase
L6714	Ped Term Dev, Hand, Vol C	\$ 1,187.23		Purchase
L6721	Hook/Hand, Hvy Dty, Vol O	\$ 2,110.17		Purchase
L6722	Hook/Hand, Hvy Dty, Vol C	\$ 1,819.14		Purchase
L6805	Terminal Device, Modifier \	\$ 328.98		Purchase
L6810	Terminal Device; Pincher Tc	\$ 179.32		Purchase
L6883	Replacement Socket, Below	\$ 1,450.29		Purchase
L6884	Replacement Socket, Above	\$ 2,040.35		Purchase
L6885	Replacement Socket, Should	\$ 2,938.81		Purchase
L6890	Addition To Upper Extremit	\$ 155.45		Purchase
L6895	Addition To Upper Extremit	\$ 565.78		Purchase
L6900	Hand Restoration (Casts, Sha	\$ 1,468.35		Purchase
L6905	Hand Restoration (Casts, Sha	\$ 1,441.51		Purchase
L6910	Hand Restoration (Casts, Sha	\$ 1,479.81		Purchase
L6915	Hand Restoration (Shading A	\$ 572.14		Purchase
L6920	Wrist Disarticulation, Extern	\$ 7,044.77		Purchase
L6925	Wrist Disarticulation, Extern	\$ 7,723.10		Purchase
L6930	Below Elbow, External Powe	\$ 6,664.51		Purchase
L6935	Below Elbow, External Powe	\$ 7,886.30		Purchase
L6940	Elbow Disarticulation, Exter	\$ 8,688.41		Purchase
L6945	Elbow Disarticulation, Exter	\$ 9,717.82		Purchase
L6950	Above Elbow, External Powe	\$ 9,207.86		Purchase
L6955	Otto Bock Or Equal Electro	\$11,198.54		Purchase
L6960	Shoulder Disarticulation, Ex	\$11,888.95		Purchase
L6965	Shoulder Disarticulation, Ex	\$13,618.76		Purchase
L6970	Interscapular Thoracic, Exter	\$14,637.45		Purchase
L6975	Interscapular Thoracic, Exter	\$16,159.93		Purchase
L7007	Electric Hand, Switch Or My	\$ 3,314.84		Purchase
L7008	Electric Hand, Switch Or My	\$ 5,599.98		Purchase
L7009	Electric Hook, Switch Or My	\$ 3,389.82		Purchase

Durable Medical Equipment (DME) Fee Schedule
Effective 04/01/23 - 03/31/24

HCPCS	DESCRIPTION	WV	
		Medicaid	Purchase or Rental
		Fee	
L7040	Prehensile Actuator; Hosmer	\$ 2,658.66	Purchase
L7045	Electronic Hook, Child, Micl	\$ 1,477.21	Purchase
L7170	Electronic Elbow; Hosmer O	\$ 5,358.82	Purchase
L7180	Electronic Elbow, Microproc	\$31,910.34	Purchase
L7185	Electronic Elbow, Adolescer	\$ 5,486.54	Purchase
L7186	Electronic Elbow, Child, Vai	\$ 8,378.41	Purchase
L7190	Electronic Elbow, Adolesce	\$ 7,143.27	Purchase
L7191	Electronic Elbow, Child, Vai	\$ 9,024.23	Purchase
L7259	Electronic wrist rotator any	\$ 3,810.82	Purchase
L7360	Six-Volt Battery, Otto Bock	\$ 273.08	Purchase
L7362	Battery Charger, Six-Volt, E	\$ 246.02	Purchase
L7364	Twelve-Volt Battery, Each	\$ 454.74	Purchase
L7366	Battery Charger, Twelve-Vol	\$ 612.65	Purchase
L7400	Addition To Upper Extremity	\$ 274.98	Purchase
L7401	Addition To Upper Extremity	\$ 307.85	Purchase
L7402	Addition To Upper Extremity	\$ 332.46	Purchase
L7403	Addition To Upper Extremity	\$ 330.39	Purchase
L7404	Addition To Upper Extremity	\$ 498.69	Purchase
L7405	Addition To Upper Extremity	\$ 652.20	Purchase
L7499	Upper Extremity Prosthesis,	\$ -	Cost Invoice
L7510	Repair Of Prosthetic Device,	\$ 46.80	Per BMS - Purchase
L7520	Repair Prosthetic Device, La	\$ 29.86	Priced per Transmittal 11722 - 12.02.23
L7600	Prosthetic Donning Sleeve, A	\$ -	Cost Invoice
L7700	Pros soc insert gasket/seal	\$ 131.70	Purchase
L8000	Breast Prosthesis; Mastecton	\$ 33.37	Purchase
L8001	Breast Prosthesis, Mastecton	\$ 112.55	Purchase
L8002	Breast Prosthesis, Mastecton	\$ 148.01	Purchase
L8010	Breast Prosthesis Mastectom	\$ 39.03	Per BMS - Purchase
L8015	External Breast Prosthesis G	\$ 53.78	Purchase
L8020	Breast Prosthesis; Mastecton	\$ 228.66	Purchase
L8030	Breast Prosthesis Silicone Or	\$ 295.94	Purchase
L8031	Breast Prosthesis W Adhesiv	\$ 295.94	Purchase
L8035	Custom Breast Prosthesis, Pc	\$ 3,287.02	Purchase
L8039	Breast Prosthesis, Not Other	\$ -	Cost Invoice
L8300	Truss, Single With Standard	\$ 77.10	Purchase
L8310	Truss, Double With Standard	\$ 121.72	Purchase
L8320	Truss, Addition To Standard	\$ 54.58	Purchase
L8330	Truss, Addition To Standard	\$ 45.12	Purchase
L8400	Prosthetic Sheath, Below Kn	\$ 15.87	Purchase
L8410	Prosthetic Sheath, Above Ki	\$ 21.20	Purchase

Durable Medical Equipment (DME) Fee Schedule
Effective 04/01/23 - 03/31/24

HCPCS	DESCRIPTION	WV	
		Medicaid	Purchase or Rental
		Fee	
L8415	Prosthetic Sheath, Upper Limb	\$ 20.85	Purchase
L8417	Prosthetic Sheath/Sock, Inclusive	\$ 67.42	Purchase
L8420	Prosthetic Sock, Multiple Ply	\$ 18.72	Purchase
L8430	Prosthetic Sock, Multiple Ply	\$ 20.23	Purchase
L8435	Prosthetic Sock, Multiple Ply	\$ 19.22	Purchase
L8440	Prosthetic Shrinker; Below Knee	\$ 38.22	Purchase
L8460	Prosthetic Shrinker; Above Knee	\$ 60.91	Purchase
L8465	Prosthetic Shrinker; Upper Limb	\$ 53.92	Purchase
L8470	Prosthetic Sock, Single Ply, 1 Pair	\$ 6.10	Purchase
L8480	Prosthetic Sock, Single Ply, 1 Pair	\$ 8.42	Purchase
L8485	Prosthetic Sock, Single Ply, 1 Pair	\$ 10.57	Purchase
L8499	Unlisted Procedure For Miscellaneous	\$ -	Cost Invoice
L8500	Artificial Larynx, Any Type	\$ 804.21	Purchase
L8501	Tracheostomy Speaking Valve	\$ 110.40	Purchase
L8505	Artificial Larynx Replacement	\$ 49.40	Per BMS - Purchase
L8510	Voice Amplifier	\$ 226.71	Purchase
L8607	Inj vocal cord bulking agent	\$ 38.47	Purchase
L8612	Aqueous shunt prosthesis	\$ 564.68	Purchase
L8614	Cochlear Device	\$17,821.50	Purchase
L8615	Coch Implant Headset Replacement	\$ 404.65	Purchase
L8616	Coch Implant Microphone Replacement	\$ 94.26	Purchase
L8617	Coch Implant Trans Coil Replacement	\$ 82.32	Purchase
L8618	Coch Implant Tran Cable Replacement	\$ 23.52	Purchase
L8619	Coch Imp Ext Proc/Contr Rpt	\$ 7,650.65	Purchase
L8621	Repl Zinc Air Battery	\$ 0.56	Purchase
L8622	Repl Alkaline Battery	\$ 0.29	Purchase
L8623	Lith Ion Batt Cid,Non-Earlevel	\$ 58.04	Purchase
L8624	Lith Ion Batt Cid, Ear Level	\$ 144.70	Purchase
L8679	Imp Neurosti Pls Gn Any Type	\$ 7,517.41	Purchase
L8690	Aud Osseo Dev, Int/Ext Contr	\$ 4,268.15	Purchase
L8691	Osseointegrated Snd Proc Rpt	\$ 1,545.10	Purchase
L8692	Auditory Osseointegrated Device	\$ -	Cost Invoice
L8694	Aoi transducer/actuator repl	\$ 847.29	Purchase
S1040	Cranial Remolding Orthosis,	\$ 1,200.00	Per BMS - Purchase
T4535	Disposable liner/shield/guard	\$ 0.19	Per BMS - Purchase
V2531	Contact lens, scleral, gas permeable	\$ 485.80	Purchase
V5008	Hearing screening	\$ 20.00	Per BMS - Event
V5014	Repair/modification of a hearing aid	\$ -	Cost Invoice
V5030	Hearing aid, monaural, body worn	\$ -	Cost Invoice
V5040	Hearing aid, monaural, body worn	\$ -	Cost Invoice

Durable Medical Equipment (DME) Fee Schedule
Effective 04/01/23 - 03/31/24

HCPCS	DESCRIPTION	WV		Purchase or Rental
		Medicaid	Fee	
V5050	Hearing aid, monaural, in the	\$	-	Cost Invoice
V5060	Hearing aid, monaural, behir	\$	-	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 rou	\$	-	Cost Invoice
V5172	Hearing aid, contralateral rou	\$	-	Cost Invoice
V5181	Hearing aid, contralateral rou	\$	-	Cost Invoice
V5211	Hearing aid, contralateral rou	\$	-	Cost Invoice
V5212	Hearing aid, contralateral rou	\$	-	Cost Invoice
V5213	Hearing aid, contralateral rou	\$	-	Cost Invoice
V5214	Hearing aid, contralateral rou	\$	-	Cost Invoice
V5215	Hearing aid, contralateral rou	\$	-	Cost Invoice
V5221	Hearing aid, contralateral rou	\$	-	Cost Invoice
V5246	Hearing aid, digitally prograi	\$	-	Cost Invoice
V5247	Hearing aid, digitally prograi	\$	-	Cost Invoice
V5252	Hearing aid, digitally prograi	\$	-	Cost Invoice
V5253	Hearing aid, digitally prograi	\$	-	Cost Invoice
V5256	Hearing aid, digital, monauræ	\$	-	Cost Invoice
V5257	Hearing aid, digital, monauræ	\$	-	Cost Invoice
V5260	Hearing aid, digital, binaural	\$	-	Cost Invoice
V5261	Hearing aid, digital, binaural	\$	-	Cost Invoice
V5264	Ear mold/insert, not disposat	\$	34.75	Per BMS - Purchase
V5266	Battery for use in hearing dev	\$	2.25	Per BMS - Purchase
V5275	Ear impression, each	\$	32.27	Per BMS - Purchase
V5336	Repair/modification of augm	\$	-	Cost Invoice