

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
J	E0100	cane, includes canes of all materials, adjustable or fixed, with tip		0-999	\$16.60	\$16.60
J	E0105	cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips		0-999	\$39.51	\$39.51
J	E0110	crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips		0-999	\$59.06	\$59.06
L	E0110	crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips		0-999	\$10.20	\$10.20
J	E0111	crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips		0-999	\$38.99	\$38.99
L	E0111	crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips		0-999	\$7.13	\$7.13
J	E0112	crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips		0-999	\$31.28	\$31.28
L	E0112	crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips		0-999	\$6.71	\$6.71
J	E0113	crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip		0-999	\$18.22	\$18.22
L	E0113	crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip		0-999	\$4.35	\$4.35
J	E0114	crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips		0-999	\$35.11	\$35.11
L	E0114	crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips		0-999	\$7.25	\$7.25
J	E0116	adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each		0-999	\$22.52	\$22.52
L	E0116	adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each		0-999	\$4.56	\$4.56

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J	E0130	walker, rigid (pickup), adjustable or fixed height		0-999	\$59.07	\$59.07
L	E0130	walker, rigid (pickup), adjustable or fixed height		0-999	\$10.27	\$10.27
J	E0135	walker, folding (pickup), adjustable or fixed height		0-999	\$75.88	\$75.88
L	E0135	walker, folding (pickup), adjustable or fixed height		0-999	\$12.08	\$12.08
J	E0140	walker, with trunk support, adjustable or fixed height, any type		0-999	\$360.71	\$326.44
J	E0141	walker, rigid, wheeled, adjustable or fixed height		0-999	\$96.08	\$96.08
L	E0141	walker, rigid, wheeled, adjustable or fixed height		0-999	\$17.20	\$17.20
J	E0143	walker, folding, wheeled, adjustable or fixed height		0-999	\$104.80	\$104.80
L	E0143	walker, folding, wheeled, adjustable or fixed height		0-999	\$16.61	\$16.61
J	E0144	walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat		0-999	\$164.06	\$164.06
L	E0144	walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat		0-999	\$18.16	\$16.41
J	E0147	walker, heavy duty, multiple braking system, variable wheel resistance		0-999	\$520.20	\$520.20
L	E0147	walker, heavy duty, multiple braking system, variable wheel resistance		0-999	\$36.98	\$52.02
J	E0148	walker, heavy duty, without wheels, rigid or folding, any type, each		0-999	\$114.98	\$114.98

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TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
L	E0148	walker, heavy duty, without wheels, rigid or folding, any type, each		0-999	\$11.51	\$11.51
J	E0149	walker, heavy duty, wheeled, rigid or folding, any type		0-999	\$202.00	\$202.00
L	E0149	walker, heavy duty, wheeled, rigid or folding, any type		0-999	\$20.20	\$20.20
J	E0153	platform attachment, forearm crutch, each		0-999	\$69.04	\$69.04
J	E0154	platform attachment, walker, each		0-999	\$63.81	\$63.81
J	E0155	wheel attachment, rigid pick-up walker, per pair		0-999	\$27.41	\$27.41
J	E0157	crutch attachment, walker, each		0-999	\$45.59	\$45.59
J	E0158	leg extensions for walker, per set of four (4)		0-999	\$23.28	\$23.28
J	E0159	brake attachment for wheeled walker, replacement, each		0-999	\$16.17	\$16.17
J	E0160	sitz type bath or equipment, portable, used with or without commode		0-999	\$22.62	\$22.62
J	E0161	sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s		0-999	\$23.41	\$23.41
J	E0162	sitz bath chair		0-999	\$130.04	\$130.04
L	E0162	sitz bath chair		0-999	\$13.64	\$13.64
J	E0163	commode chair, mobile or stationary, with fixed arms		0-999	\$110.29	\$110.29
J	E0163	commode chair, stationary, with fixed arms, complex/high tech level of care	TG	0-999	\$0.00	\$0.00

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J	E0165	commode chair, mobile or stationary, with detachable arms		0-999	\$195.10	\$195.10
J	E0165	commode chair, stationary, with detachable arms, complex/high tech level of care	TG	0-999	\$0.00	\$0.00
J	E0167	pail or pan for use with commode chair, replacement only		0-999	\$9.88	\$9.88
L	E0167	pail or pan for use with commode chair, replacement only		0-999	\$1.08	\$0.99
J	E0168	commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each		0-999	\$150.92	\$150.92
J	E0168	heavy duty, stationary or mobile, with or without arms, any type, each, intermediate level of care	TF	0-999	\$162.45	\$162.45
J	E0168	heavy duty, stationary or mobile, with or without arms, any type, each, complex/high tech level of care	TG	0-999	\$1,509.20	\$1,509.20
J	E0170	commode chair with integrated seat lift mechanism, electric, any type		0-999	\$1,687.60	\$1,687.60
J	E0171	commode chair with integrated seat lift mechanism, non-electric, any type		0-999	\$303.70	\$303.70
J	E0172	seat lift mechanism placed over or on top of toilet, any type		0-999	\$1,963.90	\$1,963.90
J	E0175	foot rest, for use with commode chair, each		0-999	\$52.10	\$52.10
L	E0175	foot rest, for use with commode chair, each		0-999	\$6.22	\$5.21
J	E0181	powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty		0-999	\$273.60	\$273.60
L	E0181	powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty		0-999	\$27.36	\$27.36

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TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
L	E0182	pump for alternating pressure pad, for replacement only		0-999	\$19.54	\$19.54
J	E0184	dry pressure mattress		0-999	\$479.07	\$479.07
L	E0184	dry pressure mattress		0-999	\$24.57	\$24.57
J	E0185	gel or gel-like pressure pad for mattress, standard mattress length and width		0-999	\$305.09	\$305.09
L	E0185	gel or gel-like pressure pad for mattress, standard mattress length and width		0-999	\$42.86	\$42.86
J	E0186	air pressure mattress		0-999	\$1,716.28	\$1,716.28
L	E0186	air pressure mattress		0-999	\$19.36	\$19.36
J	E0187	water pressure mattress		0-999	\$243.70	\$243.70
L	E0187	water pressure mattress		0-999	\$24.37	\$24.37
J	E0188	synthetic sheepskin pad		0-999	\$22.47	\$22.47
J	E0189	lambswool sheepskin pad, any size		0-999	\$51.96	\$51.96
J	E0190	positioning cushion/pillow/wedge, any shape or size, includes all components and accessories	UD	0-20	\$0.00	\$0.00
J	E0190	positioning cushion/pillow/wedge, any shape or size, includes all components and accessories		0-999	\$34.44	\$50.00
J	E0191	heel or elbow protector, each		0-999	\$8.41	\$8.41

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L	E0193	powered air flotation bed (low air loss therapy)		0-999	\$817.63	\$817.63
L	E0194	air fluidized bed		0-999	\$2,454.42	\$2,454.42
J	E0196	gel pressure mattress		0-999	\$341.10	\$341.10
L	E0196	gel pressure mattress		0-999	\$30.99	\$34.11
J	E0197	air pressure pad for mattress, standard mattress length and width		0-999	\$188.34	\$188.34
L	E0197	air pressure pad for mattress, standard mattress length and width		0-999	\$18.00	\$18.83
J	E0198	water pressure pad for mattress, standard mattress length and width		0-999	\$129.07	\$129.07
L	E0198	water pressure pad for mattress, standard mattress length and width		0-999	\$18.65	\$18.65
J	E0199	dry pressure pad for mattress, standard mattress length and width		0-999	\$32.77	\$32.77
L	E0202	phototherapy (bilirubin) light with photometer		0-999	\$55.00	\$55.00
J	E0210	electric heat pad, standard		0-999	\$26.19	\$26.19
J	E0217	water circulating heat pad with pump		0-999	\$473.55	\$473.55
L	E0217	water circulating heat pad with pump		0-999	\$52.73	\$47.36
J	E0218	water circulating cold pad with pump		0-999	\$257.51	\$391.84

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L	E0218	water circulating cold pad with pump		0-999	\$0.00	\$54.99
L	E0225	hydrocollator unit, includes pads		0-999	\$40.23	\$40.23
J	E0230	ice cap or collar		0-999	\$5.00	\$5.00
L	E0231	(temperature control unit, ac adapter and power cord) for use with warming card and wound cover		0-999	\$0.00	\$0.00
L	E0232	contact wound warming device and non contact wound warming wound cover		0-999	\$0.00	\$0.00
J	E0235	paraffin bath unit, portable (see medical supply code a4265 for paraffin)		0-999	\$181.20	\$181.20
L	E0235	paraffin bath unit, portable (see medical supply code a4265 for paraffin)		0-999	\$18.12	\$18.12
J	E0236	pump for water circulating pad		0-999	\$443.70	\$464.60
J	E0240	bath/shower chair, with or without wheels, any size		0-999	\$95.00	\$95.00
J	E0240	bath/shower chair, with or without wheels, any size	TF	0-999	\$1,639.18	\$1,639.18
J	E0240	bath/shower chair, with or without wheels, any size	TG	0-999	\$2,209.90	\$2,209.90
J	E0243	toilet rail, each		0-999	\$29.98	\$29.98
J	E0244	raised toilet seat		0-999	\$28.90	\$28.90
J	E0245	tub stool or bench		0-999	\$32.20	\$32.20

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TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
J	E0246	transfer tub rail attachment		0-999	\$45.10	\$45.10
J	E0247	transfer bench for tub or toilet with or without commode opening		0-999	\$64.72	\$96.41
J	E0248	transfer bench, heavy duty, for tub or toilet with or without commode opening		0-999	\$109.68	\$150.67
J	E0250	hospital bed, fixed height, with any type side rails, with mattress		0-999	\$877.16	\$877.16
L	E0250	hospital bed, fixed height, with any type side rails, with mattress		0-999	\$84.41	\$87.72
J	E0255	hospital bed, variable height, hi-lo, with any type side rails, with mattress		0-999	\$1,063.20	\$1,063.20
L	E0255	hospital bed, variable height, hi-lo, with any type side rails, with mattress		0-999	\$106.32	\$106.32
J	E0260	hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress		0-999	\$1,271.20	\$1,271.20
L	E0260	hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress		0-999	\$127.12	\$127.12
J	E0265	hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress		0-999	\$1,808.90	\$1,808.90
L	E0265	hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress		0-999	\$180.89	\$180.89
J	E0271	mattress, innerspring		0-999	\$169.69	\$169.69
J	E0275	bed pan, standard, metal or plastic		0-999	\$16.08	\$16.08
J	E0276	bed pan, fracture, metal or plastic		0-999	\$13.97	\$13.97

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TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
L	E0277	powered pressure-reducing air mattress		0-999	\$636.64	\$636.64
J	E0280	bed cradle, any type		0-999	\$38.20	\$34.57
L	E0280	bed cradle, any type		0-999	\$4.11	\$3.72
J	E0300	pediatric crib, hospital grade, fully enclosed		0-999	\$2,838.62	\$2,568.95
L	E0300	pediatric crib, hospital grade, fully enclosed		0-999	\$256.89	\$256.89
J	E0303	with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with		0-999	\$4,883.62	\$4,883.62
L	E0303	with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with		0-999	\$488.36	\$488.36
J	E0304	wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress durable medical		0-999	\$0.00	\$6,974.60
L	E0304	wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress durable medical		0-999	\$697.46	\$697.46
J	E0305	bed side rails, half length		0-999	\$159.67	\$161.00
J	E0305	bed side rails, half length		0-999	\$0.00	\$161.00
J	E0310	bed side rails, full length		0-999	\$139.36	\$139.36
J	E0315	bed accessory: board, table, or support device, any type		0-999	\$0.00	\$172.20
J	E0316	safety enclosure frame/canopy for use with hospital bed, any type		0-999	\$1,929.60	\$1,746.30

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L	E0316	safety enclosure frame/canopy for use with hospital bed, any type		0-999	\$174.63	\$174.63
J	E0325	urinal; male, jug-type, any material		0-999	\$9.94	\$9.94
L	E0325	urinal; male, jug-type, any material		0-999	\$1.59	\$1.59
J	E0326	urinal; female, jug-type, any material		0-999	\$8.93	\$8.93
J	E0328	hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress		0-999	\$4,510.00	\$5,412.00
L	E0328	hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress		0-999	\$451.00	\$541.20
J	E0329	hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress		0-999	\$7,216.00	\$7,216.00
L	E0329	hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress		0-999	\$721.60	\$721.60
9	E0350	control unit for electronic bowel irrigation/evacuation system		0-999	\$0.00	\$0.00
9	E0352	speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation		0-999	\$10.00	\$10.00
J	E0370	air pressure elevator for heel		0-999	\$24.89	\$24.89
L	E0370	air pressure elevator for heel		0-999	\$2.50	\$2.50

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TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
J	E0371	nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width		0-999	\$4,022.50	\$4,022.50
L	E0371	nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width		0-999	\$402.25	\$402.25
J	E0372	powered air overlay for mattress, standard mattress length and width		0-999	\$4,881.00	\$4,881.00
L	E0372	powered air overlay for mattress, standard mattress length and width		0-999	\$488.10	\$488.10
J	E0373	nonpowered advanced pressure reducing mattress		0-999	\$5,561.00	\$5,561.00
L	E0373	nonpowered advanced pressure reducing mattress		0-999	\$556.10	\$556.10
L	E0424	system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask,		0-999	\$175.79	\$173.17
L	E0431	rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing		0-999	\$31.79	\$28.77
L	E0433	home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator,		0-999	\$51.63	\$51.63
L	E0434	includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or		0-999	\$31.79	\$28.77
L	E0439	includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing		0-999	\$175.79	\$173.17
L	E0441	owned gaseous stationary systems or when both a stationary and portable gaseous system are owned)		0-999	\$33.43	\$38.50
L	E0442	stationary oxygen contents, liquid, 1 month's supply = 1 unit		0-999	\$77.45	77.45
L	E0443	portable oxygen contents, gaseous, 1 month's supply = 1 unit		0-999	\$18.31	\$38.50
L	E0444	portable oxygen contents, liquid, 1 month's supply = 1 unit		0-999	\$18.31	\$38.50
J	E0445	oximeter device for measuring blood oxygen levels non-invasively		0-999	\$583.00	\$553.50

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J	E0445	oxygen levels non-invasively, intermediate level of care and continous monitoring	TF	0-999	\$1,336.60	\$1,336.60
J	E0445	oxygen levels non-invasively, serious condition and critical need for monitoring	TG	0-999	\$2,214.00	\$2,214.00
L	E0445	oximeter device for measuring blood oxygen levels non-invasively		0-999	\$58.30	\$55.35
L	E0445	oxygen levels non-invasively, intermediate level of care and continuous monitoring	TF	0-999	\$158.66	\$133.66
L	E0445	oxygen levels non-invasively, serious condition and critical need for monitoring	TG	0-999	\$221.40	\$221.40
L	E0450	pressure support mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy		0-999	\$949.79	\$949.79
J	E0457	chest shell (cuirass)		0-999	\$586.13	\$586.13
L	E0457	chest shell (cuirass)		0-999	\$58.61	\$58.61
J	E0459	chest wrap		0-999	\$454.20	\$454.20
L	E0459	chest wrap		0-999	\$30.23	\$45.42
L	E0460	negative pressure ventilator; portable or stationary		0-999	\$699.70	\$699.70
L	E0463	pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g. tracheostomy tube)		0-999	\$949.79	\$949.79
L	E0464	pressure support ventilator with volume control mode, may include pressure control mode, used with non-invasive interface (e.g. mask)		0-999	\$1,476.70	\$1,476.70
J	E0470	respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)		0-999	\$1,296.95	\$3,018.86

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L	E0470	respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)		0-999	\$232.22	\$232.22
L	E0471	respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)		0-999	\$395.22	\$395.22
L	E0472	respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)		0-999	\$395.22	\$395.22
J	E0480	percussor, electric or pneumatic, home model		0-999	\$390.28	\$390.28
L	E0480	percussor, electric or pneumatic, home model		0-999	\$37.70	\$39.03
L	E0482	cough stimulating device, alternating positive and negative airway pressure		0-999	\$289.96	\$289.96
J	E0483	high frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each		0-999	\$10,058.10	\$10,058.10
L	E0483	high frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each		0-999	\$1,116.29	\$1,005.81
L	E0500	ippb machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source		0-999	\$103.69	\$103.69
J	E0550	humidifier, durable for extensive supplemental humidification during ippb treatments or oxygen delivery		0-999	\$464.64	\$464.64
L	E0550	humidifier, durable for extensive supplemental humidification during ippb treatments or oxygen delivery		0-999	\$45.10	\$46.46

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J	E0561	humidifier, non-heated, used with positive airway pressure device		0-999	\$107.00	\$96.84
L	E0561	humidifier, non-heated, used with positive airway pressure device		0-999	\$10.69	\$9.67
J	E0562	humidifier, heated, used with positive airway pressure device		0-999	\$299.73	\$272.60
L	E0562	humidifier, heated, used with positive airway pressure device		0-999	\$28.72	\$27.25
J	E0565	compressor, air power source for equipment which is not self- contained or cylinder driven		0-999	\$1,316.56	\$640.60
L	E0565	compressor, air power source for equipment which is not self- contained or cylinder driven		0-999	\$82.08	\$64.06
J	E0570	nebulizer, with compressor		0-999	\$105.25	\$139.39
J	E0574	ultrasonic/electronic aerosol generator with small volume nebulizer		0-999	\$402.60	\$422.70
J	E0575	nebulizer, ultrasonic, large volume		0-999	\$319.93	\$1,079.20
J	E0580	nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter		0-999	\$134.04	\$121.31
L	E0580	nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter		0-999	\$13.40	\$12.13
J	E0585	nebulizer, with compressor and heater		0-999	\$350.70	\$350.70
J	E0600	respiratory suction pump, home model, portable or stationary, electric		0-999	\$480.80	\$480.80
J	E0601	continuous airway pressure (cpap) device		0-999	\$930.20	\$1,209.26
L	E0601	continuous airway pressure (cpap) device		0-999	\$93.02	\$93.02
J	E0602	breast pump, manual, any type		0-999	\$17.00	\$17.00
J	E0603	breast pump, electric (ac and/or dc), any type		0-999	\$156.00	\$156.00
L	E0604	breast pump, hospital grade, electric (ac and / or dc), any type		0-999	\$75.16	\$75.16
J	E0605	vaporizer, room type		0-999	\$26.30	\$26.30

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
J	E0606	postural drainage board		0-999	\$171.90	\$171.90
J	E0607	home blood glucose monitor		0-999	\$50.00	\$50.00
J	E0610	pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems)		0-999	\$249.75	\$249.75
J	E0615	pacemaker monitor, self contained, checks battery depletion and other pacemaker components, includes digital/visible check systems		0-999	\$459.46	\$459.46
J	E0618	apnea monitor, without recording feature		0-999	\$2,383.00	\$2,383.00
J	E0619	apnea monitor, with recording feature		0-999	\$3,250.00	\$2,276.20
L	E0619	apnea monitor, with recording feature		0-999	\$250.00	\$227.62
J	E0621	sling or seat, patient lift, canvas or nylon		0-999	\$95.52	\$95.52
J	E0625	patient lift, bathroom or toilet, not otherwise classified		0-999	\$600.00	\$409.18
J	E0625	patient lift, bathroom or toilet, not otherwise classified	U1	0-999	\$795.39	\$795.39
J	E0625	patient lift, bathroom or toilet, not otherwise classified	U2	0-999	\$2,911.00	\$2,911.00
J	E0625	patient lift, bathroom or toilet, not otherwise classified	U3	0-999	\$4,614.96	\$4,614.96
L	E0625	patient lift, bathroom or toilet, not otherwise classified		0-999	\$60.00	\$40.92
J	E0628	separate seat lift mechanism for use with patient owned furniture-electric		0-999	\$347.26	\$347.26
J	E0629	separate seat lift mechanism for use with patient owned furniture-non-electric		0-999	\$347.25	\$347.25
J	E0630	patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)		0-999	\$1,069.80	\$1,069.80
L	E0630	patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)		0-999	\$96.63	\$106.98
J	E0635	patient lift, electric with seat or sling		0-999	\$1,565.42	\$2,177.65

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
J	E0635	patient lift, electric with seat or sling		0-20	\$1,565.42	\$2,177.65
J	E0635	patient lift, electric with seat or sling		0-999	\$1,565.42	\$2,177.65
J	E0635	patient lift, electric with seat or sling	TG	0-20	\$0.00	\$0.00
J	E0635	patient lift, electric with seat or sling	TG	0-999	\$1,565.42	\$0.00
L	E0635	patient lift, electric with seat or sling		0-999	\$122.36	\$122.36
J	E0637	combination sit to stand system, any size including pediatric, with seatlift feature, with or without wheels		0-999	\$3,062.70	\$3,556.34
J	E0638	standing frame system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels	UA	0-999	\$1,742.50	\$2,349.30
J	E0638	standing frame system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels	UB	0-999	\$2,637.12	\$2,927.40
J	E0641	standing frame system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels		0-999	\$2,979.88	\$2,813.58
J	E0642	standing frame system, mobile (dynamic stander), any size including pediatric		0-999	\$2,196.78	\$3,001.20
J	E0650	pneumatic compressor, non-segmental home model		0-999	\$578.44	\$578.44
L	E0650	pneumatic compressor, non-segmental home model		0-999	\$67.94	\$57.84
J	E0651	pneumatic compressor, segmental home model without calibrated gradient pressure		0-999	\$964.34	\$964.34
L	E0651	pneumatic compressor, segmental home model without calibrated gradient pressure		0-999	\$96.44	\$96.44

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
J	E0652	pneumatic compressor, segmental home model with calibrated gradient pressure		0-999	\$4,533.05	\$4,533.05
L	E0652	pneumatic compressor, segmental home model with calibrated gradient pressure		0-999	\$430.57	\$453.31
J	E0655	non-segmental pneumatic appliance for use with pneumatic compressor, half arm		0-999	\$86.50	\$86.50
L	E0655	non-segmental pneumatic appliance for use with pneumatic compressor, half arm		0-999	\$11.31	\$8.65
J	E0660	non-segmental pneumatic appliance for use with pneumatic compressor, full leg		0-999	\$131.43	\$131.43
L	E0660	non-segmental pneumatic appliance for use with pneumatic compressor, full leg		0-999	\$17.07	\$13.14
J	E0665	non-segmental pneumatic appliance for use with pneumatic compressor, full arm		0-999	\$112.32	\$112.32
L	E0665	non-segmental pneumatic appliance for use with pneumatic compressor, full arm		0-999	\$14.49	\$11.23
J	E0666	non-segmental pneumatic appliance for use with pneumatic compressor, half leg		0-999	\$107.43	\$107.43
L	E0666	non-segmental pneumatic appliance for use with pneumatic compressor, half leg		0-999	\$14.59	\$10.74
J	E0667	segmental pneumatic appliance for use with pneumatic compressor, full leg		0-999	\$339.96	\$339.96
L	E0667	segmental pneumatic appliance for use with pneumatic compressor, full leg		0-999	\$38.39	\$38.39
J	E0668	segmental pneumatic appliance for use with pneumatic compressor, full arm		0-999	\$434.08	\$434.08
L	E0668	segmental pneumatic appliance for use with pneumatic compressor, full arm		0-999	\$39.58	\$43.41

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
J	E0669	segmental pneumatic appliance for use with pneumatic compressor, half leg		0-999	\$166.03	\$166.03
L	E0669	segmental pneumatic appliance for use with pneumatic compressor, half leg		0-999	\$16.61	\$16.61
J	E0671	segmental gradient pressure pneumatic appliance, full leg		0-999	\$396.17	\$396.17
L	E0671	segmental gradient pressure pneumatic appliance, full leg		0-999	\$39.62	\$39.62
J	E0672	segmental gradient pressure pneumatic appliance, full arm		0-999	\$307.83	\$307.83
L	E0672	segmental gradient pressure pneumatic appliance, full arm		0-999	\$30.79	\$30.79
J	E0673	segmental gradient pressure pneumatic appliance, half leg		0-999	\$255.79	\$255.79
L	E0673	segmental gradient pressure pneumatic appliance, half leg		0-999	\$25.58	\$25.58
J	E0676	intermittent limb compression device (includes all accessories), not otherwise specified		0-999	\$384.20	\$0.00
L	E0676	intermittent limb compression device (includes all accessories), not otherwise specified		0-999	\$38.42	\$0.00
J	E0700	safety equipment, device or accessory, any type		0-999	\$26.00	\$26.00
J	E0705	transfer device, any type, each		0-999	\$37.91	\$37.91
J	E0710	restraints, any type (body, chest, wrist or ankle)		0-999	\$34.57	\$34.57
L	E0710	restraints, any type (body, chest, wrist or ankle)		0-999	\$3.46	\$3.46
J	E0720	transcutaneous electrical nerve stimulation (tens) device, two lead, localized stimulation		0-999	\$349.75	\$349.75
L	E0720	transcutaneous electrical nerve stimulation (tens) device, two lead, localized stimulation		0-999	\$34.98	\$34.98
J	E0730	transcutaneous electrical nerve stimulation (tens) device, four or more leads, for multiple nerve stimulation		0-999	\$357.76	\$357.76

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
L	E0730	transcutaneous electrical nerve stimulation (tens) device, four or more leads, for multiple nerve stimulation		0-999	\$35.78	\$35.78
J	E0731	form fitting conductive garment for delivery of tens or nmes (with conductive fibers separated from the patient's skin by layers of fabric)		0-999	\$303.19	\$303.19
L	E0731	form fitting conductive garment for delivery of tens or nmes (with conductive fibers separated from the patient's skin by layers of fabric)		0-999	\$30.32	\$30.32
9	E0740	incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer		0-999	\$522.87	\$522.87
J	E0740	incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer		0-999	\$522.87	\$522.87
J	E0745	neuromuscular stimulator, electronic shock unit		0-999	\$895.10	\$895.10
L	E0745	neuromuscular stimulator, electronic shock unit		0-999	\$89.51	\$89.51
J	E0747	osteogenesis stimulator, electrical, non-invasive, other than spinal applications		0-999	\$3,916.07	\$3,916.07
J	E0748	osteogenesis stimulator, electrical, non-invasive, spinal applications		0-999	\$3,890.70	\$3,890.70
9	E0749	osteogenesis stimulator, electrical, surgically implanted		0-999	\$2,843.70	\$2,843.70
J	E0760	ostogenesis stimulator, low intensity ultrasound, non-invasive		0-999	\$3,233.10	\$3,233.10
J	E0762	transcutaneous electrical joint stimulation device system, includes all accessories		0-999	\$934.63	\$934.63
L	E0762	transcutaneous electrical joint stimulation device system, includes all accessories		0-999	\$93.47	\$93.47
J	E0764	transcutaneous stimulation of sequential muscle groups of ambulation with computer control,		0-999	\$11,066.82	\$11,066.82
L	E0764	transcutaneous stimulation of sequential muscle groups of ambulation with computer control,		0-999	\$1,106.67	\$1,106.67
J	E0776	iv pole		0-999	\$90.99	\$90.99

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
L	E0776	iv pole		0-999	\$11.90	\$9.10
J	E0779	ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater		0-999	\$167.30	\$175.70
L	E0779	ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater		0-999	\$17.57	\$17.57
J	E0780	ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours		0-999	\$10.89	\$10.89
L	E0780	ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours		0-999	\$1.09	\$1.09
J	E0781	ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient		0-999	\$2,435.72	\$2,435.72
L	E0781	ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient		0-999	\$252.64	\$243.57
9	E0782	infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)		0-999	\$3,830.11	\$3,830.11
9	E0782	infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)		0-999	\$3,830.11	\$3,830.11
J	E0782	infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)		0-999	\$3,830.11	\$3,830.11
9	E0783	infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)		0-999	\$8,130.87	\$8,130.87
J	E0783	infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)		0-999	\$8,130.87	\$8,130.87
J	E0783	infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)		0-999	\$8,130.87	\$8,130.87

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
J	E0784	external ambulatory infusion pump, insulin		0-999	\$4,387.82	\$4,383.60
L	E0784	external ambulatory infusion pump, insulin		0-999	\$415.43	\$438.36
J	E0791	parenteral infusion pump, stationary, single or multi-channel		0-999	\$3,320.10	\$3,320.10
L	E0791	parenteral infusion pump, stationary, single or multi-channel		0-999	\$332.01	\$332.01
J	E0840	traction frame, attached to headboard, cervical traction		0-999	\$54.19	\$54.19
L	E0840	traction frame, attached to headboard, cervical traction		0-999	\$16.10	\$16.10
J	E0850	traction stand, free standing, cervical traction		0-999	\$84.18	\$84.18
L	E0850	traction stand, free standing, cervical traction		0-999	\$12.88	\$12.88
J	E0855	cervical traction equipment not requiring additional stand or frame		0-999	\$471.40	\$471.40
L	E0855	cervical traction equipment not requiring additional stand or frame		0-999	\$47.16	\$47.16
J	E0856	cervical traction device, cervical collar with inflatable air bladder		0-999	\$154.03	\$154.03
J	E0860	traction equipment, overdoor, cervical		0-999	\$26.98	\$26.98
L	E0860	traction equipment, overdoor, cervical		0-999	\$5.81	\$5.81
J	E0880	traction stand, free standing, extremity traction, (e.g., buck's)		0-999	\$97.66	\$97.66
L	E0880	traction stand, free standing, extremity traction, (e.g., buck's)		0-999	\$17.60	\$17.60
J	E0900	traction stand, free standing, pelvic traction, (e.g., buck's)		0-999	\$98.32	\$98.32
L	E0900	traction stand, free standing, pelvic traction, (e.g., buck's)		0-999	\$16.77	\$16.77
J	E0910	trapeze bars, a/k/a patient helper, attached to bed, with grab bar		0-999	\$181.00	\$181.00
L	E0910	trapeze bars, a/k/a patient helper, attached to bed, with grab bar		0-999	\$18.10	\$18.10

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
J	E0911	trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar		0-999	\$451.10	\$451.10
L	E0911	trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar		0-999	\$45.11	\$45.11
J	E0912	trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar		0-999	\$1,036.00	\$1,036.00
L	E0912	trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar		0-999	\$103.60	\$103.60
J	E0920	fracture frame, attached to bed, includes weights		0-999	\$484.50	\$484.50
L	E0920	fracture frame, attached to bed, includes weights		0-999	\$39.23	\$48.45
J	E0930	fracture frame, free standing, includes weights		0-999	\$479.70	\$479.70
L	E0930	fracture frame, free standing, includes weights		0-999	\$37.82	\$47.97
L	E0935	continuous passive motion exercise device for use on knee only		0-999	\$23.87	\$23.87
L	E0936	continuous passive motion exercise device for use other than knee		0-999	\$76.80	\$50.00
J	E0940	trapeze bar, free standing, complete with grab bar		0-999	\$311.72	\$311.72
L	E0940	trapeze bar, free standing, complete with grab bar		0-999	\$28.40	\$31.17
J	E0941	gravity assisted traction device, any type		0-999	\$455.80	\$455.80
L	E0941	gravity assisted traction device, any type		0-999	\$45.58	\$45.58
J	E0942	cervical head harness/halter		0-999	\$19.00	\$19.00
J	E0944	pelvic belt/harness/boot		0-999	\$31.41	\$31.41
J	E0945	extremity belt/harness		0-999	\$26.58	\$26.58

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
J	E0946	fracture, frame, dual with cross bars, attached to bed, (e.g. balken, 4 poster)		0-999	\$380.40	\$380.40
L	E0946	fracture, frame, dual with cross bars, attached to bed, (e.g. balken, 4 poster)		0-999	\$37.91	\$38.04
J	E0950	wheelchair accessory, tray, each		0-999	\$176.30	\$176.30
J	E0951	heel loop/holder, any type, with or without ankle strap, each		0-999	\$12.36	\$12.36
J	E0952	toe loop/holder, any type, each		0-999	\$12.90	\$12.90
J	E0955	wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each		0-999	\$202.18	\$182.97
L	E0956	wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each		0-999	\$9.87	\$8.93
J	E0957	wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each		0-999	\$137.93	\$124.83
J	E0958	manual wheelchair accessory, one-arm drive attachment, each		0-999	\$697.00	\$697.00
J	E0960	wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware		0-999	\$90.98	\$82.34
J	E0961	manual wheelchair accessory, wheel lock brake extension (handle), each		0-999	\$17.05	\$17.05
J	E0969	narrowing device, wheelchair		0-999	\$149.65	\$149.65
J	E0970	no.2 footplates, except for elevating leg rest		0-999	\$53.30	\$53.30
J	E0971	manual wheelchair accessory, anti-tipping device, each		0-999	\$55.35	\$55.35
J	E0973	wheelchair accessory, adjustable height, detachable armrest, complete assembly, each		0-999	\$70.07	\$70.07
J	E0974	manual wheelchair accessory, anti-rollback device, each		0-999	\$73.58	\$73.58
J	E0978	wheelchair accessory, positioning belt/safety belt/pelvic strap, each		0-999	\$36.30	\$36.30
J	E0980	safety vest, wheelchair		0-999	\$29.52	\$29.52

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
J	E0981	wheelchair accessory, seat upholstery, replacement only, each		0-999	\$35.29	\$35.29
J	E0982	wheelchair accessory, back upholstery, replacement only, each		0-999	\$51.53	\$46.63
J	E0990	wheelchair accessory, elevating leg rest, complete assembly, each		0-999	\$139.36	\$101.59
J	E0992	manual wheelchair accessory, solid seat insert		0-999	\$97.50	\$84.92
J	E0994	arm rest, each		0-999	\$13.58	\$13.58
J	E0995	wheelchair accessory, calf rest/pad, each		0-999	\$22.69	\$22.69
J	E1002	wheelchair accessory, power seating system, tilt only		0-999	\$4,113.02	\$3,668.16
J	E1003	wheelchair accessory, power seating system, recline only, without shear reduction		0-999	\$4,391.30	\$3,974.13
J	E1004	wheelchair accessory, power seating system, recline only, with mechanical shear reduction		0-999	\$4,869.05	\$4,406.49
J	E1005	wheelchair accessory, power seating system, recline only, with power shear reduction		0-999	\$5,270.36	\$4,769.68
J	E1006	wheelchair accessory, power seating system, combination tilt and recline, without shear reduction		0-999	\$6,455.70	\$5,842.41
J	E1007	wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction		0-999	\$8,741.27	\$7,910.85
J	E1008	wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction		0-999	\$8,742.05	\$7,911.56
J	E1009	wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each		0-999	\$0.00	\$0.00
J	E1010	wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair		0-999	\$1,635.90	\$1,635.90
J	E1011	modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)		0-999	\$0.00	\$0.00

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
J	E1014	reclining back, addition to pediatric size wheelchair		0-999	\$328.00	\$328.00
J	E1015	shock absorber for manual wheelchair, each		0-999	\$120.44	\$120.44
J	E1016	shock absorber for power wheelchair, each		0-999	\$130.38	\$130.38
J	E1017	heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each		0-999	\$122.59	\$122.59
J	E1018	heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each		0-999	\$0.00	\$0.00
J	E1020	residual limb support system for wheelchair		0-999	\$229.60	\$229.60
L	E1020	residual limb support system for wheelchair		0-999	\$22.01	\$22.01
J	E1028	swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning		0-999	\$206.54	\$186.92
J	E1029	wheelchair accessory, ventilator tray, fixed		0-999	\$369.54	\$334.43
L	E1031	rollabout chair, any and all types with castors 5" or greater		0-999	\$45.56	\$45.56
J	E1035	multi-positional patient transfer system, with integrated seat, operated by care giver		0-999	\$3,335.96	\$1,951.60
J	E0135	multi-positional patient transfer system, with integrated seat, operated by care giver, intermediate level of care	TF	0-999	\$2,296.00	\$2,296.00
J	E0135	multi-positional patient transfer system, with integrated seat, operated by care giver, complex/high tech level of care	TG	0-999	\$0.00	\$0.00
J	E1050	fully-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests		0-999	\$726.14	\$726.14
L	E1050	fully-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests		0-999	\$82.78	\$72.61
J	E1060	fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests		0-999	\$1,162.94	\$1,162.94

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
J	E1060	fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests		0-999	\$0.00	\$1,162.94
L	E1060	fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests		0-999	\$104.01	\$116.29
J	E1070	fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest		0-999	\$915.30	\$915.30
L	E1070	fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest		0-999	\$88.70	\$91.53
J	E1083	hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest		0-999	\$492.74	\$492.74
L	E1083	hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest		0-999	\$51.71	\$49.27
J	E1084	hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests		0-999	\$837.72	\$837.72
L	E1084	hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests		0-999	\$81.18	\$83.77
J	E1085	hemi-wheelchair, fixed full length arms, swing away detachable foot rests		0-999	\$653.83	\$653.83
L	E1085	hemi-wheelchair, fixed full length arms, swing away detachable foot rests		0-999	\$58.67	\$65.38
J	E1086	hemi-wheelchair detachable arms desk or full length, swing away detachable footrests		0-999	\$786.65	\$786.65
L	E1086	hemi-wheelchair detachable arms desk or full length, swing away detachable footrests		0-999	\$70.85	\$78.67
J	E1087	high strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests		0-999	\$1,190.42	\$1,190.42
L	E1087	high strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests		0-999	\$108.13	\$119.04

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
J	E1088	high strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests		0-999	\$1,470.58	\$1,470.58
L	E1088	high strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests		0-999	\$132.60	\$147.06
J	E1089	high strength lightweight wheelchair, fixed length arms, swing away detachable footrest		0-999	\$1,187.10	\$1,187.10
L	E1089	high strength lightweight wheelchair, fixed length arms, swing away detachable footrest		0-999	\$104.18	\$118.71
J	E1090	high strength lightweight wheelchair, detachable arms desk or full length, swing away detachable foot rests		0-999	\$1,268.95	\$1,268.95
L	E1090	high strength lightweight wheelchair, detachable arms desk or full length, swing away detachable foot rests		0-999	\$116.94	\$126.90
J	E1092	wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests		0-999	\$1,349.40	\$1,349.40
L	E1092	wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests		0-999	\$121.13	\$134.94
J	E1093	wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests		0-999	\$1,160.50	\$1,160.50
L	E1093	wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests		0-999	\$106.01	\$116.05
J	E1100	semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests		0-999	\$1,090.00	\$1,090.00
L	E1100	semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests		0-999	\$96.00	\$109.00
J	E1110	semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest		0-999	\$1,067.40	\$1,067.40

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
L	E1110	semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest		0-999	\$106.74	\$106.74
J	E1130	standard wheelchair, fixed full length arms, fixed or swing away detachable footrests		0-999	\$456.12	\$456.12
L	E1130	standard wheelchair, fixed full length arms, fixed or swing away detachable footrests		0-999	\$41.47	\$45.61
J	E1140	wheelchair, detachable arms, desk or full length, swing away detachable footrests		0-999	\$636.11	\$636.11
L	E1140	wheelchair, detachable arms, desk or full length, swing away detachable footrests		0-999	\$60.29	\$63.61
J	E1150	wheelchair, detachable arms, desk or full length swing away detachable elevating legrests		0-999	\$753.72	\$753.72
L	E1150	wheelchair, detachable arms, desk or full length swing away detachable elevating legrests		0-999	\$71.61	\$75.37
J	E1160	wheelchair, fixed full length arms, swing away detachable elevating legrests		0-999	\$553.60	\$553.60
L	E1160	wheelchair, fixed full length arms, swing away detachable elevating legrests		0-999	\$53.37	\$55.36
J	E1161	manual adult size wheelchair, includes tilt in space		0-999	\$2,906.00	\$2,484.39
L	E1161	manual adult size wheelchair, includes tilt in space		0-999	\$223.53	\$248.44
J	E1170	amputee wheelchair, fixed full length arms, swing away detachable elevating legrests		0-999	\$937.80	\$937.80
L	E1170	amputee wheelchair, fixed full length arms, swing away detachable elevating legrests		0-999	\$84.09	\$93.78
J	E1171	amputee wheelchair, fixed full length arms, without footrests or legrest		0-999	\$841.60	\$841.60
L	E1171	amputee wheelchair, fixed full length arms, without footrests or legrest		0-999	\$79.76	\$84.16

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
J	E1172	amputee wheelchair, detachable arms (desk or full length) without footrests or legrest		0-999	\$847.33	\$847.33
L	E1172	amputee wheelchair, detachable arms (desk or full length) without footrests or legrest		0-999	\$81.06	\$84.73
J	E1180	amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests		0-999	\$1,002.78	\$1,002.78
L	E1180	amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests		0-999	\$85.33	\$100.28
J	E1190	amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests		0-999	\$1,215.49	\$1,215.49
L	E1190	amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests		0-999	\$100.59	\$121.55
J	E1195	heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests		0-999	\$1,157.68	\$1,157.68
L	E1195	heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests		0-999	\$99.21	\$115.77
J	E1200	amputee wheelchair, fixed full length arms, swing away detachable footrest		0-999	\$707.03	\$707.03
L	E1200	amputee wheelchair, fixed full length arms, swing away detachable footrest		0-999	\$72.29	\$70.70
J	E1220	wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification		0-999	\$0.00	\$0.00
J	E1229	wheelchair, pediatric size, not otherwise specified		0-999	\$0.00	\$0.00
J	E1230	power operated vehicle (three or four wheel nonhighway) specify brand name and model number		0-999	\$2,077.69	\$2,077.69
L	E1230	power operated vehicle (three or four wheel nonhighway) specify brand name and model number		0-999	\$187.49	\$207.77

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
J	E1231	wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system		0-999	\$4,681.35	\$3,043.84
L	E1231	wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system		0-999	\$360.10	\$304.38
J	E1232	wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system		0-999	\$4,845.38	\$2,245.33
L	E1232	wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system		0-999	\$224.54	\$224.53
J	E1233	wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system		0-999	\$2,625.60	\$2,326.52
L	E1233	wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system		0-999	\$201.97	\$232.65
J	E1234	wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system		0-999	\$2,689.60	\$2,025.40
L	E1234	wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system		0-999	\$206.89	\$202.55
J	E1235	wheelchair, pediatric size, rigid, adjustable, with seating system		0-999	\$2,897.00	\$2,897.00
L	E1235	wheelchair, pediatric size, rigid, adjustable, with seating system		0-999	\$195.04	\$195.04
J	E1236	wheelchair, pediatric size, folding, adjustable, with seating system		0-999	\$3,182.00	\$3,182.00
L	E1236	wheelchair, pediatric size, folding, adjustable, with seating system		0-999	\$172.06	\$172.06
J	E1237	wheelchair, pediatric size, rigid, adjustable, without seating system		0-999	\$1,476.00	\$1,476.00
L	E1237	wheelchair, pediatric size, rigid, adjustable, without seating system		0-999	\$113.54	\$147.60
J	E1238	wheelchair, pediatric size, folding, adjustable, without seating system		0-999	\$1,640.00	\$1,640.00
L	E1238	wheelchair, pediatric size, folding, adjustable, without seating system		0-999	\$126.15	\$164.00
J	E1239	power wheelchair, pediatric size, not otherwise specified		0-999	\$0.00	\$0.00

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
J	E1240	lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest		0-999	\$979.81	\$979.81
L	E1240	lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest		0-999	\$87.48	\$97.98
J	E1250	lightweight wheelchair, fixed full length arms, swing away detachable footrest		0-999	\$729.30	\$729.30
L	E1250	lightweight wheelchair, fixed full length arms, swing away detachable footrest		0-999	\$61.31	\$72.93
J	E1260	lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest		0-999	\$900.94	\$900.94
L	E1260	lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest		0-999	\$80.57	\$90.09
J	E1270	lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests		0-999	\$701.12	\$828.90
L	E1270	lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests		0-999	\$66.35	\$82.89
J	E1280	heavy duty wheelchair, detachable arms (desk or full length) elevating legrests		0-999	\$1,124.17	\$1,378.20
L	E1280	heavy duty wheelchair, detachable arms (desk or full length) elevating legrests		0-999	\$108.94	\$137.82
J	E1285	heavy duty wheelchair, fixed full length arms, swing away detachable footrest		0-999	\$1,183.63	\$1,183.63
L	E1285	heavy duty wheelchair, fixed full length arms, swing away detachable footrest		0-999	\$91.09	\$118.36
J	E1290	heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest		0-999	\$1,034.51	\$1,034.51
L	E1290	heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest		0-999	\$97.39	\$103.45
J	E1295	heavy duty wheelchair, fixed full length arms, elevating legrest		0-999	\$1,113.60	\$1,113.60

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
L	E1295	heavy duty wheelchair, fixed full length arms, elevating legrest		0-999	\$98.85	\$111.36
J	E1296	special wheelchair seat height from floor		0-999	\$417.92	\$417.92
J	E1297	special wheelchair seat depth, by upholstery		0-999	\$88.92	\$88.92
J	E1298	special wheelchair seat depth and/or width, by construction		0-999	\$360.10	\$360.10
J	E1300	whirlpool, portable (overtub type)		0-999	\$1,409.87	\$170.00
L	E1300	whirlpool, portable (overtub type)		0-999	\$140.99	\$17.00
J	E1310	whirlpool, non-portable (built-in type)		0-999	\$3,083.22	\$2,254.77
J	E1353	regulator		0-999	\$43.59	\$29.75
J	E1355	stand/rack		0-999	\$22.40	\$22.40
L	E1355	stand/rack		0-999	\$3.36	\$2.24
J	E1372	immersion external heater for nebulizer		0-999	\$163.03	\$163.03
L	E1390	oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate		0-999	\$175.79	\$173.17
J	E1399	durable medical equipment, miscellaneous		0-999	\$0.00	\$0.00
L	E1399	durable medical equipment, miscellaneous		0-999	\$0.00	\$0.00
J	E1510	kidney, dialysate delivery syst. kidney machine, pump recirculating, air removal syst, flowrate meter, power off, heater and temperature control		0-999	\$10,131.32	\$10,131.32
L	E1510	kidney, dialysate delivery syst. kidney machine, pump recirculating, air removal syst, flowrate meter, power off, heater and temperature control		0-999	\$831.00	\$1,013.13
J	E1520	heparin infusion pump for hemodialysis		0-999	\$393.09	\$380.31
L	E1520	heparin infusion pump for hemodialysis		0-999	\$39.31	\$38.03
J	E1530	air bubble detector for hemodialysis, each, replacement		0-999	\$565.60	\$547.22

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
L	E1530	air bubble detector for hemodialysis, each, replacement		0-999	\$56.56	\$54.72
J	E1540	pressure alarm for hemodialysis, each, replacement		0-999	\$10.39	\$22.96
L	E1540	pressure alarm for hemodialysis, each, replacement		0-999	\$0.00	\$0.00
J	E1550	bath conductivity meter for hemodialysis, each		0-999	\$297.91	\$297.91
L	E1550	bath conductivity meter for hemodialysis, each		0-999	\$29.79	\$29.79
J	E1560	blood leak detector for hemodialysis, each, replacement		0-999	\$0.00	\$0.00
L	E1560	blood leak detector for hemodialysis, each, replacement		0-999	\$0.00	\$0.00
J	E1570	adjustable chair, for esrd patients		0-999	\$347.70	\$200.23
L	E1570	adjustable chair, for esrd patients		0-999	\$34.72	\$20.02
J	E1575	transducer protectors/fluid barriers, for hemodialysis, any size, per 10		0-999	\$1.27	\$1.63
L	E1575	transducer protectors/fluid barriers, for hemodialysis, any size, per 10		0-999	\$0.16	\$0.16
J	E1580	unipuncture control system for hemodialysis		0-999	\$0.00	\$0.00
L	E1580	unipuncture control system for hemodialysis		0-999	\$0.00	\$0.00
J	E1590	hemodialysis machine		0-999	\$0.00	\$0.00
L	E1590	hemodialysis machine		0-999	\$290.00	\$290.00
J	E1592	automatic intermittent peritoneal dialysis system		0-999	\$0.00	\$0.00
L	E1592	automatic intermittent peritoneal dialysis system		0-999	\$0.00	\$0.00
J	E1594	cycler dialysis machine for peritoneal dialysis		0-999	\$5,200.00	\$6,544.00
L	E1594	cycler dialysis machine for peritoneal dialysis		0-999	\$520.00	\$654.40
L	E1600	delivery and/or installation charges for hemodialysis equipment		0-999	\$377.00	\$364.75
J	E1620	blood pump for hemodialysis, replacement		0-999	\$1,174.36	\$1,754.74

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
L	E1620	blood pump for hemodialysis, replacement		0-999	\$123.05	\$175.47
J	E1630	reciprocating peritoneal dialysis system		0-999	\$0.00	\$0.00
L	E1630	reciprocating peritoneal dialysis system		0-999	\$0.00	\$0.00
J	E1632	wearable artificial kidney, each		0-999	\$0.00	\$0.00
L	E1632	wearable artificial kidney, each		0-999	\$0.00	\$0.00
J	E1635	compact (portable) travel hemodialyzer system		0-999	\$0.00	\$0.00
L	E1635	compact (portable) travel hemodialyzer system		0-999	\$71.47	\$628.88
L	E1636	sorbent cartridges, for hemodialysis, per 10		0-999	\$1,212.92	\$1,212.92
J	E1637	hemostats, each		0-999	\$2.50	\$5.33
J	E1639	scale, each		0-999	\$214.68	\$214.68
L	E1639	scale, each		0-999	\$21.47	\$21.47
J	E1699	dialysis equipment, not otherwise specified		0-999	\$0.00	\$0.00
L	E1699	dialysis equipment, not otherwise specified		0-999	\$0.00	\$0.00
L	E1700	jaw motion rehabilitation system		0-999	\$30.18	\$30.18
L	E1701	replacement cushions for jaw motion rehabilitation system, pkg. of 6		0-999	\$0.00	\$9.47
L	E1702	replacement measuring scales for jaw motion rehabilitation system, pkg. of 200		0-999	\$0.00	\$23.70
J	E1800	dynamic adjustable elbow extension/flexion device, includes soft interface material		0-999	\$1,115.60	\$1,115.60
L	E1800	dynamic adjustable elbow extension/flexion device, includes soft interface material		0-999	\$91.92	\$111.56
J	E1801	static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories		0-999	\$1,354.50	\$1,354.50

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
J	E1802	dynamic adjustable forearm pronation/supination device, includes soft interface material		0-999	\$3,431.00	\$3,431.00
L	E1802	dynamic adjustable forearm pronation/supination device, includes soft interface material		0-999	\$326.80	\$343.14
J	E1805	dynamic adjustable wrist extension/flexion device, includes soft interface material		0-999	\$1,127.60	\$1,127.60
L	E1805	dynamic adjustable wrist extension/flexion device, includes soft interface material		0-999	\$94.33	\$112.76
J	E1806	static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories		0-999	\$1,059.10	\$1,059.10
J	E1810	dynamic adjustable knee extension/flexion device, includes soft interface material		0-999	\$1,130.90	\$1,130.90
L	E1810	dynamic adjustable knee extension/flexion device, includes soft interface material		0-999	\$92.05	\$113.09
J	E1811	static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories		0-999	\$1,341.20	\$1,341.20
J	E1812	dynamic knee, extension/flexion device with active resistance control		0-999	\$859.90	\$859.90
L	E1812	dynamic knee, extension/flexion device with active resistance control		0-999	\$90.29	\$85.99
J	E1815	dynamic adjustable ankle extension/flexion device, includes soft interface material		0-999	\$1,130.90	\$1,130.90
L	E1815	dynamic adjustable ankle extension/flexion device, includes soft interface material		0-999	\$94.33	\$113.09
J	E1816	static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories		0-999	\$1,362.40	\$1,362.40

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
J	E1818	static progressive stretch forearm pronation / supination device, with or without range of motion adjustment, includes all components and accessories		0-999	\$1,390.90	\$1,390.90
J	E1820	replacement soft interface material, dynamic adjustable extension/flexion device		0-999	\$75.85	\$75.85
L	E1820	replacement soft interface material, dynamic adjustable extension/flexion device		0-999	\$7.58	\$7.58
J	E1821	replacement soft interface material/cuffs for bi-directional static progressive stretch device		0-999	\$110.51	\$110.51
J	E1825	dynamic adjustable finger extension/flexion device, includes soft interface material		0-999	\$1,127.60	\$1,127.60
L	E1825	dynamic adjustable finger extension/flexion device, includes soft interface material		0-999	\$94.33	\$112.76
J	E1830	dynamic adjustable toe extension/flexion device, includes soft interface material		0-999	\$1,127.60	\$1,127.60
L	E1830	dynamic adjustable toe extension/flexion device, includes soft interface material		0-999	\$94.33	\$112.76
J	E1840	dynamic adjustable shoulder flexion / abduction / rotation device, includes soft interface material		0-999	\$3,827.10	\$4,018.50
L	E1840	dynamic adjustable shoulder flexion / abduction / rotation device, includes soft interface material		0-999	\$401.85	\$401.85
L	E1841	static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories		0-999	\$4,756.50	\$4,756.50
J	E2100	blood glucose monitor with integrated voice synthesizer		0-999	\$340.00	\$340.00
J	E2101	blood glucose monitor with integrated lancing/blood sample		0-999	\$188.56	\$188.56
J	E2201	nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches		0-999	\$373.10	\$373.10

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
J	E2202	manual wheelchair accessory, nonstandard seat frame width, 24-27 inches		0-999	\$473.98	\$473.98
J	E2203	manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches		0-999	\$479.05	\$479.05
J	E2204	manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches		0-999	\$813.40	\$813.40
J	E2205	without projections (includes ergonomic or contoured), any type, replacement only, each		0-999	\$0.00	\$34.30
J	E2206	manual wheelchair accessory, wheel lock assembly, complete, each		0-999	\$0.00	\$42.71
J	E2207	wheelchair accessory, crutch and cane holder, each		0-999	\$43.35	\$43.35
L	E2207	wheelchair accessory, crutch and cane holder, each		0-999	\$4.34	\$4.34
J	E2208	wheelchair accessory, cylinder tank carrier, each		0-999	\$118.78	\$107.50
L	E2208	wheelchair accessory, cylinder tank carrier, each		0-999	\$11.87	\$10.74
J	E2209	accessory, arm trough, with or without hand support, each		0-999	\$107.16	\$96.98
L	E2209	accessory, arm trough, with or without hand support, each		0-999	\$10.74	\$9.72
J	E2210	wheelchair accessory, bearings, any type, replacement only, each		0-999	\$6.55	\$5.93
J	E2211	manual wheelchair accessory, pneumatic propulsion tire, any size, each		0-999	\$29.24	\$29.24
J	E2212	manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each		0-999	\$5.88	\$5.88
J	E2213	manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each		0-999	\$29.24	\$29.24
J	E2214	manual wheelchair accessory, pneumatic caster tire, any size, each		0-999	\$30.60	\$30.60
J	E2215	manual wheelchair accessory, tube for pneumatic caster tire, any size, each		0-999	\$9.60	\$9.60

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
J	E2216	manual wheelchair accessory, foam filled propulsion tire, any size, each		0-999	\$29.24	\$29.24
J	E2217	manual wheelchair accessory, foam filled caster tire, any size, each		0-999	\$32.88	\$32.88
J	E2218	manual wheelchair accessory, foam propulsion tire, any size, each		0-999	\$45.10	\$45.10
J	E2219	manual wheelchair accessory, foam caster tire, any size, each		0-999	\$32.88	\$32.88
J	E2220	manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each		0-999	\$24.24	\$24.24
J	E2221	manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each		0-999	\$25.55	\$25.55
J	E2222	manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each		0-999	\$60.68	\$60.68
J	E2224	manual wheelchair accessory, propulsion wheel excludes tire, any size, each		0-999	\$45.02	\$45.02
J	E2225	manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each		0-999	\$41.00	\$41.00
J	E2226	manual wheelchair accessory, caster fork, any size, replacement only, each		0-999	\$51.66	\$51.66
J	E2227	manual wheelchair accessory, gear reduction drive wheel, each		0-999	\$1,569.13	\$1,569.13
J	E2228	manual wheelchair accessory, wheel braking system and lock, complete, each		0-999	\$936.26	\$936.26
J	E2291	back, planar, for pediatric size wheelchair including fixed attaching hardware		0-999	\$0.00	\$0.00
J	E2292	seat, planar, for pediatric size wheelchair including fixed attaching hardware		0-999	\$0.00	\$0.00
J	E2293	back, contoured, for pediatric size wheelchair including fixed attaching hardware		0-999	\$0.00	\$0.00
J	E2294	seat, contoured, for pediatric size wheelchair including fixed attaching hardware		0-999	\$0.00	\$0.00

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
J	E2300	power wheelchair accessory, power seat elevation system		0-999	\$2,491.24	\$2,491.24
J	E2310	power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware		0-999	\$1,170.24	\$1,059.07
J	E2311	connection between wheelchair controller and two or more power seating system motors, including all		0-999	\$2,369.20	\$2,144.13
J	E2312	power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware		0-999	\$1,939.18	\$1,939.18
J	E2312	power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	KC	0-999	\$2,473.18	\$2,473.18
L	E2312	power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware		0-999	\$193.92	\$193.92
L	E2312	power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	KC	0-999	\$247.32	\$247.32
J	E2313	power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each		0-999	\$307.93	\$307.93
J	E2321	power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware		0-999	\$1,763.00	\$1,763.00
J	E2321	control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch,	KC	0-999	\$2,342.55	\$2,342.55

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
J	E2323	power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated		0-999	\$64.64	\$62.59
J	E2324	power wheelchair accessory, chin cup for chin control interface		0-999	\$44.49	\$39.66
J	E2325	power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware		0-999	\$1,346.83	\$1,218.88
J	E2326	power wheelchair accessory, breath tube kit for sip and puff interface		0-999	\$319.60	\$314.16
J	E2327	power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting		0-999	\$2,306.14	\$2,306.14
J	E2328	power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware		0-999	\$3,877.32	\$3,877.32
J	E2329	power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change		0-999	\$2,237.38	\$2,237.38
J	E2330	power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change		0-999	\$3,333.27	\$3,333.27
J	E2340	power wheelchair accessory, nonstandard seat frame width, 20-23 inches		0-999	\$314.22	\$314.22
J	E2341	power wheelchair accessory, nonstandard seat frame width, 24-27 inches		0-999	\$462.97	\$462.97
J	E2342	power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches		0-999	\$448.03	\$448.03

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
J	E2343	power wheelchair accessory, nonstandard seat frame depth, 22-25 inches		0-999	\$752.62	\$752.62
J	E2351	power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface		0-999	\$698.63	\$632.26
J	E2361	power wheelchair accessory, 22nf sealed lead acid battery, each, (e.g. gel cell, absorbed glassmat)		0-999	\$139.47	\$126.22
J	E2363	power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)		0-999	\$186.00	\$168.33
J	E2366	power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each		0-999	\$263.62	\$238.58
J	E2368	power wheelchair component, motor, replacement only		0-999	\$467.50	\$467.50
J	E2369	power wheelchair component, gear box, replacement only		0-999	\$407.20	\$407.20
J	E2370	power wheelchair component, motor and gear box combination, replacement only		0-999	\$876.15	\$876.15
J	E2371	power wheelchair accessory, group 27 sealed lead acid battery, (e.g. gel cell, absorbed glassmat), each		0-999	\$186.00	\$186.00
J	E2373	power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware		0-999	\$1,209.93	\$709.72
J	E2373	power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	KC	0-999	\$1,094.99	\$1,094.99
J	E2374	power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only		0-999	\$534.02	\$483.29

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
J	E2375	power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only		0-999	\$856.56	\$775.19
J	E2376	power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only		0-999	\$1,342.24	\$1,342.24
J	E2377	power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue		0-999	\$485.71	\$485.71
J	E2381	power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each		0-999	\$76.18	\$68.94
J	E2382	power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each		0-999	\$20.77	\$18.80
J	E2383	power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each		0-999	\$151.88	\$137.45
J	E2384	power wheelchair accessory, pneumatic caster tire, any size, replacement only, each		0-999	\$80.91	\$73.22
J	E2385	power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each		0-999	\$49.50	\$44.80
J	E2386	power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each		0-999	\$150.51	\$136.21
J	E2387	power wheelchair accessory, foam filled caster tire, any size, replacement only, each		0-999	\$64.93	\$58.76
J	E2388	power wheelchair accessory, foam drive wheel tire, any size, replacement only, each		0-999	\$50.39	\$45.60
J	E2389	power wheelchair accessory, foam caster tire, any size, replacement only, each		0-999	\$27.36	\$24.76

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
J	E2390	power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each		0-999	\$42.79	\$38.72
J	E2391	power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each		0-999	\$20.50	\$18.55
J	E2392	(rubber/plastic) caster tire with integrated wheel, any size, replacement only, each		0-999	\$53.88	\$48.76
J	E2394	power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each		0-999	\$76.75	\$69.46
J	E2395	power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each		0-999	\$54.55	\$49.37
J	E2396	power wheelchair accessory, caster fork, any size, replacement only, each		0-999	\$45.88	\$45.88
L	E2402	negative pressure wound therapy electrical pump, stationary or portable		0-999	\$1,716.46	\$1,553.40
J	E2500	speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time		0-999	\$374.13	\$374.13
L	E2500	speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time		0-999	\$37.41	\$37.41
J	E2502	speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time		0-999	\$1,255.59	\$1,255.59
L	E2502	speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time		0-999	\$125.57	\$125.57

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
J	E2504	speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time		0-999	\$1,577.42	\$1,577.42
L	E2504	speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time		0-999	\$157.76	\$157.76
J	E2506	speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time		0-999	\$2,312.96	\$2,312.96
L	E2506	speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time		0-999	\$231.29	\$231.29
J	E2508	speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device		0-999	\$3,576.61	\$3,576.61
L	E2508	speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device		0-999	\$357.67	\$357.67
J	E2510	speech, permitting multiple methods of message formulation and multiple methods of device access		0-999	\$6,768.25	\$6,768.25
L	E2510	speech, permitting multiple methods of message formulation and multiple methods of device access		0-999	\$676.82	\$676.82
J	E2511	speech generating software program, for personal computer or personal digital assistant		0-999	\$892.16	\$361.60
J	E2512	accessory for speech generating device, mounting system		0-999	\$0.00	\$0.00
L	E2512	accessory for speech generating device, mounting system		0-999	\$89.90	\$89.90

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
J	E2599	accessory for speech generating device, not otherwise classified		0-999	\$0.00	\$0.00
J	E2599	accessory for speech generating device, not otherwise classified	U1	0-999	\$87.40	\$87.40
L	E2599	accessory for speech generating device, not otherwise classified		0-999	\$0.00	\$0.00
J	E2601	general use wheelchair seat cushion, width less than 22 inches, any depth		0-999	\$55.35	\$55.35
J	E2602	general use wheelchair seat cushion, width 22 inches or greater, any depth		0-999	\$0.00	\$108.06
J	E2603	skin protection wheelchair seat cushion, width less than 22 inches, any depth		0-999	\$0.00	\$137.19
J	E2604	skin protection wheelchair seat cushion, width 22 inches or greater, any depth		0-999	\$0.00	\$170.51
J	E2605	positioning wheelchair seat cushion, width less than 22 inches, any depth		0-999	\$0.00	\$243.60
J	E2606	positioning wheelchair seat cushion, width 22 inches or greater, any depth		0-999	\$0.00	\$380.04
J	E2607	skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth		0-999	\$0.00	\$262.31
J	E2608	skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth		0-999	\$0.00	\$315.02
J	E2609	custom fabricated wheelchair seat cushion, any size		0-999	\$0.00	\$0.00
J	E2611	general use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware		0-999	\$0.00	\$282.68

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
J	E2612	general use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware		0-999	\$0.00	\$382.40
J	E2613	positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware		0-999	\$0.00	\$355.70
J	E2614	positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware		0-999	\$0.00	\$492.26
J	E2615	positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware		0-999	\$0.00	\$409.35
J	E2616	positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware		0-999	\$0.00	\$550.76
J	E2617	custom fabricated wheelchair back cushion, any size, including any type mounting hardware		0-999	\$0.00	\$0.00
J	E2619	replacement cover for wheelchair seat cushion or back cushion, each		0-999	\$0.00	\$46.44
J	E2620	positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware		0-999	\$0.00	\$495.67
J	E2621	positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware		0-999	\$520.16	\$520.16
J	E8001	gait trainer, pediatric size, upright support, includes all accessories and components		0-999	\$0.00	\$0.00
L	E8001	gait trainer, pediatric size, upright support, includes all accessories and components		0-999	\$0.00	\$0.00

ATTACHMENT - DURABLE MEDICAL EQUIPMENT - "E CODES"

TOS*	Procedure Code	Long Description	Modifier	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
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*Type of Service (TOS)	
J	DME Purchase
L	DME Rental/Lease