

**Durable Medical Equipment Fee Schedule**  
**Effective 04/01/21 - 03/31/22**

HCPCS	DESCRIPTION	WV		Purchase or Rental
		Medicaid Fee		
A4206	Syringe With Needle, Sterile 1cc Or Less, Each	\$ 0.27	Per BMS -	Purchase
A4207	Syringe With Needle, Sterile 2cc, Each	\$ 0.31	Per BMS -	Purchase
A4208	Syringe With Needle, Sterile 3cc, Each	\$ 0.30	Per BMS -	Purchase
A4209	Syringe With Needle, Sterile 5cc Or Greater, Each	\$ 0.30	Per BMS -	Purchase
A4213	Syringe, Sterile, 20 cc Or Greater, Each	\$ 4.32	Per BMS -	Purchase
A4215	Needle, Sterile, Any Size Each	\$ 0.24	Per BMS -	Purchase
A4216	Sterile Water, Saline And/Or Dextrose Diluent/Flush, 1	\$ 0.39		Purchase
A4217	Sterile Water/Saline, 500 Ml	\$ 2.92		Purchase
A4221	Supplies For Maintenance Of Drug Infusion Catheter, F	\$ 18.83		Purchase
A4222	Infusion Supplies For External Drug Infusion Pump, Pe	\$ 36.66		Purchase
A4223	Infusion Supplies Not Used With External Infusion Pun	\$ 21.51	Per BMS -	Purchase
A4224	Supply insulin inf cath/wk	\$ 18.83		Purchase
A4225	Sup/ext insulin inf pump syr	\$ 2.33		Purchase
A4230	Infusion Set For External Insulin Pump, Non Needle Cε	\$ 14.00	Per BMS -	Purchase
A4231	Infusion Set For External Insulin Pump, Needle Type	\$ 14.00	Per BMS -	Purchase
A4232	Syringe With Needle For External Insulin Pump, Sterile	\$ 2.62	Per BMS -	Purchase
A4233	Replacement Battery, Alkaline 9 (Other Than T Cell) F	\$ 0.41		Purchase
A4234	Replacement Battery, Alkaline, J Cell, For Use With M	\$ 1.89		Purchase
A4235	Replacement Battery, Lithium, For Use With Medically	\$ 0.80		Purchase
A4236	Replacement Battery, Silver Oxide, For Use With Medi	\$ 0.93		Purchase
A4244	Alcohol Or Peroxide, Per Pint	\$ 0.94	Per BMS -	Purchase
A4245	Alcohol Wipes, Per Box	\$ 1.00	Per BMS -	Purchase
A4246	Betadine Or PhisoHex Solution, Per Pint	\$ 11.43	Per BMS -	Purchase
A4247	Betadine Or Iodine Swabs/Wipes, Per Box	\$ 11.00	Per BMS -	Purchase
A4310	Insertion Tray Without Drainage Bag And Without Cath	\$ 7.19		Purchase
A4311	Insertion Tray Without Drainage Bag With Indwelling C	\$ 13.79		Purchase
A4312	Insertion Tray Without Drainage Bag With Indwelling C	\$ 16.80		Purchase
A4313	Insertion Tray Without Drainage Bag With Indwelling C	\$ 17.25		Purchase
A4314	Insertion Tray With Drainage Bag With Indwelling Cath	\$ 23.54		Purchase
A4315	Insertion Tray With Drainage Bag With Indwelling Cath	\$ 24.56		Purchase
A4316	Insertion Tray With Drainage Bag With Indwelling Cath	\$ 26.45		Purchase
A4320	Irrigation Tray With Bulb Or Piston Syringe, Any Purp	\$ 4.43		Purchase
A4322	Irrigation Syringe, Bulb Or Piston, Each	\$ 2.71		Purchase
A4326	Male External Catheter With Integral Collection Chaml	\$ 9.66		Purchase
A4327	Female External Urinary Collection Device; Meatal Cu	\$ 39.36		Purchase
A4328	Female External Urinary Collection Device; Pouch, Eac	\$ 9.42		Purchase
A4330	Perianal Fecal Collection Pouch With Adhesive, Each	\$ 5.67		Purchase
A4331	Extension Drainage Tubing, Any Type, Any Length, W	\$ 2.96		Purchase
A4332	Lubricant, Individual Sterile Packet, Each	\$ 0.10		Purchase
A4333	Urinary Catheter Anchoring Device, Adhesive Skin Att	\$ 2.06		Purchase
A4334	Urinary Catheter Anchoring Device, Leg Strap, Each	\$ 4.58		Purchase
A4335	Incontinence Supply; Miscellaneous	\$ -	Cost Invoice	
A4338	Indwelling Catheter; Foley Type, Two-Way Latex With	\$ 11.42		Purchase
A4340	Indwelling Catheter; Specialty Type, Eg; Coude, Mushr	\$ 25.14		Purchase
A4344	Indwelling Catheter, Foley Type, Two-Way, All Silicon	\$ 14.91		Purchase
A4346	Indwelling Catheter; Foley Type, Three Way For Conti	\$ 18.24		Purchase
A4349	Male External Catheter, With Or Without Adhesive, Di	\$ 1.87		Purchase
A4351	Intermittent Urinary Catheter; Straight Tip, With Or Wi	\$ 1.58		Purchase
A4352	Intermittent Urinary Catheter; Coude (Curved) Tip, Wit	\$ 5.09		Purchase
A4353	Intermittent Urinary Catheter, With Insertion Supplies	\$ 6.51		Purchase
A4354	Insertion Tray With Drainage Bag But Without Cathete	\$ 10.99		Purchase
A4355	Irrigation Tubing Set For Continuous Bladder Irrigation	\$ 8.18		Purchase
A4356	External Urethral Clamp Or Compression Device (Not '	\$ 42.49		Purchase
A4357	Bedside Drainage Bag, Day Or Night, With Or Without	\$ 9.04		Purchase

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		Medicaid Fee		
A4358	Urinary Drainage Bag, Leg Or Abdomen, Vinyl, With C	\$ 6.18		Purchase
A4361	Ostomy Faceplate, Each	\$ 17.10		Purchase
A4362	Skin Barrier; Solid, 4 X 4 Or Equivalent; Each	\$ 3.17		Purchase
A4363	Ostomy Clamp, Replacement	\$ 2.21		Purchase
A4364	Adhesive, Liquid Or Equal, Any Type, Per Oz	\$ 2.34		Purchase
A4366	Ostomy Vent, Any Type, Each	\$ 1.20		Purchase
A4367	Ostomy Belt, Each	\$ 6.86		Purchase
A4368	Ostomy Filter, Any Type, Each	\$ 0.23		Purchase
A4369	Ostomy Skin Barrier, Liquid (Spray, Brush, Etc), Per O	\$ 2.26		Purchase
A4371	Ostomy Skin Barrier, Powder, Per Oz	\$ 3.39		Purchase
A4372	Ostomy Skin Barrier, Solid 4 X 4 Or Equivalent, Stand;	\$ 3.90		Purchase
A4373	Ostomy Skin Barrier, With Flange (Solid, Flexible Or A	\$ 5.83		Purchase
A4375	Ostomy Pouch, Drainable, With Faceplate Attached, Pl	\$ 15.99		Purchase
A4376	Ostomy Pouch, Drainable, With Faceplate Attached, Ri	\$ 44.31		Purchase
A4377	Ostomy Pouch, Drainable, For Use On Faceplate, Plasti	\$ 3.99		Purchase
A4378	Ostomy Pouch, Drainable, For Use On Faceplate, Rubb	\$ 28.63		Purchase
A4379	Ostomy Pouch, Urinary, With Faceplate Attached, Plasi	\$ 13.98		Purchase
A4380	Ostomy Pouch, Urinary, With Faceplate Attached, Rubl	\$ 34.77		Purchase
A4381	Ostomy Pouch, Urinary, For Use On Faceplate, Plastic,	\$ 4.31		Purchase
A4382	Ostomy Pouch, Urinary, For Use On Faceplate, Heavy I	\$ 22.93		Purchase
A4383	Ostomy Pouch, Urinary, For Use On Faceplate, Rubber.	\$ 26.26		Purchase
A4384	Ostomy Faceplate Equivalent, Silicone Ring, Each	\$ 8.95		Purchase
A4385	Ostomy Skin Barrier, Solid 4X4 Or Equivalent, Extend	\$ 4.74		Purchase
A4387	Ostomy Pouch, Closed, With Barrier Attached, With B	\$ 2.10		Purchase
A4388	Ostomy Pouch, Drainable, With Extended Wear Barrier	\$ 4.06		Purchase
A4389	Ostomy Pouch, Drainable, With Barrier Attached, With	\$ 5.78		Purchase
A4390	Ostomy Pouch, Drainable, With Extended Wear Barrier	\$ 8.94		Purchase
A4391	Ostomy Pouch, Urinary, With Extended Wear Barrier A	\$ 6.58		Purchase
A4392	Ostomy Pouch, Urinary, With Standard Wear Barrier At	\$ 7.61		Purchase
A4393	Ostomy Pouch, Urinary, With Extended Wear Barrier A	\$ 8.42		Purchase
A4394	Ostomy Deodorant For Use In Ostomy Pouch, Liquid, F	\$ 2.42		Purchase
A4395	Ostomy Deodorant For Use In Ostomy Pouch, Solid, Pe	\$ 0.04		Purchase
A4396	Ostomy Belt With Peristomal Hernia Support	\$ 37.70		Purchase
A4397	Irrigation Supply; Sleeve, Each	\$ 4.46		Purchase
A4398	Ostomy Irrigation Supply; Bag, Each	\$ 12.87		Purchase
A4399	Ostomy Irrigation Supply; Cone/Catheter, Including Br	\$ 9.71		Purchase
A4400	Ostomy Irrigation Set	\$ 45.51		Purchase
A4402	Lubricant, Per Ounce	\$ 1.49		Purchase
A4404	Ostomy Ring, Each	\$ 1.44		Purchase
A4405	Ostomy Skin Barrier, Non-Pectin Based, Paste, Per Our	\$ 3.18		Purchase
A4406	Ostomy Skin Barrier, Pectin-Based, Paste, Per Ounce	\$ 5.33		Purchase
A4407	Ostomy Skin Barrier, With Flange (Solid, Flexible, Or	\$ 8.16		Purchase
A4408	Ostomy Skin Barrier, With Flange (Solid, Flexible Or A	\$ 9.19		Purchase
A4409	Ostomy Skin Barrier, With Flange (Solid, Flexible Or A	\$ 5.78		Purchase
A4410	Ostomy Skin Barrier, With Flange (Solid, Flexible Or A	\$ 8.42		Purchase
A4411	Ostomy Skin Barrier, Solid 4 X 4 Or Equivalent, Exten	\$ 4.74		Purchase
A4412	Ostomy Pouch, Drainable, High Output, For Use On A	\$ 2.52		Purchase
A4413	Ostomy Pouch, Drainable, High Output, For Use On A	\$ 5.13		Purchase
A4414	Ostomy Skin Barrier, With Flange (Solid, Flexible Or A	\$ 4.58		Purchase
A4415	Ostomy Skin Barrier, With Flange (Solid, Flexible Or A	\$ 5.58		Purchase
A4416	Ostomy Pouch, Closed, With Barrier Attached, With Fi	\$ 2.57		Purchase
A4417	Ostomy Pouch, Closed, With Barrier Attached, With B	\$ 3.47		Purchase
A4418	Ostomy Pouch, Closed; Without Barrier Attached, With	\$ 1.69		Purchase
A4419	Ostomy Pouch, Closed; For Use On Barrier With Non-I	\$ 1.61		Purchase

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HCPCS	DESCRIPTION	WV		Purchase or Rental
		Medicaid Fee		
A4420	Ostomy Pouch, Closed; For Use On Barrier With Locki	\$ -		Cost Invoice
A4421	Ostomy Supply; Miscellaneous	\$ -		Cost Invoice
A4422	Ostomy Absorbent Material (Sheet/Pad/Crystal Packet)	\$ 0.10		Purchase
A4423	Ostomy Pouch, Closed; For Use On Barrier With Locki	\$ 1.73		Purchase
A4424	Ostomy Pouch, Drainable, With Barrier Attached, With	\$ 4.43		Purchase
A4425	Ostomy Pouch, Drainable; For Use On Barrier With No	\$ 3.34		Purchase
A4426	Ostomy Pouch, Drainable; For Use On Barrier With Lo	\$ 2.54		Purchase
A4427	Ostomy Pouch, Drainable; For Use On Barrier With Lo	\$ 2.59		Purchase
A4428	Ostomy Pouch, Urinary, With Extended Wear Barrier A	\$ 6.07		Purchase
A4429	Ostomy Pouch, Urinary, With Barrier Attached, With B	\$ 7.68		Purchase
A4430	Ostomy Pouch, Urinary, With Extended Wear Barrier A	\$ 7.93		Purchase
A4431	Ostomy Pouch, Urinary; With Barrier Attached, With F	\$ 5.78		Purchase
A4432	Ostomy Pouch, Urinary; For Use On Barrier With Non-	\$ 3.34		Purchase
A4433	Ostomy Pouch, Urinary; For Use On Barrier With Lock	\$ 3.12		Purchase
A4434	Ostomy Pouch, Urinary; For Use On Barrier With Lock	\$ 3.50		Purchase
A4435	1Pc Ost Pch Drain Hgh Output	\$ 5.37		Purchase
A4450	Tape, Non-Waterproof, Per 18 Square Inches	\$ 0.07		Purchase
A4452	Tape, Waterproof, Per 18 Square Inches	\$ 0.33		Purchase
A4455	Adhesive Remover Or Solvent (For Tape, Cement Or C	\$ 1.33		Purchase
A4456	Adhesive remover, wipes	\$ 0.22		Purchase
A4461	Surgical Dressing Holder, Non-Reusable, Each	\$ 3.07		Purchase
A4463	Surgical Dressing Holder, Reusable, Each	\$ 12.39		Purchase
A4481	Tracheostoma Filter, Any Type, Any Size, Each	\$ 0.34		Purchase
A4490	Surgical Stockings Above Knee Length, Each	\$ 29.70		Per BMS - Purchase
A4495	Surgical Stockings Thigh Length, Each	\$ 29.70		Per BMS - Purchase
A4500	Surgical Stockings Below Knee Length, Each	\$ 31.50		Per BMS - Purchase
A4510	Surgical Stockings Full Length, Each	\$ 84.15		Per BMS - Purchase
A4520	Incontinence Garment, Any Type, (E.G. Brief, Diaper),	\$ 0.75		Per BMS - Purchase
A4550	Surgical Tray	\$ 8.00		Per BMS - Purchase
A4554	Disposable Underpads, All Sizes, (E.G., Chux'S)	\$ 0.31		Per BMS - Purchase
A4555	Electrode/transducer for use with electrical stimulation	\$ -		Cost Invoice
A4556	Electrodes, (E.G., Apnea Monitor), Per Pair	\$ 9.62		Purchase
A4557	Lead Wires, (E.G., Apnea Monitor), Per Pair	\$ 12.77		Purchase
A4561	Pessary, Rubber, Any Type	\$ 18.58		Purchase
A4562	Pessary, Non Rubber, Any Type	\$ 46.26		Purchase
A4565	Slings	\$ 7.22		Purchase
A4570	Splint	\$ 67.50		Per BMS - Purchase
A4595	Electrical Stimulator Supplies, 2 Lead, Per Month, (E.C	\$ 17.82		Purchase
A4601	Lithium Ion Battery For Non-Prosthetic Use, Replacem	\$ 26.00		Per BMS - Purchase
A4604	Tubing With Integrated Hearing Element For Use With	\$ 44.18		Purchase
A4605	Tracheal Suction Catheter, Closed System, Each	\$ 15.27		Purchase
A4606	Oxygen Probe For Use With Oximeter Device, Replace	\$ 100.00		Per BMS - Purchase
A4614	Peak Expiratory Flow Rate Meter, Hand Held	\$ 22.15		Purchase
A4619	Face Tent	\$ 1.68		Purchase
A4623	Tracheostomy, Inner Cannula	\$ 5.19		Purchase
A4624	Tracheal Suction Catheter, Any Type Other Than Close	\$ 2.46		Purchase
A4625	Tracheostomy Care Kit For New Tracheostomy	\$ 6.45		Purchase
A4627	Spacer, Bag Or Reservoir, With Or Without Mask, For	\$ 20.61		Per BMS - Purchase
A4628	Oropharyngeal Suction Catheter, Each	\$ 3.49		Purchase
A4629	Tracheostomy Care Kit For Established Tracheostomy	\$ 4.33		Purchase
A4635	Underarm Pad, Crutch, Replacement, Each	\$ 4.76		Purchase
A4636	Replacement, Handgrip, Cane, Crutch, Or Walker, Eacl	\$ 2.70		Purchase
A4637	Replacement, Tip, Cane, Crutch, Walker, Each.	\$ 1.56		Purchase
A4640	Replacement Pad For Use With Medically Necessary A	\$ 48.03		Purchase

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HCPCS	DESCRIPTION	WV		Purchase or Rental
		Medicaid Fee		
A4649	Surgical Supply; Miscellaneous	\$	-	Cost Invoice
A4927	Gloves, Non-Sterile, Per 100	\$	42.71	Per BMS - Purchase
A5051	Ostomy Pouch, Closed; With Barrier Attached (1Piece)	\$	1.92	Purchase
A5052	Ostomy Pouch, Closed; Without Barrier Attached (1 Pi	\$	1.38	Purchase
A5053	Ostomy Pouch, Closed; For Use On Faceplate, Each	\$	1.61	Purchase
A5054	Ostomy Pouch, Closed; For Use On Barrier With Flang	\$	1.67	Purchase
A5055	Stoma Cap	\$	1.22	Purchase
A5056	1 Pc Ost Pouch W Filter	\$	4.35	Purchase
A5057	1 Pc Ost Pou W Built-In Conv	\$	8.94	Purchase
A5061	Ostomy Pouch, Drainable; With Barrier Attached, (1 Pi	\$	3.29	Purchase
A5062	Ostomy Pouch, Drainable; Without Barrier Attached (1	\$	1.94	Purchase
A5063	Ostomy Pouch, Drainable; For Use On Barrier With Fla	\$	2.52	Purchase
A5071	Ostomy Pouch, Urinary; With Barrier Attached (1 Piece	\$	5.59	Purchase
A5072	Ostomy Pouch, Urinary; Without Barrier Attached (1 Pi	\$	3.29	Purchase
A5073	Ostomy Pouch, Urinary; For Use On Barrier With Flang	\$	2.91	Purchase
A5081	Continent Device; Plug For Continent Stoma	\$	3.09	Purchase
A5082	Continent Device; Catheter For Continent Stoma	\$	11.08	Purchase
A5083	Continent Device, Stoma Absorptive Cover For Contine	\$	0.60	Purchase
A5093	Ostomy Accessory; Convex Insert	\$	1.54	Purchase
A5102	Bedside Drainage Bottle With Or Without Tubing, Rigi	\$	20.86	Purchase
A5105	Urinary Suspensory With Leg Bag, With Or Without Ti	\$	37.97	Purchase
A5112	Urinary Leg Bag; Latex	\$	29.34	Purchase
A5113	Leg Strap; Latex, Replacement Only, Per Set	\$	3.74	Purchase
A5114	Leg Strap; Foam Or Fabric, Replacement Only, Per Set	\$	7.09	Purchase
A5120	Skin Barrier, Wipes Or Swabs, Each	\$	0.20	Purchase
A5121	Skin Barrier; Solid, 6 X 6 Or Equivalent, Each	\$	6.65	Purchase
A5122	Skin Barrier; Solid, 8 X 8 Or Equivalent, Each	\$	11.96	Purchase
A5126	Adhesive Or Non-Adhesive; Disk Or Foam Pad	\$	1.03	Purchase
A5131	Appliance Cleaner, Incontinence And Ostomy Applianc	\$	12.54	Purchase
A5500	For Diabetics Only, Fitting (Including Follow Up), Cus	\$	59.22	Purchase
A5501	For Diabetics Only, Fitting (Including Follow Up), Cust	\$	177.61	Purchase
A5503	For Diabetics Only, Modification (Including Fitting) Of	\$	29.61	Purchase
A5504	For Diabetics Only, Modification (Including Fitting) Of	\$	29.61	Purchase
A5505	For Diabetics Only, Modification (Including Fitting) Of	\$	29.61	Purchase
A5506	For Diabetics Only, Modification (Including Fitting) Of	\$	29.61	Purchase
A5507	For Diabetics Only, Not Otherwise Specified Modificat	\$	29.61	Purchase
A5512	For Diabetics Only, Multiple Density Insert, DirectForn	\$	24.15	Purchase
A5513	For Diabetics Only, Multiple Density Insert, Custom M	\$	36.04	Purchase
A5514	Mult den insert dir carv/cam	\$	36.04	Purchase
A6154	Wound Pouch, Each	\$	12.98	Purchase
A6196	Alginate Or Other Fiber Gelling Dressing, Wound Cove	\$	6.86	Purchase
A6197	Alginate Or Other Fiber Gelling Dressing, Wound Cove	\$	15.31	Purchase
A6198	Alginate Or Other Fiber Gelling Dressing, Wound Cove	\$	14.12	Per BMS - Purchase
A6199	Alginate Or Other Fiber Gelling Dressing, Wound Fille	\$	4.92	Purchase
A6203	Composite Dressing, Pad Size 16 Sq. In. Or Less, With	\$	3.14	Purchase
A6204	Composite Dressing, Pad Size More Than 16 Sq. In. Bu	\$	5.79	Purchase
A6205	Composite Dressing, Pad Size More Than 48 Sq. In., W	\$	5.35	Per BMS - Purchase
A6206	Contact Layer, 16 Sq. In. Or Less, Each Dressing	\$	5.35	Per BMS - Purchase
A6207	Contact Layer, More Than 16 Sq. In. But Less Than Or	\$	6.84	Purchase
A6208	Contact Layer, More Than 48 Sq. In., Each Dressing	\$	6.30	Per BMS - Purchase
A6209	Foam Dressing, Wound Cover, Pad Size 16 Sq. In. Or I	\$	6.96	Purchase
A6210	Foam Dressing, Wound Cover, Pad Size More Than 16	\$	18.56	Purchase
A6211	Foam Dressing, Wound Cover, Pad Size More Than 48	\$	27.35	Purchase
A6212	Foam Dressing, Wound Cover, Pad Size 16 Sq. In. Or I	\$	9.04	Purchase

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A6213	Foam Dressing, Wound Cover, Pad Size More Than 16 Sq. In. Or Less, Non-Impregnated, Non-Sterile, Pad Size More Than 16 Sq. In. Or Less, Each Dressing	\$ 8.34	Per BMS -	Purchase
A6214	Foam Dressing, Wound Cover, Pad Size More Than 48 Sq. In., Each Dressing	\$ 9.58		Purchase
A6215	Foam Dressing, Wound Filler, Per Gram	\$ -		Cost Invoice
A6216	Gauze, Non-Impregnated, Non-Sterile, Pad Size 16 Sq. In. Or Less, Each Dressing	\$ 0.04		Purchase
A6217	Gauze, Non-Impregnated, Non-Sterile, Pad Size More Than 16 Sq. In. Or Less, Each Dressing	\$ 0.32	Per BMS -	Purchase
A6218	Gauze, Non-Impregnated, Non-Sterile, Pad Size More Than 48 Sq. In., Each Dressing	\$ 0.54	Per BMS -	Purchase
A6219	Gauze, Non-Impregnated, Pad Size 16 Sq. In. Or Less, Each Dressing	\$ 0.89		Purchase
A6220	Gauze, Non-Impregnated, Pad Size More Than 16 Sq. In. Or Less, Each Dressing	\$ 2.42		Purchase
A6221	Gauze, Non-Impregnated, Pad Size More Than 48 Sq. In., Each Dressing	\$ 1.93	Per BMS -	Purchase
A6222	Gauze, Impregnated With Other Than Water, Normal Saline, Pad Size 16 Sq. In. Or Less, Each Dressing	\$ 1.98		Purchase
A6223	Gauze, Impregnated With Other Than Water, Normal Saline, Pad Size More Than 16 Sq. In. Or Less, Each Dressing	\$ 2.26		Purchase
A6224	Gauze, Impregnated With Other Than Water, Normal Saline, Pad Size More Than 48 Sq. In., Each Dressing	\$ 3.36		Purchase
A6231	Gauze, Impregnated, Hydrogel, For Direct Wound Contact, Pad Size 16 Sq. In. Or Less, Each Dressing	\$ 4.35		Purchase
A6232	Gauze, Impregnated, Hydrogel, For Direct Wound Contact, Pad Size More Than 16 Sq. In. Or Less, Each Dressing	\$ 6.39		Purchase
A6233	Gauze, Impregnated, Hydrogel For Direct Wound Contact, Pad Size More Than 48 Sq. In., Each Dressing	\$ 17.86		Purchase
A6234	Hydrocolloid Dressing, Wound Cover, Pad Size 16 Sq. In. Or Less, Each Dressing	\$ 6.10		Purchase
A6235	Hydrocolloid Dressing, Wound Cover, Pad Size More Than 16 Sq. In. Or Less, Each Dressing	\$ 15.66		Purchase
A6236	Hydrocolloid Dressing, Wound Cover, Pad Size More Than 48 Sq. In., Each Dressing	\$ 25.38		Purchase
A6237	Hydrocolloid Dressing, Wound Cover, Pad Size 16 Sq. In. Or Less, Each Dressing	\$ 7.37		Purchase
A6238	Hydrocolloid Dressing, Wound Cover, Pad Size More Than 16 Sq. In. Or Less, Each Dressing	\$ 21.23		Purchase
A6239	Hydrocolloid Dressing, Wound Cover, Pad Size More Than 48 Sq. In., Each Dressing	\$ 15.84	Per BMS -	Purchase
A6240	Hydrocolloid Dressing, Wound Filler, Paste, Per Fluid Ounce	\$ 11.41		Purchase
A6241	Hydrocolloid Dressing, Wound Filler, Dry Form, Per Gram	\$ 2.40		Purchase
A6242	Hydrogel Dressing, Wound Cover, Pad Size 16 Sq. In. Or Less, Each Dressing	\$ 5.64		Purchase
A6243	Hydrogel Dressing, Wound Cover, Pad Size More Than 16 Sq. In. Or Less, Each Dressing	\$ 11.48		Purchase
A6244	Hydrogel Dressing, Wound Cover, Pad Size More Than 48 Sq. In., Each Dressing	\$ 36.58		Purchase
A6245	Hydrogel Dressing, Wound Cover, Pad Size 16 Sq. In. Or Less, Each Dressing	\$ 6.78		Purchase
A6246	Hydrogel Dressing, Wound Cover, Pad Size More Than 16 Sq. In. Or Less, Each Dressing	\$ 9.25		Purchase
A6247	Hydrogel Dressing, Wound Cover, Pad Size More Than 48 Sq. In., Each Dressing	\$ 22.15		Purchase
A6248	Hydrogel Dressing, Wound Filler, Gel, Per Fluid Ounce	\$ 15.14		Purchase
A6250	Skin Sealants, Protectants, Moisturizers, Ointments, And Creams, Each Dressing	\$ 15.00	Per BMS -	Purchase
A6251	Specialty Absorptive Dressing, Wound Cover, Pad Size 16 Sq. In. Or Less, Each Dressing	\$ 1.85		Purchase
A6252	Specialty Absorptive Dressing, Wound Cover, Pad Size More Than 16 Sq. In. Or Less, Each Dressing	\$ 3.03		Purchase
A6253	Specialty Absorptive Dressing, Wound Cover, Pad Size More Than 48 Sq. In., Each Dressing	\$ 5.90		Purchase
A6254	Specialty Absorptive Dressing, Wound Cover, Pad Size 16 Sq. In. Or Less, Each Dressing	\$ 1.11		Purchase
A6255	Specialty Absorptive Dressing, Wound Cover, Pad Size More Than 16 Sq. In. Or Less, Each Dressing	\$ 2.83		Purchase
A6256	Specialty Absorptive Dressing, Wound Cover, Pad Size More Than 48 Sq. In., Each Dressing	\$ 2.61	Per BMS -	Purchase
A6257	Transparent Film, 16 Sq. In. Or Less, Each Dressing	\$ 1.43		Purchase
A6258	Transparent Film, More Than 16 Sq. In. But Less Than 48 Sq. In., Each Dressing	\$ 4.01		Purchase
A6259	Transparent Film, More Than 48 Sq. In., Each Dressing	\$ 10.18		Purchase
A6260	Wound Cleansers, Any Type, Any Size	\$ 18.00	Per BMS -	Purchase
A6261	Wound Filler, Gel/Paste, Per Fluid Ounce, Not Elsewhere Classified	\$ -		Cost Invoice
A6262	Wound Filler, Dry Form, Per Gram, Not Elsewhere Classified	\$ -		Cost Invoice
A6266	Gauze, Impregnated, Other Than Water, Normal Saline, Pad Size 16 Sq. In. Or Less, Each Dressing	\$ 1.78		Purchase
A6402	Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Each Dressing	\$ 0.10		Purchase
A6403	Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. Or Less, Each Dressing	\$ 0.39		Purchase
A6404	Gauze, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., Each Dressing	\$ 2.16	Per BMS -	Purchase
A6407	Packing Strips, Non-Impregnated, Up To 2 Inches In Width, Each Dressing	\$ 1.74		Purchase
A6441	Padding Bandage, Non-Elastic, Non-Woven/Non-Knitted, Pad Size 16 Sq. In. Or Less, Each Dressing	\$ 0.64		Purchase
A6442	Conforming Bandage, Non-Elastic, Knitted/Woven, No Laceration Protection, Pad Size 16 Sq. In. Or Less, Each Dressing	\$ 0.14		Purchase
A6443	Conforming Bandage, Non-Elastic, Knitted/Woven, No Laceration Protection, Pad Size More Than 16 Sq. In. Or Less, Each Dressing	\$ 0.26		Purchase
A6444	Conforming Bandage, Non-Elastic, Knitted/Woven, No Laceration Protection, Pad Size More Than 48 Sq. In., Each Dressing	\$ 0.52		Purchase
A6445	Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Pad Size 16 Sq. In. Or Less, Each Dressing	\$ 0.30		Purchase
A6446	Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Pad Size More Than 16 Sq. In. Or Less, Each Dressing	\$ 0.37		Purchase

**Durable Medical Equipment Fee Schedule**  
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HCPCS	DESCRIPTION	WV		Purchase or Rental
		Medicaid Fee		
A6447	Conforming Bandage, Non-Elastic, Knitted/Woven, Ste	\$ 0.64	Purchase	
A6448	Light Compression Bandage, Elastic, Knitted/Woven, V	\$ 1.07	Purchase	
A6449	Light Compression Bandage, Elastic, Knitted/Woven, V	\$ 1.63	Purchase	
A6450	Light Compression Bandage, Elastic, Knitted/Woven, V	\$ 1.63	Purchase	
A6451	Moderate Compression Bandage, Elastic, Knitted/Wove	\$ 1.63	Purchase	
A6452	High Compression Bandage, Elastic, Knitted/Woven, L	\$ 5.50	Purchase	
A6453	Self-Adherent Bandage, Elastic, Non-Knitted/Non- Wo	\$ 0.58	Purchase	
A6454	Self-Adherent Bandage, Elastic, Non-Knitted/Non- Wo	\$ 0.73	Purchase	
A6455	Self-Adherent Bandage, Elastic, Non-Knitted/Non- Wo	\$ 1.30	Purchase	
A6456	Zinc Paste Impregnated Bandage, Non-Elastic, Knitted/	\$ 1.18	Purchase	
A6501	Compression Burn Garment, Body Suite (Head To Foot	\$ -	Cost Invoice	
A6502	Compression Burn Garment, Chin Strap, Custom Fabric	\$ -	Cost Invoice	
A6503	Compression Burn Garment, Facial Hood, Custom Fabr	\$ -	Cost Invoice	
A6504	Compression Burn Garment, Glove To Wrist, Custom F	\$ -	Cost Invoice	
A6505	Compression Burn Garment, Glove To Elbow, Custom	\$ -	Cost Invoice	
A6506	Compression Burn Garment, Glove To Axilla, Custom	\$ -	Cost Invoice	
A6507	Compression Burn Garment, Foot To Knee Length, Cus	\$ -	Cost Invoice	
A6508	Compression Burn Garment, Foot To Thigh Length, Cu	\$ -	Cost Invoice	
A6509	Compression Burn Garment, Upper Trunk To Waist Inc	\$ -	Cost Invoice	
A6510	Compression Burn Garment, Trunk, Including Arms Dc	\$ -	Cost Invoice	
A6511	Compression Burn Garment, Lower Trunk Including Le	\$ -	Cost Invoice	
A6512	Compression Burn Garment, Not Otherwise Classified	\$ -	Cost Invoice	
A6513	Compression Burn Mask, Face And/Or Neck, Plastic O	\$ -	Cost Invoice	
A6530	Gradient Compression Stocking, Below Knee, 18-30 M	\$ 25.20	Per BMS - Purchase	
A6531	Gradient Compression Stocking, Below Knee, 30-40 M	\$ 40.29	Purchase	
A6532	Gradient Compression Stocking, Below Knee, 40-50 M	\$ 56.77	Purchase	
A6533	Gradient Compression Stocking, Thigh Length, 18-30 M	\$ 29.70	Per BMS - Purchase	
A6534	Gradient Compression Stocking, Thigh Length, 30-40 M	\$ 29.70	Per BMS - Purchase	
A6535	Gradient Compression Stocking, Thigh Length, 40-50 M	\$ 29.70	Per BMS - Purchase	
A6536	Gradient Compression Stocking, Full Length/Chap Styl	\$ 29.70	Per BMS - Purchase	
A6537	Gradient Compression Stocking Full Length/Chap Style	\$ 29.70	Per BMS - Purchase	
A6538	Gradient Compression Stocking, Full Length/Chap Styl	\$ -	Cost Invoice	
A6539	Gradient Compression Stocking, Waist Length,18-30 M	\$ 84.15	Per BMS - Purchase	
A6540	Gradient Compression Stocking, Waist Length, 30-40 M	\$ -	Cost Invoice	
A6541	Gradient Compression Stocking, Waist Length, 40-50 M	\$ -	Cost Invoice	
A6544	Gradient Compression Stocking, Garter Belt	\$ 13.50	Per BMS - Purchase	
A6549	Gradient Compression Stocking, Not Otherwise Specifi	\$ -	Cost Invoice	
A6550	Wound Care Set, For Negative Pressure Wound Therap	\$ 21.91	Purchase	
A7000	Canister, Disposable, Used With Suction Pump, Each	\$ 6.82	Purchase	
A7002	Tubing, Used With Suction Pump, Each	\$ 3.57	Purchase	
A7003	Administration Set, With Small Volume Nonfiltered Pn	\$ 1.74	Purchase	
A7004	Small Volume Nonfiltered Pneumatic Nebulizer, Dispo	\$ 1.38	Purchase	
A7005	Administration Set, With Small Volume Nonfiltered Pn	\$ 19.48	Purchase	
A7006	Administration Set, With Small Volume Filtered Pneun	\$ 7.56	Purchase	
A7010	Disposable Corrugated Tubing	\$ 17.63	Purchase	
A7012	Nebulizer Water Collec Devic	\$ 2.71	Purchase	
A7013	Filter, Disposable, Used With Aerosol Compressor	\$ 0.62	Purchase	
A7015	Aerosol Mask, Used With Dme Nebulizer	\$ 1.31	Purchase	
A7020	Interface, Cough Stim Device	\$ 13.48	Purchase	
A7030	Full Face Mask Used With Positive Airway Pressure Dc	\$ 114.53	Purchase	
A7031	Face Mask Interface, Replacement For Full Face Mask,	\$ 42.76	Purchase	
A7032	Cushion For Use On Nasal Mask Interface, Replacemer	\$ 24.52	Purchase	
A7033	Pillow For Use On Nasal Cannula Type Interface, Repl	\$ 18.17	Purchase	
A7034	Nasal Interface (Mask Or Cannula Type) Used With Po	\$ 71.50	Purchase	

**Durable Medical Equipment Fee Schedule**  
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HCPCS	DESCRIPTION	WV		Purchase or Rental
		Medicaid Fee		
A7035	Headgear Used With Positive Airway Pressure Device	\$ 23.98		Purchase
A7036	Chinstrap Used With Positive Airway Pressure Device	\$ 10.81		Purchase
A7037	Tubing Used With Positive Airway Pressure Device	\$ 21.61		Purchase
A7038	Filter, Disposable, Used With Positive Airway Pressure	\$ 2.75		Purchase
A7039	Filter, Non Disposable, Used With Positive Airway Pre	\$ 8.26		Purchase
A7045	Exhalation Port With Or Without Swivel Used With Ac	\$ 13.07		Purchase
A7046	Water Chamber For Humidifier, Used With Positive Ai	\$ 13.63		Purchase
A7507	Filter Holder And Integrated Filter Without Adhesive, I	\$ 2.32		Purchase
A7508	Housing And Integrated Adhesive, For Use In A Trache	\$ 2.67		Purchase
A7509	Filter Holder And Integrated Filter Housing, And Adhe	\$ 1.31		Purchase
A7520	Tracheostomy/Laryngectomy Tube, Non-Cuffed, Polyvi	\$ 44.22		Purchase
A7521	Tracheostomy/Laryngectomy Tube, Cuffed, Polyvinylcl	\$ 43.81		Purchase
A7522	Tracheostomy/Laryngectomy Tube, Stainless Steel Or F	\$ 42.06		Purchase
A7523	Tracheostomy Shower Protector, Each	\$ -		Cost Invoice
A7524	Tracheostoma Stent/Stud/Button, Each	\$ 72.09		Purchase
A7525	Tracheostomy Mask, Each	\$ 1.92		Purchase
A7526	Tracheostomy Tube Collar/Holder, Each	\$ 3.16		Purchase
A7527	Tracheostomy/Laryngectomy Tube Plug/Stop, Each	\$ 3.34		Purchase
A8000	Helmet, Protective, Soft Prefabricated, Includes All Co	\$ 142.82		Purchase
A8001	Helmet, Protective, Hard, Prefabricated, Includes All C	\$ 142.82		Purchase
A8002	Helmet, Protective, Soft, Custom Fabricated, Includes /	\$ 375.35		Per BMS - Purchase
A8003	Helmet, Protective, Hard, Custom Fabricated, Includes	\$ 375.35		Per BMS - Purchase
B4034	Enteral Feeding Supply Kit; Syringe Fed, Per Day	\$ 3.98		Purchase
B4035	Enteral Feeding Supply Kit; Pump Fed, Per Day	\$ 7.34		Purchase
B4036	Enteral Feeding Supply Kit; Gravity Fed, Per Day	\$ 5.28		Purchase
B4081	Nasogastric Tubing With Stylet	\$ 16.06		Purchase
B4082	Nasogastric Tubing Without Stylet	\$ 11.75		Purchase
B4083	Stomach Tube - Levine Type	\$ 1.78		Purchase
B4087	Gastrostomy/Jejunostomy Tube, Standard, Any Materia	\$ 27.17		Purchase
B4088	Gastrostomy/Jejunostomy Tube, Low-Profile, Any Mat	\$ 29.18		Purchase
B4164	Parenteral Nutrition Solution: Carbohydrates (Dextrose	\$ 16.43		Purchase
B4168	Parenteral Nutrition Solution; Amino Acid, 3.5%, (500	\$ 23.97		Purchase
B4172	Parenteral Nutrition Solution; Amino Acid, 5.5% Throu	\$ 30.50		Per BMS - Purchase
B4176	Parenteral Nutrition Solution; Amino Acid, 7% Throug	\$ 46.37		Purchase
B4178	Parenteral Nutrition Solution: Amino Acid, Greater Th	\$ 55.64		Purchase
B4180	Parenteral Nutrition Solution; Carbohydrates (Dextrose	\$ 23.59		Purchase
B4185	Parental Nutrition Solution, Per 10 Grams Lipids	\$ 10.86		Purchase
B4187	Omegaven, 10 g lipids	\$ 10.86		Purchase
B4189	Parenteral Nutrition Solution; Compounded Amino Aci	\$ 171.90		Purchase
B4193	Parenteral Nutrition Solution; Compounded Amino Aci	\$ 222.10		Purchase
B4197	Parenteral Nutrition Solution; Compounded Amino Aci	\$ 270.42		Purchase
B4199	Parenteral Nutrition Solution; Compounded Amino Aci	\$ 308.99		Purchase
B4216	Parenteral Nutrition; Additives (Vitamins, Trace Eleme	\$ 7.46		Purchase
B4220	Parenteral Nutrition Supply Kit; Premix, Per Day	\$ 7.74		Purchase
B4222	Parenteral Nutrition Supply Kit; Home Mix, Per Day	\$ 9.55		Purchase
B4224	Parenteral Nutrition Administration Kit, Per Day	\$ 24.18		Purchase
B5000	Parenteral Nutrition Solution: Compounded Amino Aci	\$ 11.50		Purchase
B5100	Parenteral Nutrition Solution: Compounded Amino Aci	\$ 4.49		Purchase
B5200	Parenteral Nutrition Solution: Compounded Amino Aci	\$ 4.94		Per BMS - Purchase
B9002	Enteral Nutrition Infusion Pump - With Alarm	\$ 78.31		10 mth CAP rental
B9004	Parenteral Nutrition Infusion Pump, Portable	\$ 386.26		10 mth CAP rental
B9006	Parenteral Nutrition Infusion Pump, Stationary	\$ 386.26		10 mth CAP rental
B9998	Noc For Enteral Supplies	\$ -		Cost Invoice
B9999	Noc For Parenteral Supplies	\$ -		Cost Invoice

**Durable Medical Equipment Fee Schedule**  
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HCPCS	DESCRIPTION	WV		Purchase or Rental
		Medicaid Fee		
E0100	Cane, Includes Canes Of All Materials, Adjustable Or I	\$ 18.19		Purchase
E0105	Cane, Quad Or Three Prong, Includes Canes Of All Ma	\$ 42.30		Purchase
E0110	Crutches, Forearm, Includes Crutches Of Various Mate	\$ 61.42		Purchase
E0111	Crutch Forearm, Includes Crutches Of Various Materia	\$ 45.08		Purchase
E0112	Crutches Underarm, Wood, Adjustable Or Fixed, Pair, '	\$ 31.25		Purchase
E0113	Crutch Underarm, Wood, Adjustable Or Fixed, Each, V	\$ 16.74		Purchase
E0114	Crutches Underarm, Other Than Wood, Adjustable Or I	\$ 37.36		Purchase
E0116	Crutch, Underarm, Other Than Wood, Adjustable Or Fi	\$ 21.97		Purchase
E0130	Walker, Rigid (Pickup), Adjustable Or Fixed Height	\$ 47.70		Purchase
E0135	Walker, Folding (Pickup), Adjustable Or Fixed Height	\$ 50.24		Purchase
E0140	Walker, With Trunk Support, Adjustable Or Fixed Heig	\$ 265.00		Medicare is rental/BMS - Purchase(X 10)
E0141	Walker, Rigid, Wheeled, Adjustable Or Fixed Height	\$ 59.70		Purchase
E0143	Walker, Folding, Wheeled, Adjustable Or Fixed Height	\$ 61.38		Purchase
E0147	Walker, Heavy Duty, Multiple Braking System, Variabl	\$ 407.48		Purchase
E0148	Walker, Heavy Duty, Without Wheels, Rigid Or Foldin	\$ 86.48		Purchase
E0149	Walker, Heavy Duty, Wheeled, Rigid Or Folding, Any '	\$ 139.90		Medicare is rental/BMS - Purchase(X 10)
E0153	Platform Attachment, Forearm Crutch, Each	\$ 54.93		Purchase
E0154	Platform Attachment, Walker, Each	\$ 45.06		Purchase
E0155	Wheel Attachment, Rigid Pick-Up Walker, Per Pair	\$ 21.62		Purchase
E0156	Seat Attachment, Walker	\$ 15.77		Purchase
E0157	Crutch Attachment, Walker, Each	\$ 52.01		Purchase
E0158	Leg Extensions For Walker, Per Set Of Four (4)	\$ 22.18		Purchase
E0159	Brake Attachment For Wheeled Walker, Replacement,	\$ 13.46		Purchase
E0160	Sitz Type Bath Or Equipment, Portable, Used With Or	\$ 25.48		Purchase
E0161	Sitz Type Bath Or Equipment, Portable, Used With Or	\$ 22.82		Purchase
E0162	Sitz Bath Chair	\$ 130.28		Purchase
E0163	Commode Chair, Mobile Or Stationary, With Fixed Arr	\$ 72.18		Purchase
E0165	Commode Chair, Mobile Or Stationary, With Detachab	\$ 126.10		Medicare is rental/BMS - Purchase(X 10)
E0167	Pail Or Pan For Use With Commode Chair, Replaceme	\$ 10.24		Purchase
E0168	Commode Chair, Extra Wide And/Or Heavy Duty, Stat	\$ 120.51		Purchase
E0181	Powered Pressure Reducing Mattress Overlay/Pad, Alte	\$ 188.10		Medicare is rental/BMS - Purchase(X 10)
E0182	Pump For Alternating Pressure Pad, For Replacement C	\$ 193.00		Medicare is rental/BMS - Purchase(X 10)
E0184	Dry Pressure Mattress	\$ 146.12		Purchase
E0185	Gel Or Gel-Like Pressure Pad For Mattress, Standard M	\$ 199.34		Purchase
E0186	Air Pressure Mattress	\$ 174.80		Medicare is rental/BMS - Purchase(X 10)
E0187	Water Pressure Mattress	\$ 199.40		Medicare is rental/BMS - Purchase(X 10)
E0188	Synthetic Sheepskin Pad	\$ 22.89		Purchase
E0189	Lambswool Sheepskin Pad, Any Size	\$ 45.55		Purchase
E0190	Positioning Cushion/Pillow/Wedge, Any Shape Or Size	\$ 14.18		Per BMS - Purchase
E0191	Heel Or Elbow Protector, Each	\$ 9.26		Purchase
E0196	Gel Pressure Mattress	\$ 283.00		Medicare is rental/BMS - Purchase(X 10)
E0197	Air Pressure Pad For Mattress, Standard Mattress Leng	\$ 220.20		Medicare is rental/BMS - Purchase(X 10)
E0198	Water Pressure Pad For Mattress, Standard Mattress Le	\$ 206.30		Medicare is rental/BMS - Purchase(X 10)
E0199	Dry Pressure Pad For Mattress, Standard Mattress Leng	\$ 25.38		Purchase
E0202	Phototherapy (Bilirubin) Light With Photometer	\$ 58.31		Rental
E0240	Bath/Shower Chair, With Or Without Wheels, Any Size	\$ -		Cost Invoice
E0241	Bath Tub Wall Rail, Each	\$ 63.00		Per BMS - Purchase
E0243	Toilet Rail, Each	\$ 28.35		Per BMS - Purchase
E0244	Raised Toilet Seat	\$ 81.00		Per BMS - Purchase
E0245	Tub Stool Or Bench	\$ 141.75		Per BMS - Purchase
E0247	Transfer Bench For Tub Or Toilet With Or Without Co	\$ -		Cost Invoice
E0248	Transfer Bench, Heavy Duty, For Tub Or Toilet With C	\$ -		Cost Invoice
E0250	Hospital Bed, Fixed Height, With Any Type Side Rails,	\$ 65.34		10 mth CAP rental
E0255	Hospital Bed, Variable Height, Hi-Lo, With Any Type :	\$ 73.45		10 mth CAP rental

**Durable Medical Equipment Fee Schedule**  
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HCPCS	DESCRIPTION	WV	
		Medicaid Fee	Purchase or Rental
E0260	Hospital Bed, Semi-Electric (Head And Foot Adjustme	\$ 82.69	10 mth CAP rental
E0261	Hosp bed semi-electr w/o mat	\$ 75.34	10 mth CAP rental
E0271	Mattress, Innerspring	\$ 128.82	Purchase
E0272	Mattress, Foam Rubber	\$ 136.72	Purchase
E0275	Bed Pan, Standard, Metal Or Plastic	\$ 13.13	Purchase
E0276	Bed Pan, Fracture, Metal Or Plastic	\$ 11.35	Purchase
E0277	Powered Pressure-Reducing Air Mattress	\$ 364.96	10 mth CAP rental
E0300	Pediatric Crib, Hospital Grade, Fully Enclosed	\$ 216.05	10 mth CAP rental
E0303	Hospital Bed, Heavy Duty, Extra Wide, With Weight C	\$ 188.14	10 mth CAP rental
E0304	Hospital Bed, Extra Heavy Duty, Extra Wide, With We	\$ 516.84	10 mth CAP rental
E0305	Bed Side Rails, Half Length	\$ 107.00	Medicare is rental/BMS - Purchase(X 10)
E0310	Bed Side Rails, Full Length	\$ 122.23	Purchase
E0325	Urinal; Male, Jug-Type, Any Material	\$ 7.92	Purchase
E0326	Urinal; Female, Jug-Type, Any Material	\$ 9.08	Purchase
E0371	Nonpowered Advanced Pressure Reducing Overlay For	\$ 254.92	10 mth CAP rental
E0424	Stationary Compressed Gaseous Oxygen System, Renta	\$ 108.98	Monthly rental
E0431	Portable Gaseous Oxygen System, Rental; Includes Por	\$ 19.42	Monthly rental
E0434	Portable Liquid Oxygen System, Rental; Includes Porta	\$ 35.75	Monthly rental
E0439	Stationary Liquid Oxygen System, Rental; Includes Cor	\$ 108.98	Monthly rental
E0441	Oxygen Contents, Gaseous (For Use With Owned Gase	\$ 51.84	Monthly rental
E0443	Portable Oxygen Contents, Gaseous (For Use Only Witl	\$ 49.79	Monthly rental
E0445	Oximeter Device For Measuring Blood Oxygen Levels	\$ 250.00	Per BMS - 10 Mth CAP Rental
E0459	Chest wrap	\$ 40.14	Per BMS - Purchase
E0465	Home vent invasive interface	\$ 888.90	Monthly rental
E0466	Home vent non-invasive inter	\$ 888.90	Monthly rental
E0470	Respiratory Assist Device, Bi-Level Pressure Capability	\$ 149.62	Monthly rental
E0471	Respiratory Assist Device, Bi-Level Pressure Capability	\$ 373.70	Monthly rental
E0472	Respiratory Assist Device, Bi-Level Pressure Capability	\$ 431.50	Monthly rental
E0480	Percussor, Electric Or Pneumatic, Home Model	\$ 37.53	10 mth CAP rental
E0482	Cough Stimulating Device, Alternating Positive And N	\$ 386.94	10 mth CAP rental
E0483	High Frequency Chest Wall Oscillation Air-Pulse Gene	\$ 990.05	10 mth CAP rental
E0484	Oscillatory Positive Expiratory Pressure Device, Non-E	\$ 34.40	Purchase
E0561	Humidifier, Non-Heated, Used With Positive Airway P	\$ 74.21	Purchase
E0562	Humidifier, Heated, Used With Positive Airway Pressu	\$ 180.55	Purchase
E0565	Compressor, Air Power Source For Equipment Which I	\$ 42.30	10 mth CAP rental
E0570	Nebulizer, With Compressor	\$ 99.80	Medicare is rental/BMS - Purchase(X 10)
E0600	Respiratory Suction Pump, Home Model, Portable Or S	\$ 426.40	Medicare is rental/BMS - Purchase(X 10)
E0601	Continuous Airway Pressure (Cpap) Device	\$ 61.30	10 mth CAP rental
E0602	Breast Pump, Manual, Any Type	\$ 27.49	Purchase
E0603	Breast Pump, Electric (Ac And/Or Dc), Any Type	\$ 55.00	Per BMS - Purchase
E0605	Vaporizer, Room Type	\$ 23.31	Purchase
E0606	Postural Drainage Board	\$ 213.80	Medicare is rental/BMS - Purchase(X 10)
E0617	Automatic ext defibrillator	\$ 283.14	10 mth CAP rental
E0619	Apnea Monitor, With Recording Feature	\$ 323.00	Per BMS - 10 Mth CAP Rental
E0621	Sling Or Seat, Patient Lift, Canvas Or Nylon	\$ 73.90	Purchase
E0630	Patient Lift, Hydraulic Or Mechanical, Includes Any Se	\$ 71.01	10 mth CAP rental
E0650	Pneumatic Compressor, Non-Segmental Home Model	\$ 82.77	10 mth CAP rental
E0651	Pneumatic Compressor, Segmental Home Model Witho	\$ 74.27	10 mth CAP rental
E0652	Pneumatic Compressor, Segmental Home Model With t	\$ 487.91	10 mth CAP rental
E0655	Non-Segmental Pneumatic Appliance For Use With Pn	\$ 100.51	Purchase
E0660	Non-Segmental Pneumatic Appliance For Use With Pn	\$ 148.78	Purchase
E0665	Non-Segmental Pneumatic Appliance For Use With Pn	\$ 108.45	Purchase
E0666	Non-Segmental Pneumatic Appliance For Use With Pn	\$ 128.60	Purchase
E0667	Segmental Pneumatic Appliance For Use With Pneuma	\$ 301.50	Purchase

**Durable Medical Equipment Fee Schedule**  
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HCPCS	DESCRIPTION	WV		Purchase or Rental
		Medicaid Fee		
E0668	Segmental Pneumatic Appliance For Use With Pneuma	\$ 349.78	Purchase	
E0669	Segmental Pneumatic Appliance For Use With Pneuma	\$ 162.08	Purchase	
E0671	Segmental Gradient Pressure Pneumatic Appliance, Ful	\$ 386.80	Purchase	
E0672	Segmental Gradient Pressure Pneumatic Appliance, Ful	\$ 300.53	Purchase	
E0673	Segmental Gradient Pressure Pneumatic Appliance, Ha	\$ 249.73	Purchase	
E0705	Transfer Device, Any Type, Each	\$ 41.66	Purchase	
E0720	Transcutaneous Electrical Nerve Stimulation (Tens) D	\$ 199.87	Purchase	
E0730	Transcutaneous Electrical Nerve Stimulation (Tens) De	\$ 200.10	Purchase	
E0747	Osteogenesis Stimulator, Electrical, Non- Invasive, Oth	\$ 3,646.85	Purchase	
E0748	Osteogenesis Stimulator, Electrical, Non- Invasive, Spi	\$ 3,623.23	Purchase	
E0760	Osteogenesis Stimulator, Low Intensity Ultrasound, No	\$ 3,010.83	Purchase	
E0766	Elec stim cancer treatment	\$ 10,706.54	10 Mth CAP rental	
E0781	Ambulatory Infusion Pump, Single Or Multiple Channe	\$ 215.11	10 mth CAP rental	
E0784	External Ambulatory Infusion Pump, Insulin	\$ 373.15	10 mth CAP rental	
E0860	Traction Equipment, Overdoor, Cervical	\$ 34.65	Purchase	
E0910	Trapeze Bars, A/K/A Patient Helper, Attached To Bed,	\$ 121.80	Medicare is rental/BMS - Purchase(X 10)	
E0911	Trapeze Bar, Heavy Duty, For Patient Weight Capacity	\$ 380.60	Medicare is rental/BMS - Purchase(X 10)	
E0912	Trapeze Bar, Heavy Duty, For Patient Weight Capacity	\$ 810.00	Medicare is rental/BMS - Purchase(X 10)	
E0935	Continuous Passive Motion Exercise Device For Use O	\$ 21.18	Rental Per day	
E0940	Trapeze Bar, Free Standing, Complete With Grab Bar	\$ 208.90	Medicare is rental/BMS - Purchase(X 10)	
E0942	Cervical Head Harness/Halter	\$ 16.45	Purchase	
E0950	Wheelchair Accessory, Tray, Each	\$ 67.66	Purchase	
E0951	Heel Loop/Holder, Any Type, With Or Without Ankle S	\$ 12.02	Purchase	
E0952	Toe Loop/Holder, Any Type, Each	\$ 12.86	Purchase	
E0953	Wheelchair accessory, lateral thigh or knee support, any	\$ 71.88	Purchase	
E0954	Wheelchair accessory, foot box, any type, includes attac	\$ 44.03	Purchase	
E0955	Wheelchair Accessory, Headrest, Cushioned, Any Type	\$ 142.50	Medicare is rental/BMS - Purchase(X 10)	
E0956	Wheelchair Accessory, Lateral Trunk Or Hip Support, L	\$ 71.88	Purchase	
E0957	Wheelchair Accessory, Medial Thigh Support, Any Typ	\$ 106.20	Purchase	
E0958	Manual Wheelchair Accessory, One-Arm Drive Attachi	\$ 378.70	Medicare is rental/BMS - Purchase(X 10)	
E0959	Manual Wheelchair Accessory, Adapter For Amputee, L	\$ 34.99	Purchase	
E0960	Wheelchair Accessory, Shoulder Harness/Straps Or Ch	\$ 67.16	Purchase	
E0961	Manual Wheelchair Accessory, Wheel Lock Brake Ext	\$ 22.50	Purchase	
E0966	Manual Wheelchair Accessory, Headrest Extension, Ea	\$ 57.68	Purchase	
E0967	Manual Wheelchair Accessory, Hand Rim With Project	\$ 45.85	Purchase	
E0968	Commode Seat, Wheelchair	\$ 166.90	Medicare is rental/BMS - Purchase(X 10)	
E0969	Narrowing Device, Wheelchair	\$ 138.45	Purchase	
E0970	No.2 Footplates, Except For Elevating Leg Rest	\$ -	Cost Invoice	
E0971	Manual Wheelchair Accessory, Anti-Tipping Device Ea	\$ 32.98	Purchase	
E0973	Wheelchair Accessory, Adjustable Height, Detachable	\$ 61.80	Purchase	
E0974	Manual Wheelchair Accessory, Anti-Rollback Device, L	\$ 67.54	Purchase	
E0978	Wheelchair Accessory, Positioning Belt/Safety Belt/Pel	\$ 27.18	Purchase	
E0980	Safety Vest, Wheelchair	\$ 29.76	Purchase	
E0981	Wheelchair Accessory, Seat Upholstery, Replacement C	\$ 32.17	Purchase	
E0982	Wheelchair Accessory, Back Upholstery, Replacement	\$ 35.15	Purchase	
E0983	Manual Wheelchair Accessory, Power Add-On To Con	\$ 2,253.50	Medicare is rental/BMS - Purchase(X 10)	
E0984	Manual Wheelchair Accessory, Power Add-On To Con	\$ 1,575.00	Medicare is rental/BMS - Purchase(X 10)	
E0988	Lever-Activated Wheel Drive	\$ 2,787.80	Medicare is rental/BMS - Purchase(X 10)	
E0990	Wheelchair Accessory, Elevating Leg Rest, Complete A	\$ 69.74	Purchase	
E0992	Manual Wheelchair Accessory, Solid Seat Insert	\$ 71.48	Purchase	
E1002	Wheelchair Accessory, Power Seating System, Tilt Onl	\$ 3,106.20	Medicare is rental/BMS - Purchase(X 10)	
E1003	Wheelchair Accessory, Power Seating System, Recline	\$ 3,494.20	Medicare is rental/BMS - Purchase(X 10)	
E1004	Wheelchair Accessory, Power Seating System, Recline	\$ 3,857.50	Medicare is rental/BMS - Purchase(X 10)	
E1005	Wheelchair Accessory, Power Seatng System, Recline C	\$ 4,197.40	Medicare is rental/BMS - Purchase(X 10)	

**Durable Medical Equipment Fee Schedule**  
**Effective 04/01/21 - 03/31/22**

HCPCS	DESCRIPTION	WV	
		Medicaid Fee	Purchase or Rental
E1006	Wheelchair Accessory, Power Seating System, Combin	\$ 5,158.20	Medicare is rental/BMS - Purchase(X 10)
E1007	Wheelchair Accessory, Power Seating System, Combin	\$ 6,695.00	Medicare is rental/BMS - Purchase(X 10)
E1008	Wheelchair Accessory, Power Seating System, Combin	\$ 6,777.30	Medicare is rental/BMS - Purchase(X 10)
E1009	Wheelchair Accessory, Addition To Power Seating Syst	\$ -	Cost Invoice
E1010	Wheelchair Accessory, Addition To Power Seating Syst	\$ 903.30	Medicare is rental/BMS - Purchase(X 10)
E1011	Modification To Pediatric Size Wheelchair, Width Adj	\$ -	Cost Invoice
E1012	Ctr mount pwr elev leg rest	\$ 903.30	Medicare is rental/BMS - Purchase(X 10)
E1014	Reclining Back, Addition To Pediatric Size Wheelchair	\$ 340.20	Medicare is rental/BMS - Purchase(X 10)
E1015	Shock Absorber For Manual Wheelchair, Each	\$ 103.75	Purchase
E1016	Shock Absorber For Power Wheelchair, Each	\$ 99.95	Purchase
E1020	Residual Limb Support System For Wheelchair	\$ 173.50	Medicare is rental/BMS - Purchase(X 10)
E1028	Wheelchair Accessory, Manual Swingaway, Retractable	\$ 139.80	Medicare is rental/BMS - Purchase(X 10)
E1029	Wheelchair Accessory, Ventilator Tray, Fixed	\$ 296.50	Medicare is rental/BMS - Purchase(X 10)
E1030	Wheelchair Accessory, Ventilator Tray, Gimbaled	\$ 935.10	Medicare is rental/BMS - Purchase(X 10)
E1031	Rollabout Chair, Any And All Types With Castors5" Or	\$ 41.62	10 mth CAP rental
E1161	Manual Adult Size Wheelchair, Includes Tilt In Space	\$ 2,203.40	Medicare is rental/BMS - Purchase(X 10)
E1225	Wheelchair Accessory, Manual Semi-Reclining Back, (	\$ 370.00	Medicare is rental/BMS - Purchase(X 10)
E1226	Wheelchair Accessory, Manual Fully Reclining Back, (	\$ 406.23	Purchase
E1229	Wheelchair, Pediatric Size, Not Otherwise Specified	\$ -	Cost Invoice
E1231	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adju	\$ 1,710.73	Per BMS - Purchase
E1232	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adj	\$ 1,991.60	Medicare is rental/BMS - Purchase(X 10)
E1233	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adju	\$ 2,063.40	Medicare is rental/BMS - Purchase(X 10)
E1234	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adj	\$ 1,796.40	Medicare is rental/BMS - Purchase(X 10)
E1235	Wheelchair, Pediatric Size, Rigid, Adjustable, With Se	\$ 1,729.80	Medicare is rental/BMS - Purchase(X 10)
E1236	Wheelchair, Pediatric Size, Folding, Adjustable, With	\$ 1,526.10	Medicare is rental/BMS - Purchase(X 10)
E1237	Wheelchair, Pediatric Size, Rigid, Adjustable, Without	\$ 1,539.40	Medicare is rental/BMS - Purchase(X 10)
E1238	Wheelchair, Pediatric Size, Folding, Adjustable, Witho	\$ 1,526.10	Medicare is rental/BMS - Purchase(X 10)
E1239	Power Wheelchair, Pediatric Size, Not Otherwise Speci	\$ -	Cost Invoice
E1372	Immersion External Heater For Nebulizer	\$ 117.62	Purchase
E1390	Oxygen Concentrator, Single Delivery Port, Capable Of	\$ 108.98	Rental
E1399	Durable Medical Equipment, Miscellaneous	\$ -	Cost Invoice
E2100	Blood Glucose Monitor With Integrated Voice Synthesi	\$ 598.96	Purchase
E2201	Manual Wheelchair Accessory, Nonstandard Seat Fram	\$ 303.21	Purchase
E2202	Manual Wheelchair Accessory, Nonstandard Seat Fram	\$ 409.33	Purchase
E2203	Manual Wheelchair Accessory, Nonstandard Seat Fram	\$ 399.51	Purchase
E2204	Manual Wheelchair Accessory, Nonstandard Seat Fram	\$ 687.54	Purchase
E2205	Manual Wheelchair Accessory, Handrim WithoutProjec	\$ 29.81	Purchase
E2206	Manual Wheelchair Accessory, Wheel Lock Assembly,	\$ 34.94	Purchase
E2207	Wheelchair Accessory, Crutch And Cane Holder, Each	\$ 39.34	Purchase
E2208	Wheelchair Accessory, Cylinder Tank Carrier, Each	\$ 79.82	Purchase
E2209	Accessory, Arm Tough, With Or Without Handsupport,	\$ 78.10	Purchase
E2210	Wheelchair Accessory, Bearngs, Any Type, Replaceme	\$ 4.87	Purchase
E2211	Manual Wheelchair Accessory, Pneumatic Propulsion T	\$ 30.47	Purchase
E2212	Manual Wheelchair Accessory, Tube For Pneumatic Pr	\$ 5.35	Purchase
E2213	Manual Wheelchair Accessory, Insert For Pneumatic Pt	\$ 26.63	Purchase
E2214	Manual Wheelchair Accessory, Pneumatic Caster Tire,	\$ 27.98	Purchase
E2215	Manual Wheelchair Accessory, Tube For Pneumatic Ca	\$ 8.78	Purchase
E2216	Manual Wheelchair Accessory, Foam Filled Propulsion	\$ 41.22	Purchase
E2217	Manual Wheelchair Accessory, Foam Filled Caster Tire	\$ 36.48	Purchase
E2218	Manual Wheelchair Accessory, Foam Propulsion Tire, A	\$ 41.22	Purchase
E2219	Manual Wheelchair Accessory, Foam Caster Tire, Any	\$ 36.48	Purchase
E2220	Manual Wheelchair Accessory, Solid (Rubber/Plastic) P	\$ 23.98	Purchase
E2221	Manual Wheelchair Accessory, Solid (Rubber/Plastic) C	\$ 23.06	Purchase
E2222	Manual Wheelchair Accessory, Solid (Rubber/Plastic) C	\$ 19.13	Purchase

**Durable Medical Equipment Fee Schedule**  
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
E2224	Manual Wheelchair Accessory, Propulsion Wheel Excl	\$ 77.62	Purchase
E2225	Manual Wheelchair Accessory, Caster Wheel Excludes	\$ 15.97	Purchase
E2226	Manual Wheelchair Accessory, Caster Fork, Any Size,	\$ 34.15	Purchase
E2227	Manual Wheelchair Accessory, Gear Reduction Drive	\$ 1,742.20	Medicare is rental/BMS - Purchase(X 10)
E2228	Manual Wheelchair Accessory, Wheel Braking System	\$ 835.00	Medicare is rental/BMS - Purchase(X 10)
E2231	Solid Seat Support Base	\$ 129.86	Purchase
E2291	Back, Planar, For Pediatric Size Wheelchair Including	\$ -	Cost Invoice
E2292	Seat, Planar, For Pediatric Size Wheelchair Including	\$ -	Cost Invoice
E2293	Back, Contoured, For Pediatric Size Wheelchair Includ	\$ -	Cost Invoice
E2294	Seat, Contoured, For Pediatric Size Wheelchair Includi	\$ -	Cost Invoice
E2295	Manual Wheelchair Accessory, For Pediatric Size Whee	\$ -	Cost Invoice
E2310	Power Wheelchair Accessory, Electronic Connection B	\$ 902.80	Medicare is rental/BMS - Purchase(X 10)
E2311	Power Wheelchair Accessory, Electronic Connection B	\$ 1,825.10	Medicare is rental/BMS - Purchase(X 10)
E2312	Power Wheelchair Accessory, Hand Or Chin Control In	\$ 1,878.00	Medicare is rental/BMS - Purchase(X 10)
E2313	Power Wheelchair Accessory, Harness For Upgrade To	\$ 298.40	Medicare is rental/BMS - Purchase(X 10)
E2321	Power Wheelchair Accessory, Hand Control Interface, I	\$ 1,226.50	Medicare is rental/BMS - Purchase(X 10)
E2322	Power Wheelchair Accessory, Hand Control Interface, I	\$ 1,122.10	Medicare is rental/BMS - Purchase(X 10)
E2323	Power Wheelchair Accessory, Specialty Joystick Handl	\$ 54.87	Purchase
E2324	Power Wheelchair Accessory, Chin Cup For Chin Cont	\$ 35.17	Purchase
E2325	Power Wheelchair Accessory, Sip And Puff Interface, I	\$ 1,072.10	Medicare is rental/BMS - Purchase(X 10)
E2326	Power Wheelchair Accessory, Breath Tube Kit For Sip	\$ 278.70	Medicare is rental/BMS - Purchase(X 10)
E2327	Power Wheelchair Accessory, Head Control Interface, I	\$ 2,088.20	Medicare is rental/BMS - Purchase(X 10)
E2328	Power Wheelchair Accessory, Head Control Or Extrem	\$ 3,951.20	Medicare is rental/BMS - Purchase(X 10)
E2329	Power Wheelchair Accessory, Head Control Interface, C	\$ 1,417.50	Medicare is rental/BMS - Purchase(X 10)
E2330	Power Wheelchair Accessory, Head Control Interface, I	\$ 2,734.00	Medicare is rental/BMS - Purchase(X 10)
E2340	Power Wheelchair Accessory, Nonstandard Seat Frame	\$ 333.72	Purchase
E2341	Power Wheelchair Accessory, Nonstandard Seat Frame	\$ 500.62	Purchase
E2342	Power Wheelchair Accessory, Nonstandard Seat Frame	\$ 417.19	Purchase
E2343	Power Wheelchair Accessory, Nonstandard Seat Frame	\$ 667.52	Purchase
E2351	Power Wheelchair Accessory, Electronic Interface To C	\$ 560.95	Purchase
E2359	Gr34 sealed leadacid battery	\$ 151.32	Purchase
E2360	Power Wheelchair Accessory, 22 Nf Non-Sealed Lead .	\$ 101.23	Purchase
E2361	Power Wheelchair Accessory, 22Nf Sealed Lead Acid I	\$ 104.41	Purchase
E2362	Power Wheelchair Accessory, Group 24 Non- Sealed L	\$ 85.66	Purchase
E2363	Power Wheelchair Accessory, Group 24 Sealed Lead A	\$ 135.88	Purchase
E2364	Power Wheelchair Accessory, U-1 Non-Sealed Lead Ac	\$ 99.48	Purchase
E2365	Power Wheelchair Accessory, U-1 Sealed Lead Acid B.	\$ 77.30	Purchase
E2366	Power Wheelchair Accessory, Battery Charger, Single I	\$ 171.66	Purchase
E2368	Power Wheelchair Component, Motor, Replacement Or	\$ 379.30	Medicare is rental/BMS - Purchase(X 10)
E2369	Power Wheelchair Component, Gear Box, Replacemen	\$ 316.70	Medicare is rental/BMS - Purchase(X 10)
E2370	Power Wheelchair Component, Motor And Gear Box C	\$ 545.20	Medicare is rental/BMS - Purchase(X 10)
E2371	Power Wheelchair Accessory, Group 27 Sealed Lead A	\$ 119.27	Purchase
E2372	Power Wheelchair Accessory, Group 27 Non- Sealed L	\$ -	Cost Invoice
E2373	Power Wheelchair Accessory, Hand Or ChinControl Int	\$ 642.90	Medicare is rental/BMS - Purchase(X 10)
E2374	Power Wheelchair Accessory, Hand Or Chin Control In	\$ 414.00	Medicare is rental/BMS - Purchase(X 10)
E2375	Power Wheelchair Accessory, Non-Expandable Control	\$ 627.80	Medicare is rental/BMS - Purchase(X 10)
E2376	Power Wheelchair Accessory, Expandable Controller, I	\$ 1,034.60	Medicare is rental/BMS - Purchase(X 10)
E2377	Power Wheelchair Accessory, ExpandableController, In	\$ 378.60	Medicare is rental/BMS - Purchase(X 10)
E2378	Pw Actuator Replacement	\$ 474.60	Medicare is rental/BMS - Purchase(X 10)
E2381	Power Wheelchair Accessory, Pneumatic Drive Wheel	\$ 56.18	Purchase
E2382	Power Wheelchair Accessory, Tube For Pneumatic Dri	\$ 15.61	Purchase
E2383	Power Wheelchair Accessory, Insert For Pneumatic Di	\$ 114.69	Purchase
E2384	Power Wheelchair Accessory, Pneumatic Caster Tire, A	\$ 58.30	Purchase
E2385	Power Wheelchair Accessory, Tube ForPneumatic Cast	\$ 37.33	Purchase

**Durable Medical Equipment Fee Schedule**  
**Effective 04/01/21 - 03/31/22**

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
E2386	Power Wheelchair Accessory, Foam Filled Drive Whee	\$ 103.49	Purchase
E2387	Power Wheelchair Accessory, Foam Filled Caster Tire,	\$ 46.74	Purchase
E2388	Power Wheelchair Accessory, Foam Drive Wheel Tire,	\$ 39.22	Purchase
E2389	Power Wheelchair Accessory, Foam Caster Tire, Any S	\$ 21.60	Purchase
E2390	Power Wheelchair Accessory, Solid (Rubber/Plastic) D	\$ 33.62	Purchase
E2391	Power Wheelchair Accessory, Solid (Rubber/Plastic) C	\$ 15.64	Purchase
E2392	Power Wheelchair Accessory, Solid (Rubber/Plastic) C	\$ 39.37	Purchase
E2394	Power Wheelchair Accessory, Drive Wheel Excludes T	\$ 55.28	Purchase
E2395	Power Wheelchair Accessory, Caster Wheel Excludes T	\$ 40.22	Purchase
E2396	Power Wheelchair Accessory, Caster Fork, Any Size, R	\$ 46.82	Purchase
E2397	Power Wheelchair Accessory, Lithium-Based Battery, I	\$ 379.94	Purchase
E2402	Negative Pressure Wound Therapy Electrical Pump, Sta	\$ 971.81	10 mth CAP rental
E2500	Sgd Digitized Pre-Rec <=8Min	\$ 364.16	Purchase
E2502	Sgd Prerec Msg >8Min <=20Min	\$ 1,113.58	Purchase
E2504	Sgd Prerec Msg>20Min <=40Min	\$ 1,468.98	Purchase
E2506	Sgd Prerec Msg > 40 Min	\$ 2,153.94	Purchase
E2508	Sgd Spelling Phys Contact	\$ 3,330.72	Purchase
E2510	Sgd W Multi Methods Msg/Accs	\$ 6,302.95	Purchase
E2512	Sgd Accessory, Mounting Sys	\$ -	Cost Invoice
E2599	Accessory For Speech Generating Device	\$ -	Cost Invoice
E2601	General Use Wheelchair Seat Cushion, Width Less Tha	\$ 40.93	Purchase
E2602	General Use Wheelchair Seat Cushion, Width 22Inches	\$ 83.24	Purchase
E2603	Skin Protection Wheelchair Seat Cushion, Width Less T	\$ 104.14	Purchase
E2604	Skin Protection Wheelchair Seat Cushion, Width22 Incl	\$ 136.94	Purchase
E2605	Positioning Wheelchair Seat Cushion, Width Less Than	\$ 196.38	Purchase
E2606	Positioning Wheelchair Seat Cushion, Width 22Inches C	\$ 310.22	Purchase
E2607	Skin Protection And Positioning Wheelchair Seat Cushi	\$ 201.87	Purchase
E2608	Skin Protection And Positioning Wheelchair Seat Cushi	\$ 247.48	Purchase
E2609	Custom Fabricated Wheelchair Seat Cushion, Any Size	\$ -	Cost Invoice
E2611	General Use Wheelchair Back Cushion, Width Less Th	\$ 191.20	Purchase
E2612	General Use Wheelchair Back Cushion, Width 22Inche	\$ 298.09	Purchase
E2613	Positioning Wheelchair Back Cushion, Posterior, Width	\$ 287.78	Purchase
E2614	Positioning Wheelchair Back Cushion, Posterior, Width	\$ 410.18	Purchase
E2615	Positioning Wheelchair Back Cushion, Posterior- Later:	\$ 329.87	Purchase
E2616	Positioning Wheelchair Back Cushion, Posterior- Later:	\$ 444.04	Purchase
E2617	Custom Fabricated Wheelchair Back Cushion, Any Siz	\$ -	Cost Invoice
E2619	Replacement Cover For Wheelchair Seat Cushion Or B	\$ 40.16	Purchase
E2620	Positioning Wheelchair Back Cushion, Planar Back Wit	\$ 378.81	Purchase
E2621	Positioning Wheelchair Back Cushion, Planar Back Wi	\$ 419.00	Purchase
E2622	Adj Skin Pro W/C Cus Wd<22In	\$ 257.14	Purchase
E2623	Adj Skin Pro Wc Cus Wd>=22In	\$ 326.22	Purchase
E2624	Adj Skin Pro/Pos Cus<22In	\$ 260.24	Purchase
E2625	Adj Skin Pro/Pos Wc Cus>=22	\$ 325.87	Purchase
E2626	Seo Mobile Arm Sup Att To Wc	\$ 556.62	Purchase
E2627	Arm Supp Att To Wc Rancho Ty	\$ 784.53	Purchase
E2628	Mobile Arm Supports Reclinin	\$ 591.02	Purchase
E2629	Friction Dampening Arm Supp	\$ 848.70	Purchase
E2630	Monosuspension Arm/Hand Supp	\$ 523.02	Purchase
E2631	Elevat Proximal Arm Support	\$ 209.22	Purchase
E2632	Offset/Lat Rocker Arm W/Ela	\$ 133.03	Purchase
E2633	Mobile Arm Support Supinator	\$ 112.84	Purchase
K0001	Standard Wheelchair	\$ 34.66	10 mth CAP rental
K0002	Standard Hemi (Low Seat) Wheelchair	\$ 49.53	10 mth CAP rental
K0003	Lightweight Wheelchair	\$ 56.50	10 mth CAP rental

**Durable Medical Equipment Fee Schedule**  
**Effective 04/01/21 - 03/31/22**

HCPCS	DESCRIPTION	WV	
		Medicaid Fee	Purchase or Rental
K0004	High Strength, Lightweight Wheelchair	\$ 75.52	10 mth CAP rental
K0005	Ultralightweight Wheelchair	\$ 172.15	10 mth CAP rental
K0006	Heavy Duty Wheelchair	\$ 76.66	10 mth CAP rental
K0007	Extra Heavy Duty Wheelchair	\$ 119.36	10 mth CAP rental
K0009	Other Manual Wheelchair/Base	\$ 69.24	10 mth CAP rental
K0015	Detachable, Non-Adjustable Height Armrest, Each	\$ 132.40	Medicare is rental/BMS - Purchase(X 10)
K0017	Detachable, Adjustable Height Armrest, Base, Each	\$ 39.34	Purchase
K0018	Detachable, Adjustable Height Armrest, Upper Portion,	\$ 22.10	Purchase
K0019	Arm Pad, Each	\$ 12.17	Purchase
K0020	Fixed, Adjustable Height Armrest, Pair	\$ 37.10	Purchase
K0037	High Mount Flip-Up Footrest, Each	\$ 32.86	Purchase
K0038	Leg Strap, Each	\$ 19.15	Purchase
K0039	Leg Strap, H Style, Each	\$ 41.83	Purchase
K0040	Adjustable Angle Footplate, Each	\$ 52.06	Purchase
K0041	Large Size Footplate, Each	\$ 40.55	Purchase
K0042	Standard Size Footplate, Each	\$ 27.03	Purchase
K0043	Footrest, Lower Extension Tube, Each	\$ 15.49	Purchase
K0044	Footrest, Upper Hanger Bracket, Each	\$ 13.34	Purchase
K0045	Footrest, Complete Assembly	\$ 44.65	Purchase
K0046	Elevating Legrest, Lower Extension Tube, Each	\$ 15.54	Purchase
K0047	Elevating Legrest, Upper Hanger Bracket, Each	\$ 57.94	Purchase
K0050	Ratchet Assembly	\$ 25.68	Purchase
K0051	Cam Release Assembly, Footrest Or Legrest, Each	\$ 41.10	Purchase
K0052	Swingaway, Detachable Footrests, Each	\$ 67.01	Purchase
K0053	Elevating Footrests, Articulating (Telescoping), Each	\$ 76.55	Purchase
K0056	Seat Height Less Than 17" Or Equal To Or Greater Than	\$ 83.98	Purchase
K0065	Spoke Protectors, Each	\$ 40.44	Purchase
K0069	Rear Wheel Assembly, Complete, With Solid Tire, Spoke	\$ 86.42	Purchase
K0070	Rear Wheel Assembly, Complete, With Pneumatic Tire	\$ 152.20	Medicare is rental/BMS - Purchase(X 10)
K0071	Front Caster Assembly, Complete, With Pneumatic Tire	\$ 101.74	Purchase
K0072	Front Caster Assembly, Complete, With Semi-Pneumatic	\$ 59.22	Purchase
K0073	Caster Pin Lock, Each	\$ 30.55	Purchase
K0077	Front Caster Assembly, Complete, With Solid Tire, Each	\$ 50.03	Purchase
K0098	Drive Belt For Power Wheelchair	\$ 20.74	Purchase
K0105	Iv Hanger, Each	\$ 88.27	Purchase
K0108	Wheelchair Component Or Accessory, Not Otherwise Specified	\$ -	Cost Invoice
K0195	Elevating Leg Rests, Pair (For Use With Capped Rental)	\$ 129.40	Medicare is rental/BMS - Purchase(X 10)
K0606	Automatic External Defibrillator, With Integrated Electrode	\$ 2,345.16	10 mth CAP rental
K0669	Wheelchair Accessory, Seat Or Back Cushion, Does Not	\$ -	Cost Invoice
K0730	Controlled Dose Inhalation Drug Delivery System	\$ 72.00	Medicare is rental/BMS - Purchase(X 10)
K0733	12-24Hr Sealed Lead Acid	\$ 24.14	Purchase
K0739	Repair Of Nonroutine Service For Dme Other Than Oxygen	\$ 12.84	Priced per MLN Matters MM11570 - 12.06.19
K0740	Repair Of Nonroutine Service For Oxygen Equipment	\$ 6.30	Per BMS - Purchase
K0800	Power Operated Vehicle, Group 1 Standard, Patient Wheelchair	\$ 87.42	10 mth CAP rental
K0801	Power Operated Vehicle, Group 1 Heavy Duty, Patient	\$ 148.60	10 mth CAP rental
K0802	Power Operated Vehicle, Group 1 Very Heavy Duty, Patient	\$ 181.23	10 mth CAP rental
K0806	Power Operated Vehicle, Group 2 Standard, Patient Wheelchair	\$ 118.59	10 mth CAP rental
K0807	Power Operated Vehicle, Group 2 Heavy Duty, Patient	\$ 181.77	10 mth CAP rental
K0808	Power Operated Vehicle, Group 2 Very Heavy Duty, Patient	\$ 281.11	10 mth CAP rental
K0812	Power Operated Vehicle, Not Otherwise Classified	\$ -	Cost Invoice
K0813	Power Wheelchair, Group 1 Standard, Portable, Sling/Seat	\$ 257.00	10 mth CAP rental
K0814	Power Wheelchair, Group 1 Standard, Portable, Captain's	\$ 301.51	10 mth CAP rental
K0815	Power Wheelchair, Group 1 Standard, Sling/Solid Seat	\$ 339.24	10 mth CAP rental
K0816	Power Wheelchair, Group 1 Standard, Captain's Chair, 1	\$ 321.01	10 mth CAP rental

**Durable Medical Equipment Fee Schedule**  
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
K0820	Power Wheelchair, Group 2 Standard, Portable, Sling/S	\$ 269.94	10 mth CAP rental
K0821	Power Wheelchair, Group 2 Standard, Portable, Captai	\$ 317.62	10 mth CAP rental
K0822	Power Wheelchair, Group 2 Standard, Sling/Solid Seat/	\$ 368.08	10 mth CAP rental
K0823	Power Wheelchair, Group 2 Standard, Captains Chair, l	\$ 360.82	10 mth CAP rental
K0824	Power Wheelchair, Group 2 Heavy Duty, Sling/Solid Se	\$ 474.30	10 mth CAP rental
K0825	Power Wheelchair, Group 2 Heavy Duty, Captains Cha	\$ 436.23	10 mth CAP rental
K0826	Power Wheelchair, Group 2 Very Heavy Duty, Sling/So	\$ 686.88	10 mth CAP rental
K0827	Power Wheelchair, Group 2 Very Heavy Duty, Captains	\$ 591.30	10 mth CAP rental
K0828	Power Wheelchair, Group 2 Extra Heavy Duty, Sling/S	\$ 799.39	10 mth CAP rental
K0829	Power Wheelchair, Group 2 Extra Heavy Duty, Captain	\$ 754.70	10 mth CAP rental
K0830	Power Wheelchair, Group 2 Standard, Seat Elevator, Sl	\$ 354.07	Per BMS - 10 Mth CAP Rental
K0831	Power Wheelchair, Group 2 Standard, Seat Elevator, C:	\$ 354.07	Per BMS - 10 Mth CAP Rental
K0835	Power Wheelchair, Group 2 Standard, Single Power Of	\$ 387.71	10 mth CAP rental
K0836	Power Wheelchair, Group 2 Standard, Single Power Of	\$ 402.10	10 mth CAP rental
K0837	Power Wheelchair, Group 2 Heavy Duty, Single Power	\$ 475.52	10 mth CAP rental
K0838	Power Wheelchair, Group 2 Heavy Duty, Single Power	\$ 423.88	10 mth CAP rental
K0839	Power Wheelchair, Group 2 Very Heavy Duty, Single F	\$ 621.84	10 mth CAP rental
K0840	Power Wheelchair, Group 2 Extra Heavy Duty, Single l	\$ 947.03	10 mth CAP rental
K0841	Power Wheelchair, Group 2 Standard, Multiple Power t	\$ 421.65	10 mth CAP rental
K0842	Power Wheelchair, Group 2 Standard, Multiple Power t	\$ 421.42	10 mth CAP rental
K0843	Power Wheelchair, Group 2 Heavy Duty, Multiple Pow	\$ 504.65	10 mth CAP rental
K0848	Power Wheelchair, Group 3 Standard, Sling/Solid Seat/	\$ 636.24	10 mth CAP rental
K0849	Power Wheelchair, Group 3 Standard, Captains Chair, l	\$ 611.70	10 mth CAP rental
K0850	Power Wheelchair, Group 3 Heavy Duty, Sling/Solid Se	\$ 737.99	10 mth CAP rental
K0851	Power Wheelchair, Group 3 Heavy Duty, Captains Cha	\$ 709.59	10 mth CAP rental
K0852	Power Wheelchair, Group 3 Very Heavy Duty, Sling/So	\$ 852.71	10 mth CAP rental
K0853	Power Wheelchair, Group 3 Very Heavy Duty, Captains	\$ 875.96	10 mth CAP rental
K0854	Power Wheelchair, Group 3 Extra Heavy Duty, Sling/S	\$ 1,160.45	10 mth CAP rental
K0855	Power Wheelchair, Group 3 Extra Heavy Duty, Captain	\$ 1,096.22	10 mth CAP rental
K0856	Power Wheelchair, Group 3 Standard, Single Power Of	\$ 682.91	10 mth CAP rental
K0857	Power Wheelchair, Group 3 Standard, Single Power Of	\$ 696.61	10 mth CAP rental
K0858	Power Wheelchair, Group 3 Heavy Duty, Single Power	\$ 847.30	10 mth CAP rental
K0859	Power Wheelchair, Group 3 Heavy Duty, Single Power	\$ 808.07	10 mth CAP rental
K0860	Power Wheelchair, Group 3 Very Heavy Duty, Single F	\$ 1,210.49	10 mth CAP rental
K0861	Power Wheelchair, Group 3 Standard, Multiple Power t	\$ 684.01	10 mth CAP rental
K0862	Power Wheelchair, Group 3 Heavy Duty, Multiple Pow	\$ 847.30	10 mth CAP rental
K0863	Power Wheelchair, Group 3 Very Heavy Duty, Multiple	\$ 1,210.49	10 mth CAP rental
K0864	Power Wheelchair, Group 3 Extra Heavy Duty, Multipl	\$ 1,440.48	10 mth CAP rental
K0868	Power Wheelchair, Group 4 Standard, Sling/Solid Seat/	\$ -	Cost Invoice
K0869	Power Wheelchair, Group 4 Standard, Captains Chair, l	\$ -	Cost Invoice
K0870	Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Se	\$ -	Cost Invoice
K0871	Power Wheelchair, Group 4 Very Heavy Duty, Sling/So	\$ -	Cost Invoice
K0877	Power Wheelchair, Group 4 Standard, Single Power Of	\$ -	Cost Invoice
K0878	Power Wheelchair, Group 4 Standard, Single Power Of	\$ -	Cost Invoice
K0879	Power Wheelchair, Group 4 Heavy Duty, Single Power	\$ -	Cost Invoice
K0880	Power Wheelchair, Group 4 Very Heavy Duty, Single F	\$ -	Cost Invoice
K0884	Power Wheelchair, Group 4 Standard, Multiple Power t	\$ -	Cost Invoice
K0885	Power Wheelchair, Group 4 Standard, Multiple Power t	\$ -	Cost Invoice
K0886	Power Wheelchair, Group 4 Heavy Duty, Multiple Pow	\$ -	Cost Invoice
K0890	Power Wheelchair, Group 5 Pediatric, Single Power Of	\$ -	Cost Invoice
K0891	Power Wheelchair, Group 5 Pediatric, Multiple Power t	\$ -	Cost Invoice
K0898	Power Wheelchair, Not Otherwise Classified	\$ -	Cost Invoice
K0899	Power Mobility Device, Not Coded By Sadmerc Or Do	\$ -	Cost Invoice
L0112	Cranial Cervical Orthosis, Congenital Torticollis Type '	\$ 1,097.04	Purchase

**Durable Medical Equipment Fee Schedule**  
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L0113	Cranial Cervical Torticollis	\$ 223.52	Purchase
L0120	Cervical, Flexible; Non-Adjustable (Foam Collar)	\$ 20.99	Purchase
L0130	Cervical, Flexible, Thermoplastic Collar, Molded To P	\$ 148.42	Purchase
L0140	Cervical, Semi-Rigid; Adjustable (Plastic Collar)	\$ 49.08	Purchase
L0150	Cervical, Semi-Rigid, Adjustable Molded Chin Cup(Pl	\$ 90.03	Purchase
L0160	Cervical, Semi-Rigid, Wire Frame Occipital/Mandibula	\$ 117.60	Purchase
L0170	Cervical Collar; Molded To Patient Model	\$ 484.26	Purchase
L0172	Cervical, Collar, Semi-Rigid, Thermoplastic Foam, Tw	\$ 105.00	Purchase
L0174	Cervical, Collar, Semi-Rigid, Thermoplastic Foam, Tw	\$ 206.27	Purchase
L0180	Cervical, Multiple Post Collar, Occipital/Mandibular St	\$ 286.03	Purchase
L0190	Cervical, Multiple Post Collar, Occipital/Mandibular St	\$ 371.96	Purchase
L0200	Cervical, Multiple Post Collar, Occipital/Mandibular St	\$ 387.77	Purchase
L0220	Thoracic, Rib Belt, Custom Fabricated	\$ 105.90	Purchase
L0450	Tlso, Flexible, Provides Trunk Support, Upper Thoracic	\$ 121.35	Purchase
L0452	Tlfo, Flexible, Provides Trunk Support, Upper Thoracic	\$ 198.51	Per BMS - Purchase
L0454	Tlso Flexible, Provides Trunk Support, Extends From S	\$ 271.84	Purchase
L0456	Tlso, Flexible Provides Trunk Support, Thoracic Region	\$ 779.56	Purchase
L0466	Tlso, Sagittal Control, Rigid Posterior Frame And Flexi	\$ 283.18	Purchase
L0468	Tlso, Sagittal-Coronal Control, Rigid Posterior Frame A	\$ 375.16	Purchase
L0470	Tlso, Triplanar Control, Rigid Posterior Frame And Fle	\$ 478.73	Purchase
L0472	Tlso, Triplanar Control, Hyperextension, Rigid Anterior	\$ 303.62	Purchase
L0480	Tlso, Triplanar Control, One Piece Rigid Plastic Shell V	\$ 1,069.22	Purchase
L0482	Tlso, Triplanar Control, One Piece Rigid Plastic Shell \	\$ 1,241.94	Purchase
L0484	Tlso, Triplanar Control, Two Piece Rigid Plastic Shell \	\$ 1,334.43	Purchase
L0486	Tlfo, Triplanar Control, Two Piece Rigid Plastic Shell \	\$ 1,415.76	Purchase
L0488	Tlso, Triplanar Control, One Piece Rigid Plastic Shell \	\$ 786.80	Purchase
L0490	Tlso, Sagittal-Coronal Control, One Piece Rigid Plastic	\$ 221.74	Purchase
L0491	Tlso, Sagittal-Coronal Control, Modular Segmented Spi	\$ 601.97	Purchase
L0492	Tlso, Sagittal-Coronal Control, Modular Segmented Spi	\$ 395.90	Purchase
L0621	Sacroiliac Orthosis, Flexible, Provides Pelvic-Sacral Su	\$ 63.55	Purchase
L0622	Sacroiliac Orthosis, Flexible, Provides Pelvic-Sacral Su	\$ 226.78	Purchase
L0623	Sacroiliac Orthosis, Provides Pelvic-Sacral Support, Wi	\$ 121.21	Purchase
L0624	Sacroiliac Orthosis, Provides Pelvic-Sacral Support, Wi	-	Cost Invoice
L0625	Lumbar Orthosis, Flexible, Provides Lumbar Support, F	\$ 37.77	Purchase
L0626	Lumbar Orthosis, Sagittal Control, With Rigid Posterior	\$ 61.09	Purchase
L0627	Lumbar Orthosis, Sagittal Control, With Rigid Anterior	\$ 322.20	Purchase
L0628	Lso, Flexible, Provides Lumbo-Sacral Support, Posteric	\$ 57.52	Purchase
L0629	Lso, Flexible, Provides Lumbo-Sacral Support, Posteric	\$ 164.18	Per BMS - Purchase
L0630	Lso, Sagittal Control, With Rigid Posterior Panel(S), Pc	\$ 126.94	Purchase
L0631	Lso, Sagittal Control, With Rigid Anterior And Posterio	\$ 804.64	Purchase
L0632	Lso, Sagittal Control, With Rigid Anterior And Posterio	-	Cost Invoice
L0633	Lso, Sagittal-Coronal Control, With Rigid Posterior Fra	\$ 224.77	Purchase
L0634	Lso, Sagittal-Coronal Control, With Rigid Posterior Fra	-	Cost Invoice
L0635	Lso, Sagittal-Coronal Control, Lumbar Flexion, Rigid F	\$ 718.74	Purchase
L0636	Lso, Sagittal-Coronal Control, Lumbar Flexion Rigid P	\$ 1,064.02	Purchase
L0637	Lso, Sagittal-Coronal Control, With Rigid Anterior Anc	\$ 842.03	Purchase
L0638	Lso, Sagittal-Coronal Control, With Rigid Anterior Anc	\$ 1,033.77	Purchase
L0639	Lso, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S)	\$ 842.03	Purchase
L0640	Lso, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S)	\$ 820.20	Purchase
L0700	Ctlso, Anterior-Posterior-Lateral Control, Molded To P	\$ 1,535.04	Purchase
L0710	Ctlso, Anterior-Posterior-Lateral Control, Molded To P	\$ 1,568.24	Purchase
L0810	Halo Procedure, Cervical Halo Incorporated Into Jacket	\$ 1,961.27	Purchase
L0820	Halo Procedure, Cervical Halo Incorporated Into Plaste	\$ 1,760.38	Purchase
L0830	Halo Procedure, Cervical Halo Incorporated IntoMilwa	\$ 2,480.88	Purchase

**Durable Medical Equipment Fee Schedule**  
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L0859	Addition To Halo Procedure, Magnetic Resonance Image	\$ 1,033.89	Purchase
L0861	Additional To Halo Procedure, Replacement Liner/Inter	\$ 168.94	Purchase
L0970	Tlso, Corset Front	\$ 100.97	Purchase
L0972	Lso, Corset Front	\$ 90.69	Purchase
L0974	Tlso, Full Corset	\$ 134.67	Purchase
L0976	Lso, Full Corset	\$ 120.07	Purchase
L0978	Axillary Crutch Extension	\$ 158.49	Purchase
L0980	Peroneal Straps, Pair	\$ 17.30	Purchase
L0982	Stocking Supporter Grips, Set Of Four (4)	\$ 12.22	Purchase
L0984	Protective Body Sock, Each	\$ 50.76	Purchase
L0999	Additional To Spinal Orthosis, Not Otherwise Specified	\$ -	Cost Invoice
L1000	Cervical-Thoracic-Lumbar-Sacral Orthosis (Ct Iso) (Mil	\$ 1,540.10	Purchase
L1001	Cervical Thoracic Lumbar Sacral Orthosis Immobilizer	\$ -	Cost Invoice
L1010	Additions To Cervical-Thoracic-Lumbar-Sacral Orthosi	\$ 50.39	Purchase
L1020	Addition To Ct Iso Or Scoliosis, Kyphosis Pad	\$ 64.90	Purchase
L1025	Addition To Ct Iso Or Scoliosis Orthosis, Kyphosis Pad,	\$ 123.89	Purchase
L1030	Addition To Ct Iso Or Scoliosis Orthosis, Lumbar Bolste	\$ 47.77	Purchase
L1040	Addition To Ct Iso Or Scoliosis Orthosis, Lumbar Or Lu	\$ 62.51	Purchase
L1050	Addition To Ct Iso Or Scoliosis Orthosis, Sternal Pad	\$ 75.36	Purchase
L1060	Addition To Ct Iso Or Scoliosis Orthosis, Thoracic Pad	\$ 90.38	Purchase
L1070	Addition To Ct Iso Or Scoliosis Orthosis, Trapezius Slin	\$ 88.25	Purchase
L1080	Addition To Ct Iso Or Scoliosis Orthosis, Outtrigger	\$ 49.64	Purchase
L1085	Addition To Ct Iso Or Scoliosis Orthosis. Outtrigger, Bil	\$ 134.30	Purchase
L1090	Addition To Ct Iso Or Scoliosis Orthosis, Lumbar Sling	\$ 88.85	Purchase
L1100	Addition To Ct Iso Or Scoliosis Orthosis, Ring Flange, I	\$ 141.88	Purchase
L1110	Addition To Ct Iso Or Scoliosis Orthosis. Ring Flange,	\$ 191.78	Purchase
L1120	Addition To Ct Iso Or Scoliosis Orthosis Covers For Up	\$ 32.43	Purchase
L1200	Thoracic-Lumbar-Sacral-Orthosis (T Iso), Inclusive Of I	\$ 1,176.51	Purchase
L1210	Addition To T Iso, (Low Profile); Lateral Thoracic Exten	\$ 196.48	Purchase
L1220	Addition To T Iso, (Low Profile), Anterior Thoracic Ext	\$ 187.70	Purchase
L1230	Addition To T Iso, (Low Profile), Milwaukee Type Supe	\$ 481.11	Purchase
L1240	Addition To T Iso, (Low Profile), Lumbar Derotation Pa	\$ 65.04	Purchase
L1250	Addition To T Iso, (Low Profile), Anterior Axis Pad	\$ 65.04	Purchase
L1260	Addition To T Iso, (Low Profile), Anterior Thoracic Der	\$ 66.41	Purchase
L1270	Addition To T Iso, (Low Profile), Abdominal Pad	\$ 67.46	Purchase
L1280	Addition To T Iso, (Low Profile), Rib Gusset (Elastic), I	\$ 77.59	Purchase
L1290	Addition To T Iso, (Low Profile), Lateral Trochanteric F	\$ 61.42	Purchase
L1300	Other Scoliosis Procedure, Body Jacket Molded To Pati	\$ 1,383.10	Purchase
L1310	Other Scoliosis Procedure, Post Operative Body Jacket	\$ 1,421.14	Purchase
L1499	Spinal Orthosis, Not Otherwise Specified	\$ -	Cost Invoice
L1600	Hip Orthosis, Ho), Abduction Control Of Hip Joints, Fl	\$ 96.76	Purchase
L1610	Ho, Abduction Control Of Hip Joints; Flexible, (Frejka	\$ 42.70	Purchase
L1620	Ho, Abduction Control Of Hip Joints; Flexible, (Pavlik	\$ 120.94	Purchase
L1630	Ho, Abduction Control Of Hip Joints; Semi-Flexible(Vc	\$ 127.24	Purchase
L1640	Ho, Abduction Control Of Hip Joints; Static, Pelvic Ba	\$ 387.32	Purchase
L1650	Ho, Abduction Control Of Hip Joints; Static, Adjustabl	\$ 196.00	Purchase
L1660	Ho, Abduction Control Of Hip Joints; Static, Plastic, Pr	\$ 128.50	Purchase
L1680	Ho, Abduction Control Of Hip Joints; Dynamic, Pelvic	\$ 914.90	Purchase
L1685	Ho, Abduction Control Of Hip Joints; Postoperative Hij	\$ 933.70	Purchase
L1686	Ho, Abduction Control Of Hip Joints; Postoperative Hij	\$ 862.15	Purchase
L1690	Combination, Bilateral, Lumbo-Sacral, Hip, Femur Ortl	\$ 1,515.69	Purchase
L1700	Legg Perthes Orthosis, (Toronto Type), Custom Fabrica	\$ 1,146.69	Purchase
L1710	Legg Perthes Orthosis, (Newington Type), Custom Fabri	\$ 1,342.33	Purchase
L1720	Legg Perthes Orthosis, Trilateral, (Tachdijan Type), Cu	\$ 989.46	Purchase

**Durable Medical Equipment Fee Schedule**  
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L1730	Legg Perthes Orthosis, (Scottish Rite Type), Custom Fa	\$ 849.85	Purchase
L1755	Legg Perthes Orthosis, (Pattern Bottom Type), Custom	\$ 1,348.66	Purchase
L1810	Ko, Elastic With Joints, Prefabricated, Includes Fitting	\$ 73.95	Purchase
L1820	Ko, Elastic With Condylar Pads And Joints, With Or W	\$ 114.57	Purchase
L1830	Ko, Immobilizer, Canvas Longitudinal, Prefabricated, I	\$ 64.04	Purchase
L1831	Ko, Locking Knee Joint(S), Positional Orthosis, Prefabi	\$ 230.69	Purchase
L1832	Knee Orthosis, Adjustable Knee Joints (Unicentric Or I	\$ 531.05	Purchase
L1834	Ko, Without Knee Joint, Rigid, Custom Fabricated	\$ 582.89	Purchase
L1836	Ko, Rigid, Without Joint(S), Includes Soft Interface Ma	\$ 93.58	Purchase
L1840	Ko, Derotation, Medial-Lateral, Anterior Cruciate Liga	\$ 776.42	Purchase
L1843	Knee Orthosis, Single Upright, Thigh And Calf, With A	\$ 703.29	Purchase
L1844	Knee Orthosis, Double Upright, Thigh And Calf, With .	\$ 1,219.01	Purchase
L1845	Knee Orthosis, Double Upright, Thigh And Calf, With .	\$ 729.82	Purchase
L1846	Knee Orthosis, Double Upright, Thigh And Calf, With .	\$ 894.82	Purchase
L1847	Ko, Double Upright With Adjustable Joint, With Inflata	\$ 450.82	Purchase
L1850	Ko, Swedish Type, Prefabricated, Includes Fitting And	\$ 209.22	Purchase
L1860	Ko, Modification Of Supracondylar Prosthetic Socket, C	\$ 805.74	Purchase
L1900	Ankle-Foot Orthosis (Afo), Spring Wire, Dorsiflexion /	\$ 202.57	Purchase
L1902	Afo, Ankle Gauntlet, Prefabricated, Includes Fitting An	\$ 70.00	Purchase
L1904	Afo, Molded Ankle Gauntlet, Custom Fabricated	\$ 420.94	Purchase
L1906	Afo, Multiligamentous Ankle Support, Prefabricated, Ir	\$ 90.30	Purchase
L1907	Afo, Supramalleolar With Straps, With Or Without Inte	\$ 441.04	Purchase
L1910	Afo, Posterior, Single Bar, Clasp Attachment To Shoe C	\$ 205.08	Purchase
L1920	Afo, Single Upright With Static Or Adjustable Stop(Ph	\$ 262.51	Purchase
L1930	Afo, Plastic Or Other Material, Prefabricated, Includes	\$ 177.63	Purchase
L1932	Afo, Rigid Anterior Tibial Section, Total Carbon Fiber	\$ 699.44	Purchase
L1940	Afo, Plastic Or Other Material, Custom Fabricated	\$ 371.35	Purchase
L1945	Afo, Molded To Patient Model, Plastic, Rigid Anterior	\$ 887.83	Purchase
L1950	Afo, Spiral (Institute Of Rehabilitative Medicine Type)	\$ 588.67	Purchase
L1951	Afo, Spiral, (Institute Of Rehabilitative Medicine Type)	\$ 658.26	Purchase
L1960	Afo, Posterior Solid Ankle, Plastic, Custom Fabricated	\$ 443.99	Purchase
L1970	Afo, Plastic With Ankle Joint, Custom Fabricated	\$ 534.31	Purchase
L1971	Afo, Plastic Or Other Material With Ankle Joint, Prefat	\$ 367.39	Purchase
L1980	Afo, Single Upright Free Plantar Dorsiflexion, Solid Sti	\$ 275.58	Purchase
L1990	Afo, Double Upright Free Plantar Dorsiflexion, Solid S	\$ 334.71	Purchase
L2000	Knee-Ankle-Foot-Orthosis (Kafo); Single Upright, Free	\$ 792.98	Purchase
L2005	Kafo, Any Material, Single Or Double Upright, Stance	\$ 3,211.83	Purchase
L2010	Kafo, Single Upright, Free Ankle, Solid Stirrup, Thigh .	\$ 739.74	Purchase
L2020	Kafo, Double Upright, Free Ankle, Solid Stirrup, Thigh	\$ 931.42	Purchase
L2030	Kafo Double Upright, Free Ankle, Solid Stirrup, Thigh	\$ 845.53	Purchase
L2034	Kafo, Full Plastic, Single Upright, With Or Without Fre	\$ 1,597.02	Purchase
L2035	Kafo, Full Plastic, Static (Pediatric Size), Prefabricated	\$ 137.15	Purchase
L2036	Kafo, Full Plastic, Double Upright, With Or Without Fr	\$ 1,443.70	Purchase
L2037	Knee Ankle Foot Orthosis, Full Plastic, Single Upright,	\$ 1,346.90	Purchase
L2038	Knee Ankle Foot Orthosis, Full Plastic, With Or With	\$ 1,368.23	Purchase
L2040	Hip-Knee-Ankle-Foot Orthosis (Hkafo), Torsion Contr	\$ 165.94	Purchase
L2050	Hkafo, Torsion Control, Bilateral Torsion Cables, Hip J	\$ 357.70	Purchase
L2060	Hkafo, Torsion Control, Bilateral Torsion Cables, Ball	\$ 435.96	Purchase
L2070	Hkafo, Torsion Control, Unilateral Rotation Straps, Pel	\$ 111.94	Purchase
L2080	Hkafo, Torsion Control, Unilateral Torsion Cable, Hip .	\$ 270.08	Purchase
L2090	Hkafo, Torsion Control, Unilateral Torsion Cable, Ball	\$ 329.26	Purchase
L2106	Ankle-Foot-Orthosis (Afo), Fracture Orthosis, Tibial Fr	\$ 510.54	Purchase
L2108	Afo, Fracture Orthosis, Tibial Fracture Cast Orthosis, C	\$ 888.95	Purchase
L2112	Afo, Fracture Orthosis, Tibial Fracture Soft, Prefabrica	\$ 408.87	Purchase

**Durable Medical Equipment Fee Schedule**  
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L2114	Afo, Fracture Orthosis, Tibial Fracture Semi-Rigid, P	\$ 512.84	Purchase
L2116	Afo, Fracture Orthosis, Tibial Fracture Rigid, Prefabric	\$ 590.06	Purchase
L2126	Knee-Ankle-Foot-Orthosis (Kafo), Fracture Orthosis, F	\$ 987.07	Purchase
L2128	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosi	\$ 1,397.76	Purchase
L2132	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosi	\$ 757.82	Purchase
L2134	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosi	\$ 808.65	Purchase
L2136	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosi	\$ 965.18	Purchase
L2180	Addition To Lower Extremity Fracture Orthosis, Plastic	\$ 90.07	Purchase
L2182	Addition To Lower Extremity Fracture Orthosis, Drop I	\$ 74.63	Purchase
L2184	Addition To Lower Extremity Fracture Orthosis, Limite	\$ 102.02	Purchase
L2186	Addition To Lower Extremity Fracture Orthosis, Adjust	\$ 141.51	Purchase
L2188	Addition To Lower Extremity Fracture Orthosis, Quadr	\$ 271.00	Purchase
L2190	Addition To Lower Extremity Fracture Orthosis, Waist	\$ 70.02	Purchase
L2192	Addition To Lower Extremity Fracture Orthosis, Hip Jo	\$ 307.48	Purchase
L2200	Addition To Lower Extremity, Limited Ankle Motion, I	\$ 35.70	Purchase
L2210	Addition To Lower Extremity, Dorsiflexion Assist(Pla	\$ 51.68	Purchase
L2220	Addition To Lower Extremity, Dorsiflexion And Planta	\$ 61.49	Purchase
L2230	Addition To Lower Extremity, Split Flat Caliper Stirrup	\$ 57.62	Purchase
L2232	Addition To Lower Extremity, Rocker Bottom For Tota	\$ 78.01	Purchase
L2240	Addition To Lower Extremity, Round Caliper And Plat	\$ 71.31	Purchase
L2250	Addition To Lower Extremity, Foot Plate, Molded To P	\$ 289.12	Purchase
L2260	Addition To Lower Extremity, Reinforced Solid Stirrup	\$ 150.53	Purchase
L2265	Addition To Lower Extremity, Long Tongue Stirrup	\$ 88.43	Purchase
L2270	Addition To Lower Extremity, Varus/Valgus Correctior	\$ 41.46	Purchase
L2275	Addition To Lower Extremity, Varus/Valgus Correctior	\$ 97.75	Purchase
L2280	Addition To Lower Extremity, Molded Inner Boot	\$ 341.82	Purchase
L2300	Addition To Lower Extremity, Abduction Bar (Bilatera	\$ 214.34	Purchase
L2310	Addition To Lower Extremity, Abduction Bar-Straight	\$ 107.33	Purchase
L2320	Addition To Lower Extremity, Non-Molded Lacer , For	\$ 154.50	Purchase
L2330	Addition To Lower Extremity, Lacer Molded To Patien	\$ 323.41	Purchase
L2335	Addition To Lower Extremity, Anterior Swing Band	\$ 199.67	Purchase
L2340	Addition To Lower Extremity, Pretibial Shell, Molded	\$ 432.26	Purchase
L2350	Addition To Lower Extremity, Prosthetic Type, (Bk) S	\$ 746.55	Purchase
L2360	Addition To Lower Extremity, Extended Steel Shank	\$ 38.85	Purchase
L2370	Addition To Lower Extremity, Patten Bottom	\$ 251.75	Purchase
L2375	Addition To Lower Extremity, Torsion Control, Ankle J	\$ 106.34	Purchase
L2380	Addition To Lower Extremity, Torsion Control, Straigh	\$ 92.44	Purchase
L2385	Addition To Lower Extremity, Straight Knee Joint, Hea	\$ 100.58	Purchase
L2387	Addition To Lower Extremity, Polycentric Knee Joint, J	\$ 144.90	Purchase
L2390	Addition To Lower Extremity, Offset Knee Joint, Each	\$ 84.22	Purchase
L2395	Addition To Lower Extremity, Offset Knee Joint, Heav	\$ 117.49	Purchase
L2397	Addition To Lower Extremity Orthosis, Suspension Sle	\$ 91.53	Purchase
L2405	Addition To Knee Joint, Drop Lock, Each	\$ 68.33	Purchase
L2415	Addition To Knee Lock With Integrated Release Mecha	\$ 95.20	Purchase
L2425	Addition To Knee Joint, Disc Or Dial Lock For Adjusta	\$ 112.35	Purchase
L2430	Addition To Knee Joint, Ratchet Lock For Active And J	\$ 112.35	Purchase
L2492	Addition To Knee Joint, Life Look For Drop Lock Ring	\$ 102.01	Purchase
L2500	Addition To Lower Extremity, Thigh/Weight Bearing, C	\$ 244.04	Purchase
L2510	Addition To Lower Extremity, Thigh/Weight Bearing, C	\$ 547.54	Purchase
L2520	Addition To Lower Extremity, Thigh/Weight Bearing, C	\$ 361.18	Purchase
L2525	Addition To Lower Extremity, Thigh/Weight Bearing, I	\$ 974.47	Purchase
L2526	Addition To Lower Extremity, Thigh/Weight Bearing, I	\$ 556.10	Purchase
L2530	Addition To Lower Extremity, Thigh/Weight Bearing L	\$ 176.42	Purchase
L2540	Addition To Lower Extremity, Thigh/Weight Bearing, I	\$ 317.46	Purchase

**Durable Medical Equipment Fee Schedule**  
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L2550	Addition To Lower Extremity, Thigh/Weight Bearing, I	\$ 215.66	Purchase
L2570	Addition To Lower Extremity, Pelvic Control, Hip Join	\$ 357.66	Purchase
L2580	Addition To Lower Extremity, Pelvic Control, Pelvic Sl	\$ 348.50	Purchase
L2600	Addition To Lower Extremity, Pelvic Control, Hip Join	\$ 190.83	Purchase
L2610	Addition To Lower Extremity, Pelvic Control, Hip Join	\$ 202.13	Purchase
L2620	Addition To Lower Extremity, Pelvic Control, Hip Joint	\$ 227.28	Purchase
L2622	Addition To Lower Extremity, Pelvic Control, Adjustat	\$ 257.66	Purchase
L2624	Addition To Lower Extremity, Pelvic Control, Adjustat	\$ 248.65	Purchase
L2627	Addition To Lower Extremity, Pelvic Control, Plastic, I	\$ 1,356.82	Purchase
L2628	Addition To Lower Extremity, Pelvic Control, Metal Fr	\$ 1,334.64	Purchase
L2630	Addition To Lower Extremity, Pelvic Control, Band An	\$ 185.94	Purchase
L2640	Addition To Lower Extremity, Pelvic Control, Band An	\$ 252.34	Purchase
L2650	Addition To Lower Extremity, Pelvic And Thoracic Co	\$ 107.44	Purchase
L2660	Addition To Lower Extremity, Thoracic Control, Band	\$ 139.95	Purchase
L2670	Addition To Lower Extremity, Thoracic Control, Parasy	\$ 135.72	Purchase
L2680	Addition To Lower Extremity, Thoracic Control, Latera	\$ 125.71	Purchase
L2750	Addition To Lower Extremity Orthosis, Plating Chrome	\$ 62.76	Purchase
L2755	Addition To Lower Extremity Orthosis, High Strength,	\$ 102.40	Purchase
L2760	Addition To Lower Extremity Orthosis, Extension, Per	\$ 45.62	Purchase
L2780	Addition To Lower Extremity Orthosis, Non-Corrosive	\$ 50.82	Purchase
L2785	Addition To Lower Extremity Orthosis, Drop Lock Ret	\$ 23.90	Purchase
L2795	Addition To Lower Extremity Orthosis, Knee Control, I	\$ 64.81	Purchase
L2800	Addition To Lower Extremity Orthosis, Knee Control, I	\$ 99.62	Purchase
L2810	Addition To Lower Extremity Orthosis, Knee Control, C	\$ 78.20	Purchase
L2820	Addition To Lower Extremity Orthosis, Soft Interface I	\$ 65.21	Purchase
L2830	Addition To Lower Extremity Orthosis, Soft Interface F	\$ 70.54	Purchase
L2840	Addition To Lower Extremity Orthosis, Tibial Length S	\$ 41.70	Purchase
L2850	Addition To Lower Extremity Orthosis, Femoral Length	\$ 46.49	Purchase
L2999	Lower Extremity Orthosis, Not Otherwise Specified	\$ -	Cost Invoice
L3000	Foot, Insert, Removable, Molded To Patient Model, "U	\$ 246.22	Purchase
L3001	Foot, Insert, Removable, Molded To Patient Model, Sp	\$ 103.67	Purchase
L3002	Foot, Insert, Removable, Molded To Patient Model, Pla	\$ 126.59	Purchase
L3003	Foot, Insert, Removable, Molded To Patient Model, Sili	\$ 136.60	Purchase
L3010	Foot, Insert, Removable, Molded To Patient Model, Lo	\$ 136.60	Purchase
L3020	Foot, Insert, Removable, Molded To Patient Model, Lo	\$ 155.50	Purchase
L3030	Foot, Insert, Removable, Formed To Patient Foot Each	\$ 59.82	Purchase
L3031	Foot, Insert/Plate, Removable, Addition To Lower Extr	\$ 96.01	Purchase
L3040	Foot, Arch Support, Removable, Premolded, Longitudi	\$ 36.88	Purchase
L3050	Foot, Arch Support, Removable, Premolded, Metatarsal	\$ 36.88	Purchase
L3060	Foot, Arch Support, Removable, Premolded, Longitudi	\$ 57.80	Purchase
L3070	Foot, Arch Support, Non-Removable Attached To Shoe	\$ 24.90	Purchase
L3080	Foot, Arch Support, Non-Removable Attached To Shoe	\$ 24.90	Purchase
L3090	Foot, Arch Support, Non-Removable Attached To Shoe	\$ 31.91	Purchase
L3100	Hallus-Valgus Night Dynamic Splint	\$ 33.89	Purchase
L3140	Foot, Abduction Rotation Bar, Including Shoes	\$ 69.79	Purchase
L3150	Foot, Abduction Rotation Bars, Without Shoes	\$ 63.80	Purchase
L3170	Foot, Plastic, Silicone Or Equal, Heel Stabilizer	\$ 39.89	Purchase
L3201	Orthopedic Shoe, Oxford With Supinator Or Pronator, I	\$ 36.00	Per BMS - Purchase
L3202	Orthopedic Shoe, Oxford With Supinator Or Pronator C	\$ 36.00	Per BMS - Purchase
L3203	Orthopedic Shoe, Oxford With Supinator Or Pronator J	\$ 37.80	Per BMS - Purchase
L3204	Orthopedic Shoe, Hightop With Supinator Or Pronator,	\$ 36.00	Per BMS - Purchase
L3206	Orthopedic Shoe, Hightop With Supinator Or Pronator,	\$ 36.00	Per BMS - Purchase
L3207	Orthopedic Shoe, Hightop With Supinator Or Pronator,	\$ 37.80	Per BMS - Purchase
L3208	Surgical Boot, Each, Infant	\$ 17.10	Per BMS - Purchase

**Durable Medical Equipment Fee Schedule**  
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HCPCS	DESCRIPTION	WV		Purchase or Rental
		Medicaid Fee		
L3209	Surgical Boot, Each, Child	\$ 17.10	Per BMS - Purchase	
L3211	Surgical Boot, Each, Junior	\$ 27.00	Per BMS - Purchase	
L3212	Benesch Boot, Pair; Infant	\$ 41.40	Per BMS - Purchase	
L3213	Benesch Boot, Pair, Child	\$ 54.00	Per BMS - Purchase	
L3214	Benesch Boot, Pair, Junior	\$ 63.90	Per BMS - Purchase	
L3215	Orthopedic Footwear, Ladies Shoes, Oxford, Each	\$ 80.38	Per BMS - Purchase	
L3216	Orthopedic Footwear, Ladies Shoes, Depth Inlay, Each	\$ 123.93	Per BMS - Purchase	
L3217	Orthopedic Footwear, Ladies Shoes, Hightop, Depth In	\$ 164.43	Per BMS - Purchase	
L3219	Orthopedic Footwear, Men'S Shoes, Oxford, Each	\$ 82.52	Per BMS - Purchase	
L3221	Orthopedic Footwear, Men'S Shoes, Depth Inlay, Each	\$ 143.37	Per BMS - Purchase	
L3222	Orthopedic Footwear, Men'S Shoes, Shoes, Hightop, D	\$ 162.00	Per BMS - Purchase	
L3224	Orthopedic Footwear, Woman'S Shoe, Oxford, Used As	\$ 49.95	Purchase	
L3225	Orthopedic Footwear, Man'S Shoe, Oxford, Used As A	\$ 51.30	Purchase	
L3230	Orthopedic Footwear, Custom Shoes, Depth Inlay, Each	\$ 392.04	Per BMS - Purchase	
L3250	Orthopedic Footwear, Custom Molded Shoe, Removabl	\$ 277.83	Per BMS - Purchase	
L3251	Foot, Shoe Molded To Patient Model, Silicone Shoe, E	-	Cost Invoice	
L3252	Foot, Shoe Molded To Patient Model, Plastazote (Or S	\$ 81.00	Per BMS - Purchase	
L3253	Foot, Molded Shoe Plastazote (Or Similar) Custom Fitt	\$ 55.89	Per BMS - Purchase	
L3254	Non-Standard Size Or Width	\$ 12.96	Per BMS - Purchase	
L3255	Non-Standard Size Or Length	\$ 12.96	Per BMS - Purchase	
L3257	Orthopedic Footwear, Additional Charge For Split Size	\$ 27.00	Per BMS - Purchase	
L3260	Surgical Boot/Shoe, Each	\$ 84.24	Per BMS - Purchase	
L3265	Plastazote Sandal, Each	\$ 40.50	Per BMS - Purchase	
L3300	Lift, Elevation, Heel, Tapered To Metatarsal, Per Inch	\$ 40.86	Purchase	
L3310	Lift, Elevation, Heel And Sole, Neoprene, Per Inch	\$ 63.80	Purchase	
L3320	Lift, Elevation, Heel And Sole, Cork, Per Inch	\$ 103.68	Per BMS - Purchase	
L3330	Lift, Elevation, Metal Extension (Skate)	\$ 443.60	Purchase	
L3332	Lift, Elevation, Inside Shoe, Tapered, Up To One-Half	\$ 57.80	Purchase	
L3334	Lift, Elevation, Heel, Per Inch	\$ 29.91	Purchase	
L3340	Heel Wedge, Sach	\$ 66.82	Purchase	
L3350	Heel Wedge	\$ 17.96	Purchase	
L3360	Sole Wedge, Outside Sole	\$ 27.91	Purchase	
L3370	Sole Wedge, Between Sole	\$ 38.85	Purchase	
L3380	Clubfoot Wedge	\$ 38.85	Purchase	
L3390	Outflare Wedge	\$ 38.85	Purchase	
L3400	Metatarsal Bar Wedge, Rocker	\$ 31.91	Purchase	
L3410	Metatarsal Bar Wedge, Between Sole	\$ 72.76	Purchase	
L3420	Full Sole And Heel Wedge; Between Sole	\$ 42.88	Purchase	
L3430	Heel, Counter, Plastic Reinforced	\$ 125.60	Purchase	
L3440	Heel, Counter, Leather Reinforced	\$ 59.82	Purchase	
L3450	Heel, Sach Cushion Type	\$ 82.75	Purchase	
L3455	Heel, New Leather, Standard	\$ 31.91	Purchase	
L3460	Heel, New Rubber, Standard	\$ 26.90	Purchase	
L3465	Heel, Thomas With Wedge	\$ 45.85	Purchase	
L3470	Heel, Thomas Extended To Ball	\$ 48.84	Purchase	
L3480	Heel, Pad And Depression For Spur	\$ 48.84	Purchase	
L3485	Heel, Pad, Removal For Spur	\$ 13.77	Per BMS - Purchase	
L3500	Orthopedic Shoe Addition, Insole, Leather	\$ 22.93	Purchase	
L3510	Orthopedic Shoe Addition Insole, Rubber	\$ 22.93	Purchase	
L3520	Orthopedic Shoe Addition Insole, Felt Covered With L	\$ 24.90	Purchase	
L3530	Orthopedic Shoe Addition Sole, Half	\$ 24.90	Purchase	
L3540	Orthopedic Shoe Addition Sole, Full	\$ 39.89	Purchase	
L3550	Orthopedic Shoe Addition Toe Tap, Standard)	\$ 6.96	Purchase	
L3560	Orthopedic Shoe Addition Toe Tap, Horseshoe	\$ 17.96	Purchase	

**Durable Medical Equipment Fee Schedule**  
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HCPCS	DESCRIPTION	WV		Purchase or Rental
		Medicaid Fee		
L3570	Orthopedic Shoe Addition, Special Extension To Instep	\$ 66.82		Purchase
L3580	Orthopedic Shoe Addition, Convert Instep To Velcro C	\$ 50.84		Purchase
L3590	Orthopedic Shoe Addition, Convert Firm Shoe Counter	\$ 41.86		Purchase
L3595	Orthopedic Shoe Addition, March Bar	\$ 32.88		Purchase
L3600	Transfer Of An Orthosis From One Shoe To Another, C	\$ 59.82		Purchase
L3610	Transfer Of An Orthosis From One Shoe To Another, C	\$ 78.75		Purchase
L3620	Transfer Of An Orthosis From One Shoe To Another, S	\$ 59.82		Purchase
L3630	Transfer Of An Orthosis From One Shoe To Another, S	\$ 78.75		Purchase
L3640	Transfer Of An Orthosis From One Shoe To Another, L	\$ 33.89		Purchase
L3649	Orthopedic Shoe, Modification, Addition Or Transfer, l	-		Cost Invoice
L3650	Shoulder Orthosis, (So); Figure Of Eight Design Abduc	\$ 49.93		Purchase
L3660	Shoulder Orthosis, Figure Of Eight Design Abduction F	\$ 75.52		Purchase
L3670	Shoulder Orthosis, Acromio/Clavicular (Canvas And V	\$ 99.80		Purchase
L3671	Shoulder Orthosis, Shoulder Cap Design, Without Joint	\$ 642.78		Purchase
L3674	So Airplane W/Wo Joint Cf	\$ 843.19		Purchase
L3702	Elbow Orthosis, Without Joints, May Include Soft Inter	\$ 205.98		Purchase
L3710	Elbow Orthosis (Eo), Elastic With Metal Joints, Prefab	\$ 114.82		Purchase
L3720	Elbow Orthosis (Eo), Double Upright With Forearm/Ar	\$ 512.34		Purchase
L3730	Elbow Orthosis (Eo), Double Upright With Fore/Arm C	\$ 662.37		Purchase
L3740	Elbow Orthosis (Eo), Double Upright With Forearm/Ar	\$ 785.30		Purchase
L3760	Eo withjoint, prefabricated	\$ 356.73		Purchase
L3761	Eo, adj lock joint prefab ot	\$ 356.73		Purchase
L3762	Eo rigid w/o joints pre ots	\$ 76.70		Purchase
L3763	Ewho, Rigid, Without Joints, May Includes Soft Interfa	\$ 500.72		Purchase
L3764	Ewho, Includes One Or More Nontorsion Joints, Elastic	\$ 653.56		Purchase
L3765	Ewhfo, Rigid, Without Joints, May Include Soft Interfa	\$ 914.67		Purchase
L3766	Ewhfo, Includes One Or More Nontorsion Joints, Elasti	\$ 968.57		Purchase
L3806	Wrist-Hand-Finger Orthosis, Includes One Or More No	\$ 324.04		Purchase
L3807	Wrist-Hand-Finger-Orthosis (Whfo), Without Joint(S),	\$ 178.38		Purchase
L3808	Wrist-Hand-Finger Orthosis, Rigid Without Joints, May	\$ 266.75		Purchase
L3900	Wrist-Hand-Finger Orthosis, Dynamic Flexor Hinge, R	\$ 1,040.12		Purchase
L3901	Wrist-Hand-Finger Orthosis, Dynamic Flexor Hinge, R	\$ 1,181.18		Purchase
L3904	Wrist-Hand-Finger Orthosis, External Powered, Electri	\$ 2,151.77		Purchase
L3905	Wrist-Hand Orthosis, Includes One Or More Nontorsio	\$ 707.42		Purchase
L3906	Wrist-Hand Orthosis, Without Joints, May Include Soft	\$ 314.10		Purchase
L3908	Wrist-Hand Orthosis (Who), Wrist Extension Control C	\$ 49.42		Purchase
L3912	Hand-Finger Orthosis, Flexion Glove With Elastic Fing	\$ 85.62		Purchase
L3913	Hand-Finger Orthosis, Without Joints, May Include Sof	\$ 193.20		Purchase
L3915	Wrist-Hand-Finger Orthosis, Includes One Or More No	\$ 379.18		Purchase
L3917	Hand Orthosis, Metacarpal Fracture Orthosis, Prefabric	\$ 75.38		Purchase
L3919	Hand Orthosis, Without Joints, May Include Soft Interf	\$ 193.20		Purchase
L3921	Hand-Finger Orthosis, Includes One Or More Nontorsic	\$ 229.13		Purchase
L3923	Hfo, Without Joints, May Include Soft Interface, Straps	\$ 68.85		Purchase
L3925	Finger Orthosis Proximal Interphalangeal (Pip)/Distal I	\$ 36.93		Purchase
L3927	Finger Orthosis, Proximal Interphalangeal (Pip)/DistalI	\$ 24.94		Purchase
L3929	Hand Finger Orthosis, Includes One Or More Nontorsic	\$ 65.42		Purchase
L3931	Wrist Hand Finger Orthosis, Includes One Or More Noi	\$ 133.98		Purchase
L3933	Finger Orthosis, Without Joints, May Include Soft Inter	\$ 152.18		Purchase
L3935	Finger Orthosis, Nontorsion Joint, May Include Soft Int	\$ 157.58		Purchase
L3956	Addition Of Joint To Upper Extremity Orthosis, Any M	-		Cost Invoice
L3960	Shoulder-Elbow-Wrist-Hand Orthosis (Sewho); Abduct	\$ 540.50		Purchase
L3961	Shoulder-Elbow-Wrist-Hand Orthosis, Shoulder Cap D	\$ 1,198.49		Purchase
L3962	Shoulder-Elbow-Wrist-Hand Orthosis, Abduction Posit	\$ 527.20		Purchase
L3967	Sewho, Abduction Positioning (Airplane Design), Thor	\$ 1,415.01		Purchase

**Durable Medical Equipment Fee Schedule**  
**Effective 04/01/21 - 03/31/22**

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L3971	Sewho, Shoulder Cap Design, Includes One Or More N	\$ 1,343.18	Purchase
L3973	Sewho, Abduction Positioning (Airplane Design), Thor	\$ 1,415.01	Purchase
L3975	Sewhfo, Shoulder Cap Design, Without Joints, May Inc	\$ 1,198.49	Purchase
L3976	Sewhfo, Abduction Positioning (Airplane Design), Tho	\$ 1,198.49	Purchase
L3977	Sewhfo, Shoulder Cap Design, Includes One Or More P	\$ 1,343.18	Purchase
L3978	Sewhfo, Abduction Positioning (Airplane Design), Tho	\$ 1,415.01	Purchase
L3980	Upper Extremity Fracture Orthosis, Humeral, Prefabric	\$ 235.29	Purchase
L3981	Upper Extremity Fracture Orthosis, Humerus, Prefabric	\$ 718.02	Purchase
L3982	Upper Extremity Fracture Orthosis, Radius/Ulnar, Pref	\$ 274.30	Purchase
L3984	Upper Extremity Fracture Orthosis, Wrist, Prefabricate	\$ 252.90	Purchase
L3995	Addition To Upper Extremity Orthosis, Sock, Fracture	\$ 26.21	Purchase
L3999	Upper Limb Orthosis, Not Otherwise Specified	\$ -	Cost Invoice
L4000	Replace Girdle For Spinal Orthosis (Ctiso Or So)	\$ 1,033.67	Purchase
L4002	Replacement Strap, Any Orthosis, Includes All Compon	\$ 11.52	Per BMS - Purchase
L4010	Replace trilateral socket br	\$ 503.94	Purchase
L4020	Replace Quadrilateral Socket Brim, Molded To Patient	\$ 704.77	Purchase
L4030	Replace Quadrilateral Socket Brim, Custom Fitted	\$ 379.11	Purchase
L4040	Replace Molded Thigh Lacer, For Custom Fabricated C	\$ 309.36	Purchase
L4045	Replace Non-Molded Thigh Lacer, For Custom Fabrica	\$ 246.31	Purchase
L4050	Replace Molded Calf Lacer, For Custom Fabricated Ort	\$ 310.00	Purchase
L4055	Replace Non-Molded Calf Lacer, For Custom Fabricate	\$ 200.74	Purchase
L4060	Replace High Roll Cuff	\$ 238.63	Purchase
L4070	Replace Proximal And Distal Upright For Kafo	\$ 211.32	Purchase
L4080	Replace Metal Bands Kafo, Proximal Thigh	\$ 86.68	Purchase
L4090	Replace Metal Bands Kafo-Afo, Calf Or Distal Thigh	\$ 68.39	Purchase
L4100	Replace Leather Cuff Kafo, Proximal Thigh	\$ 89.81	Purchase
L4110	Replace Leather Cuff Kafo-Afo, Calf Or Distal Thigh	\$ 67.66	Purchase
L4130	Replace Pretibial Shell	\$ 379.39	Purchase
L4205	Repair Of Orthotic Device, Labor Component, Per 15 M	\$ 19.10	Priced per MLN Matters MM11570 - 12.06.19
L4210	Repair Of Orthotic Device, Repair Or Replace Minor P	\$ -	Cost Invoice
L4350	Ankle Control Orthosis, Stirrup Style, Rigid, IncludesA	\$ 75.16	Purchase
L4360	Walking Boot, Pneumatic, With Or Without Joints, Wit	\$ 231.06	Purchase
L4370	Pneumatic Full Leg Splint, Prefabricated, Includes Fitti	\$ 152.80	Purchase
L4386	Walking Boot, Non-Pneumatic, With Or Without Joints	\$ 124.26	Purchase
L4392	Replacement, Soft Interface Material; Static Afo	\$ 18.44	Purchase
L4394	Replace Soft Interface Material, Foot Drop Splint	\$ 13.45	Purchase
L4396	Static Ankle Foot Orthosis, Including Soft Interface Ma	\$ 131.52	Purchase
L4398	Foot Drop Splint, Recumbent Positioning Device, Prefa	\$ 60.55	Purchase
L4631	Afo, Walk Boot Type, Cus Fab	\$ 1,249.81	Purchase
L5000	Partial Foot, Shoe Insert With Longitudinal Arch, Toe F	\$ 445.87	Purchase
L5010	Partial Foot, Molded Socket, Ankle Height, With Toe F	\$ 973.93	Purchase
L5020	Partial Foot, Molded Socket, Tibial Tubercle Height, W	\$ 1,585.36	Purchase
L5050	Ankle, Symes, Molded Socket Sach Foot	\$ 1,835.92	Purchase
L5060	Ankle, Symes, Metal Frame, Molded Leather Socket, A	\$ 2,209.55	Purchase
L5100	Below Knee, Molded, Socket, Shin, Sach Foot	\$ 1,912.54	Purchase
L5105	Below Knee, Plastic Socket, Joints And Thigh Lacer, S	\$ 3,035.61	Purchase
L5150	Knee Disarticulation (Or Through Knee), Molded Sock	\$ 2,809.28	Purchase
L5160	Knee Disarticulation (Or Through Knee), Molded Sock	\$ 3,055.60	Purchase
L5200	Above Knee, Molded Socket, Single Axis Constant Fric	\$ 2,661.69	Purchase
L5210	Above Knee, Short Prosthesis, No Knee Joint("Stubbie	\$ 1,941.22	Purchase
L5220	Above Knee, Short Prosthesis, No Knee Joint ("Stubbie	\$ 2,206.54	Purchase
L5230	Above Knee, For Proximal Femoral Focal Deficiency, C	\$ 3,043.26	Purchase
L5250	Hip Disarticulation, Canadian Type, Molded Socket, Hi	\$ 4,150.74	Purchase
L5270	Hip Disarticulation, Tilt Table Type; Molded Socket, L	\$ 4,114.38	Purchase

**Durable Medical Equipment Fee Schedule**  
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HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L5280	Hemipelvectomy, Canadian Type; Molded Socket, Hip	\$ 4,073.23	Purchase
L5301	Below Knee, Molded Socket, Shin, Sach Foot, Endoske	\$ 1,836.78	Purchase
L5312	Knee Disarticulation (Or Through Knee), Molded Sock	\$ 2,638.73	Purchase
L5321	Above Knee, Molded Socket, Open End, Sach Foot, En	\$ 2,629.30	Purchase
L5331	Hip Disarticulation, Canadian Type, Molded Socket, Er	\$ 3,720.55	Purchase
L5341	Hemipelvectomy, Canadian Type, Molded Socket, End	\$ 4,043.06	Purchase
L5400	Immediate Post Surgical Or Early Fitting; Application C	\$ 962.81	Purchase
L5410	Immediate Post Surgical Or Early Fitting; Application	\$ 421.83	Purchase
L5420	Immediate Post Surgical Or Early Fitting; Application	\$ 1,215.98	Purchase
L5430	Immediate Post Surgical Or Early Fitting; Application C	\$ 536.75	Purchase
L5450	Immediate Post Surgical Or Early Fitting; Application	\$ 343.37	Purchase
L5460	Immediate Post Surgical Or Early Fitting; Application C	\$ 506.10	Purchase
L5500	Initial, Below Knee "Ptb" Type Socket, Non-Alignable	\$ 1,027.44	Purchase
L5505	Initial, Above Knee - Knee Disarticulation, Ischial Lev	\$ 1,391.42	Purchase
L5510	Preparatory, Below Knee "Ptb" Type Socket, Non- Alig	\$ 1,164.66	Purchase
L5520	Preparatory, Below Knee "Ptb" Type Socket, Non- Alig	\$ 1,150.42	Purchase
L5530	Preparatory, Below Knee "Ptb" Type Socket, Non- Alig	\$ 1,456.18	Purchase
L5535	Preparatory, Below Knee "Ptb" Type Socket, Non- Alig	\$ 1,435.06	Purchase
L5540	Preparatory, Below Knee "Ptb" Type Socket, Non- Alig	\$ 1,515.36	Purchase
L5560	Preparatory, Above Knee - Knee Disarticulation, Ischia	\$ 1,554.82	Purchase
L5570	Preparatory, Above Knee - Knee Disarticulation, Ischia	\$ 1,616.47	Purchase
L5580	Preparatory, Above Knee - Knee Disarticulation, Ischia	\$ 1,887.12	Purchase
L5585	Preparatory, Above Knee - Knee Disarticulation, Ischia	\$ 2,046.80	Purchase
L5590	Preparatory, Above Knee - Knee Disarticulation, Ischia	\$ 1,923.10	Purchase
L5595	Preparatory, Hip Disarticulation-Hemipelvectomy, Pylc	\$ 3,380.29	Purchase
L5600	Preparatory, Hip Disarticulation – Hemipelvectomy, Py	\$ 3,686.97	Purchase
L5610	Addition To Lower Extremity, Endoskeletal System;Ab	\$ 1,656.27	Purchase
L5611	Addition To Lower Extremity, Endoskeletal System; Al	\$ 1,288.90	Purchase
L5613	Addition To Lower Extremity, Endoskeletal System; Al	\$ 1,960.51	Purchase
L5614	Addition To Lower Extremity, Endoskeletal Above Kne	\$ 1,325.23	Purchase
L5616	Addition To Lower Extremity, Endoskeletal Above Kne	\$ 1,086.50	Purchase
L5617	Addition To Lower Extremity, Quick Change Self- Alig	\$ 439.40	Purchase
L5618	Addition To Lower Extremity, Test Socket, Symes	\$ 253.13	Purchase
L5620	Addition To Lower Extremity, Test Socket, Below Kne	\$ 222.41	Purchase
L5622	Addition To Lower Extremity, Test Socket, Knee Disar	\$ 339.66	Purchase
L5624	Addition To Lower Extremity, Test Socket, Above Kne	\$ 324.07	Purchase
L5626	Addition To Lower Extremity, Test Socket, Hip Disarti	\$ 455.53	Purchase
L5628	Addition To Lower Extremity, Test Socket, Hemipelvec	\$ 431.45	Purchase
L5629	Addition To Lower Extremity, Below Knee, Acrylic So	\$ 329.47	Purchase
L5630	Addition To Lower Extremity, Symes Type, Expandabl	\$ 359.02	Purchase
L5631	Addition To Lower Extremity, Above Knee Or Knee Di	\$ 429.34	Purchase
L5632	Addition To Lower Extremity, Symes Type; "Ptb" Brim	\$ 177.62	Purchase
L5634	Addition To Lower Extremity, Symes Type; Posterior C	\$ 243.34	Purchase
L5636	Addition To Lower Extremity, Symes Type; Medial Of	\$ 203.83	Purchase
L5637	Addition To Lower Extremity, Below Knee; Total Cont	\$ 272.28	Purchase
L5638	Addition To Lower Extremity, Below Knee Leather Soc	\$ 389.32	Purchase
L5639	Addition To Lower Extremity, Below Knee Wood Sock	\$ 913.32	Purchase
L5640	Addition To Lower Extremity, Knee Disarticulation, Le	\$ 556.06	Purchase
L5642	Addition To Lower Extremity, Above Knee, Leather So	\$ 497.82	Purchase
L5643	Addition To Lower Extremity, Hip Disarticulation, Flex	\$ 1,245.12	Purchase
L5644	Addition To Lower Extremity, Above Knee, Wood Socl	\$ 472.50	Purchase
L5645	Addition To Lower Extremity, Below Knee, Flexible In	\$ 638.30	Purchase
L5646	Addition To Lower Extremity, Below Knee, Air Cushio	\$ 438.31	Purchase
L5647	Addition To Lower Extremity, Below Knee, Suction So	\$ 636.35	Purchase

**Durable Medical Equipment Fee Schedule**  
**Effective 04/01/21 - 03/31/22**

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L5648	Addition To Lower Extremity, Above Knee, Air Cushion	\$ 526.69	Purchase
L5649	Addition To Lower Extremity, Ischial Containment/Narrow	\$ 1,598.95	Purchase
L5650	Addition To Lower Extremity, Total Contact, Above Knee	\$ 390.54	Purchase
L5651	Addition To Lower Extremity, Above Knee, Flexible Insert	\$ 960.71	Purchase
L5652	Addition To Lower Extremity, Suction Suspension, Above Knee	\$ 348.78	Purchase
L5653	Addition To Lower Extremity, Knee Disarticulation, Extension	\$ 465.58	Purchase
L5654	Addition To Lower Extremity, Socket Insert; Symes, (Knee)	\$ 265.31	Purchase
L5655	Addition To Lower Extremity, Socket Insert Below Knee	\$ 224.63	Purchase
L5656	Addition To Lower Extremity, Socket Insert, Knee Disarticulation	\$ 316.43	Purchase
L5658	Addition To Lower Extremity, Socket Insert, Above Knee	\$ 308.16	Purchase
L5661	Addition To Lower Extremity, Socket Insert ,Multi-Dur	\$ 535.52	Purchase
L5665	Addition To Lower Extremity, Socket Insert Multi-Dur	\$ 409.61	Purchase
L5666	Addition To Lower Extremity; Below Knee, Cuff Suspension	\$ 60.86	Purchase
L5668	Addition To Lower Extremity; Below Knee, Molded Dorsal	\$ 81.26	Purchase
L5670	Addition To Lower Extremity; Below Knee, Molded Superior	\$ 247.40	Purchase
L5671	Addition To Lower Extremity; Below Knee/Above Knee	\$ 397.92	Purchase
L5672	Additional To Lower Extremity Below Knee, Removable	\$ 302.29	Purchase
L5673	Additional To Lower Extremity Below Knee/Above Knee	\$ 562.03	Purchase
L5676	Additional To Lower Extremity Below Knee, Knee Joint	\$ 289.89	Purchase
L5677	Additional To Lower Extremity Below Knee, Knee Joint	\$ 394.43	Purchase
L5678	Additional To Lower Extremity Below Knee, Joint Cover	\$ 31.76	Purchase
L5679	Additional To Lower Extremity, Below Knee/Above Knee	\$ 468.35	Purchase
L5680	Additional To Lower Extremity Below Knee, Thigh Lateral	\$ 277.06	Purchase
L5681	Additional To Lower Extremity, Below Knee/Above Knee	\$ 1,033.02	Purchase
L5682	Additional To Lower Extremity Below Knee, Thigh Lateral	\$ 500.30	Purchase
L5683	Addition To Lower Extremity, Below Knee/Above Knee	\$ 1,033.02	Purchase
L5684	Addition To Lower Extremity, Below Knee, Fork Strap	\$ 38.50	Purchase
L5685	Addition To Lower Extremity Prosthesis, Below Knee,	\$ 100.59	Purchase
L5686	Addition To Lower Extremity, Below Knee, Back Check	\$ 51.93	Purchase
L5688	Addition To Lower Extremity, Below Knee, Waist Belt	\$ 48.86	Purchase
L5690	Addition To Lower Extremity, Below Knee, Waist Belt	\$ 94.62	Purchase
L5692	Addition To Lower Extremity, Above Knee; Pelvic Corset	\$ 109.82	Purchase
L5694	Addition To Lower Extremity, Pelvic Control Belt, Pad	\$ 145.13	Purchase
L5695	Addition To Lower Extremity, Pelvic Control, Sleeve	\$ 152.24	Purchase
L5696	Addition To Lower Extremity, Above Knee Or Knee Disarticulation	\$ 166.38	Purchase
L5697	Addition To Lower Extremity, Pelvic Band	\$ 67.58	Purchase
L5698	Addition To Lower Extremity, Silesian Bandage	\$ 84.06	Purchase
L5699	All Lower Extremity Prostheses, Shoulder Harness	\$ 149.16	Purchase
L5700	Replacement, Socket; Below Knee, Molded To Patient	\$ 2,304.68	Purchase
L5701	Replacement, Socket; Above Knee/Knee Disarticulation	\$ 2,859.17	Purchase
L5702	Replacement, Socket; Hip Disarticulation, Including Hip	\$ 3,603.55	Purchase
L5703	Ankle, Symes, Molded To Patient Model, Socket With Custom	\$ 1,673.46	Purchase
L5704	Custom Shaped Protective Cover, Below Knee	\$ 469.91	Purchase
L5705	Custom Shaped Protective Cover, Above Knee	\$ 861.54	Purchase
L5706	Custom Shaped Protective Cover, Knee Disarticulation	\$ 840.32	Purchase
L5707	Custom Shaped Protective Cover, Hip Disarticulation	\$ 1,128.96	Purchase
L5710	Addition, Exoskeletal Knee-Shin System, Single Axis;Medial	\$ 287.72	Purchase
L5711	Addition, Exoskeletal Knee-Shin System, Single Axis;Medial	\$ 436.46	Purchase
L5712	Addition, Exoskeletal Knee-Shin System, Single Axis;Frontal	\$ 344.70	Purchase
L5714	Addition, Exoskeletal Knee-Shin System, Single Axis;Lateral	\$ 355.48	Purchase
L5716	Addition, Exoskeletal Knee-Shin System, Polycentric;Medial	\$ 583.06	Purchase
L5718	Addition, Exoskeletal Knee-Shin System, Single Axis;Frontal	\$ 728.76	Purchase
L5722	Addition, Exoskeletal Knee-Shin System, Single Axis;Frontal	\$ 760.49	Purchase
L5724	Addition, Exoskeletal Knee-Shin System, Single Axis;Frontal	\$ 1,207.50	Purchase

**Durable Medical Equipment Fee Schedule**  
**Effective 04/01/21 - 03/31/22**

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L5726	Addition, Exoskeletal Knee-Shin System, Single Axis;E	\$ 1,585.58	Purchase
L5728	Addition, Exoskeletal Knee-Shin System, Single Axis;F	\$ 1,975.42	Purchase
L5780	Addition, Exoskeletal Knee-Shin System, Single Axis;F	\$ 952.46	Purchase
L5785	Addition, Exoskeletal System, Below Knee, Ultra-Ligh	\$ 415.63	Purchase
L5790	Addition, Exoskeletal System, Above Knee, Ultra-Ligh	\$ 575.20	Purchase
L5795	Addition, Exoskeletal System, Hip Disarticulation, Ultr	\$ 858.93	Purchase
L5810	Addition, Endoskeletal Knee-Shin System, Single Axis;	\$ 399.58	Purchase
L5811	Addition, Endoskeletal Knee-Shin System, Single Axis;	\$ 583.44	Purchase
L5812	Addition, Endoskeletal Knee-Shin System, Single Axis;	\$ 452.23	Purchase
L5814	Addition, Endoskeletal Knee-Shin System, Polycentric;	\$ 2,916.62	Purchase
L5816	Addition, Endoskeletal Knee-Shin System, Polycentric;	\$ 680.34	Purchase
L5818	Addition, Endoskeletal Knee-Shin System, Polycentric;	\$ 768.24	Purchase
L5822	Addition, Endoskeletal Knee-Shin System, Single Axis;	\$ 1,490.45	Purchase
L5824	Addition, Endoskeletal Knee-Shin System, Single Axis	\$ 1,226.82	Purchase
L5826	Addition, Endoskeletal Knee-Shin System, Single Axis	\$ 2,477.06	Purchase
L5828	Addition, Endoskeletal Knee-Shin System, Single Axis	\$ 2,338.58	Purchase
L5830	Addition, Endoskeletal Knee-Shin System, Single Axis	\$ 1,661.66	Purchase
L5840	Addition, Endoskeletal Knee-Shin System, 4-Bar Linka	\$ 2,930.14	Purchase
L5845	Addition, Endoskeletal, Knee-Shin System; Stance Flex	\$ 1,407.62	Purchase
L5850	Addition, Endoskeletal System; Above Knee Or Hip Di	\$ 106.26	Purchase
L5855	Addition, Endoskeletal System; Hip Disarticulation, M	\$ 247.06	Purchase
L5910	Addition, Endoskeletal System, Below Knee, Alignable	\$ 291.79	Purchase
L5920	Addition, Endoskeletal System, Above Knee Or Hip Di	\$ 424.46	Purchase
L5925	Addition, Endoskeletal System, Above Knee, Knee Dis;	\$ 268.80	Purchase
L5930	Addition, Endoskeletal System; High Activity Knee Co	\$ 2,643.39	Purchase
L5940	Addition, Endoskeletal System; Below Knee, Ultra- Li	\$ 401.28	Purchase
L5950	Addition, Endoskeletal System; Above Knee, Ultra- L	\$ 677.90	Purchase
L5960	Addition, Endoskeletal System; Hip Disarticulation, U	\$ 812.02	Purchase
L5961	Endo Poly Hip, Pneu/Hyd/Rot	\$ 3,639.48	Purchase
L5962	Addition, Endoskeletal System; Below Knee, Flexible	\$ 470.22	Purchase
L5964	Addition, Endoskeletal System; Above Knee, Flexible	\$ 842.27	Purchase
L5966	Addition, Endoskeletal System; Hip Disarticulation, F	\$ 1,084.98	Purchase
L5970	All Lower Extremity Prosthesis; Foot, External Keel, S	\$ 175.62	Purchase
L5971	All Lower Extremity Prosthesis, Solid Ankle Cushion F	\$ 175.62	Purchase
L5972	All Lower Extremity Prosthesis, Flexible Keel Foot(Saf	\$ 281.94	Purchase
L5974	All Lower Extremity Prosthesis, Foot, Single Axis Ankl	\$ 237.87	Purchase
L5975	All Lower Extremity Prosthesis; Combination Single A	\$ 364.07	Purchase
L5976	All Lower Extremity Prosthesis, Energy Storing Foot(S	\$ 448.01	Purchase
L5978	All Lower Extremity Prosthesis, Foot, Multiaxial Ankl	\$ 233.46	Purchase
L5979	All Lower Extremity Prosthesis, Multiaxial Ankle, Dyr	\$ 1,873.34	Purchase
L5980	All Lower Extremity Prosthesis, Flex Foot System	\$ 2,966.10	Purchase
L5981	All Lower Extremity Prosthesis, Flex-Walk System Or	\$ 2,563.80	Purchase
L5982	All Exoskeletal Lower Extremity Prosthesis, Axial Rot	\$ 462.48	Purchase
L5984	All Endoskeletal Lower Extremity Prosthesis, Axial Rc	\$ 458.37	Purchase
L5985	All Endoskeletal Lower Extremity Prosthesis, Dynamic	\$ 221.78	Purchase
L5986	All Lower Extremity Prosthesis, Multi-Axial Rotation l	\$ 509.62	Purchase
L5987	All Lower Extremity Prosthesis, Shank Foot System W	\$ 5,649.51	Purchase
L5988	Addition To Lower Limb Prosthesis, Vertical Shock Re	\$ 1,568.88	Purchase
L5990	Addition To Lower Extremity Prosthesis, User Adjusta	\$ 1,424.78	Purchase
L5999	Lower Extremity Prosthesis, Not Otherwise Specified	\$ -	Cost Invoice
L6000	Partial Hand, Robin-Aids; Thumb Remaining (Or Equa	\$ 1,062.93	Purchase
L6010	Partial Hand, Robin-Aids; Little And/Or Ring Finger l	\$ 1,182.86	Purchase
L6020	Partial Hand, Robin-Aids; No Finger Remaining (Or E	\$ 1,102.83	Purchase
L6026	Part hand myo exclu term dev	\$ 3,383.03	Purchase

**Durable Medical Equipment Fee Schedule**  
**Effective 04/01/21 - 03/31/22**

HCPCS	DESCRIPTION	WV		Purchase or Rental
		Medicaid Fee		
L6050	Wrist Disarticulation, Molded Socket, Flexible Elbow I	\$ 1,519.66		Purchase
L6055	Wrist Disarticulation, Molded Socket With Expandable	\$ 2,415.56		Purchase
L6100	Below Elbow, Molded Socket; Flexible Elbow Hinge, T	\$ 1,539.65		Purchase
L6110	Below Elbow, (Muenster Or Northwestern Suspension	\$ 1,633.06		Purchase
L6120	Below Elbow, Molded Double Wall Split Socket; Set-U	\$ 1,903.10		Purchase
L6130	Below Elbow, Molded Double Wall Split Socket Stum	\$ 2,070.92		Purchase
L6200	Elbow Disarticulation, Molded Socket, Outside Locking	\$ 2,182.42		Purchase
L6205	Elbow Disarticulation, Molded Socket With Expandabl	\$ 3,636.75		Purchase
L6250	Above Elbow, Molded Double Wall Socket, Internal Lc	\$ 2,148.22		Purchase
L6300	Shoulder Disarticulation, Molded Socket, Shoulder Bul	\$ 2,980.42		Purchase
L6310	Shoulder Disarticulation, Passive Restoration; (Comple	\$ 2,451.02		Purchase
L6320	Shoulder Disarticulation, Passive Restoration; (Comple	\$ 1,367.11		Purchase
L6350	Interscapular Thoracic; Molded Socket, Shoulder Bulkt	\$ 3,133.46		Purchase
L6360	Interscapular Thoracic Passive Restoration (Complete I	\$ 2,572.40		Purchase
L6370	Interscapular Thoracic Passive Restoration (Shoulder C	\$ 1,936.61		Purchase
L6380	Immediate Post Surgical Or Early Fitting, Application C	\$ 1,045.94		Purchase
L6382	Immediate Post Surgical Or Early Fitting, Application C	\$ 1,251.62		Purchase
L6384	Immediate Post Surgical Or Early Fitting, Application C	\$ 1,527.32		Purchase
L6386	Immediate Post Surgical Or Early Fitting; Each Additio	\$ 366.26		Purchase
L6388	Immediate Post Surgical Or Early Fitting; Application	\$ 351.69		Purchase
L6400	Below Elbow, Molded Socket Endoskeletal System, Inc	\$ 1,860.18		Purchase
L6450	Elbow Disarticulation, Molded Socket, Endoskeletal Sy	\$ 2,466.41		Purchase
L6500	Above Elbow, Molded Socket, Endoskeletal System, In	\$ 2,468.42		Purchase
L6550	Shoulder Disarticulation, Molded Socket, Endoskeletal	\$ 3,050.52		Purchase
L6570	Interscapular Thoracic, Molded Socket, Endoskeletal S;	\$ 3,701.33		Purchase
L6580	Preparatory, Wrist Disarticulation Or Below Elbow, Sir	\$ 1,292.00		Purchase
L6582	Preparatory, Wrist Disarticulation Or Below Elbow, Sir	\$ 1,101.02		Purchase
L6584	Preparatory, Elbow Disarticulation Or Above Elbow; Si	\$ 1,783.46		Purchase
L6586	Preparatory, Elbow Disarticulation Or Above Elbow;Sir	\$ 1,560.15		Purchase
L6588	Preparatory, Shoulder Disarticulation Or Interscapular	\$ 2,575.46		Purchase
L6590	Preparatory, Shoulder Disarticulation Or Interscapular	\$ 2,355.82		Purchase
L6600	Upper Extremity Additions, Polycentric Hinge, Pair	\$ 158.96		Purchase
L6605	Upper Extremity Additions, Single Pivot Hinge, Pair	\$ 148.38		Purchase
L6610	Upper Extremity Additions, Flexible Metal Hinge, Pair	\$ 133.19		Purchase
L6611	Addition To Upper Extremity Prosthesis, External Pow	\$ 323.36		Purchase
L6615	Upper Extremity Additions, Disconnect Locking Wrist	\$ 164.23		Purchase
L6616	Upper Extremity Additions, Additional Disconnect Inse	\$ 69.18		Purchase
L6620	Upper Extremity Additions, Flexion/Extension Wrist U	\$ 257.75		Purchase
L6621	Upper Extremity Prosthesis Addition, Flexion/Extensio	\$ 1,796.31		Purchase
L6623	Upper Extremity Additions, Spring Assisted Rotational	\$ 589.99		Purchase
L6624	Upper Extremity Addition, Flexion/Extension And Rotz	\$ 2,957.68		Purchase
L6625	Upper Extremity Additions, Rotation Wrist Unit With C	\$ 429.32		Purchase
L6628	Upper Extremity Additions, Quick Disconnect Hook Ac	\$ 438.73		Purchase
L6629	Upper Extremity Additions, Quick Disconnect Laminat	\$ 117.04		Purchase
L6630	Upper Extremity Additions, Stainless Steel, Any Wrist	\$ 172.41		Purchase
L6632	Upper Extremity Additions, Latex Suspension Sleeve, I	\$ 57.50		Purchase
L6635	Upper Extremity Additions, Lift Assist For Elbow	\$ 159.70		Purchase
L6637	Upper Extremity Additions, Nudge Control Elbow Lock	\$ 331.49		Purchase
L6638	Upper Extremity Addition To Prosthesis, Electric Locki	\$ 1,963.93		Purchase
L6640	Upper Extremity Addition To Prosthesis, Shoulder Abd	\$ 226.22		Purchase
L6641	Upper Extremity Addition To Prosthesis, Excursion An	\$ 150.35		Purchase
L6642	Upper Extremity Addition To Prosthesis, Excursion An	\$ 214.06		Purchase
L6645	Upper Extremity Addition To Prosthesis, Shoulder Flex	\$ 259.96		Purchase
L6650	Upper Extremity Addition, Shoulder Universal Joint, E;	\$ 270.78		Purchase

**Durable Medical Equipment Fee Schedule**  
**Effective 04/01/21 - 03/31/22**

HCPCS	DESCRIPTION	WV Medicaid Fee	Purchase or Rental
L6655	Upper Extremity Addition, Standard Control Cable, Ex	\$ 60.10	Purchase
L6660	Upper Extremity Addition, Heavy Duty Control Cable	\$ 73.43	Purchase
L6665	Upper Extremity Addition, Teflon, Or Equal, Cable Li	\$ 41.98	Purchase
L6670	Upper Extremity Addition, Hook To Hand, Cable Adap	\$ 39.80	Purchase
L6672	Upper Extremity Addition, Harness, Chest Or Shoulde	\$ 134.89	Purchase
L6675	Upper Extremity Addition, Harness, (E.G., Figure Of E	\$ 96.07	Purchase
L6676	Upper Extremity Addition, Harness, (E.G., Figure Of I	\$ 97.02	Purchase
L6677	Upper Extremity Addition, Harness, Triple Control, Sin	\$ 232.97	Purchase
L6680	Upper Extremity Addition, Test Socket, Wrist Disarticu	\$ 185.60	Purchase
L6682	Upper Extremity Addition, Test Socket, Elbow Disartic	\$ 208.02	Purchase
L6684	Upper Extremity Addition, Test Socket, Should Disartic	\$ 278.85	Purchase
L6686	Upper Extremity Addition, Suction Socket	\$ 518.55	Purchase
L6687	Upper Extremity Addition, Frame Type Socket, Below	\$ 461.44	Purchase
L6688	Upper Extremity Addition, Frame Type Socket, Above	\$ 446.36	Purchase
L6689	Upper Extremity Addition, Frame Type Socket, Should	\$ 539.02	Purchase
L6690	Upper Extremity Addition, Frame Type Socket, Intersca	\$ 583.74	Purchase
L6691	Upper Extremity Addition, Removable Insert, Each	\$ 349.10	Purchase
L6692	Upper Extremity Addition, Silicone Gel Insert Or Equa	\$ 447.37	Purchase
L6693	Upper Extremity Addition, Locking Elbow, Forearm C	\$ 2,229.58	Purchase
L6694	Addition To Upper Extremity Prosthesis, Below Elbow	\$ 562.03	Purchase
L6695	Addition To Upper Extremity Prosthesis, Below Elbo	\$ 468.35	Purchase
L6696	Addition To Upper Extremity Prosthesis, Below Elbow	\$ 1,033.02	Purchase
L6697	Addition To Upper Extremity Prosthesis, Below Elbow	\$ 1,033.02	Purchase
L6698	Addition To Upper Extremity Prosthesis, Below Elbow	\$ 397.92	Purchase
L6703	Terminal Device, Passive Hand/Mitt, Any Material, An	\$ 282.92	Purchase
L6706	Terminal Device, Hook, Mechanical, Voluntary Openin	\$ 279.13	Purchase
L6707	Terminal Device, Hook, Mechanical, Voluntary Closin	\$ 1,176.42	Purchase
L6708	Terminal Device, Hand, Mechanical, Voluntary Openin	\$ 669.16	Purchase
L6709	Terminal Device, Hand, Mechanical, Voluntary Closin	\$ 1,082.99	Purchase
L6711	Ped Term Dev, Hook, Vol Open	\$ 527.98	Purchase
L6712	Ped Term Dev, Hook, Vol Clos	\$ 972.14	Purchase
L6713	Ped Term Dev, Hand, Vol Open	\$ 1,226.95	Purchase
L6714	Ped Term Dev, Hand, Vol Clos	\$ 1,039.21	Purchase
L6721	Hook/Hand, Hvy Dty, Vol Open	\$ 1,847.08	Purchase
L6722	Hook/Hand, Hvy Dty, Vol Clos	\$ 1,592.33	Purchase
L6805	Terminal Device, Modifier Wrist Flexion Unit	\$ 287.96	Purchase
L6810	Terminal Device; Pincher Tool, Otto Bock Or Equal	\$ 156.96	Purchase
L6883	Replacement Socket, Below Elbow/Wrist Disarticulati	\$ 1,269.47	Purchase
L6884	Replacement Socket, Above Elbow, Disarticulation, M	\$ 1,785.97	Purchase
L6885	Replacement Socket, Shoulder Disarticulation/Intersca	\$ 2,572.40	Purchase
L6890	Addition To Upper Extremity Prosthesis, Glove For Tei	\$ 136.06	Purchase
L6895	Addition To Upper Extremity Prosthesis, Glove For Tei	\$ 495.24	Purchase
L6900	Hand Restoration (Casts, Shading And Measurements I	\$ 1,285.28	Purchase
L6905	Hand Restoration (Casts, Shading And Measurements I	\$ 1,261.78	Purchase
L6910	Hand Restoration (Casts, Shading And Measurements I	\$ 1,295.30	Purchase
L6915	Hand Restoration (Shading And Measurements Include	\$ 500.81	Purchase
L6920	Wrist Disarticulation, External Power, Self-Suspended	\$ 6,166.44	Purchase
L6925	Wrist Disarticulation, External Power, Self-Suspended	\$ 6,760.20	Purchase
L6930	Below Elbow, External Power, Self-Suspended Inner S	\$ 5,833.59	Purchase
L6935	Below Elbow, External Power, Self-Suspended Inner S	\$ 6,903.05	Purchase
L6940	Elbow Disarticulation, External Power, Molded Inner S	\$ 7,605.15	Purchase
L6945	Elbow Disarticulation, External Power, Molded Inner S	\$ 8,506.22	Purchase
L6950	Above Elbow, External Power, Molded Inner Socket, R	\$ 8,059.84	Purchase
L6955	Otto Bock Or Equal Electrodes, Cables, Two Batteries	\$ 9,802.33	Purchase

**Durable Medical Equipment Fee Schedule**  
**Effective 04/01/21 - 03/31/22**

<b>HCPCS</b>	<b>DESCRIPTION</b>	<b>WV Medicaid Fee</b>	<b>Purchase or Rental</b>
L6960	Shoulder Disarticulation, External Power, Molded Inne	\$ 10,406.66	Purchase
L6965	Shoulder Disarticulation, External Power, Molded Inne	\$ 11,920.80	Purchase
L6970	Interscapular Thoracic, External Power, Molded Inner	\$ 12,812.47	Purchase
L6975	Interscapular Thoracic, External Power, Molded Inner	\$ 14,145.14	Purchase
L7007	Electric Hand, Switch Or Myoelectric Controlled, Adul	\$ 2,901.55	Purchase
L7008	Electric Hand, Switch Or Myoelectric, Controlled, Pedi	\$ 4,901.78	Purchase
L7009	Electric Hook, Switch Or Myoelectric Controlled, Adul	\$ 2,967.18	Purchase
L7040	Prehensile Actuator; Hosmer Or Equal, Switch Control	\$ 2,327.18	Purchase
L7045	Electronic Hook, Child, Michigan Or Equal, Switch Co	\$ 1,293.03	Purchase
L7170	Electronic Elbow; Hosmer Or Equal, Switch Controlled	\$ 4,690.70	Purchase
L7180	Electronic Elbow, Microprocessor Sequential Control C	\$ 27,931.82	Purchase
L7185	Electronic Elbow, Adolescent, Variety Village Or Equa	\$ 4,802.49	Purchase
L7186	Electronic Elbow, Child, Variety Village Or Equal, Swi	\$ 7,333.80	Purchase
L7190	Electronic Elbow, Adolescent, Variety Village Or Equ	\$ 6,252.66	Purchase
L7191	Electronic Elbow, Child, Variety Village Or Equal, My	\$ 7,899.10	Purchase
L7259	Electronic wrist rotator any	\$ 3,335.69	Purchase
L7360	Six-Volt Battery, Otto Bock , Each	\$ 239.03	Purchase
L7362	Battery Charger, Six-Volt, Each	\$ 215.34	Purchase
L7364	Twelve-Volt Battery, Each	\$ 398.04	Purchase
L7366	Battery Charger, Twelve-Volt, Each	\$ 536.26	Purchase
L7400	Addition To Upper Extremity Prosthesis; Below Elbow	\$ 240.70	Purchase
L7401	Addition To Upper Extremity Prosthesis; Above Elbow	\$ 269.46	Purchase
L7402	Addition To Upper Extremity Prosthesis; Shoulder Dis	\$ 291.01	Purchase
L7403	Addition To Upper Extremity Prosthesis; Below Elbow	\$ 289.20	Purchase
L7404	Addition To Upper Extremity Prosthesis; Above Elbow	\$ 436.51	Purchase
L7405	Addition To Upper Extremity Prosthesis; Shoulder Dis	\$ 570.89	Purchase
L7499	Upper Extremity Prosthesis, Not Otherwise Specified	\$ -	Cost Invoice
L7510	Repair Of Prosthetic Device, Repair Or Replace Minor	\$ 46.80	Per BMS - Purchase
L7520	Repair Prosthetic Device, Labor Component, Per 15 Mi	\$ 25.98	Priced per MLN Matters MM11570 - 12.06.19
L7600	Prosthetic Donning Sleeve, Any Material , Each	\$ -	Cost Invoice
L7700	Pros soc insert gasket/seal	\$ 115.28	Purchase
L8000	Breast Prosthesis; Mastectomy Bra	\$ 29.21	Purchase
L8001	Breast Prosthesis, Mastectomy Bra, With Integrated Br	\$ 98.52	Purchase
L8002	Breast Prosthesis, Mastectomy Bra, With Integrated Br	\$ 129.55	Purchase
L8010	Breast Prosthesis Mastectomy Sleeve	\$ 39.03	Per BMS - Purchase
L8015	External Breast Prosthesis Garment, With Mastectomy	\$ 47.08	Purchase
L8020	Breast Prosthesis; Mastectomy Form	\$ 200.14	Purchase
L8030	Breast Prosthesis Silicone Or Equal	\$ 259.04	Purchase
L8031	Breast Prosthesis W Adhesive	\$ 259.04	Purchase
L8035	Custom Breast Prosthesis, Post Mastectomy, Molded To	\$ 2,877.20	Purchase
L8039	Breast Prosthesis, Not Otherwise Specified	\$ -	Cost Invoice
L8300	Truss, Single With Standard Pad	\$ 67.48	Purchase
L8310	Truss, Double With Standard Pad	\$ 106.54	Purchase
L8320	Truss, Addition To Standard Pad, Water Pad	\$ 47.77	Purchase
L8330	Truss, Addition To Standard Pad, Scrotal Pad	\$ 39.50	Purchase
L8400	Prosthetic Sheath, Below Knee, Each	\$ 13.89	Purchase
L8410	Prosthetic Sheath, Above Knee, Each	\$ 18.56	Purchase
L8415	Prosthetic Sheath, Upper Limb, Each	\$ 18.25	Purchase
L8417	Prosthetic Sheath/Sock, Including A Gel Cushion Layer	\$ 59.02	Purchase
L8420	Prosthetic Sock, Multiple Ply, Below Knee, Each	\$ 16.39	Purchase
L8430	Prosthetic Sock, Multiple Ply, Above Knee, Each	\$ 17.71	Purchase
L8435	Prosthetic Sock, Multiple Ply, Upper Limb, Each	\$ 16.82	Purchase
L8440	Prosthetic Shrinker; Below Knee, Each	\$ 33.46	Purchase
L8460	Prosthetic Shrinker; Above Knee, Each	\$ 53.32	Purchase

**Durable Medical Equipment Fee Schedule**  
**Effective 04/01/21 - 03/31/22**

HCPCS	DESCRIPTION	WV		Purchase or Rental
		Medicaid Fee		
L8465	Prosthetic Shrinker; Upper Limb, Each	\$ 47.20	Purchase	
L8470	Prosthetic Sock, Single Ply, Fitting; Below Knee, Each	\$ 5.34	Purchase	
L8480	Prosthetic Sock, Single Ply, Fitting; Above Knee, Each	\$ 7.36	Purchase	
L8485	Prosthetic Sock, Single Ply, Fitting; Upper Limb, Each	\$ 9.25	Purchase	
L8499	Unlisted Procedure For Miscellaneous Prosthetic Servic	\$ -	Cost Invoice	
L8500	Artificial Larynx, Any Type	\$ 703.94	Purchase	
L8501	Tracheostomy Speaking Valve	\$ 96.64	Purchase	
L8505	Artificial Larynx Replacement Battery, Any Type	\$ 49.40	Per BMS - Purchase	
L8510	Voice Amplifier	\$ 198.45	Purchase	
L8607	Inj vocal cord bulking agent	\$ 33.67	Purchase	
L8614	Cochlear Device	\$ 15,599.55	Purchase	
L8615	Coch Implant Headset Replace	\$ 354.20	Purchase	
L8616	Coch Implant Microphone Repl	\$ 82.50	Purchase	
L8617	Coch Implant Trans Coil Repl	\$ 72.06	Purchase	
L8618	Coch Implant Tran Cable Repl	\$ 20.59	Purchase	
L8619	Coch Imp Ext Proc/Contr Rplc	\$ 6,696.78	Purchase	
L8621	Repl Zinc Air Battery	\$ 0.49	Purchase	
L8622	Repl Alkaline Battery	\$ 0.25	Purchase	
L8623	Lith Ion Batt Cid,Non-Earlvl	\$ 50.80	Purchase	
L8624	Lith Ion Batt Cid, Ear Level	\$ 126.66	Purchase	
L8679	Imp Neurosti Pls Gn Any Type	\$ 6,580.15	Purchase	
L8690	Aud Osseo Dev, Int/Ext Comp	\$ 3,736.01	Purchase	
L8691	Osseointegrated Snd Proc Rpl	\$ 1,352.46	Purchase	
L8692	Auditory Osseointegrated Device, External Sound Proc	\$ -	Cost Invoice	
L8694	Aoi transducer/actuator repl	\$ 741.65	Purchase	
S1040	Cranial Remolding Orthosis, Rigid, With Soft Interface	\$ 1,200.00	Per BMS - Purchase	
T4535	Disposable liner/shield/guard/pad/undergarment, for inc	\$ 0.19	Per BMS - Purchase	
V2531	Contact lens, scleral, gas permeable, per lens (for conta	\$ 425.23	Purchase	
V5008	Hearing screening	\$ 20.00	Per BMS - Event	
V5014	Repair/modification of a hearing aid	\$ -	Cost Invoice	
V5030	Hearing aid, monaural, body worn, air conduction	\$ -	Cost Invoice	
V5040	Hearing aid, monaural, body worn, bone conduction	\$ -	Cost Invoice	
V5050	Hearing aid, monaural, in the ear	\$ -	Cost Invoice	
V5060	Hearing aid, monaural, behind the ear	\$ -	Cost Invoice	
V5120	Binaural, body	\$ -	Cost Invoice	
V5130	Binaural, in the ear	\$ -	Cost Invoice	
V5140	Binaural, behind the ear	\$ -	Cost Invoice	
V5171	Hearing aid, contralateral routing device, monaural, in t	\$ -	Cost Invoice	
V5172	Hearing aid, contralateral routing device, monaural, in t	\$ -	Cost Invoice	
V5181	Hearing aid, contralateral routing device, monaural, bef	\$ -	Cost Invoice	
V5211	Hearing aid, contralateral routing system, binaural, ITE	\$ -	Cost Invoice	
V5212	Hearing aid, contralateral routing system, binaural, ITE	\$ -	Cost Invoice	
V5213	Hearing aid, contralateral routing system, binaural, ITE	\$ -	Cost Invoice	
V5214	Hearing aid, contralateral routing system, binaural, ITC	\$ -	Cost Invoice	
V5215	Hearing aid, contralateral routing system, binaural, ITC	\$ -	Cost Invoice	
V5221	Hearing aid, contralateral routing system, binaural, BTI	\$ -	Cost Invoice	
V5246	Hearing aid, digitally programmable analog, monaural,	\$ -	Cost Invoice	
V5247	Hearing aid, digitally programmable analog, monaural,	\$ -	Cost Invoice	
V5252	Hearing aid, digitally programmable, binaural, ITE	\$ -	Cost Invoice	
V5253	Hearing aid, digitally programmable, binaural, BTE	\$ -	Cost Invoice	
V5256	Hearing aid, digital, monaural, ITE	\$ -	Cost Invoice	
V5257	Hearing aid, digital, monaural, BTE	\$ -	Cost Invoice	
V5260	Hearing aid, digital, binaural, ITE	\$ -	Cost Invoice	
V5261	Hearing aid, digital, binaural, BTE	\$ -	Cost Invoice	

**Durable Medical Equipment Fee Schedule**  
**Effective 04/01/21 - 03/31/22**

<b>HCPCS</b>	<b>DESCRIPTION</b>	<b>WV</b>		<b>Purchase or Rental</b>
		<b>Medicaid Fee</b>		
V5264	Ear mold/insert, not disposable, any type	\$ 34.75	Per BMS - Purchase	
V5266	Battery for use in hearing device	\$ 2.25	Per BMS - Purchase	
V5275	Ear impression, each	\$ 32.27	Per BMS - Purchase	
V5336	Repair/modification of augmentative communicative sy	\$ -	Cost Invoice	