

ATTACHMENT - ORTHOSES - COMPREHENSIVE CARE PROGRAM

TOS*	Procedure Code	Long Description	Age Range	CURRENT		PROPOSED	
				Current Medicaid Fee	Current Adjusted Fee	Proposed Medicaid Fee	Proposed Adjusted Fee
L	E1801	static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	0-20	Not a Benefit	Not a Benefit	\$104.75	\$104.75
L	E1806	static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	0-20	Not a Benefit	Not a Benefit	\$86.01	\$86.01
L	E1811	static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	0-20	Not a Benefit	Not a Benefit	\$108.92	\$108.92
L	E1816	static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	0-20	Not a Benefit	Not a Benefit	\$110.63	\$110.63
L	E1818	static progressive stretch forearm pronation / supination device, with or without range of motion adjustment, includes all components and accessories	0-20	Not a Benefit	Not a Benefit	\$112.94	\$112.94
J	E1841	static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories	0-999	Not a Benefit	Not a Benefit	\$3,678.45	\$3,678.45

*Type of Service (TOS)	
J	Durable Medical Equipment (DME) Purchase
L	DME Rental