

## **DEPARTMENT OF SOCIAL SERVICES**

### **Notice of Proposed Medicaid State Plan Amendment (SPA)**

#### **Medical Equipment, Devices and Supplies (MEDS) Reimbursement (SPA 15-016)**

The State of Connecticut Department of Social Services (DSS) proposes to submit the following amendment to the Medicaid State Plan to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services (HHS).

#### Changes to Medicaid State Plan

Effective on or after March 1, 2015, Medicaid State Plan Amendment (SPA) 15-016 will amend Attachment 4.19-B of the Medicaid State Plan in order to revise the DSS fee schedule for Medical Equipment, Devices and Supplies (MEDS). Changes include the addition, pricing, and deletion of codes and changes to code descriptions on the MEDS fee schedule consistent with Healthcare Common Procedure Coding System (HCPCS) updates. This SPA also changes the pricing policy for manually priced codes, which will now be reimbursed at the lowest of list price minus 15% or actual acquisition cost (AAC) plus a percent markup that varies by procedure code. This policy is similar to the methods that various other states' Medicaid programs use to reimburse codes that do not have an established fee amount. A listing of the codes affected by this pricing policy is posted at <http://www.huskyhealth.com>. From this web page, select "Provider" and then select "Policies, Procedure and Guidelines".

#### Fiscal Information

Based on the information that is available at this time, DSS estimates that the proposed changes will reduce annual aggregate expenditures by approximately \$590,000 in Federal Fiscal Year 2015 and \$1.2 million in Federal Fiscal Year 2016.

#### Information on Obtaining SPA Language and Submission of Comments

In accordance with federal Medicaid requirements, upon request, DSS will provide copies of the proposed SPA. Copies of the proposed SPA may also be obtained at any DSS regional office and on the DSS website: <http://www.ct.gov/dss>. Go to "Publications" and then "Updates".

Written, phone, and email requests should be sent to Ginny Mahoney, Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5145, Fax: 860-424-5799, Email: [ginny.mahoney@ct.gov](mailto:ginny.mahoney@ct.gov)). Please reference "SPA 15-016: Medical Equipment Devices and Supplies Reimbursement".) Members of the public may also submit written comments concerning the proposed change. Written comments must be received at the above contact information by March 10, 2015.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

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(7) Home Health Services –

(a) Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area are provided with limitations.

(b) Home health aide services provided by a home health agency with limitations.

(d) Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility are provided with limitations.

The fee schedule for licensed home health care agencies for service (a), (b), and (d) above can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” Home health service rates were set as of January 1, 2015 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published on the agency’s website. Any fee payable to a home health care agency may qualify for an add-on to the standard fee for the applicable home health service upon application by the agency evidencing extraordinary costs associated with (1) treating AIDS patients; (2) high risk maternal child health care; (3) escort security services or (4) extended hour services. The provider must complete the appropriate application form showing the incremental costs that the agency incurs for the service. The allowable added cost is divided by all projected visits with and without the additional special circumstance (i.e., 1, 2, 3 or 4 above). The Department may add or delete codes in order to remain compliant with HIPAA. In no case will the fee paid to an agency exceed the agency charge to the general public for similar services

(c) Medical supplies, equipment and appliances suitable for use in the home – The current fee schedule was set as of March 1, 2015 and is effective for services provided on or after that date, except that codes may be deleted or added in order to remain compliant with HIPAA. The fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” All governmental and private providers are reimbursed according to the same fee schedule.

(8) Private duty nursing services – Not provided.

TN # 15-016  
Supersedes  
TN # 14-009

Approval Date \_\_\_\_\_

Effective Date 03/01/2015

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE CONNECTICUT

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(b) Prosthetic devices

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of prosthetic devices. The agency's rates were set as of 3/1/2015 and are effective for services rendered on or after that date. The fee schedule is subject to periodic adjustment. All rates are published on the agency's website at [www.ctdssmap.com](http://www.ctdssmap.com). Select "Provider," then select "Provider Fee Schedule Download."

(c) Eyeglasses

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of eyeglasses. The agency's rates were set as of 7/1/2008 and are effective for services rendered on or after that date. The fee schedule is subject to periodic adjustment. All rates are published on the agency's website at [www.ctdssmap.com](http://www.ctdssmap.com). Select "Provider," then select "Provider Fee Schedule Download."

- (d) Hearing aids – The price allowed shall be the actual acquisition cost of the hearing aid(s) to the provider, not to exceed the applicable rates on the Medical Equipment, Devices, and Supplies fee schedule, which are published on the agency's website at [www.ctdssmap.com](http://www.ctdssmap.com). Select "Provider," then select "Provider Fee Schedule Download."

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TN# 15-016

Supersedes

TN # 14-017

Approval Date \_\_\_\_\_

Effective Date 3-1-2015

**Codes to be priced at actual acquisition cost (AAC) plus a percentage**

**MEDS - Medical and Surgical Supplies**

**AAC**

A4223	INFUSION SUPPLIES NOT USED WITH EXTERNAL INFUSION PUMP PER CASSETTE OR BAG (LIST		AAC+25%
A4421	OSTOMY SUPPLY; MISCELLANEOUS		AAC+25%
A4465	NON-ELASTIC BINDER FOR EXTREMITY		AAC+25%
A4649	SURGICAL SUPPLY; MISCELLANEOUS		AAC+25%
A6020	COLLAGEN BASED WOUND DRESSING EACH DRESSING		AAC+25%
A6501	COMPRESSION BURN GARMENT BODYSUIT (HEAD TO FOOT) CUSTOM FABRICATED		AAC+25%
A6502	COMPRESSION BURN GARMENT CHIN STRAP CUSTOM FABRICATED		AAC+25%
A6503	COMPRESSION BURN GARMENT FACIAL HOOD CUSTOM FABRICATED		AAC+25%
A6504	COMPRESSION BURN GARMENT GLOVE TO WRIST CUSTOM FABRICATED		AAC+25%
A6505	COMPRESSION BURN GARMENT GLOVE TO ELBOW CUSTOM FABRICATED		AAC+25%
A6506	COMPRESSION BURN GARMENT GLOVE TO AXILLA CUSTOM FABRICATED		AAC+25%
A6507	COMPRESSION BURN GARMENT FOOT TO KNEE LENGTH CUSTOM FABRICATED		AAC+25%
A6508	COMPRESSION BURN GARMENT FOOT TO THIGH LENGTH CUSTOM FABRICATED		AAC+25%
A6509	COMPRESSION BURN GARMENT UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST) CUST		AAC+25%
A6510	COMPRESSION BURN GARMENT TRUNK INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD) CUS		AAC+25%
A6511	COMPRESSION BURN GARMENT LOWER TRUNK INCLUDING LEG OPENINGS (PANTY) CUSTOM FABRI		AAC+25%
A6512	COMPRESSION BURN GARMENT NOT OTHERWISE CLASSIFIED		AAC+25%
A6513	COMPRESSION BURN MASK FACE AND/OR NECK PLASTIC OR EQUAL CUSTOM FABRICATED		AAC+25%
A6549	GRADIENT COMPRESSION STOCKING/SLEEVE NOT OTHERWISE SPECIFIED		AAC+35%
A9276	SENSOR; INVASIVE (E.G. SUBCUTANEOUS) DISPOSABLE FOR USE WITH INTERSTITIAL CONTIN		AAC+25%
A9277	TRANSMITTER; EXTERNAL FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SY		AAC+25%
A9278	RECEIVER (MONITOR); EXTERNAL FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITO		AAC+25%
A9900	MISCELLANEOUS DME SUPPLY ACCESSORY AND/OR SERVICE COMPONENT OF ANOTHER HCPCS COD		AAC+25%
A9999	MISCELLANEOUS DME SUPPLY ACCESSORY NOT OTHERWISE SPECIFIED		AAC+25%

**MEDS - DME**

E0118	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEELS, EACH (NEW EQUIPMENT)		AAC+35%
E0118	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEELS, EACH (NEW EQUIPMENT)	RR	AAC+35%
E0328	HOSPITAL BED PEDIATRIC MANUAL 360 DEGREE SIDE ENCLOSURES TOP OF HEADBOARD FOOTBO		AAC+35%
E0328	HOSPITAL BED PEDIATRIC MANUAL 360 DEGREE SIDE ENCLOSURES TOP OF HEADBOARD FOOTBO	RR	AAC+35%

E0329	HOSPITAL BED PEDIATRIC ELECTRIC OR SEMI-ELECTRIC 360 DEGREE SIDE ENCLOSURES TOP		AAC+35%
E0329	HOSPITAL BED PEDIATRIC ELECTRIC OR SEMI-ELECTRIC 360 DEGREE SIDE ENCLOSURES TOP	RR	AAC+35%
E0485	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY ADJUSTABLE OR N		AAC+35%
E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY ADJUSTABLE OR N		AAC+35%
E0487	SPIROMETER ELECTRONIC INCLUDES ALL ACCESSORIES		AAC+35%
E0487	SPIROMETER ELECTRONIC INCLUDES ALL ACCESSORIES	RR	AAC+35%
E0625	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED		AAC+35%
E0641	STANDING FRAME/TABLE SYSTEM MULTI-POSITION (E.G. THREE-WAY STANDER) ANY SIZE INC		AAC+35%
E0641	STANDING FRAME/TABLE SYSTEM MULTI-POSITION (E.G. THREE-WAY STANDER) ANY SIZE INC	RR	AAC+35%
E0642	STANDING FRAME/TABLE SYSTEM MOBILE (DYNAMIC STANDER) ANY SIZE INCLUDING PEDIATRI		AAC+35%
E0642	STANDING FRAME/TABLE SYSTEM MOBILE (DYNAMIC STANDER) ANY SIZE INCLUDING PEDIATRI	RR	AAC+35%
E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES) NOT OTHERWISE		AAC+35%
E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES) NOT OTHERWISE	RR	AAC+35%
E0769	ELECTRICAL STIMULATION OR ELECTROMAGNETIC WOUND TREATMENT DEVICE NOT OTHERWISE C		AAC+35%
E0769	ELECTRICAL STIMULATION OR ELECTROMAGNETIC WOUND TREATMENT DEVICE NOT OTHERWISE C	RR	AAC+35%
E1009	WHEELCHAIR ACCESSORY ADDITION TO POWER SEATING SYSTEM MECHANICALLY LINKED LEG EL		AAC+45%
E1009	WHEELCHAIR ACCESSORY ADDITION TO POWER SEATING SYSTEM MECHANICALLY LINKED LEG EL	RR	AAC+45%
E1011	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR WIDTH ADJUSTMENT PACKAGE (NOT TO BE DI		AAC+45%
E1017	HEAVY-DUTY SHOCK ABSORBER FOR HEAVY-DUTY OR EXTRA HEAVY-DUTY MANUAL WHEELCHAIR E		AAC+45%
E1018	HEAVY-DUTY SHOCK ABSORBER FOR HEAVY-DUTY OR EXTRA HEAVY-DUTY POWER WHEELCHAIR EA		AAC+45%
E1220	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED (INDICATE BRAND NAME MODEL NUMBER IF		*
E1229	WHEELCHAIR PEDIATRIC SIZE NOT OTHERWISE SPECIFIED		AAC+45%
E1229	WHEELCHAIR PEDIATRIC SIZE NOT OTHERWISE SPECIFIED	RR	AAC+45%
E1231	WHEELCHAIR PEDIATRIC SIZE TILT-IN-SPACE RIGID ADJUSTABLE WITH SEATING SYSTEM		AAC+45%
E1231	WHEELCHAIR PEDIATRIC SIZE TILT-IN-SPACE RIGID ADJUSTABLE WITH SEATING SYSTEM	RR	AAC+45%
E1354	OXYGEN ACCESSORY WHEELED CART FOR PORTABLE CYLINDER OR PORTABLE CONCENTRATOR ANY		AAC+35%
E1356	OXYGEN ACCESSORY BATTERY PACK/CARTRIDGE FOR PORTABLE CONCENTRATOR ANY TYPE REPLA		AAC+35%
E1357	OXYGEN ACCESSORY BATTERY CHARGER FOR PORTABLE CONCENTRATOR ANY TYPE REPLACEMENT		AAC+35%
E1358	OXYGEN ACCESSORY DC POWER ADAPTER FOR PORTABLE CONCENTRATOR ANY TYPE REPLACEMENT		AAC+35%
E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS		AAC+35%
E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	RR	AAC+35%
E2230	MANUAL WHEELCHAIR ACCESSORY MANUAL STANDING SYSTEM		AAC+45%
E2230	MANUAL WHEELCHAIR ACCESSORY MANUAL STANDING SYSTEM	RR	AAC+45%
E2291	BACK PLANAR FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		AAC+45%

E2291	BACK PLANAR FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	RR	AAC+45%
E2292	SEAT PLANAR FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		AAC+45%
E2292	SEAT PLANAR FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	RR	AAC+45%
E2293	BACK CONTOURED FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		AAC+45%
E2293	BACK CONTOURED FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	RR	AAC+45%
E2294	SEAT CONTOURED FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		AAC+45%
E2294	SEAT CONTOURED FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	RR	AAC+45%
E2295	MANUAL WHEELCHAIR ACCESSORY FOR PEDIATRIC SIZE WHEELCHAIR DYNAMIC SEATING FRAME		AAC+45%
E2295	MANUAL WHEELCHAIR ACCESSORY FOR PEDIATRIC SIZE WHEELCHAIR DYNAMIC SEATING FRAME	RR	AAC+45%
E2300	WHEELCHAIR ACCESSORY POWER SEAT ELEVATION SYSTEM ANY TYPE		AAC+45%
E2300	WHEELCHAIR ACCESSORY POWER SEAT ELEVATION SYSTEM ANY TYPE	RR	AAC+45%
E2301	WHEELCHAIR ACCESSORY POWER STANDING SYSTEM ANY TYPE		AAC+45%
E2301	WHEELCHAIR ACCESSORY POWER STANDING SYSTEM ANY TYPE	RR	AAC+45%
E2331	POWER WHEELCHAIR ACCESSORY ATTENDANT CONTROL PROPORTIONAL INCLUDING ALL RELATED		AAC+45%
E2331	POWER WHEELCHAIR ACCESSORY ATTENDANT CONTROL PROPORTIONAL INCLUDING ALL RELATED	RR	AAC+45%
E2512	ACCESSORY FOR SPEECH GENERATING DEVICE MOUNTING SYSTEM		AAC+35%
E2512	ACCESSORY FOR SPEECH GENERATING DEVICE MOUNTING SYSTEM	RR	AAC+35%
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE NOT OTHERWISE CLASSIFIED		AAC+35%
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE NOT OTHERWISE CLASSIFIED	RR	AAC+35%
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE		AAC+45%
E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION ANY SIZE INCLUDING ANY TYPE MOUNTING H		AAC+45%
E8000	GAIT TRAINER PEDIATRIC SIZE POSTERIOR SUPPORT INCLUDES ALL ACCESSORIES AND COMPO		AAC+40%
E8000	GAIT TRAINER PEDIATRIC SIZE POSTERIOR SUPPORT INCLUDES ALL ACCESSORIES AND COMPO	RR	AAC+40%
E8001	GAIT TRAINER PEDIATRIC SIZE UPRIGHT SUPPORT INCLUDES ALL ACCESSORIES AND COMPONE		AAC+40%
E8001	GAIT TRAINER PEDIATRIC SIZE UPRIGHT SUPPORT INCLUDES ALL ACCESSORIES AND COMPONE	RR	AAC+40%
E8002	GAIT TRAINER PEDIATRIC SIZE ANTERIOR SUPPORT INCLUDES ALL ACCESSORIES AND COMPON		AAC+40%
E8002	GAIT TRAINER PEDIATRIC SIZE ANTERIOR SUPPORT INCLUDES ALL ACCESSORIES AND COMPON	RR	AAC+40%
K0008	CUSTOM MANUAL WHEELCHAIR/BASE		AAC+45%
K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE		AAC+45%
K0108	WHEELCHAIR COMPONENT OR ACCESSORY NOT OTHERWISE SPECIFIED		AAC+45%
K0669	WHEELCHAIR ACCESSORY WHEELCHAIR SEAT OR BACK CUSHION DOES NOT MEET SPECIFIC CODE		AAC+45%
K0812	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED		AAC+45%
K0812	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED	KA	AAC+45%
K0812	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED	RB	AAC+45%

K0812	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED	RR	AAC+45%
K0868	POWER WHEELCHAIR GROUP 4 STANDARD SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY		AAC+45%
K0868	POWER WHEELCHAIR GROUP 4 STANDARD SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY	KA	AAC+45%
K0868	POWER WHEELCHAIR GROUP 4 STANDARD SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY	RB	AAC+45%
K0868	POWER WHEELCHAIR GROUP 4 STANDARD SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY	RR	AAC+45%
K0869	POWER WHEELCHAIR GROUP 4 STANDARD CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO		AAC+45%
K0869	POWER WHEELCHAIR GROUP 4 STANDARD CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO	KA	AAC+45%
K0869	POWER WHEELCHAIR GROUP 4 STANDARD CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO	RB	AAC+45%
K0869	POWER WHEELCHAIR GROUP 4 STANDARD CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO	RR	AAC+45%
K0870	POWER WHEELCHAIR GROUP 4 HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACIT		AAC+45%
K0870	POWER WHEELCHAIR GROUP 4 HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACIT	KA	AAC+45%
K0870	POWER WHEELCHAIR GROUP 4 HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACIT	RB	AAC+45%
K0870	POWER WHEELCHAIR GROUP 4 HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACIT	RR	AAC+45%
K0871	POWER WHEELCHAIR GROUP 4 VERY HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CA		AAC+45%
K0871	POWER WHEELCHAIR GROUP 4 VERY HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CA	KA	AAC+45%
K0871	POWER WHEELCHAIR GROUP 4 VERY HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CA	RB	AAC+45%
K0871	POWER WHEELCHAIR GROUP 4 VERY HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CA	RR	AAC+45%
K0877	POWER WHEELCHAIR GROUP 4 STANDARD SINGLE POWER OPTION SLING/SOLID SEAT/BACK PATI		AAC+45%
K0877	POWER WHEELCHAIR GROUP 4 STANDARD SINGLE POWER OPTION SLING/SOLID SEAT/BACK PATI	KA	AAC+45%
K0877	POWER WHEELCHAIR GROUP 4 STANDARD SINGLE POWER OPTION SLING/SOLID SEAT/BACK PATI	RB	AAC+45%
K0877	POWER WHEELCHAIR GROUP 4 STANDARD SINGLE POWER OPTION SLING/SOLID SEAT/BACK PATI	RR	AAC+45%
K0878	POWER WHEELCHAIR GROUP 4 STANDARD SINGLE POWER OPTION CAPTAINS CHAIR PATIENT WEI		AAC+45%
K0878	POWER WHEELCHAIR GROUP 4 STANDARD SINGLE POWER OPTION CAPTAINS CHAIR PATIENT WEI	KA	AAC+45%
K0878	POWER WHEELCHAIR GROUP 4 STANDARD SINGLE POWER OPTION CAPTAINS CHAIR PATIENT WEI	RB	AAC+45%
K0878	POWER WHEELCHAIR GROUP 4 STANDARD SINGLE POWER OPTION CAPTAINS CHAIR PATIENT WEI	RR	AAC+45%
K0879	POWER WHEELCHAIR GROUP 4 HEAVY DUTY SINGLE POWER OPTION SLING/SOLID SEAT/BACK PA		AAC+45%
K0879	POWER WHEELCHAIR GROUP 4 HEAVY DUTY SINGLE POWER OPTION SLING/SOLID SEAT/BACK PA	KA	AAC+45%
K0879	POWER WHEELCHAIR GROUP 4 HEAVY DUTY SINGLE POWER OPTION SLING/SOLID SEAT/BACK PA	RB	AAC+45%
K0879	POWER WHEELCHAIR GROUP 4 HEAVY DUTY SINGLE POWER OPTION SLING/SOLID SEAT/BACK PA	RR	AAC+45%
K0880	POWER WHEELCHAIR GROUP 4 VERY HEAVY DUTY SINGLE POWER OPTION SLING/SOLID SEAT/BA		AAC+45%
K0880	POWER WHEELCHAIR GROUP 4 VERY HEAVY DUTY SINGLE POWER OPTION SLING/SOLID SEAT/BA	KA	AAC+45%
K0880	POWER WHEELCHAIR GROUP 4 VERY HEAVY DUTY SINGLE POWER OPTION SLING/SOLID SEAT/BA	RB	AAC+45%
K0880	POWER WHEELCHAIR GROUP 4 VERY HEAVY DUTY SINGLE POWER OPTION SLING/SOLID SEAT/BA	RR	AAC+45%
K0884	POWER WHEELCHAIR GROUP 4 STANDARD MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK PA		AAC+45%

K0884	POWER WHEELCHAIR GROUP 4 STANDARD MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK PA	KA	AAC+45%
K0884	POWER WHEELCHAIR GROUP 4 STANDARD MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK PA	RB	AAC+45%
K0884	POWER WHEELCHAIR GROUP 4 STANDARD MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK PA	RR	AAC+45%
K0885	POWER WHEELCHAIR GROUP 4 STANDARD MULTIPLE POWER OPTION CAPTAINS CHAIR PATIENT W		AAC+45%
K0885	POWER WHEELCHAIR GROUP 4 STANDARD MULTIPLE POWER OPTION CAPTAINS CHAIR PATIENT W	KA	AAC+45%
K0885	POWER WHEELCHAIR GROUP 4 STANDARD MULTIPLE POWER OPTION CAPTAINS CHAIR PATIENT W	RB	AAC+45%
K0885	POWER WHEELCHAIR GROUP 4 STANDARD MULTIPLE POWER OPTION CAPTAINS CHAIR PATIENT W	RR	AAC+45%
K0886	POWER WHEELCHAIR GROUP 4 HEAVY DUTY MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK		AAC+45%
K0886	POWER WHEELCHAIR GROUP 4 HEAVY DUTY MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK	KA	AAC+45%
K0886	POWER WHEELCHAIR GROUP 4 HEAVY DUTY MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK	RB	AAC+45%
K0886	POWER WHEELCHAIR GROUP 4 HEAVY DUTY MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK	RR	AAC+45%
K0890	POWER WHEELCHAIR GROUP 5 PEDIATRIC SINGLE POWER OPTION SLING/SOLID SEAT/BACK PAT		AAC+45%
K0890	POWER WHEELCHAIR GROUP 5 PEDIATRIC SINGLE POWER OPTION SLING/SOLID SEAT/BACK PAT	KA	AAC+45%
K0890	POWER WHEELCHAIR GROUP 5 PEDIATRIC SINGLE POWER OPTION SLING/SOLID SEAT/BACK PAT	RB	AAC+45%
K0890	POWER WHEELCHAIR GROUP 5 PEDIATRIC SINGLE POWER OPTION SLING/SOLID SEAT/BACK PAT	RR	AAC+45%
K0891	POWER WHEELCHAIR GROUP 5 PEDIATRIC MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK P		AAC+45%
K0891	POWER WHEELCHAIR GROUP 5 PEDIATRIC MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK P	KA	AAC+45%
K0891	POWER WHEELCHAIR GROUP 5 PEDIATRIC MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK P	RB	AAC+45%
K0891	POWER WHEELCHAIR GROUP 5 PEDIATRIC MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK P	RR	AAC+45%
K0898	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED		AAC+45%
K0898	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	KA	AAC+45%
K0898	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	RB	AAC+45%
K0898	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	RR	AAC+45%
K0899	POWER MOBILITY DEVICE NOT CODED BY DME PDAC OR DOES NOT MEET CRITERIA		AAC+45%
K0900	Customized durable medical equipment other than wheelchair		AAC+40%

### **MEDS - Prosthetic/Orthotic**

L0999	Addition to spinal orthosis not otherwise specified		AAC+50%
L1001	Cervical thoracic lumbar sacral orthosis immobilizer infant size prefabricated i		AAC+50%
L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism...		AAC+40%
L2999	Lower extremity orthoses not otherwise specified		AAC+50%
L3649	Orthopedic shoe modification addition or transfer not otherwise specified		AAC+70%
L3677	Shoulder orthosis shoulder joint design without joints may include soft interfac		AAC+70%
L3678	Shoulder orthosis shoulder joint design without joints may include soft interfac		AAC+40%

L3956	Addition of joint to upper extremity orthosis any material; per joint		<b>AAC+50%</b>
L3999	Upper limb orthosis not otherwise specified		<b>AAC+50%</b>
L5859	Addition to lower extremity prosthesis endoskeletal knee-shin system powered and		<b>AAC+40%</b>
L5999	Lower extremity prosthesis not otherwise specified		<b>AAC+50%</b>
L6715	Terminal device multiple articulating digit includes motor(s) initial issue or r		<b>AAC+70%</b>
L6880	Electric hand switch or myoelectric controlled independently articulating digit		<b>AAC+70%</b>
L7499	Upper extremity prosthesis not otherwise specified		<b>AAC+50%</b>
L8499	Unlisted procedure for miscellaneous prosthetic services		<b>AAC+40%</b>
L9900	Orthotic and prosthetic supply accessory and/or service component of another hcp		<b>AAC+40%</b>

**Parenteral-Enteral Supplies**

B9998	NOC for Enteral Supplies		<b>AAC+25%</b>
B9999	NOC for Parenteral Supplies		<b>AAC+25%</b>

**MEDS-Miscellaneous**

S9435	Medical foods for inborn errors of metabolism		<b>AAC+25%</b>
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<p>* Only manually priced codes that are bundled into the E1220 will be priced at AAC + 45%. Procedure codes that have Medicaid fees will be priced at the amount listed on the DME fee schedule.</p>
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