

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
A4206		Syringe With Needle, Sterile 1cc Or Less, Each	-	0.27
A4207		Syringe With Needle, Sterile 2cc, Each	-	0.31
A4208		Syringe With Needle, Sterile 3cc, Each	-	0.30
A4209		Syringe With Needle, Sterile 5cc Or Greater, Each	-	0.30
A4213		Syringe, Sterile, 20 cc Or Greater, Each	-	4.32
A4215		Needle, Sterile, Any Size Each	-	0.24
A4216		Sterile Water, Saline And/Or Dextrose Diluent/Flush, 10 MI	0.47	0.38
A4217		Sterile Water/Saline, 500 MI	3.49	2.79
A4221		Supplies For Maintenance Of Drug Infusion Catheter, Per Wee	19.40	15.52
A4222		Infusion Supplies For External Drug Infusion Pump, Per Casse	36.79	29.43
A4223		Infusion Supplies Not Used With External Infusion Pump, Per	-	21.51
A4224		Supply insulin inf cath/wk	19.40	15.52
A4225		Sup/ext insulin inf pump syr	2.60	2.08
A4230		Infusion Set For External Insulin Pump, Non Needle Cannula T	-	14.00
A4231		Infusion Set For External Insulin Pump, Needle Type	-	14.00
A4232		Syringe With Needle For External Insulin Pump, Sterile, 3cc	-	2.62
A4233		Replacement Battery, Alkaline 9 (Other Than T Cell) For Use Y	0.51	0.41
A4234		Replacement Battery, Alkaline, J Cell, For Use With Medically	2.36	1.89
A4235		Replacement Battery, Lithium, For Use With Medically Necess	1.00	0.80
A4236		Replacement Battery, Silver Oxide, For Use With Medically N	1.16	0.93
A4244		Alcohol Or Peroxide, Per Pint	-	0.94
A4245		Alcohol Wipes, Per Box	-	1.00
A4246		Betadine Or PhisoHex Solution, Per Pint	-	11.43
A4247		Betadine Or Iodine Swabs/Wipes, Per Box	-	11.00
A4253	KX	Blood Glucose Test Or Reagent Strips For Home Blood Glucos	8.32	7.49
A4253	KS	Blood Glucose Test Or Reagent Strips For Home Blood Glucos	8.32	7.49
A4256		Normal, Low And High Calibrator Solution / Chips	3.38	2.70
A4258		Spring-Powered Device For Lancet, Each	2.12	1.91
A4259	KX	Lancets, Per Box Of 100	1.42	1.28
A4259	KS	Lancets, Per Box Of 100	1.42	1.28
A4310		Insertion Tray Without Drainage Bag And Without Catheter (A	8.60	6.88
A4311		Insertion Tray Without Drainage Bag With Indwelling Catheter	16.50	13.20
A4312		Insertion Tray Without Drainage Bag With Indwelling Catheter	20.08	16.06
A4313		Insertion Tray Without Drainage Bag With Indwelling Catheter	20.62	16.50
A4314		Insertion Tray With Drainage Bag With Indwelling Catheter, F	28.15	22.52
A4315		Insertion Tray With Drainage Bag With Indwelling Catheter, F	29.37	23.50
A4316		Insertion Tray With Drainage Bag With Indwelling Catheter, F	31.61	25.29
A4320		Irrigation Tray With Bulb Or Piston Syringe, Any Purpose	5.30	4.24
A4322		Irrigation Syringe, Bulb Or Piston, Each	3.23	2.58
A4326		Male External Catheter With Integral Collection Chamber, Any	11.54	9.23

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
A4327		Female External Urinary Collection Device; Meatal Cup, Each	47.05	37.64
A4328		Female External Urinary Collection Device; Pouch, Each	11.28	9.02
A4330		Perianal Fecal Collection Pouch With Adhesive, Each	6.77	5.42
A4331		Extension Drainage Tubing, Any Type, Any Length, With Con	3.54	2.83
A4332		Lubricant, Individual Sterile Packet, Each	0.13	0.10
A4333		Urinary Catheter Anchoring Device, Adhesive Skin Attachmen	2.46	1.97
A4334		Urinary Catheter Anchoring Device, Leg Strap, Each	5.48	4.38
A4338		Indwelling Catheter; Foley Type, Two-Way Latex With Coatin	13.65	10.92
A4340		Indwelling Catheter; Specialty Type, Eg; Coude, Mushroom, W	30.05	24.04
A4344		Indwelling Catheter, Foley Type, Two-Way, All Silicone, Each	17.82	14.26
A4346		Indwelling Catheter; Foley Type, Three Way For Continuous Ir	21.80	17.44
A4349		Male External Catheter, With Or Without Adhesive, Disposabl	2.25	1.80
A4351		Intermittent Urinary Catheter; Straight Tip, With Or Without C	1.90	1.52
A4352		Intermittent Urinary Catheter; Coude (Curved) Tip, With Or W	6.08	4.86
A4353		Intermittent Urinary Catheter, With Insertion Supplies	7.78	6.22
A4354		Insertion Tray With Drainage Bag But Without Catheter	13.14	10.51
A4355		Irrigation Tubing Set For Continuous Bladder Irrigation Throug	9.78	7.82
A4356		External Urethral Clamp Or Compression Device (Not To Be U	50.79	40.63
A4357		Bedside Drainage Bag, Day Or Night, With Or Without Anti-R	10.81	8.65
A4358		Urinary Drainage Bag, Leg Or Abdomen, Vinyl, With Or With	7.38	5.90
A4361		Ostomy Faceplate, Each	20.45	16.36
A4362		Skin Barrier; Solid, 4 X 4 Or Equivalent; Each	3.78	3.02
A4363		Ostomy Clamp, Replacement	2.64	2.11
A4364		Adhesive, Liquid Or Equal, Any Type, Per Oz	2.78	2.22
A4366		Ostomy Vent, Any Type, Each	1.44	1.15
A4367		Ostomy Belt, Each	8.19	6.55
A4368		Ostomy Filter, Any Type, Each	0.28	0.22
A4369		Ostomy Skin Barrier, Liquid (Spray, Brush, Etc), Per Oz	2.70	2.16
A4371		Ostomy Skin Barrier, Powder, Per Oz	4.06	3.25
A4372		Ostomy Skin Barrier, Solid 4 X 4 Or Equivalent, Standard Wea	4.67	3.74
A4373		Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordia	6.98	5.58
A4375		Ostomy Pouch, Drainable, With Faceplate Attached, Plastic, Ea	19.12	15.30
A4376		Ostomy Pouch, Drainable, With Faceplate Attached, Rubber, E	52.98	42.38
A4377		Ostomy Pouch, Drainable, For Use On Faceplate, Plastic, Each	4.78	3.82
A4378		Ostomy Pouch, Drainable, For Use On Faceplate, Rubber, Eacl	34.22	27.38
A4379		Ostomy Pouch, Urinary, With Faceplate Attached, Plastic, Eacl	16.72	13.38
A4380		Ostomy Pouch, Urinary, With Faceplate Attached, Rubber, Eacl	41.55	33.24
A4381		Ostomy Pouch, Urinary, For Use On Faceplate, Plastic, Each	5.15	4.12
A4382		Ostomy Pouch, Urinary, For Use On Faceplate, Heavy Plastic,	27.40	21.92
A4383		Ostomy Pouch, Urinary, For Use On Faceplate, Rubber, Each	31.38	25.10

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
A4384		Ostomy Faceplate Equivalent, Silicone Ring, Each	10.70	8.56
A4385		Ostomy Skin Barrier, Solid 4X4 Or Equivalent, Extended Wear	5.68	4.54
A4387		Ostomy Pouch, Closed, With Barrier Attached, With Built-In Closure	2.50	2.00
A4388		Ostomy Pouch, Drainable, With Extended Wear Barrier Attached	4.86	3.89
A4389		Ostomy Pouch, Drainable, With Barrier Attached, With Built-In Closure	6.92	5.54
A4390		Ostomy Pouch, Drainable, With Extended Wear Barrier Attached	10.69	8.55
A4391		Ostomy Pouch, Urinary, With Extended Wear Barrier Attached	7.87	6.30
A4392		Ostomy Pouch, Urinary, With Standard Wear Barrier Attached,	9.10	7.28
A4393		Ostomy Pouch, Urinary, With Extended Wear Barrier Attached,	10.07	8.06
A4394		Ostomy Deodorant For Use In Ostomy Pouch, Liquid, Per Fluid Ounce	2.88	2.30
A4395		Ostomy Deodorant For Use In Ostomy Pouch, Solid, Per Table	0.05	0.04
A4396		Ostomy Belt With Peristomal Hernia Support	45.06	36.05
A4397		Irrigation Supply; Sleeve, Each	5.33	4.26
A4398		Ostomy Irrigation Supply; Bag, Each	15.39	12.31
A4399		Ostomy Irrigation Supply; Cone/Catheter, Including Brush	11.60	9.28
A4400		Ostomy Irrigation Set	54.40	43.52
A4402		Lubricant, Per Ounce	1.78	1.42
A4404		Ostomy Ring, Each	1.72	1.38
A4405		Ostomy Skin Barrier, Non-Pectin Based, Paste, Per Ounce	3.80	3.04
A4406		Ostomy Skin Barrier, Pectin-Based, Paste, Per Ounce	6.37	5.10
A4407		Ostomy Skin Barrier, With Flange (Solid, Flexible, Or Accordion)	9.75	7.80
A4408		Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion)	10.99	8.79
A4409		Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion)	6.92	5.54
A4410		Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion)	10.07	8.06
A4411		Ostomy Skin Barrier, Solid 4 X 4 Or Equivalent, Extended Wear	5.68	4.54
A4412		Ostomy Pouch, Drainable, High Output, For Use On A Barrier	3.01	2.41
A4413		Ostomy Pouch, Drainable, High Output, For Use On A Barrier	6.13	4.90
A4414		Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion)	5.48	4.38
A4415		Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion)	6.67	5.34
A4416		Ostomy Pouch, Closed, With Barrier Attached, With Filter (1 Filter)	3.07	2.46
A4417		Ostomy Pouch, Closed, With Barrier Attached, With Built-In Closure	4.14	3.31
A4418		Ostomy Pouch, Closed; Without Barrier Attached, With Filter (1 Filter)	2.02	1.62
A4419		Ostomy Pouch, Closed; For Use On Barrier With Non-Locking Flange	1.93	1.54
A4422		Ostomy Absorbent Material (Sheet/Pad/Crystal Packet) For Use	0.13	0.10
A4423		Ostomy Pouch, Closed; For Use On Barrier With Locking Flange	2.07	1.66
A4424		Ostomy Pouch, Drainable, With Barrier Attached, With Filter (1 Filter)	5.30	4.24
A4425		Ostomy Pouch, Drainable; For Use On Barrier With Non-Locking Flange	3.99	3.19
A4426		Ostomy Pouch, Drainable; For Use On Barrier With Locking Flange	3.04	2.43
A4427		Ostomy Pouch, Drainable; For Use On Barrier With Locking Flange	3.10	2.48
A4428		Ostomy Pouch, Urinary, With Extended Wear Barrier Attached	7.25	5.80

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
A4429		Ostomy Pouch, Urinary, With Barrier Attached, With Built-In O	9.18	7.34
A4430		Ostomy Pouch, Urinary, With Extended Wear Barrier Attached	9.48	7.58
A4431		Ostomy Pouch, Urinary; With Barrier Attached, With Faucet-T	6.92	5.54
A4432		Ostomy Pouch, Urinary; For Use On Barrier With Non-Locking	4.00	3.20
A4433		Ostomy Pouch, Urinary; For Use On Barrier With Locking Flap	3.73	2.98
A4434		Ostomy Pouch, Urinary; For Use On Barrier With Locking Flap	4.18	3.34
A4435		1Pc Ost Pch Drain Hgh Output	6.42	5.14
A4450		Tape, Non-Waterproof, Per 18 Square Inches	0.09	0.07
A4452		Tape, Waterproof, Per 18 Square Inches	0.40	0.32
A4455		Adhesive Remover Or Solvent (For Tape, Cement Or Other Ad	1.59	1.27
A4456		Adhesive remover, wipes	0.27	0.22
A4461		Surgical Dressing Holder, Non-Reusable, Each	3.67	2.94
A4463		Surgical Dressing Holder, Reusable, Each	14.82	11.86
A4481		Tracheostoma Filter, Any Type, Any Size, Each	0.41	0.33
A4490		Surgical Stockings Above Knee Length, Each	-	29.70
A4495		Surgical Stockings Thigh Length, Each	-	29.70
A4500		Surgical Stockings Below Knee Length, Each	-	31.50
A4510		Surgical Stockings Full Length, Each	-	84.15
A4520		Incontinence Garment, Any Type, (E.G. Brief, Diaper), Each	-	0.75
A4550		Surgical Tray	-	8.00
A4554		Disposable Underpads, All Sizes, (E.G., Chux'S)	-	0.31
A4556		Electrodes, (E.G., Apnea Monitor), Per Pair	11.49	9.19
A4557		Lead Wires, (E.G., Apnea Monitor), Per Pair	10.53	8.42
A4561		Pessary, Rubber, Any Type	22.21	17.77
A4562		Pessary, Non Rubber, Any Type	55.30	44.24
A4565		Slings	8.57	6.86
A4570		Splint	-	67.50
A4595		Electrical Stimulator Supplies, 2 Lead, Per Month, (E.G. Tens,	10.34	8.27
A4601		Lithium Ion Battery For Non-Prosthetic Use, Replacement	-	26.00
A4604		Tubing With Integrated Hearing Element For Use With Positiv	38.55	30.84
A4605		Tracheal Suction Catheter, Closed System, Each	18.26	14.61
A4606		Oxygen Probe For Use With Oximeter Device, Replacement	-	100.00
A4614		Peak Expiratory Flow Rate Meter, Hand Held	26.47	21.18
A4619		Face Tent	1.98	1.58
A4623		Tracheostomy, Inner Cannula	6.20	4.96
A4624		Tracheal Suction Catheter, Any Type Other Than Closed Syste	2.93	2.34
A4625		Tracheostomy Care Kit For New Tracheostomy	7.71	6.17
A4627		Spacer, Bag Or Reservoir, With Or Without Mask, For Use Wi	-	20.61
A4628		Oropharyngeal Suction Catheter, Each	4.16	3.33
A4629		Tracheostomy Care Kit For Established Tracheostomy	5.17	4.14

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
A4635		Underarm Pad, Crutch, Replacement, Each	5.70	4.56
A4636		Replacement, Handgrip, Cane, Crutch, Or Walker, Each	2.96	2.37
A4637		Replacement, Tip, Cane, Crutch, Walker, Each.	1.65	1.32
A4640		Replacement Pad For Use With Medically Necessary Alternati	49.45	39.56
A4927		Gloves, Non-Sterile, Per 100	-	42.71
A5051		Ostomy Pouch, Closed; With Barrier Attached (1Piece), Each	2.30	1.84
A5052		Ostomy Pouch, Closed; Without Barrier Attached (1 Piece), Ea	1.65	1.32
A5053		Ostomy Pouch, Closed; For Use On Faceplate, Each	1.93	1.54
A5054		Ostomy Pouch, Closed; For Use On Barrier With Flange (2 Pie	2.00	1.60
A5055		Stoma Cap	1.47	1.18
A5056		1 Pc Ost Pouch W Filter	5.20	4.16
A5057		1 Pc Ost Pou W Built-In Conv	10.69	8.55
A5061		Ostomy Pouch, Drainable; With Barrier Attached, (1 Piece), Ea	3.93	3.14
A5062		Ostomy Pouch, Drainable; Without Barrier Attached (1 Piece),	2.32	1.86
A5063		Ostomy Pouch, Drainable; For Use On Barrier With Flange (2	3.01	2.41
A5071		Ostomy Pouch, Urinary; With Barrier Attached (1 Piece), Each	6.69	5.35
A5072		Ostomy Pouch, Urinary; Without Barrier Attached (1 Piece), E	3.93	3.14
A5073		Ostomy Pouch, Urinary; For Use On Barrier With Flange (2 Pi	3.48	2.78
A5081		Continent Device; Plug For Continent Stoma	3.69	2.95
A5082		Continent Device; Catheter For Continent Stoma	13.24	10.59
A5083		Continent Device, Stoma Absorptive Cover For Continent Stor	0.71	0.57
A5093		Ostomy Accessory; Convex Insert	1.85	1.48
A5102		Bedside Drainage Bottle With Or Without Tubing, Rigid Or Ex	24.95	19.96
A5105		Urinary Suspensory With Leg Bag, With Or Without Tube, Eac	45.39	36.31
A5112		Urinary Leg Bag; Latex	35.07	28.06
A5113		Leg Strap; Latex, Replacement Only, Per Set	4.46	3.57
A5114		Leg Strap; Foam Or Fabric, Replacement Only, Per Set	8.47	6.78
A5120		Skin Barrier, Wipes Or Swabs, Each	0.24	0.19
A5121		Skin Barrier; Solid, 6 X 6 Or Equivalent, Each	7.95	6.36
A5122		Skin Barrier; Solid, 8 X 8 Or Equivalent, Each	14.30	11.44
A5126		Adhesive Or Non-Adhesive; Disk Or Foam Pad	1.24	0.99
A5131		Appliance Cleaner, Incontinence And Ostomy Appliances, Per	15.00	12.00
A5500		For Diabetics Only, Fitting (Including Follow Up), Custom Pre	70.78	56.62
A5501		For Diabetics Only, Fitting (Including Follow Up), Custom Pre	212.31	169.85
A5503		For Diabetics Only, Modification (Including Fitting) Of Off-Th	34.91	27.93
A5504		For Diabetics Only, Modification (Including Fitting) Of Off-Th	34.91	27.93
A5505		For Diabetics Only, Modification (Including Fitting) Of Off-Th	34.91	27.93
A5506		For Diabetics Only, Modification (Including Fitting) Of Off-Th	34.91	27.93
A5507		For Diabetics Only, Not Otherwise Specified Modification (Inc	34.91	27.93
A5512		For Diabetics Only, Multiple Density Insert, DirectForm, Mold	28.87	23.10

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
A5513		For Diabetics Only, Multiple Density Insert, Custom Molded F	43.09	34.47
A6154		Wound Pouch, Each	15.52	12.42
A6196		Alginate Or Other Fiber Gelling Dressing, Wound Cover, Pad S	8.19	6.55
A6197		Alginate Or Other Fiber Gelling Dressing, Wound Cover, Pad S	18.30	14.64
A6198		Alginate Or Other Fiber Gelling Dressing, Wound Cover, Pad S	-	14.12
A6199		Alginate Or Other Fiber Gelling Dressing, Wound Filler, Per 6	5.89	4.71
A6203		Composite Dressing, Pad Size 16 Sq. In. Or Less, With Any Si	3.75	3.00
A6204		Composite Dressing, Pad Size More Than 16 Sq. In. But Less T	6.93	5.54
A6205		Composite Dressing, Pad Size More Than 48 Sq. In., With Any	-	5.35
A6206		Contact Layer, 16 Sq. In. Or Less, Each Dressing	-	5.35
A6207		Contact Layer, More Than 16 Sq. In. But Less Than Or Equal T	8.17	6.54
A6208		Contact Layer, More Than 48 Sq. In., Each Dressing	-	6.30
A6209		Foam Dressing, Wound Cover, Pad Size 16 Sq. In. Or Less, W	8.32	6.66
A6210		Foam Dressing, Wound Cover, Pad Size More Than 16 Sq. In. F	22.18	17.74
A6211		Foam Dressing, Wound Cover, Pad Size More Than 48 Sq. In.,	32.70	26.16
A6212		Foam Dressing, Wound Cover, Pad Size 16 Sq. In. Or Less, W	10.81	8.65
A6213		Foam Dressing, Wound Cover, Pad Size More Than 16 Sq. In. F	-	8.34
A6214		Foam Dressing, Wound Cover, Pad Size More Than 48 Sq. In.,	11.45	9.16
A6216		Gauze, Non-Impregnated, Non-Sterile, Pad Size 16 Sq. In. Or L	0.05	0.04
A6217		Gauze, Non-Impregnated, Non-Sterile, Pad Size More Than 16	-	0.32
A6218		Gauze, Non-Impregnated, Non-Sterile, Pad Size More Than 48	-	0.54
A6219		Gauze, Non-Impregnated, Pad Size 16 Sq. In. Or Less, With A	1.07	0.86
A6220		Gauze, Non-Impregnated, Pad Size More Than 16 Sq. In. But I	2.88	2.30
A6221		Gauze, Non-Impregnated, Pad Size More Than 48 Sq. In., With	-	1.93
A6222		Gauze, Impregnated With Other Than Water, Normal Saline, C	2.37	1.90
A6223		Gauze, Impregnated With Other Than Water, Normal Saline, O	2.70	2.16
A6224		Gauze, Impregnated With Other Than Water, Normal Saline, Or	4.02	3.22
A6231		Gauze, Impregnated, Hydrogel, For Direct Wound Contact, Pac	5.20	4.16
A6232		Gauze, Impregnated, Hydrogel, For Direct Wound Contact, Pac	7.64	6.11
A6233		Gauze, Impregnated, Hydrogel For Direct Wound Contact, Pad	21.35	17.08
A6234		Hydrocolloid Dressing, Wound Cover, Pad Size 16 Sq. In. Or L	7.28	5.82
A6235		Hydrocolloid Dressing, Wound Cover, Pad Size More Than 16	18.72	14.98
A6236		Hydrocolloid Dressing, Wound Cover, Pad Size More Than 48	30.34	24.27
A6237		Hydrocolloid Dressing, Wound Cover, Pad Size 16 Sq. In. Or L	8.81	7.05
A6238		Hydrocolloid Dressing, Wound Cover, Pad Size More Than 16	25.38	20.30
A6239		Hydrocolloid Dressing, Wound Cover, Pad Size More Than 48	-	15.84
A6240		Hydrocolloid Dressing, Wound Filler, Paste, Per Fluid Ounce	13.63	10.90
A6241		Hydrocolloid Dressing, Wound Filler, Dry Form, Per Gram	2.86	2.29
A6242		Hydrogel Dressing, Wound Cover, Pad Size 16 Sq. In. Or Less	6.75	5.40
A6243		Hydrogel Dressing, Wound Cover, Pad Size More Than 16 Sq.	13.72	10.98

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
A6244		Hydrogel Dressing, Wound Cover, Pad Size More Than 48 Sq.	43.73	34.98
A6245		Hydrogel Dressing, Wound Cover, Pad Size 16 Sq. In. Or Less	8.09	6.47
A6246		Hydrogel Dressing, Wound Cover, Pad Size More Than 16 Sq.	11.06	8.85
A6247		Hydrogel Dressing, Wound Cover, Pad Size More Than 48 Sq.	26.47	21.18
A6248		Hydrogel Dressing, Wound Filler, Gel, Per Fluid Ounce	18.09	14.47
A6250		Skin Sealants, Protectants, Moisturizers, Ointments, Any Type,	-	15.00
A6251		Specialty Absorptive Dressing, Wound Cover, Pad Size 16 Sq.	2.22	1.78
A6252		Specialty Absorptive Dressing, Wound Cover, Pad Size More T	3.63	2.90
A6253		Specialty Absorptive Dressing, Wound Cover, Pad Size More T	7.05	5.64
A6254		Specialty Absorptive Dressing, Wound Cover, Pad Size 16 Sq.	1.34	1.07
A6255		Specialty Absorptive Dressing, Wound Cover, PadSize More T	3.38	2.70
A6256		Specialty Absorptive Dressing, Wound Cover, Pad Size More T	-	2.61
A6257		Transparent Film, 16 Sq. In. Or Less, Each Dressing	1.71	1.37
A6258		Transparent Film, More Than 16 Sq. In. But Less Than Or Equ	4.80	3.84
A6259		Transparent Film, More Than 48 Sq. In., Each Dressing	12.18	9.74
A6260		Wound Cleansers, Any Type, Any Size	-	18.00
A6266		Gauze, Impregnated, Other Than Water, Normal Saline, Or Zir	2.14	1.71
A6402		Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less,	0.13	0.10
A6403		Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. I	0.47	0.38
A6404		Gauze, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. I	-	2.16
A6407		Packing Strips, Non-Impregnated, Up To 2 Inches In Width, Pe	2.09	1.67
A6441		Padding Bandage, Non-Elastic, Non-Woven/Non- Knitted, Wid	0.76	0.61
A6442		Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Steril	0.18	0.14
A6443		Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Steril	0.31	0.25
A6444		Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Steril	0.62	0.50
A6445		Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Wi	0.36	0.29
A6446		Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Wi	0.45	0.36
A6447		Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Wi	0.76	0.61
A6448		Light Compression Bandage, Elastic, Knitted/Woven, Width L	1.29	1.03
A6449		Light Compression Bandage, Elastic, Knitted/Woven, Width G	1.95	1.56
A6450		Light Compression Bandage, Elastic, Knitted/Woven, Width G	1.95	1.56
A6451		Moderate Compression Bandage, Elastic, Knitted/Woven, Load	1.95	1.56
A6452		High Compression Bandage, Elastic, Knitted/Woven, Load Res	6.58	5.26
A6453		Self-Adherent Bandage, Elastic, Non-Knitted/Non- Woven, Wi	0.69	0.55
A6454		Self-Adherent Bandage, Elastic, Non-Knitted/Non- Woven, Wi	0.87	0.70
A6455		Self-Adherent Bandage, Elastic, Non-Knitted/Non- Woven, Wi	1.55	1.24
A6456		Zinc Paste Impregnated Bandage, Non-Elastic, Knitted/Woven.	1.41	1.13
A6530		Gradient Compression Stocking, Below Knee, 18-30 Mm Hg, E	-	25.20
A6531		Gradient Compression Stocking, Below Knee, 30-40 Mm Hg, E	48.16	38.53
A6532		Gradient Compression Stocking, Below Knee, 40-50 Mm Hg, E	67.86	54.29

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
A6533		Gradient Compression Stocking, Thigh Length, 18-30 MmHg, I	-	29.70
A6534		Gradient Compression Stocking, Thigh Length, 30-40 Mm Hg,	-	29.70
A6535		Gradient Compression Stocking, Thigh Length, 40-50 Mm Hg,	-	29.70
A6536		Gradient Compression Stocking, Full Length/Chap Style,18-30	-	29.70
A6537		Gradient Compression Stocking Full Length/Chap Style,30-40	-	29.70
A6539		Gradient Compression Stocking, Waist Length,18-30 Mm Hg,	-	84.15
A6544		Gradient Compression Stocking, Garter Belt	-	13.50
A6550		Wound Care Set, For Negative Pressure Wound Therapy Elect	24.48	19.58
A7000		Canister, Disposable, Used With Suction Pump, Each	8.15	6.52
A7002		Tubing, Used With Suction Pump, Each	4.26	3.41
A7003		Administration Set, With Small Volume Nonfiltered Pneumatic	1.47	1.18
A7004		Small Volume Nonfiltered Pneumatic Nebulizer, Disposable	1.25	1.00
A7005		Administration Set, With Small Volume Nonfiltered Pneumatic	11.55	9.24
A7006		Administration Set, With Small Volume Filtered Pneumatic Ne	7.43	5.94
A7010		Disposable Corrugated Tubing	15.71	12.57
A7012		Nebulizer Water Collec Devic	2.89	2.31
A7013		Filter, Disposable, Used With Aerosol Compressor	0.58	0.46
A7015		Aerosol Mask, Used With Dme Nebulizer	1.28	1.02
A7020		Interface, Cough Stim Device	16.12	12.90
A7030		Full Face Mask Used With Positive Airway Pressure Device, E	86.33	69.06
A7031		Face Mask Interface, Replacement For Full Face Mask, Each	33.48	26.78
A7032		Cushion For Use On Nasal Mask Interface, Replacement Only,	18.78	15.02
A7033		Pillow For Use On Nasal Cannula Type Interface, Replacement	15.12	12.10
A7034		Nasal Interface (Mask Or Cannula Type) Used With Positive A	54.47	43.58
A7035		Headgear Used With Positive Airway Pressure Device	17.88	14.30
A7036		Chinstrap Used With Positive Airway Pressure Device	10.40	8.32
A7037		Tubing Used With Positive Airway Pressure Device	11.54	9.23
A7038		Filter, Disposable, Used With Positive Airway Pressure Device	2.01	1.61
A7039		Filter, Non Disposable, Used With Positive Airway Pressure D	5.91	4.73
A7045		Exhalation Port With Or Without Swivel Used With Accessorie	11.42	9.14
A7046		Water Chamber For Humidifier, Used With Positive Airway Pr	13.29	10.63
A7507		Filter Holder And Integrated Filter Without Adhesive, For Use	2.77	2.22
A7508		Housing And Integrated Adhesive, For Use In A Tracheostoma	3.19	2.55
A7509		Filter Holder And Integrated Filter Housing, And Adhesive, Fo	1.57	1.26
A7520		Tracheostomy/Laryngectomy Tube, Non-Cuffed, Polyvinylchlor	52.86	42.29
A7521		Tracheostomy/Laryngectomy Tube, Cuffed, Polyvinylchloride (52.36	41.89
A7522		Tracheostomy/Laryngectomy Tube, Stainless Steel Or Equal (S	50.28	40.22
A7524		Tracheostoma Stent/Stud/Button, Each	86.18	68.94
A7525		Tracheostomy Mask, Each	2.30	1.84
A7526		Tracheostomy Tube Collar/Holder, Each	3.77	3.02

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
A7527		Tracheostomy/Laryngectomy Tube Plug/Stop, Each	3.99	3.19
A8000		Helmet, Protective, Soft Prefabricated, Includes All Components	170.73	136.58
A8001		Helmet, Protective, Hard, Prefabricated, Includes All Components	170.73	136.58
A8002		Helmet, Protective, Soft, Custom Fabricated, Includes All Components	-	375.35
A8003		Helmet, Protective, Hard, Custom Fabricated, Includes All Components	-	375.35
B4034		Enteral Feeding Supply Kit; Syringe Fed, Per Day	3.08	2.46
B4035		Enteral Feeding Supply Kit; Pump Fed, Per Day	5.54	4.43
B4036		Enteral Feeding Supply Kit; Gravity Fed, Per Day	4.26	3.41
B4081		Nasogastric Tubing With Stylet	15.02	12.02
B4082		Nasogastric Tubing Without Stylet	10.99	8.79
B4083		Stomach Tube - Levine Type	1.65	1.32
B4087		Gastrostomy/Jejunostomy Tube, Standard, Any Material Any Type	26.01	20.81
B4088		Gastrostomy/Jejunostomy Tube, Low-Profile, Any Material, Any Type	29.70	23.76
B4164		Parenteral Nutrition Solution: Carbohydrates (Dextrose), 50% Concentration	19.64	15.71
B4168		Parenteral Nutrition Solution; Amino Acid, 3.5%, (500 Ml = 1 Liter)	28.64	22.91
B4172		Parenteral Nutrition Solution; Amino Acid, 5.5% Through 7%, (500 Ml = 1 Liter)	-	30.50
B4176		Parenteral Nutrition Solution; Amino Acid, 7% Through 8.5%, (500 Ml = 1 Liter)	55.42	44.34
B4178		Parenteral Nutrition Solution: Amino Acid, Greater Than 8.5%, (500 Ml = 1 Liter)	66.51	53.21
B4180		Parenteral Nutrition Solution; Carbohydrates (Dextrose), Greater Than 50%	28.20	22.56
B4185		Parenteral Nutrition Solution, Per 10 Grams Lipids	12.99	10.39
B4189		Parenteral Nutrition Solution; Compounded Amino Acid And Carbohydrates	205.49	164.39
B4193		Parenteral Nutrition Solution; Compounded Amino Acid And Carbohydrates	265.52	212.42
B4197		Parenteral Nutrition Solution; Compounded Amino Acid And Carbohydrates	323.26	258.61
B4199		Parenteral Nutrition Solution; Compounded Amino Acid And Carbohydrates	369.38	295.50
B4216		Parenteral Nutrition; Additives (Vitamins, Trace Elements, Hepatitis B Vaccine)	8.92	7.14
B4220		Parenteral Nutrition Supply Kit; Premix, Per Day	9.25	7.40
B4222		Parenteral Nutrition Supply Kit; Home Mix, Per Day	11.41	9.13
B4224		Parenteral Nutrition Administration Kit, Per Day	28.90	23.12
B5000		Parenteral Nutrition Solution: Compounded Amino Acid And Carbohydrates	13.75	11.00
B5100		Parenteral Nutrition Solution: Compounded Amino Acid And Carbohydrates	5.37	4.30
B5200		Parenteral Nutrition Solution: Compounded Amino Acid And Carbohydrates	-	4.94
B9002		Enteral Nutrition Infusion Pump - With Alarm	64.00	51.20
B9004		Parenteral Nutrition Infusion Pump, Portable	461.74	369.39
B9006		Parenteral Nutrition Infusion Pump, Stationary	461.74	369.39
E0100		Cane, Includes Canes Of All Materials, Adjustable Or Fixed, With Or Without Seat	21.74	17.39
E0105		Cane, Quad Or Three Prong, Includes Canes Of All Materials, Adjustable Or Fixed	50.55	40.44
E0110		Crutches, Forearm, Includes Crutches Of Various Materials, Adjustable Or Fixed	73.42	58.74
E0111		Crutch Forearm, Includes Crutches Of Various Materials, Adjustable Or Fixed	53.90	43.12
E0112		Crutches Underarm, Wood, Adjustable Or Fixed, Pair, With Padded Grips	37.35	29.88
E0113		Crutch Underarm, Wood, Adjustable Or Fixed, Each, With Padded Grip	20.00	16.00

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
E0114		Crutches Underarm, Other Than Wood, Adjustable Or Fixed, P	44.66	35.73
E0116		Crutch, Underarm, Other Than Wood, Adjustable Or Fixed, Ea	26.26	21.01
E0130		Walker, Rigid (Pickup), Adjustable Or Fixed Height	44.80	35.84
E0135		Walker, Folding (Pickup), Adjustable Or Fixed Height	45.00	36.00
E0140		Walker, With Trunk Support, Adjustable Or Fixed Height, Any	28.13	225.00
E0141		Walker, Rigid, Wheeled, Adjustable Or Fixed Height	47.55	38.04
E0143		Walker, Folding, Wheeled, Adjustable Or Fixed Height	47.55	38.04
E0147		Walker, Heavy Duty, Multiple Braking System, Variable Whee	373.93	299.14
E0148		Walker, Heavy Duty, Without Wheels, Rigid Or Folding, Any	82.23	65.78
E0149		Walker, Heavy Duty, Wheeled, Rigid Or Folding, Any Type	12.25	98.00
E0153		Platform Attachment, Forearm Crutch, Each	65.66	52.53
E0154		Platform Attachment, Walker, Each	46.48	37.18
E0155		Wheel Attachment, Rigid Pick-Up Walker, Per Pair	19.83	15.86
E0156		Seat Attachment, Walker	15.68	12.54
E0157		Crutch Attachment, Walker, Each	56.08	44.86
E0158		Leg Extensions For Walker, Per Set Of Four (4)	21.04	16.83
E0159		Brake Attachment For Wheeled Walker, Replacement, Each	14.61	11.69
E0160		Sitz Type Bath Or Equipment, Portable, Used With Or Without	26.08	20.86
E0161		Sitz Type Bath Or Equipment, Portable, Used With Or Without	24.43	19.54
E0162		Sitz Bath Chair	155.74	124.59
E0163		Commode Chair, Mobile Or Stationary, With Fixed Arms	53.29	42.63
E0165		Commode Chair, Mobile Or Stationary, With Detachable Arms	12.27	98.16
E0167		Pail Or Pan For Use With Commode Chair, Replacement Only	9.86	7.89
E0168		Commode Chair, Extra Wide And/Or Heavy Duty, Stationary C	117.53	94.02
E0181		Powered Pressure Reducing Mattress Overlay/Pad, Alternating	15.44	123.52
E0182		Pump For Alternating Pressure Pad, For Replacement Only	19.15	153.20
E0184		Dry Pressure Mattress	157.86	126.29
E0185		Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress	168.56	134.85
E0186		Air Pressure Mattress	17.59	140.72
E0187		Water Pressure Mattress	19.18	153.44
E0188		Synthetic Sheepskin Pad	23.47	18.78
E0189		Lambswool Sheepskin Pad, Any Size	48.74	38.99
E0190		Positioning Cushion/Pillow/Wedge, Any Shape Or Size, Includ	-	14.18
E0191		Heel Or Elbow Protector, Each	11.07	8.86
E0196		Gel Pressure Mattress	29.45	235.60
E0197		Air Pressure Pad For Mattress, Standard Mattress Length And	16.49	131.90
E0198		Water Pressure Pad For Mattress, Standard Mattress Length Ar	24.67	197.36
E0199		Dry Pressure Pad For Mattress, Standard Mattress Length And	28.85	23.08
E0202	RR	Phototherapy (Bilirubin) Light With Photometer	69.70	55.76
E0241		Bath Tub Wall Rail, Each	-	63.00

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
E0243		Toilet Rail, Each	-	28.35
E0244		Raised Toilet Seat	-	81.00
E0245		Tub Stool Or Bench	-	141.75
E0250		Hospital Bed, Fixed Height, With Any Type Side Rails, With M	60.09	48.07
E0255		Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Ra	60.86	48.69
E0260		Hospital Bed, Semi-Electric (Head And Foot Adjustment), Wit	61.04	48.83
E0261		Hosp bed semi-electr w/o mat	60.80	48.64
E0271		Mattress, Innerspring	123.89	99.11
E0272		Mattress, Foam Rubber	139.13	111.30
E0275		Bed Pan, Standard, Metal Or Plastic	13.31	10.65
E0276		Bed Pan, Fracture, Metal Or Plastic	11.10	8.88
E0277		Powered Pressure-Reducing Air Mattress	196.44	157.15
E0300		Pediatric Crib, Hospital Grade, Fully Enclosed	238.96	191.17
E0303		Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity	167.05	133.64
E0304		Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Cap	489.71	391.77
E0305		Bed Side Rails, Half Length	10.73	85.84
E0310		Bed Side Rails, Full Length	113.43	90.74
E0325		Urinal; Male, Jug-Type, Any Material	8.60	6.88
E0326		Urinal; Female, Jug-Type, Any Material	9.21	7.37
E0371		Nonpowered Advanced Pressure Reducing Overlay For Mattre	196.44	157.15
E0424	RR	Stationary Compressed Gaseous Oxygen System, Rental; Includ	71.05	56.84
E0431	RR	Portable Gaseous Oxygen System, Rental; Includes Portable Co	17.29	13.83
E0434	RR	Portable Liquid Oxygen System, Rental; Includes Portable Con	17.29	13.83
E0439	RR	Stationary Liquid Oxygen System, Rental; Includes Container,	71.05	56.84
E0441		Oxygen Contents, Gaseous (For Use With Owned Gaseous Sta	53.32	42.66
E0443		Portable Oxygen Contents, Gaseous (For Use Only With Portab	48.31	38.65
E0445		Oximeter Device For Measuring Blood Oxygen Levels Non-In	-	250.00
E0465	RR	Home vent invasive interface	1,062.62	850.10
E0466	RR	Home vent non-invasive inter	1,062.62	850.10
E0470	RR	Respiratory Assist Device, Bi-Level Pressure Capability, With	104.60	83.68
E0471	RR	Respiratory Assist Device, Bi-Level Pressure Capability, With	257.60	206.08
E0472	RR	Respiratory Assist Device, Bi-Level Pressure Capability, With	389.42	311.54
E0480		Percussor, Electric Or Pneumatic, Home Model	44.87	35.90
E0482		Cough Stimulating Device, Alternating Positive And Negative	462.54	370.03
E0483		High Frequency Chest Wall Oscillation Air-Pulse Generator Sy	1,183.53	946.82
E0484		Oscillatory Positive Expiratory Pressure Device, Non-Electric,	41.12	32.90
E0555		Humidifier, durable, glass or autoclavable plastic bottle type, fo	-	\$7.38
E0561		Humidifier, Non-Heated, Used With Positive Airway Pressure	72.02	57.62
E0562		Humidifier, Heated, Used With Positive Airway Pressure Devi	135.74	108.59
E0565		Compressor, Air Power Source For Equipment Which Is Not S	40.58	32.46

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
E0570		Nebulizer, With Compressor	5.65	45.20
E0600		Respiratory Suction Pump, Home Model, Portable Or Stationar	50.97	407.76
E0601		Continuous Airway Pressure (Cpap) Device	40.56	32.45
E0602		Breast Pump, Manual, Any Type	32.86	26.29
E0603		Breast Pump, Electric (Ac And/Or Dc), Any Type	-	55.00
E0605		Vaporizer, Room Type	27.86	22.29
E0606		Postural Drainage Board	25.56	204.48
E0619		Apnea Monitor, With Recording Feature	-	323.00
E0621		Sling Or Seat, Patient Lift, Canvas Or Nylon	77.91	62.33
E0630		Patient Lift, Hydraulic Or Mechanical, Includes Any Seat, Slin	57.84	46.27
E0650		Pneumatic Compressor, Non-Segmental Home Model	98.94	79.15
E0651		Pneumatic Compressor, Segmental Home Model Without Calib	88.78	71.02
E0652		Pneumatic Compressor, Segmental Home Model With Calibrat	583.26	466.61
E0655		Non-Segmental Pneumatic Appliance For Use With Pneumatic	120.16	96.13
E0660		Non-Segmental Pneumatic Appliance For Use With Pneumatic	177.84	142.27
E0665		Non-Segmental Pneumatic Appliance For Use With Pneumatic	129.63	103.70
E0666		Non-Segmental Pneumatic Appliance For Use With Pneumatic	153.74	122.99
E0667		Segmental Pneumatic Appliance For Use With Pneumatic Com	360.43	288.34
E0668		Segmental Pneumatic Appliance For Use With Pneumatic Com	418.13	334.50
E0669		Segmental Pneumatic Appliance For Use With Pneumatic Com	193.76	155.01
E0671		Segmental Gradient Pressure Pneumatic Appliance, Full Leg	462.39	369.91
E0672		Segmental Gradient Pressure Pneumatic Appliance, Full Arm	359.27	287.42
E0673		Segmental Gradient Pressure Pneumatic Appliance, Half Leg	298.54	238.83
E0705		Transfer Device, Any Type, Each	48.00	38.40
E0720		Transcutaneous Electrical Nerve Stimulation (Tens) Device, T	71.36	57.09
E0730		Transcutaneous Electrical Nerve Stimulation (Tens) Device, Fc	72.11	57.69
E0747		Osteogenesis Stimulator, Electrical, Non- Invasive, Other Than	4,359.55	3,487.64
E0748		Osteogenesis Stimulator, Electrical, Non- Invasive, Spinal App	4,331.32	3,465.06
E0760		Osteogenesis Stimulator, Low Intensity Ultrasound, Non-Invasi	3,599.25	2,879.40
E0766		Elec stim cancer treatment	-	340.44
E0781		Ambulatory Infusion Pump, Single Or Multiple Channels, Elec	231.95	185.56
E0784		External Ambulatory Infusion Pump, Insulin	418.23	334.58
E0860		Traction Equipment, Overdoor, Cervical	41.41	33.13
E0910		Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With G	10.90	87.20
E0911		Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater	41.40	331.20
E0912		Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater	83.10	664.80
E0935	RR	Continuous Passive Motion Exercise Device For Use On Knee	25.32	20.26
E0940		Trapeze Bar, Free Standing, Complete With Grab Bar	20.56	164.48
E0942		Cervical Head Harness/Halter	19.66	15.73
E0950		Wheelchair Accessory, Tray, Each	73.80	59.04

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
E0951		Heel Loop/Holder, Any Type, With Or Without Ankle Strap, E	12.77	10.22
E0952		Toe Loop/Holder, Any Type, Each	15.37	12.30
E0955		Wheelchair Accessory, Headrest, Cushioned, Any Type, Includ	13.83	110.60
E0956		Wheelchair Accessory, Lateral Trunk Or Hip Support, Any Typ	72.90	58.32
E0957		Wheelchair Accessory, Medial Thigh Support, Any Type, Inclu	115.66	92.53
E0958		Manual Wheelchair Accessory, One-Arm Drive Attachment, E	39.46	315.70
E0959		Manual Wheelchair Accessory, Adapter For Amputee, Each	41.32	33.06
E0960		Wheelchair Accessory, Shoulder Harness/Straps Or Chest Strap	70.07	56.06
E0961		Manual Wheelchair Accessory, Wheel Lock Brake Extension (19.23	15.38
E0966		Manual Wheelchair Accessory, Headrest Extension, Each	66.33	53.06
E0967		Manual Wheelchair Accessory, Hand Rim With Projections, A	69.20	55.36
E0968		Commode Seat, Wheelchair	19.95	159.60
E0969		Narrowing Device, Wheelchair	165.50	132.40
E0971		Manual Wheelchair Accessory, Anti-Tipping Device Each	29.94	23.95
E0973		Wheelchair Accessory, Adjustable Height, Detachable Armrest	55.12	44.10
E0974		Manual Wheelchair Accessory, Anti-Rollback Device, Each	69.97	55.98
E0978		Wheelchair Accessory, Positioning Belt/Safety Belt/Pelvic Stra	24.17	19.34
E0980		Safety Vest, Wheelchair	35.58	28.46
E0981		Wheelchair Accessory, Seat Upholstery, Replacement Only, Ea	38.45	30.76
E0982		Wheelchair Accessory, Back Upholstery, Replacement Only, E	42.02	33.62
E0983		Manual Wheelchair Accessory, Power Add-On To Convert Ma	269.40	2,155.20
E0984		Manual Wheelchair Accessory, Power Add-On To Convert Ma	188.29	1,506.32
E0988		Lever-Activated Wheel Drive	333.25	2,666.00
E0990		Wheelchair Accessory, Elevating Leg Rest, Complete Assembl	72.72	58.18
E0992		Manual Wheelchair Accessory, Solid Seat Insert	78.57	62.86
E1002		Wheelchair Accessory, Power Seating System, Tilt Only	346.16	2,769.28
E1003		Wheelchair Accessory, Power Seating System, Recline Only, W	405.17	3,241.36
E1004		Wheelchair Accessory, Power Seating System, Recline Only, W	445.34	3,562.72
E1005		Wheelchair Accessory, Power Seatng System, Recline Only, W	487.17	3,897.36
E1006		Wheelchair Accessory, Power Seating System, Combination Ti	600.67	4,805.36
E1007		Wheelchair Accessory, Power Seating System, Combination Ti	745.61	5,964.88
E1008		Wheelchair Accessory, Power Seating System, Combination Ti	764.79	6,118.32
E1010		Wheelchair Accessory, Addition To Power Seating System, Po	103.93	831.40
E1012		Ctr mount pwr elev leg rest	103.93	831.40
E1014		Reclining Back, Addition To Pediatric Size Wheelchair	40.66	325.30
E1015		Shock Absorber For Manual Wheelchair, Each	114.29	91.43
E1016		Shock Absorber For Power Wheelchair, Each	104.27	83.42
E1020		Residual Limb Support System For Wheelchair	17.51	140.10
E1028		Wheelchair Accessory, Manual Swingaway, Retractable Or Re	13.42	107.40
E1029		Wheelchair Accessory, Ventilator Tray, Fixed	35.02	280.20

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
E1030		Wheelchair Accessory, Ventilator Tray, Gimbaled	109.37	875.00
E1031		Rollabout Chair, Any And All Types With Castors5" Or Greater	41.11	32.89
E1161		Manual Adult Size Wheelchair, Includes Tilt In Space	263.40	2,107.20
E1225		Wheelchair Accessory, Manual Semi-Reclining Back, (Recline	36.56	292.50
E1226		Wheelchair Accessory, Manual Fully Reclining Back, (Recline	385.78	308.62
E1231		Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable, W	-	1,710.73
E1232		Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable,	238.07	1,904.56
E1233		Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable, W	246.66	1,973.28
E1234		Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable,	214.75	1,718.00
E1235		Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating Sy	206.80	1,654.40
E1236		Wheelchair, Pediatric Size, Folding, Adjustable, With Seating	182.43	1,459.44
E1237		Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating	184.03	1,472.24
E1238		Wheelchair, Pediatric Size, Folding, Adjustable, Without Seati	182.43	1,459.44
E1372		Immersion External Heater For Nebulizer	127.63	102.10
E1390	RR	Oxygen Concentrator, Single Delivery Port, Capable Of Delive	71.05	56.84
E2100		Blood Glucose Monitor With Integrated Voice Synthesizer	716.02	572.82
E2201		Manual Wheelchair Accessory, Nonstandard Seat Frame,	306.97	245.58
E2202		Manual Wheelchair Accessory, Nonstandard Seat Frame Width	431.44	345.15
E2203		Manual Wheelchair Accessory, Nonstandard Seat Frame Depth	416.75	333.40
E2204		Manual Wheelchair Accessory, Nonstandard Seat Frame Depth	719.48	575.58
E2205		Manual Wheelchair Accessory, Handrim Without	33.41	26.73
E2206		Manual Wheelchair Accessory, Wheel Lock Assembly, Compl	36.63	29.30
E2207		Wheelchair Accessory, Crutch And Cane Holder, Each	42.33	33.86
E2208		Wheelchair Accessory, Cylinder Tank Carrier, Each	77.25	61.80
E2209		Accessory, Arm Tough, With Or Without Handsupport, Each	78.68	62.94
E2210		Wheelchair Accessory, Bearngs, Any Type, Replacement Only	5.05	4.04
E2211		Manual Wheelchair Accessory, Pneumatic Propulsion Tire, An	32.86	26.29
E2212		Manual Wheelchair Accessory, Tube For Pneumatic Propulsio	5.86	4.69
E2213		Manual Wheelchair Accessory, Insert For Pneumatic Propulsio	27.93	22.34
E2214		Manual Wheelchair Accessory, Pneumatic Caster Tire, Any Siz	29.74	23.79
E2215		Manual Wheelchair Accessory, Tube For Pneumatic Caster Tir	9.64	7.71
E2219		Manual Wheelchair Accessory, Foam Caster Tire, Any Size, Ea	38.06	30.45
E2220		Manual Wheelchair Accessory, Solid (Rubber/Plastic) Propulsio	28.28	22.62
E2221		Manual Wheelchair Accessory, Solid (Rubber/Plastic) Caster Ti	25.12	20.10
E2222		Manual Wheelchair Accessory, Solid (Rubber/Plastic) Caster T	21.25	17.00
E2224		Manual Wheelchair Accessory, Propulsion Wheel Excludes Tir	90.11	72.09
E2225		Manual Wheelchair Accessory, Caster Wheel Excludes Tire, A	17.43	13.94
E2226		Manual Wheelchair Accessory, Caster Fork, Any Size, Replac	37.12	29.70
E2227	RR	Manual Wheelchair Accessory, Gear Reduction Drive Wheel, I	208.27	1,666.20
E2228		Manual Wheelchair Accessory, Wheel Braking System And Lo	89.93	719.40

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
E2231		Solid Seat Support Base	136.18	108.94
E2310		Power Wheelchair Accessory, Electronic Connection Between	101.36	810.88
E2311		Power Wheelchair Accessory, Electronic Connection Between	204.54	1,636.32
E2312		Power Wheelchair Accessory, Hand Or Chin Control Interface,	224.50	1,796.00
E2313		Power Wheelchair Accessory, Harness For Upgrade To Expand	35.68	285.44
E2321		Power Wheelchair Accessory, Hand Control Interface, Remote	137.72	1,101.76
E2322		Power Wheelchair Accessory, Hand Control Interface, Multiple	130.12	1,040.96
E2323		Power Wheelchair Accessory, Specialty Joystick Handle For H	63.43	50.74
E2324		Power Wheelchair Accessory, Chin Cup For Chin Control Inter	41.88	33.50
E2325		Power Wheelchair Accessory, Sip And Puff Interface, Nonprop	124.36	994.88
E2326		Power Wheelchair Accessory, Breath Tube Kit For Sip And Pu	32.62	261.00
E2327		Power Wheelchair Accessory, Head Control Interface, Mechan	243.26	1,946.08
E2328		Power Wheelchair Accessory, Head Control Or Extremity Con	459.15	3,673.20
E2329		Power Wheelchair Accessory, Head Control Interface, Contact	165.81	1,326.48
E2330		Power Wheelchair Accessory, Head Control Interface, Proximi	318.35	2,546.80
E2340		Power Wheelchair Accessory, Nonstandard Seat Frame Width,	398.94	319.15
E2341		Power Wheelchair Accessory, Nonstandard Seat Frame Width,	598.46	478.77
E2342		Power Wheelchair Accessory, Nonstandard Seat Frame Depth,	498.72	398.98
E2343		Power Wheelchair Accessory, Nonstandard Seat Frame Depth,	797.96	638.37
E2351		Power Wheelchair Accessory, Electronic Interface To Operate	659.47	527.58
E2359		Gr34 sealed leadacid battery	159.82	127.86
E2360		Power Wheelchair Accessory, 22 Nf Non-Sealed Lead Acid Ba	96.27	77.02
E2361		Power Wheelchair Accessory, 22Nf Sealed Lead Acid Battery,	108.88	87.10
E2362		Power Wheelchair Accessory, Group 24 Non- Sealed Lead Aci	88.11	70.49
E2363		Power Wheelchair Accessory, Group 24 Sealed Lead Acid Batt	140.78	112.62
E2364		Power Wheelchair Accessory, U-1 Non-Sealed Lead Acid Batt	92.92	74.34
E2365		Power Wheelchair Accessory, U-1 Sealed Lead Acid Battery, E	74.53	59.62
E2366		Power Wheelchair Accessory, Battery Charger, Single Mode, F	159.12	127.30
E2368		Power Wheelchair Component, Motor, Replacement Only	39.05	312.40
E2369		Power Wheelchair Component, Gear Box, Replacement Only	36.48	291.80
E2370		Power Wheelchair Component, Motor And Gear Box Combina	51.77	414.20
E2371		Power Wheelchair Accessory, Group 27 Sealed Lead Acid Batt	132.21	105.77
E2373		Power Wheelchair Accessory, Hand Or Chin	73.84	590.72
E2374		Power Wheelchair Accessory, Hand Or Chin Control Interface,	46.71	373.68
E2375		Power Wheelchair Accessory, Non-Expandable Controller, Inc	65.64	525.10
E2376		Power Wheelchair Accessory, Expandable Controller, Includin	116.04	928.32
E2377		Power Wheelchair Accessory, Expandable	42.99	343.92
E2378		Pw Actuator Replacement	54.78	438.24
E2381		Power Wheelchair Accessory, Pneumatic Drive Wheel Tire, Ar	57.44	45.95
E2382		Power Wheelchair Accessory, Tube For Pneumatic Drive Whee	17.03	13.62

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
E2383		Power Wheelchair Accessory, Insert For Pneumatic Drive Wh	117.19	93.75
E2384		Power Wheelchair Accessory, Pneumatic Caster Tire, Any Size	59.31	47.45
E2385		Power Wheelchair Accessory, Tube For	40.85	32.68
E2386		Power Wheelchair Accessory, Foam Filled Drive Wheel Tire, A	103.18	82.54
E2387		Power Wheelchair Accessory, Foam Filled Caster Tire, Any Si	48.16	38.53
E2388		Power Wheelchair Accessory, Foam Drive Wheel Tire, Any Si	44.46	35.57
E2389		Power Wheelchair Accessory, Foam Caster Tire, Any Size, Re	24.85	19.88
E2390		Power Wheelchair Accessory, Solid (Rubber/Plastic) Drive Wh	38.47	30.78
E2391		Power Wheelchair Accessory, Solid (Rubber/Plastic) Caster Ti	16.57	13.26
E2392		Power Wheelchair Accessory, Solid (Rubber/Plastic) Caster Ti	40.00	32.00
E2394		Power Wheelchair Accessory, Drive Wheel Excludes Tire, Any	55.48	44.38
E2395		Power Wheelchair Accessory, Caster Wheel Excludes Tire, An	41.74	33.39
E2396		Power Wheelchair Accessory, Caster Fork, Any Size, Replac	50.20	40.16
E2397		Power Wheelchair Accessory, Lithium-Based Battery, Each	412.82	330.26
E2402		Negative Pressure Wound Therapy Electrical Pump, Stationary	688.72	550.98
E2500		Sgd Digitized Pre-Rec <=8Min	435.33	348.26
E2502		Sgd Prerec Msg >8Min <=20Min	1,331.21	1,064.97
E2504		Sgd Prerec Msg>20Min <=40Min	1,756.05	1,404.84
E2506		Sgd Prerec Msg > 40 Min	2,574.90	2,059.92
E2508		Sgd Spelling Phys Contact	3,981.64	3,185.31
E2510		Sgd W Multi Methods Msg/Accs	7,534.73	6,027.78
E2601		General Use Wheelchair Seat Cushion, Width Less Than 22 In	38.45	30.76
E2602		General Use Wheelchair Seat Cushion, Width 22Inches Or Gre	82.60	66.08
E2603		Skin Protection Wheelchair Seat Cushion, Width Less Than 22	102.89	82.31
E2604		Skin Protection Wheelchair Seat Cushion, Width22 Inches Or C	140.84	112.67
E2605		Positioning Wheelchair Seat Cushion, Width Less Than 22 Incl	200.57	160.46
E2606		Positioning Wheelchair Seat Cushion, Width 22Inches Or Grea	322.36	257.89
E2607		Skin Protection And Positioning Wheelchair Seat Cushion, Wi	201.89	161.51
E2608		Skin Protection And Positioning Wheelchair Seat Cushion, Wi	249.85	199.88
E2611		General Use Wheelchair Back Cushion, Width Less Than 22 Ir	159.01	127.21
E2612		General Use Wheelchair Back Cushion, Width 22Inches Or Gr	303.40	242.72
E2613		Positioning Wheelchair Back Cushion, Posterior, Width Less T	298.90	239.12
E2614		Positioning Wheelchair Back Cushion, Posterior, Width 22 Inc	429.71	343.77
E2615		Positioning Wheelchair Back Cushion, Posterior- Lateral, Wid	338.04	270.43
E2616		Positioning Wheelchair Back Cushion, Posterior- Lateral, Wid	454.28	363.42
E2619	RP	Replacement Cover For Wheelchair Seat Cushion Or Back Cus	45.78	36.62
E2620		Positioning Wheelchair Back Cushion, Planar Back With Later	373.28	298.62
E2621		Positioning Wheelchair Back Cushion, Planar Back With Later	436.04	348.83
E2622		Adj Skin Pro W/C Cus Wd<22In	290.37	232.30
E2623		Adj Skin Pro Wc Cus Wd>=22In	367.20	293.76

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
E2624		Adj Skin Pro/Pos Cus<22In	295.07	236.06
E2625		Adj Skin Pro/Pos Wc Cus>=22	365.18	292.14
E2626		Seo Mobile Arm Sup Att To Wc	600.26	480.21
E2627		Arm Supp Att To Wc Rancho Ty	928.77	743.02
E2628		Mobile Arm Supports Reclinin	706.52	565.22
E2629		Friction Dampening Arm Supp	916.01	732.81
E2630		Monosuspension Arm/Hand Supp	617.53	494.02
E2631		Elevat Proximal Arm Support	250.10	200.08
E2632		Offset/Lat Rocker Arm W/Ela	159.03	127.22
E2633		Mobile Arm Support Supinator	131.23	104.98
K0001		Standard Wheelchair	24.26	19.41
K0002		Standard Hemi (Low Seat) Wheelchair	42.27	33.82
K0003		Lightweight Wheelchair	36.70	29.36
K0004		High Strength, Lightweight Wheelchair	45.25	36.20
K0005		Ultralightweight Wheelchair	205.79	164.63
K0006		Heavy Duty Wheelchair	66.91	53.53
K0007		Extra Heavy Duty Wheelchair	94.32	75.46
K0009		Other Manual Wheelchair/Base	82.78	66.22
K0015		Detachable, Non-Adjustable Height Armrest, Each	13.70	109.60
K0017		Detachable, Adjustable Height Armrest, Base, Each	44.07	35.26
K0018		Detachable, Adjustable Height Armrest, Upper Portion, Each	24.91	19.93
K0019		Arm Pad, Each	12.31	9.85
K0020		Fixed, Adjustable Height Armrest, Pair	43.18	34.54
K0037		High Mount Flip-Up Footrest, Each	39.28	31.42
K0038		Leg Strap, Each	22.02	17.62
K0039		Leg Strap, H Style, Each	47.29	37.83
K0040		Adjustable Angle Footplate, Each	51.12	40.90
K0041		Large Size Footplate, Each	45.20	36.16
K0042		Standard Size Footplate, Each	29.03	23.22
K0043		Footrest, Lower Extension Tube, Each	17.92	14.34
K0044		Footrest, Upper Hanger Bracket, Each	15.59	12.47
K0045		Footrest, Complete Assembly	51.28	41.02
K0046		Elevating Legrest, Lower Extension Tube, Each	18.04	14.43
K0047		Elevating Legrest, Upper Hanger Bracket, Each	63.74	50.99
K0050		Ratchet Assembly	29.57	23.66
K0051		Cam Release Assembly, Footrest Or Legrest, Each	46.78	37.42
K0052		Swingaway, Detachable Footrests, Each	68.86	55.09
K0053		Elevating Footrests, Articulating (Telescoping), Each	79.93	63.94
K0056		Seat Height Less Than 17" Or Equal To Or Greater Than 21" F	91.39	73.11
K0065		Spoke Protectors, Each	43.51	34.81

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
K0069		Rear Wheel Assembly, Complete, With Solid Tire, Spokes Or	90.37	72.30
K0070		Rear Wheel Assembly, Complete, With Pneumatic Tire, Spoke	15.91	127.30
K0071		Front Caster Assembly, Complete, With Pneumatic Tire, Each	102.72	82.18
K0072		Front Caster Assembly, Complete, With Semi- Pneumatic Tire,	64.39	51.51
K0073		Caster Pin Lock,Each	33.53	26.82
K0077		Front Caster Assembly, Complete, With Solid Tire, Each	52.38	41.90
K0098		Drive Belt For Power Wheelchair	22.65	18.12
K0105		Iv Hanger, Each	94.57	75.66
K0195		Elevating Leg Rests, Pair (For Use With Capped Rental Wheel	10.62	85.00
K0606		Automatic External Defibrillator, With Integrated Electrocardio	2,803.47	2,242.78
K0730		Controlled Dose Inhalation Drug Delivery System	191.92	1,535.40
K0733		12-24Hr Sealed Lead Acid	26.77	21.42
K0739		Repair Of Nonroutine Service For Dme Other Than Oxgen Equ	15.02	12.02
K0740		Repair Of Nonroutine Service For Oxygen Equipment Requirin	-	6.30
K0800		Power Operated Vehicle, Group 1 Standard, Patient Weight Cap	82.64	66.11
K0801		Power Operated Vehicle, Group 1 Heavy Duty, Patient Weight	148.53	118.82
K0802		Power Operated Vehicle, Group 1 Very Heavy Duty, Patient W	196.51	157.21
K0806		Power Operated Vehicle, Group 2 Standard, Patient Weight Cap	130.63	104.50
K0807		Power Operated Vehicle, Group 2 Heavy Duty, Patient Weight	202.44	161.95
K0808		Power Operated Vehicle, Group 2 Very Heavy Duty, Patient W	312.94	250.35
K0813		Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Se	251.19	200.95
K0814		Power Wheelchair, Group 1 Standard, Portable, Captains Chair	263.25	210.60
K0815		Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Ba	292.50	234.00
K0816		Power Wheelchair, Group 1 Standard, Captains Chair, Patient V	273.16	218.53
K0820		Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Se	256.91	205.53
K0821		Power Wheelchair, Group 2 Standard, Portable, Captains Chair	273.43	218.74
K0822		Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, F	292.80	234.24
K0823		Power Wheelchair, Group 2 Standard, Captains Chair, Patient V	273.56	218.85
K0824		Power Wheelchair, Group 2 Heavy Duty, Sling/Solid Seat/Back	426.57	341.26
K0825		Power Wheelchair, Group 2 Heavy Duty, Captains Chair, Patie	386.25	309.00
K0826		Power Wheelchair, Group 2 Very Heavy Duty, Sling/Solid Seat	712.90	570.32
K0827		Power Wheelchair, Group 2 Very Heavy Duty, Captains Chair,	627.61	502.09
K0828		Power Wheelchair, Group 2 Extra Heavy Duty, Sling/Solid Sea	831.06	664.85
K0829		Power Wheelchair, Group 2 Extra Heavy Duty, Captains Chair,	833.59	666.87
K0830		Power Wheelchair, Group 2 Standard, Seat Elevator, Sling/Sol	-	354.07
K0831		Power Wheelchair, Group 2 Standard, Seat Elevator, Captains	-	354.07
K0835		Power Wheelchair, Group 2 Standard, Single Power Option, Sl	335.64	268.51
K0836		Power Wheelchair, Group 2 Standard, Single Power Option, C	348.13	278.50
K0837		Power Wheelchair, Group 2 Heavy Duty, Single Power Option,	430.50	344.40
K0838		Power Wheelchair, Group 2 Heavy Duty, Single Power Option,	381.56	305.25

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
K0839		Power Wheelchair, Group 2 Very Heavy Duty, Single Power O	571.85	457.48
K0840		Power Wheelchair, Group 2 Extra Heavy Duty, Single Power C	877.97	702.38
K0841		Power Wheelchair, Group 2 Standard, Multiple Power Option,	378.24	302.59
K0842		Power Wheelchair, Group 2 Standard, Multiple Power Option,	377.69	302.15
K0843		Power Wheelchair, Group 2 Heavy Duty, Multiple Power Optic	448.36	358.69
K0848		Power Wheelchair, Group 3 Standard, Sling/Solid Seat/Back, F	760.57	608.46
K0849		Power Wheelchair, Group 3 Standard, Captains Chair, Patient V	731.24	584.99
K0850		Power Wheelchair, Group 3 Heavy Duty, Sling/Solid Seat/Back	882.23	705.78
K0851		Power Wheelchair, Group 3 Heavy Duty, Captains Chair, Patie	848.27	678.62
K0852		Power Wheelchair, Group 3 Very Heavy Duty, Sling/Solid Seat	1,019.36	815.49
K0853		Power Wheelchair, Group 3 Very Heavy Duty, Captains Chair,	1,047.14	837.71
K0854		Power Wheelchair, Group 3 Extra Heavy Duty, Sling/Solid Sea	1,387.23	1,109.78
K0855		Power Wheelchair, Group 3 Extra Heavy Duty, Captains Chair,	1,310.45	1,048.36
K0856		Power Wheelchair, Group 3 Standard, Single Power Option, SL	816.38	653.10
K0857		Power Wheelchair, Group 3 Standard, Single Power Option, Ca	832.75	666.20
K0858		Power Wheelchair, Group 3 Heavy Duty, Single Power Option.	1,012.90	810.32
K0859		Power Wheelchair, Group 3 Heavy Duty, Single Power Option.	965.99	772.79
K0860		Power Wheelchair, Group 3 Very Heavy Duty, Single Power O	1,447.05	1,157.64
K0861		Power Wheelchair, Group 3 Standard, Multiple Power Option,	817.69	654.15
K0862		Power Wheelchair, Group 3 Heavy Duty, Multiple Power Optic	1,012.90	810.32
K0863		Power Wheelchair, Group 3 Very Heavy Duty, Multiple Power	1,447.05	1,157.64
K0864		Power Wheelchair, Group 3 Extra Heavy Duty, Multiple Power	1,722.00	1,377.60
L0112		Cranial Cervical Orthosis, Congenital Torticollis Type With Or	1,311.43	1,049.14
L0113		Cranial Cervical Torticollis	267.20	213.76
L0120		Cervical, Flexible; Non-Adjustable (Foam Collar)	25.10	20.08
L0130		Cervical, Flexible, Thermoplastic Collar, Molded To Patient	177.42	141.94
L0140		Cervical, Semi-Rigid; Adjustable (Plastic Collar)	58.67	46.94
L0150		Cervical, Semi-Rigid, Adjustable Molded Chin Cup	107.64	86.11
L0160		Cervical, Semi-Rigid, Wire Frame Occipital/Mandibular Suppo	140.59	112.47
L0170		Cervical Collar; Molded To Patient Model	578.90	463.12
L0172		Cervical, Collar, Semi-Rigid, Thermoplastic Foam, Two Piece	125.52	100.42
L0174		Cervical, Collar, Semi-Rigid, Thermoplastic Foam, Two Piece	246.58	197.26
L0180		Cervical, Multiple Post Collar, Occipital/Mandibular Supports;	341.94	273.55
L0190		Cervical, Multiple Post Collar, Occipital/Mandibular Supports,	444.65	355.72
L0200		Cervical, Multiple Post Collar, Occipital/Mandibular Supports,	463.54	370.83
L0220		Thoracic, Rib Belt, Custom Fabricated	126.60	101.28
L0450		Tlso, Flexible, Provides Trunk Support, Upper Thoracic Region	158.94	127.15
L0452		Tlfo, Flexible, Provides Trunk Support, Upper Thoracic Region	-	198.51
L0454		Tlso Flexible, Provides Trunk Support, Extends From Sacrococ	324.97	259.98
L0456		Tlso, Flexible Provides Trunk Support, Thoracic Region, Rigid	931.91	745.53

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
L0466		Tlso, Sagittal Control, Rigid Posterior Frame And Flexible Sof	338.52	270.82
L0468		Tlso, Sagittal-Coronal Control, Rigid Posterior Frame And Flex	448.48	358.78
L0470		Tlso, Triplanar Control, Rigid Posterior Frame And Flexible Sc	572.29	457.83
L0472		Tlso, Triplanar Control, Hyperextension, Rigid Anterior And L	362.95	290.36
L0480		Tlso, Triplanar Control, One Piece Rigid Plastic Shell	1,278.18	1,022.54
L0482		Tlso, Triplanar Control, One Piece Rigid Plastic Shell With Int	1,484.66	1,187.73
L0484		Tslo, Triplanar Control, Two Piece Rigid Plastic Shell Without	1,595.22	1,276.18
L0486		Tlfo, Triplanar Control, Two Piece Rigid Plastic Shell With Int	1,692.44	1,353.95
L0488		Tlso, Triplanar Control, One Piece Rigid Plastic Shell With Int	940.56	752.45
L0490		Tlso, Sagittal-Coronal Control, One Piece Rigid Plastic Shell,	265.07	212.06
L0491		Tlso, Sagittal-Coronal Control, Modular Segmented Spinal Sys	719.61	575.69
L0492		Tlso, Sagittal-Coronal Control, Modular Segmented Spinal Sys	473.26	378.61
L0621		Sacroiliac Orthosis, Flexible, Provides Pelvic-Sacral Support, F	82.78	66.22
L0622		Sacroiliac Orthosis, Flexible, Provides Pelvic-Sacral Support, F	271.11	216.89
L0623		Sacroiliac Orthosis, Provides Pelvic-Sacral Support, With Rigi	-	336.26
L0625		Lumbar Orthosis, Flexible, Provides Lumbar Support, Posterior	51.60	41.28
L0626		Lumbar Orthosis, Sagittal Control, With Rigid Posterior Panel(73.03	58.42
L0627		Lumbar Orthosis, Sagittal Control, With Rigid Anterior And Pc	385.16	308.13
L0628		Lso, Flexible, Provides Lumbo-Sacral Support, Posterior Exten	78.62	62.90
L0629		Lso, Flexible, Provides Lumbo-Sacral Support, Posterior Exten	-	164.18
L0630		Lso, Sagittal Control, With Rigid Posterior Panel(S), Posterior	151.75	121.40
L0631		Lso, Sagittal Control, With Rigid Anterior And Posterior	961.89	769.51
L0633		Lso, Sagittal-Coronal Control, With Rigid Posterior Frame/Pan	268.69	214.95
L0635		Lso, Sagittal-Coronal Control, Lumbar Flexion, Rigid Posterior	859.21	687.37
L0636		Lso, Sagittal-Coronal Control, Lumbar Flexion Rigid Posterior	1,271.95	1,017.56
L0637		Lso, Sagittal-Coronal Control, With Rigid Anterior And Poster	1,006.59	805.27
L0638		Lso, Sagittal-Coronal Control, With Rigid Anterior And Poster	1,235.80	988.64
L0639		Lso, Sagittal-Coronal Control, Rigid Shell (S)/Panel(S), Poster	1,006.59	805.27
L0640		Lso, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Poster	980.48	784.38
L0700		Ctlso, Anterior-Posterior-Lateral Control, Molded To Patient M	1,835.03	1,468.02
L0710		Ctlso, Anterior-Posterior-Lateral Control, Molded To Patient M	1,874.72	1,499.78
L0810		Halo Procedure, Cervical Halo Incorporated Into Jacket Vest	2,344.57	1,875.66
L0820		Halo Procedure, Cervical Halo Incorporated Into Plaster Body.	2,104.41	1,683.53
L0830		Halo Procedure, Cervical Halo Incorporated IntoMilwaukee Ty	2,965.72	2,372.58
L0859		Addition To Halo Procedure, Magnetic Resonance Image Com	1,235.94	988.75
L0861		Additional To Halo Procedure, Replacement Liner/Interface M	201.95	161.56
L0970		Tlso, Corset Front	120.70	96.56
L0972		Lso, Corset Front	108.41	86.73
L0974		Tlso, Full Corset	160.99	128.79
L0976		Lso, Full Corset	143.53	114.82

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
L0978		Axillary Crutch Extension	189.46	151.57
L0980		Peroneal Straps, Pair	20.68	16.54
L0982		Stocking Supporter Grips, Set Of Four (4)	14.62	11.70
L0984		Protective Body Sock, Each	60.68	48.54
L1000		Cervical-Thoracic-Lumbar-Sacral Orthosis (Ctlso) (Milwaukee)	1,841.09	1,472.87
L1010		Additions To Cervical-Thoracic-Lumbar-Sacral Orthosis(Ctlso)	60.24	48.19
L1020		Addition To Ctlso Or Scoliosis, Kyphosis Pad	77.59	62.07
L1025		Addition To Ctlso Or Scoliosis Orthosis, Kyphosis Pad, Floating	148.10	118.48
L1030		Addition To Ctlso Or Scoliosis Orthosis, Lumbar Bolster Pad	57.10	45.68
L1040		Addition To Ctlso Or Scoliosis Orthosis, Lumbar Or Lumbar R	74.72	59.78
L1050		Addition To Ctlso Or Scoliosis Orthosis, Sternal Pad	90.09	72.07
L1060		Addition To Ctlso Or Scoliosis Orthosis, Thoracic Pad	108.04	86.43
L1070		Addition To Ctlso Or Scoliosis Orthosis, Trapezius Sling	105.50	84.40
L1080		Addition To Ctlso Or Scoliosis Orthosis, Outrigger	59.35	47.48
L1085		Addition To Ctlso Or Scoliosis Orthosis. Outrigger, Bilateral W	160.55	128.44
L1090		Addition To Ctlso Or Scoliosis Orthosis, Lumbar Sling	106.21	84.97
L1100		Addition To Ctlso Or Scoliosis Orthosis, Ring Flange, Plastic C	169.61	135.69
L1110		Addition To Ctlso Or Scoliosis Orthosis. Ring Flange, Plastic	229.26	183.41
L1120		Addition To Ctlso Or Scoliosis Orthosis Covers For Upright, E	38.77	31.02
L1200		Thoracic-Lumbar-Sacral-Orthosis (Tlso), Inclusive Of Furnishi	1,406.44	1,125.15
L1210		Addition To Tlso, (Low Profile); Lateral Thoracic Extension	234.88	187.90
L1220		Addition To Tlso, (Low Profile), Anterior Thoracic Extension	224.37	179.50
L1230		Addition To Tlso, (Low Profile), Milwaukee Type Superstructu	575.14	460.11
L1240		Addition To Tlso, (Low Profile), Lumbar Derotation Pad	77.75	62.20
L1250		Addition To Tlso, (Low Profile), Anterior Axis Pad	77.75	62.20
L1260		Addition To Tlso, (Low Profile), Anterior Thoracic Derotation	79.38	63.50
L1270		Addition To Tlso, (Low Profile), Abdominal Pad	80.64	64.51
L1280		Addition To Tlso, (Low Profile), Rib Gusset (Elastic), Each	92.76	74.21
L1290		Addition To Tlso, (Low Profile), Lateral Trochanteric Pad	73.43	58.74
L1300		Other Scoliosis Procedure, Body Jacket Molded To Patient Mo	1,653.39	1,322.71
L1310		Other Scoliosis Procedure, Post Operative Body Jacket	1,698.87	1,359.10
L1600		Hip Orthosis, Ho), Abduction Control Of Hip Joints, Flexible,	115.67	92.54
L1610		Ho, Abduction Control Of Hip Joints; Flexible, (Frejka Cover C	51.04	40.83
L1620		Ho, Abduction Control Of Hip Joints; Flexible, (Pavlik Harnes	144.57	115.66
L1630		Ho, Abduction Control Of Hip Joints; Semi-Flexible(Von Rose	152.11	121.69
L1640		Ho, Abduction Control Of Hip Joints; Static, Pelvic Band Or S	463.01	370.41
L1650		Ho, Abduction Control Of Hip Joints; Static, Adjustable, (Iflec	234.30	187.44
L1660		Ho, Abduction Control Of Hip Joints; Static, Plastic, Prefabrica	153.62	122.90
L1680		Ho, Abduction Control Of Hip Joints; Dynamic, Pelvic Control	1,093.70	874.96
L1685		Ho, Abduction Control Of Hip Joints; Postoperative Hip Abdu	1,116.18	892.94

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
L1686		Ho, Abduction Control Of Hip Joints; Postoperative Hip Abduc	1,030.64	824.51
L1690		Combination, Bilateral, Lumbo-Sacral, Hip, Femur Orthosis Pr	1,811.90	1,449.52
L1700		Legg Perthes Orthosis, (Toronto Type), Custom Fabricated	1,370.79	1,096.63
L1710		Legg Perthes Orthosis, (Newington Type), Custom Fabricated	1,604.66	1,283.73
L1720		Legg Perthes Orthosis, Trilateral, (Tachdijan Type), Custom Fa	1,182.83	946.26
L1730		Legg Perthes Orthosis, (Scottish Rite Type), Custom Fabricate	1,015.93	812.74
L1755		Legg Perthes Orthosis, (Pattern Bottom Type), Custom Fabrica	1,612.23	1,289.78
L1810		Ko, Elastic With Joints, Prefabricated, Includes Fitting And Ad	88.40	70.72
L1820		Ko, Elastic With Condylar Pads And Joints, With Or Without F	136.96	109.57
L1830		Ko, Immobilizer, Canvas Longitudinal, Prefabricated, Includes	83.28	66.62
L1831		Ko, Locking Knee Joint(S), Positional Orthosis, Prefabricated,	275.77	220.62
L1832		Knee Orthosis, Adjustable Knee Joints (Unicentric Or Polycen	634.84	507.87
L1834		Ko, Without Knee Joint, Rigid, Custom Fabricated	696.80	557.44
L1836		Ko, Rigid, Without Joint(S), Includes Soft Interface Material, F	125.03	100.02
L1840		Ko, Derotation, Medial-Lateral, Anterior Cruciate Ligament, C	928.16	742.53
L1843		Knee Orthosis, Single Upright, Thigh And Calf, With Adjustab	840.73	672.58
L1844		Knee Orthosis, Double Upright, Thigh And Calf, With Adjusta	1,457.24	1,165.79
L1845		Knee Orthosis, Double Upright, Thigh And Calf, With Adjusta	872.44	697.95
L1846		Knee Orthosis, Double Upright, Thigh And Calf, With Adjusta	1,069.69	855.75
L1847		Ko, Double Upright With Adjustable Joint, With Inflatable Air	538.93	431.14
L1850		Ko, Swedish Type, Prefabricated, Includes Fitting And Adjustr	272.86	218.29
L1860		Ko, Modification Of Supracondylar Prosthetic Socket, Custom	963.21	770.57
L1900		Ankle-Foot Orthosis (Afo), Spring Wire, Dorsiflexion Assist C	242.16	193.73
L1902		Afo, Ankle Gauntlet, Prefabricated, Includes Fitting And Adjus	83.68	66.94
L1904		Afo, Molded Ankle Gauntlet, Custom Fabricated	503.21	402.57
L1906		Afo, Multiligamentous Ankle Support, Prefabricated, Includes	107.95	86.36
L1907		Afo, Supramalleolar With Straps, With Or Without Interface/Pa	527.23	421.78
L1910		Afo, Posterior, Single Bar, Clasp Attachment To Shoe Counter	245.16	196.13
L1920		Afo, Single Upright With Static Or Adjustable Stop(Phelps Or	313.82	251.06
L1930		Afo, Plastic Or Other Material, Prefabricated, Includes Fitting	212.35	169.88
L1932		Afo, Rigid Anterior Tibial Section, Total Carbon Fiber Or Equ	836.13	668.90
L1940		Afo, Plastic Or Other Material, Custom Fabricated	443.92	355.14
L1945		Afo, Molded To Patient Model, Plastic, Rigid Anterior Tibial	1,061.34	849.07
L1950		Afo, Spiral (Institute Of Rehabilitative Medicine Type), Plastic	703.72	562.98
L1951		Afo, Spiral, (Institute Of Rehabilitative Medicine Type)Plastic	786.91	629.53
L1960		Afo, Posterior Solid Ankle, Plastic, Custom Fabricated	530.76	424.61
L1970		Afo, Plastic With Ankle Joint, Custom Fabricated	638.73	510.98
L1971		Afo, Plastic Or Other Material With Ankle Joint, Prefabricated	439.19	351.35
L1980		Afo, Single Upright Free Plantar Dorsiflexion, Solid Stirrup, C	329.43	263.54
L1990		Afo, Double Upright Free Plantar Dorsiflexion, Solid Stirrup, C	400.12	320.10

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
L2000		Knee-Ankle-Foot-Orthosis (Kafo); Single Upright, Free Knee,	947.96	758.37
L2005		Kafo, Any Material, Single Or Double Upright, Stance Control	3,839.53	3,071.62
L2010		Kafo, Single Upright, Free Ankle, Solid Stirrup, Thigh And Ca	884.30	707.44
L2020		Kafo, Double Upright, Free Ankle, Solid Stirrup, Thigh And C	1,113.46	890.77
L2030		Kafo Double Upright, Free Ankle, Solid Stirrup, Thigh And C	1,010.77	808.62
L2034		Kafo, Full Plastic, Single Upright, With Or Without Free Moti	1,909.13	1,527.30
L2035		Kafo, Full Plastic, Static (Pediatric Size), Prefabricated, Includ	163.96	131.17
L2036		Kafo, Full Plastic, Double Upright, With Or Without Free Mot	1,725.85	1,380.68
L2037		Knee Ankle Foot Orthosis, Full Plastic, Single Upright, With C	1,610.12	1,288.10
L2038		Knee Ankle Foot Orthosis, Full Plastic, With Or Without Free	1,635.64	1,308.51
L2040		Hip-Knee-Ankle-Foot Orthosis (Hkafo), Torsion Control, Bilat	198.37	158.70
L2050		Hkafo, Torsion Control, Bilateral Torsion Cables, Hip Joint, Pe	427.60	342.08
L2060		Hkafo, Torsion Control, Bilateral Torsion Cables, Ball Bearing	521.16	416.93
L2070		Hkafo, Torsion Control, Unilateral Rotation Straps, Pelvic Ban	133.82	107.06
L2080		Hkafo, Torsion Control, Unilateral Torsion Cable, Hip Joint, P	322.86	258.29
L2090		Hkafo, Torsion Control, Unilateral Torsion Cable, Ball Bearing	393.61	314.89
L2106		Ankle-Foot-Orthosis (Afo), Fracture Orthosis, Tibial Fracture C	610.32	488.26
L2108		Afo, Fracture Orthosis, Tibial Fracture Cast Orthosis, Custom I	1,062.68	850.14
L2112		Afo, Fracture Orthosis, Tibial Fracture Soft, Prefabricated, Inc	488.77	391.02
L2114		Afo, Fracture Orthosis, Tibial Fracture Semi-Rigid, Prefabric	613.06	490.45
L2116		Afo, Fracture Orthosis, Tibial Fracture Rigid, Prefabricated, In	705.38	564.30
L2126		Knee-Ankle-Foot-Orthosis (Kafo), Fracture Orthosis, Femoral	1,179.98	943.98
L2128		Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Cust	1,670.93	1,336.74
L2132		Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Soft,	905.91	724.73
L2134		Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Semi	966.68	773.34
L2136		Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Rigid	1,153.80	923.04
L2180		Addition To Lower Extremity Fracture Orthosis, Plastic Shoe I	107.69	86.15
L2182		Addition To Lower Extremity Fracture Orthosis, Drop Lock Kn	89.22	71.38
L2184		Addition To Lower Extremity Fracture Orthosis, Limited Moti	121.96	97.57
L2186		Addition To Lower Extremity Fracture Orthosis, Adjustable M	169.18	135.34
L2188		Addition To Lower Extremity Fracture Orthosis, Quadrilateral	323.96	259.17
L2190		Addition To Lower Extremity Fracture Orthosis, Waist Belt	83.71	66.97
L2192		Addition To Lower Extremity Fracture Orthosis, Hip Joint, Pel	367.57	294.06
L2200		Addition To Lower Extremity, Limited Ankle Motion, Each Jo	42.68	34.14
L2210		Addition To Lower Extremity, Dorsiflexion Assist(Plantar Fle	61.77	49.42
L2220		Addition To Lower Extremity, Dorsiflexion And Plantar Flexio	73.51	58.81
L2230		Addition To Lower Extremity, Split Flat Caliper Stirrups And I	68.87	55.10
L2232		Addition To Lower Extremity, Rocker Bottom For Total Conta	93.25	74.60
L2240		Addition To Lower Extremity, Round Caliper And Plate Attach	85.25	68.20
L2250		Addition To Lower Extremity, Foot Plate, Molded To Patient N	345.62	276.50

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
L2260		Addition To Lower Extremity, Reinforced Solid Stirrup(Scott-C	179.94	143.95
L2265		Addition To Lower Extremity, Long Tongue Stirrup	105.71	84.57
L2270		Addition To Lower Extremity, Varus/Valgus Correction, ("T")	49.56	39.65
L2275		Addition To Lower Extremity, Varus/Valgus Correction, Plasti	116.85	93.48
L2280		Addition To Lower Extremity, Molded Inner Boot	408.63	326.90
L2300		Addition To Lower Extremity, Abduction Bar (Bilateral Hip In	256.22	204.98
L2310		Addition To Lower Extremity, Abduction Bar-Straight	128.31	102.65
L2320		Addition To Lower Extremity, Non-Molded Lacer , For Custor	184.69	147.75
L2330		Addition To Lower Extremity, Lacer Molded To Patient Model	386.61	309.29
L2335		Addition To Lower Extremity, Anterior Swing Band	238.69	190.95
L2340		Addition To Lower Extremity, Pretibial Shell, Molded To Pat	516.73	413.38
L2350		Addition To Lower Extremity, Prosthetic Type, (Bk) Socket, I	892.45	713.96
L2360		Addition To Lower Extremity, Extended Steel Shank	46.44	37.15
L2370		Addition To Lower Extremity, Patten Bottom	300.95	240.76
L2375		Addition To Lower Extremity, Torsion Control, Ankle Joint Ar	127.11	101.69
L2380		Addition To Lower Extremity, Torsion Control, Straight Knee	110.51	88.41
L2385		Addition To Lower Extremity, Straight Knee Joint, Heavy Duty	120.23	96.18
L2387		Addition To Lower Extremity, Polycentric Knee Joint, For Cus	173.22	138.58
L2390		Addition To Lower Extremity, Offset Knee Joint, Each Joint	100.67	80.54
L2395		Addition To Lower Extremity, Offset Knee Joint, Heavy Duty,	140.45	112.36
L2397		Addition To Lower Extremity Orthosis, Suspension Sleeve	109.42	87.54
L2405		Addition To Knee Joint, Drop Lock, Each	81.68	65.34
L2415		Addition To Knee Lock With Integrated Release Mechanism (F	113.80	91.04
L2425		Addition To Knee Joint, Disc Or Dial Lock For Adjustable Kn	134.31	107.45
L2430		Addition To Knee Joint, Ratchet Lock For Active And Progres	134.31	107.45
L2492		Addition To Knee Joint, Life Look For Drop Lock Ring	121.94	97.55
L2500		Addition To Lower Extremity, Thigh/Weight Bearing, Gluteal/	291.73	233.38
L2510		Addition To Lower Extremity, Thigh/Weight Bearing, Quadri	654.54	523.63
L2520		Addition To Lower Extremity, Thigh/Weight Bearing, Quadri	431.77	345.42
L2525		Addition To Lower Extremity, Thigh/Weight Bearing, Ischial C	1,164.92	931.94
L2526		Addition To Lower Extremity, Thigh/Weight Bearing, Ischial C	664.77	531.82
L2530		Addition To Lower Extremity, Thigh/Weight Bearing Lacer, N	210.91	168.73
L2540		Addition To Lower Extremity, Thigh/Weight Bearing, Lacer, M	379.51	303.61
L2550		Addition To Lower Extremity, Thigh/Weight Bearing, High Ro	257.81	206.25
L2570		Addition To Lower Extremity, Pelvic Control, Hip Joint, Clevis	427.55	342.04
L2580		Addition To Lower Extremity, Pelvic Control, Pelvic Sling	416.60	333.28
L2600		Addition To Lower Extremity, Pelvic Control, Hip Joint, Clevis	228.13	182.50
L2610		Addition To Lower Extremity, Pelvic Control, Hip Joint, Clevis	241.63	193.30
L2620		Addition To Lower Extremity, Pelvic Control, Hip Joint;Heavy	271.69	217.35
L2622		Addition To Lower Extremity, Pelvic Control, Adjustable Flexi	308.02	246.42

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
L2624		Addition To Lower Extremity, Pelvic Control, Adjustable Flexi	297.25	237.80
L2627		Addition To Lower Extremity, Pelvic Control, Plastic, Molded	1,621.98	1,297.58
L2628		Addition To Lower Extremity, Pelvic Control, Metal Frame, Re	1,595.47	1,276.38
L2630		Addition To Lower Extremity, Pelvic Control, Band And Belt,	222.28	177.82
L2640		Addition To Lower Extremity, Pelvic Control, Band And Belt,	301.66	241.33
L2650		Addition To Lower Extremity, Pelvic And Thoracic Control, G	128.43	102.74
L2660		Addition To Lower Extremity, Thoracic Control, Band	167.30	133.84
L2670		Addition To Lower Extremity, Thoracic Control, Paraspinal Up	162.25	129.80
L2680		Addition To Lower Extremity, Thoracic Control, Lateral Supp	150.29	120.23
L2750		Addition To Lower Extremity Orthosis, Plating Chrome Or Nic	75.03	60.02
L2755		Addition To Lower Extremity Orthosis, High Strength, Lightwe	122.40	97.92
L2760		Addition To Lower Extremity Orthosis, Extension, Per Extens	54.54	43.63
L2780		Addition To Lower Extremity Orthosis, Non-Corrosive Finish,	60.75	48.60
L2785		Addition To Lower Extremity Orthosis, Drop Lock Retainer, E	28.57	22.86
L2795		Addition To Lower Extremity Orthosis, Knee Control, Full Kn	77.48	61.98
L2800		Addition To Lower Extremity Orthosis, Knee Control, Knee Ca	119.08	95.26
L2810		Addition To Lower Extremity Orthosis, Knee Control, Condyla	93.48	74.78
L2820		Addition To Lower Extremity Orthosis, Soft Interface For Mol	77.95	62.36
L2830		Addition To Lower Extremity Orthosis, Soft Interface For Mol	84.33	67.46
L2840		Addition To Lower Extremity Orthosis, Tibial Length Sock, Fr	49.85	39.88
L2850		Addition To Lower Extremity Orthosis, Femoral Length Sock,	55.58	44.46
L3000		Foot, Insert, Removable, Molded To Patient Model, "Ucb" Typ	294.34	235.47
L3001		Foot, Insert, Removable, Molded To Patient Model, Spenco, Ea	123.94	99.15
L3002		Foot, Insert, Removable, Molded To Patient Model, Plastazote	151.33	121.06
L3003		Foot, Insert, Removable, Molded To Patient Model, Silicone G	163.29	130.63
L3010		Foot, Insert, Removable, Molded To Patient Model, Longitudir	163.29	130.63
L3020		Foot, Insert, Removable, Molded To Patient Model, Longitudir	185.90	148.72
L3030		Foot, Insert, Removable, Formed To Patient Foot Each	71.51	57.21
L3031		Foot, Insert/Plate, Removable, Addition To Lower Extremity O	114.77	91.82
L3040		Foot, Arch Support, Removable, Premolded, Longitudinal, Eac	44.09	35.27
L3050		Foot, Arch Support, Removable, Premolded, Metatarsal, Each	44.09	35.27
L3060		Foot, Arch Support, Removable, Premolded, Longitudinal/Met	69.10	55.28
L3070		Foot, Arch Support, Non-Removable Attached To Shoe, Longi	29.76	23.81
L3080		Foot, Arch Support, Non-Removable Attached To Shoe, Metat	29.76	23.81
L3090		Foot, Arch Support, Non-Removable Attached To Shoe, Longi	38.14	30.51
L3100		Hallus-Valgus Night Dynamic Splint	40.51	32.41
L3140		Foot, Abduction Rotation Bar, Including Shoes	83.43	66.74
L3150		Foot, Abduction Rotation Bars, Without Shoes	76.27	61.02
L3170		Foot, Plastic, Silicone Or Equal, Heel Stabilizer	47.69	38.15
L3201		Orthopedic Shoe, Oxford With Supinator Or Pronator, Infant	-	36.00

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
L3202		Orthopedic Shoe, Oxford With Supinator Or Pronator Child	-	36.00
L3203		Orthopedic Shoe, Oxford With Supinator Or Pronator Junior	-	37.80
L3204		Orthopedic Shoe, Hightop With Supinator Or Pronator, Infant	-	36.00
L3206		Orthopedic Shoe, Hightop With Supinator Or Pronator, Child	-	36.00
L3207		Orthopedic Shoe, Hightop With Supinator Or Pronator, Junior	-	37.80
L3208		Surgical Boot, Each, Infant	-	17.10
L3209		Surgical Boot, Each, Child	-	17.10
L3211		Surgical Boot, Each, Junior	-	27.00
L3212		Benesch Boot, Pair; Infant	-	41.40
L3213		Benesch Boot, Pair, Child	-	54.00
L3214		Benesch Boot, Pair, Junior	-	63.90
L3215		Orthopedic Footwear, Ladies Shoes, Oxford, Each	-	80.38
L3216		Orthopedic Footwear, Ladies Shoes, Depth Inlay, Each	-	123.93
L3217		Orthopedic Footwear, Ladies Shoes, Hightop, Depth Inlay, Each	-	164.43
L3219		Orthopedic Footwear, Men'S Shoes, Oxford, Each	-	82.52
L3221		Orthopedic Footwear, Men'S Shoes, Depth Inlay, Each	-	143.37
L3222		Orthopedic Footwear, Men'S Shoes, Shoes, Hightop, Depth Inlay, Each	-	162.00
L3224		Orthopedic Footwear, Woman'S Shoe, Oxford, Used As An Integ	59.71	47.77
L3225		Orthopedic Footwear, Man'S Shoe, Oxford, Used As An Integr	61.32	49.06
L3230		Orthopedic Footwear, Custom Shoes, Depth Inlay, Each	-	392.04
L3250		Orthopedic Footwear, Custom Molded Shoe, Removable Inner	-	277.83
L3252		Foot, Shoe Molded To Patient Model, Plastazote (Or Similar),	-	81.00
L3253		Foot, Molded Shoe Plastazote (Or Similar) Custom Fitted, Each	-	55.89
L3254		Non-Standard Size Or Width	-	12.96
L3255		Non-Standard Size Or Length	-	12.96
L3257		Orthopedic Footwear, Additional Charge For Split Size	-	27.00
L3260		Surgical Boot/Shoe, Each	-	84.24
L3265		Plastazote Sandal, Each	-	40.50
L3300		Lift, Elevation, Heel, Tapered To Metatarsal, Per Inch	48.85	39.08
L3310		Lift, Elevation, Heel And Sole, Neoprene, Per Inch	76.27	61.02
L3320		Lift, Elevation, Heel And Sole, Cork, Per Inch	-	103.68
L3330		Lift, Elevation, Metal Extension (Skate)	530.29	424.23
L3332		Lift, Elevation, Inside Shoe, Tapered, Up To One-Half Inch	69.10	55.28
L3334		Lift, Elevation, Heel, Per Inch	35.77	28.62
L3340		Heel Wedge, Sach	79.87	63.90
L3350		Heel Wedge	21.47	17.18
L3360		Sole Wedge, Outside Sole	33.36	26.69
L3370		Sole Wedge, Between Sole	46.44	37.15
L3380		Clubfoot Wedge	46.44	37.15
L3390		Outflare Wedge	46.44	37.15

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
L3400		Metatarsal Bar Wedge, Rocker	38.14	30.51
L3410		Metatarsal Bar Wedge, Between Sole	86.98	69.58
L3420		Full Sole And Heel Wedge; Between Sole	51.26	41.01
L3430		Heel, Counter, Plastic Reinforced	150.15	120.12
L3440		Heel, Counter, Leather Reinforced	71.51	57.21
L3450		Heel, Sach Cushion Type	98.92	79.14
L3455		Heel, New Leather, Standard	38.14	30.51
L3460		Heel, New Rubber, Standard	32.15	25.72
L3465		Heel, Thomas With Wedge	54.82	43.86
L3470		Heel, Thomas Extended To Ball	58.39	46.71
L3480		Heel, Pad And Depression For Spur	58.39	46.71
L3485		Heel, Pad, Removal For Spur	-	13.77
L3500		Orthopedic Shoe Addition, Insole, Leather	27.40	21.92
L3510		Orthopedic Shoe Addition Insole, Rubber	27.40	21.92
L3520		Orthopedic Shoe Addition Insole, Felt Covered With Leather	29.76	23.81
L3530		Orthopedic Shoe Addition Sole, Half	29.76	23.81
L3540		Orthopedic Shoe Addition Sole, Full	47.69	38.15
L3550		Orthopedic Shoe Addition Toe Tap, Standard)	8.32	6.66
L3560		Orthopedic Shoe Addition Toe Tap, Horseshoe	21.47	17.18
L3570		Orthopedic Shoe Addition, Special Extension To Instep(Leathe	79.87	63.90
L3580		Orthopedic Shoe Addition, Convert Instep To Velcro Closure	60.77	48.62
L3590		Orthopedic Shoe Addition, Convert Firm Shoe Counter To Sof	50.05	40.04
L3595		Orthopedic Shoe Addition, March Bar	39.31	31.45
L3600		Transfer Of An Orthosis From One Shoe To Another, Caliper I	71.51	57.21
L3610		Transfer Of An Orthosis From One Shoe To Another, Caliper I	94.13	75.30
L3620		Transfer Of An Orthosis From One Shoe To Another, Solid Sti	71.51	57.21
L3630		Transfer Of An Orthosis From One Shoe To Another, Solid Sti	94.13	75.30
L3640		Transfer Of An Orthosis From One Shoe To Another, Dennis E	40.51	32.41
L3650		Shoulder Orthosis, (So); Figure Of Eight Design Abduction Re	59.68	47.74
L3660		Shoulder Orthosis, Figure Of Eight Design Abduction Restrain	90.28	72.22
L3670		Shoulder Orthosis, Acromio/Clavicular (Canvas And Webbing	119.31	95.45
L3671		Shoulder Orthosis, Shoulder Cap Design, Without Joints, May	768.40	614.72
L3674		So Airplane W/Wo Joint Cf	1,007.98	806.38
L3702		Elbow Orthosis, Without Joints, May Include Soft Interface, St	246.23	196.98
L3710		Elbow Orthosis (Eo), Elastic With Metal Joints, Prefabricated ,	137.26	109.81
L3720		Elbow Orthosis (Eo), Double Upright With Forearm/Arm Cuff	612.47	489.98
L3730		Elbow Orthosis (Eo), Double Upright With Fore/Arm Cuffs, E	791.81	633.45
L3740		Elbow Orthosis (Eo), Double Upright With Forearm/Arm Cuff	938.76	751.01
L3760		Eo withjoint, prefabricated	426.44	341.15
L3762		Eo rigid w/o joints pre ots	91.69	73.35

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
L3763		Ewho, Rigid, Without Joints, May Includes Soft Interface, Stra	598.58	478.86
L3764		Ewho, Includes One Or More Nontorsion Joints, Elastic Bands	781.29	625.03
L3765		Ewhfo, Rigid, Without Joints, May Include Soft Interface, Stra	1,093.42	874.74
L3766		Ewhfo, Includes One Or More Nontorsion Joints, Elastic Bands	1,157.85	926.28
L3806		Wrist-Hand-Finger Orthosis, Includes One Or More Nontorsion	387.36	309.89
L3807		Wrist-Hand-Finger-Orthosis (Whfo), Without Joint(S), Prefabr	213.23	170.58
L3808		Wrist-Hand-Finger Orthosis, Rigid Without Joints, May Includ	318.88	255.10
L3900		Wrist-Hand-Finger Orthosis, Dynamic Flexor Hinge, Reciproca	1,243.39	994.71
L3901		Wrist-Hand-Finger Orthosis, Dynamic Flexor Hinge, Reciproca	1,412.03	1,129.62
L3904		Wrist-Hand-Finger Orthosis, External Powered, Electric, Cust	2,572.29	2,057.83
L3905		Wrist-Hand Orthosis, Includes One Or More Nontorsion Joints	845.68	676.54
L3906		Wrist-Hand Orthosis, Without Joints, May Include Soft Interfa	375.48	300.38
L3908		Wrist-Hand Orthosis (Who), Wrist Extension Control Cock-Up	59.09	47.27
L3912		Hand-Finger Orthosis, Flexion Glove With Elastic Finger Cont	102.36	81.89
L3913		Hand-Finger Orthosis, Without Joints, May Include Soft Interfa	230.96	184.77
L3915		Wrist-Hand-Finger Orthosis, Includes One Or More Nontorsion	453.28	362.62
L3917		Hand Orthosis, Metacarpal Fracture Orthosis, Prefabricated, In	90.11	72.09
L3919		Hand Orthosis, Without Joints, May Include Soft Interface, Stra	230.96	184.77
L3921		Hand-Finger Orthosis, Includes One Or More Nontorsion Joint	273.91	219.13
L3923		Hfo, Without Joints, May Include Soft Interface, Straps, Prefab	82.30	65.84
L3925		Finger Orthosis Proximal Interphalangeal (Pip)/Distal Interphal	44.14	35.31
L3927		Finger Orthosis, Proximal Interphalangeal (Pip)/DistalInterphal	29.81	23.85
L3929		Hand Finger Orthosis, Includes One Or More Nontorsion Joint	78.21	62.57
L3931		Wrist Hand Finger Orthosis, Includes One Or More Nontorsion	160.17	128.14
L3933		Finger Orthosis, Without Joints, May Include Soft Interface, Cu	181.93	145.54
L3935		Finger Orthosis, Nontorsion Joint, May Include Soft Interface,	188.38	150.70
L3960		Shoulder-Elbow-Wrist-Hand Orthosis (Sewho); Abduction Pos	646.13	516.90
L3961		Shoulder-Elbow-Wrist-Hand Orthosis, Shoulder Cap Design, V	1,432.71	1,146.17
L3962		Shoulder-Elbow-Wrist-Hand Orthosis, Abduction Positioning,	630.24	504.19
L3967		Sewho, Abduction Positioning (Airplane Design), Thoracic Co	1,691.54	1,353.23
L3971		Sewho, Shoulder Cap Design, Includes One Or More Nontorsion	1,605.68	1,284.54
L3973		Sewho, Abduction Positioning (Airplane Design), Thoracic Co	1,691.54	1,353.23
L3975		Sewhfo, Shoulder Cap Design, Without Joints, May Include So	1,432.71	1,146.17
L3976		Sewhfo, Abduction Positioning (Airplane Design), Thoracic Co	1,432.71	1,146.17
L3977		Sewhfo, Shoulder Cap Design, Includes One Or More Nontorsion	1,605.68	1,284.54
L3978		Sewhfo, Abduction Positioning (Airplane Design), Thoracic Co	1,691.54	1,353.23
L3980		Upper Extremity Fracture Orthosis, Humeral, Prefabricated, In	281.27	225.02
L3981		Ue fx orth shoul cap forearm	858.35	686.68
L3982		Upper Extremity Fracture Orthosis, Radius/Ulnar, Prefabricate	327.91	262.33
L3984		Upper Extremity Fracture Orthosis, Wrist, Prefabricated, Inclu	302.33	241.86

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
L3995		Addition To Upper Extremity Orthosis, Sock, Fracture Or Equa	31.33	25.06
L4000		Replace Girdle For Spinal Orthosis (Ct Iso Or So)	1,235.69	988.55
L4002		Replacement Strap, Any Orthosis, Includes All Components, A	-	11.52
L4010		Replace trilateral socket br	602.42	481.94
L4020		Replace Quadrilateral Socket Brim, Molded To Patient Model	842.50	674.00
L4030		Replace Quadrilateral Socket Brim, Custom Fitted	453.20	362.56
L4040		Replace Molded Thigh Lacer, For Custom Fabricated Orthosis	369.82	295.86
L4045		Replace Non-Molded Thigh Lacer, For Custom Fabricated Ort	294.45	235.56
L4050		Replace Molded Calf Lacer, For Custom Fabricated Orthosis C	370.58	296.46
L4055		Replace Non-Molded Calf Lacer, For Custom Fabricated Ortho	239.97	191.98
L4060		Replace High Roll Cuff	285.27	228.22
L4070		Replace Proximal And Distal Upright For Kafo	252.62	202.10
L4080		Replace Metal Bands Kafo, Proximal Thigh	103.62	82.90
L4090		Replace Metal Bands Kafo-Afo, Calf Or Distal Thigh	81.76	65.41
L4100		Replace Leather Cuff Kafo, Proximal Thigh	107.36	85.89
L4110		Replace Leather Cuff Kafo-Afo, Calf Or Distal Thigh	80.88	64.70
L4130		Replace Pretibial Shell	453.53	362.82
L4205		Repair Of Orthotic Device, Labor Component, Per 15 Minutes	22.35	17.88
L4350		Ankle Control Orthosis, Stirrup Style, Rigid, Includes Any Type	89.84	71.87
L4360		Walking Boot, Pneumatic, With Or Without Joints, With Or W	276.21	220.97
L4370		Pneumatic Full Leg Splint, Prefabricated, Includes Fitting And	182.66	146.13
L4386		Walking Boot, Non-Pneumatic, With Or Without Joints, With C	148.56	118.85
L4392		Replacement, Soft Interface Material; Static Afo	22.04	17.63
L4394		Replace Soft Interface Material, Foot Drop Splint	16.08	12.86
L4396		Static Ankle Foot Orthosis, Including Soft Interface Material, A	157.22	125.78
L4398		Foot Drop Splint, Recumbent Positioning Device, Prefabricated	72.39	57.91
L4631		Afo, Walk Boot Type, Cus Fab	1,494.06	1,195.25
L5000		Partial Foot, Shoe Insert With Longitudinal Arch, Toe Filter	533.02	426.42
L5010		Partial Foot, Molded Socket, Ankle Height, With Toe Filler	1,164.27	931.42
L5020		Partial Foot, Molded Socket, Tibial Tubercle Height, With Toe	1,895.19	1,516.15
L5050		Ankle, Symes, Molded Socket Sach Foot	2,194.71	1,755.77
L5060		Ankle, Symes, Metal Frame, Molded Leather Socket, Articulat	2,641.37	2,113.10
L5100		Below Knee, Molded, Socket, Shin, Sach Foot	2,286.31	1,829.05
L5105		Below Knee, Plastic Socket, Joints And Thigh Lacer, Sach Foo	3,628.86	2,903.09
L5150		Knee Disarticulation (Or Through Knee), Molded Socket, Exte	3,358.30	2,686.64
L5160		Knee Disarticulation (Or Through Knee), Molded Socket Bent	3,652.75	2,922.20
L5200		Above Knee, Molded Socket, Single Axis Constant Friction Kr	3,181.86	2,545.49
L5210		Above Knee, Short Prosthesis, No Knee Joint ("Stubbies"), Wit	2,320.59	1,856.47
L5220		Above Knee, Short Prosthesis, No Knee Joint ("Stubbies"), Wi	2,637.77	2,110.22
L5230		Above Knee, For Proximal Femoral Focal Deficiency, Constan	3,638.01	2,910.41

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
L5250		Hip Disarticulation, Canadian Type, Molded Socket, Hip Joint,	4,961.92	3,969.54
L5270		Hip Disarticulation, Tilt Table Type; Molded Socket, Locking	4,918.45	3,934.76
L5280		Hemipelvectomy, Canadian Type; Molded Socket, Hip Joint, S	4,869.27	3,895.42
L5301		Below Knee, Molded Socket, Shin, Sach Foot, Endoskeletal Sy	2,195.74	1,756.59
L5312		Knee Disarticulation (Or Through Knee), Molded Socket, Exte	3,154.42	2,523.54
L5321		Above Knee, Molded Socket, Open End, Sach Foot, Endoskele	3,143.14	2,514.51
L5331		Hip Disarticulation, Canadian Type, Molded Socket, Endoskel	4,447.66	3,558.13
L5341		Hemipelvectomy, Canadian Type, Molded Socket, Endoskeleta	4,833.21	3,866.57
L5400		Immediate Post Surgical Or Early Fitting; Application Of Initia	1,150.97	920.78
L5410		Immediate Post Surgical Or Early Fitting; Application Of Initia	504.27	403.42
L5420		Immediate Post Surgical Or Early Fitting; Application Of Initia	1,453.62	1,162.90
L5430		Immediate Post Surgical Or Early Fitting; Application Of Initia	641.64	513.31
L5450		Immediate Post Surgical Or Early Fitting; Application Of Non	410.47	328.38
L5460		Immediate Post Surgical Or Early Fitting; Application Of Non-	605.00	484.00
L5500		Initial, Below Knee "Ptb" Type Socket, Non-Alignable System,	1,228.23	982.58
L5505		Initial, Above Knee - Knee Disarticulation, Ischial Level Socke	1,663.34	1,330.67
L5510		Preparatory, Below Knee "Ptb" Type Socket, Non- Alignable S	1,392.28	1,113.82
L5520		Preparatory, Below Knee "Ptb" Type Socket, Non- Alignable S	1,375.24	1,100.19
L5530		Preparatory, Below Knee "Ptb" Type Socket, Non- Alignable S	1,740.77	1,392.62
L5535		Preparatory, Below Knee "Ptb" Type Socket, Non- Alignable S	1,715.52	1,372.42
L5540		Preparatory, Below Knee "Ptb" Type Socket, Non- Alignable S	1,811.51	1,449.21
L5560		Preparatory, Above Knee - Knee Disarticulation, Ischial Level	1,858.69	1,486.95
L5570		Preparatory, Above Knee - Knee Disarticulation, Ischial Level	1,932.38	1,545.90
L5580		Preparatory, Above Knee - Knee Disarticulation, Ischial Level	2,255.92	1,804.74
L5585		Preparatory, Above Knee - Knee Disarticulation, Ischial Level	2,446.81	1,957.45
L5590		Preparatory, Above Knee - Knee Disarticulation, Ischial Level	2,298.93	1,839.14
L5595		Preparatory, Hip Disarticulation-Hemipelvectomy, Pylon, No C	4,040.91	3,232.73
L5600		Preparatory, Hip Disarticulation – Hemipelvectomy, Pylon, No	4,407.51	3,526.01
L5610		Addition To Lower Extremity, Endoskeletal System;Above Kne	1,979.95	1,583.96
L5611		Addition To Lower Extremity, Endoskeletal System; Above Kr	1,540.80	1,232.64
L5613		Addition To Lower Extremity, Endoskeletal System; Above Kr	2,343.65	1,874.92
L5614		Addition To Lower Extremity, Endoskeletal Above Knee- Knee	1,584.21	1,267.37
L5616		Addition To Lower Extremity, Endoskeletal Above Knee- Univ	1,298.84	1,039.07
L5617		Addition To Lower Extremity, Quick Change Self- Aligning U	525.27	420.22
L5618		Addition To Lower Extremity, Test Socket, Symes	302.59	242.07
L5620		Addition To Lower Extremity, Test Socket, Below Knee	265.87	212.70
L5622		Addition To Lower Extremity, Test Socket, Knee Disarticulat	406.04	324.83
L5624		Addition To Lower Extremity, Test Socket, Above Knee	387.40	309.92
L5626		Addition To Lower Extremity, Test Socket, Hip Disarticulation	544.55	435.64
L5628		Addition To Lower Extremity, Test Socket, Hemipelvectomy	515.77	412.62

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
L5629		Addition To Lower Extremity, Below Knee, Acrylic Socket	393.86	315.09
L5630		Addition To Lower Extremity, Symes Type, Expandable Wall S	429.19	343.35
L5631		Addition To Lower Extremity, Above Knee Or Knee Disarticul	513.24	410.59
L5632		Addition To Lower Extremity, Symes Type; "Ptb" Brim Design	212.34	169.87
L5634		Addition To Lower Extremity, Symes Type; Posterior Opening	290.90	232.72
L5636		Addition To Lower Extremity, Symes Type; Medial Opening S	243.67	194.94
L5637		Addition To Lower Extremity, Below Knee; Total Contact	325.49	260.39
L5638		Addition To Lower Extremity, Below Knee Leather Socket	465.41	372.33
L5639		Addition To Lower Extremity, Below Knee Wood Socket	1,091.81	873.45
L5640		Addition To Lower Extremity, Knee Disarticulation, Leather S	664.73	531.78
L5642		Addition To Lower Extremity, Above Knee, Leather Socket	595.11	476.09
L5643		Addition To Lower Extremity, Hip Disarticulation, Flexible Inr	1,488.45	1,190.76
L5644		Addition To Lower Extremity, Above Knee, Wood Socket	564.84	451.87
L5645		Addition To Lower Extremity, Below Knee, Flexible Inner Soc	763.04	610.43
L5646		Addition To Lower Extremity, Below Knee, Air Cushion Sock	523.98	419.18
L5647		Addition To Lower Extremity, Below Knee, Suction Socket	760.71	608.57
L5648		Addition To Lower Extremity, Above Knee, Air Cushion Sock	629.62	503.70
L5649		Addition To Lower Extremity, Ischial Containment/Narrow M-	1,911.43	1,529.14
L5650		Addition To Lower Extremity, Total Contact, Above Knee Or I	466.86	373.49
L5651		Addition To Lower Extremity, Above Knee, Flexible Inner Soc	1,148.46	918.77
L5652		Addition To Lower Extremity, Suction Suspension, Above Kne	416.94	333.55
L5653		Addition To Lower Extremity, Knee Disarticulation, Expandab	556.57	445.26
L5654		Addition To Lower Extremity, Socket Insert; Symes, (Kemblo,	317.16	253.73
L5655		Addition To Lower Extremity, Socket Insert Below Knee (Ke	268.54	214.83
L5656		Addition To Lower Extremity, Socket Insert, Knee Disarticulat	378.27	302.62
L5658		Addition To Lower Extremity, Socket Insert, Above Knee(Kem	368.38	294.70
L5661		Addition To Lower Extremity, Socket Insert ,Multi-Durometer	640.17	512.14
L5665		Addition To Lower Extremity, Socket Insert Multi-Durometer,	489.66	391.73
L5666		Addition To Lower Extremity; Below Knee, Cuff Suspension	72.76	58.21
L5668		Addition To Lower Extremity; Below Knee, Molded Distal Cus	97.15	77.72
L5670		Addition To Lower Extremity; Below Knee, Molded Supracon	295.75	236.60
L5671		Addition To Lower Extremity; Below Knee/Above Knee Suspe	475.68	380.54
L5672		Additional To Lower Extremity Below Knee, Removable Medi	361.37	289.10
L5673		Additional To Lower Extremity Below Knee/Above Knee, Cus	671.88	537.50
L5676		Additional To Lower Extremity Below Knee, Knee Joints, Sing	346.54	277.23
L5677		Additional To Lower Extremity Below Knee, Knee Joints, Poly	471.52	377.22
L5678		Additional To Lower Extremity Below Knee, Joint Covers, Pai	37.97	30.38
L5679		Additional To Lower Extremity, Below Knee/Above Knee, Cus	559.88	447.90
L5680		Additional To Lower Extremity Below Knee, Thigh Lacer, Nor	331.22	264.98
L5681		Additional To Lower Extremity, Below Knee/AboveKnee, Cust	1,234.91	987.93

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
L5682		Addition To Lower Extremity Below Knee, Thigh Lacer, Glu	598.07	478.46
L5683		Addition To Lower Extremity, Below Knee/Above Knee, Custo	1,234.91	987.93
L5684		Addition To Lower Extremity, Below Knee, Fork Strap	46.03	36.82
L5685		Addition To Lower Extremity Prosthesis, Below Knee, Suspens	120.25	96.20
L5686		Addition To Lower Extremity, Below Knee, Back Check(Exter	62.08	49.66
L5688		Addition To Lower Extremity, Below Knee, Waist Belt, Webbi	58.42	46.74
L5690		Addition To Lower Extremity, Below Knee, Waist Belt, Padde	113.12	90.50
L5692		Addition To Lower Extremity, Above Knee; Pelvic Control Be	131.30	105.04
L5694		Addition To Lower Extremity, Pelvic Control Belt, Padded An	173.49	138.79
L5695		Addition To Lower Extremity, Pelvic Control, Sleeve Suspens	182.00	145.60
L5696		Addition To Lower Extremity, Above Knee Or Knee Disarticul	198.89	159.11
L5697		Addition To Lower Extremity, Pelvic Band	80.79	64.63
L5698		Addition To Lower Extremity, Silesian Bandage	100.47	80.38
L5699		All Lower Extremity Prostheses, Shoulder Harness	178.31	142.65
L5700		Replacement, Socket; Below Knee, Molded To Patient Model	2,755.08	2,204.06
L5701		Replacement, Socket; Above Knee/Knee Disarticulation, Includ	3,417.93	2,734.34
L5702		Replacement, Socket; Hip Disarticulation, Including Hip Joint,	4,307.79	3,446.23
L5703		Ankle, Symes, Molded To Patient Model, Socket Without Solid	2,000.50	1,600.40
L5704		Custom Shaped Protective Cover, Below Knee	561.75	449.40
L5705		Custom Shaped Protective Cover, Above Knee	1,029.91	823.93
L5706		Custom Shaped Protective Cover, Knee Disarticulation	1,004.54	803.63
L5707		Custom Shaped Protective Cover, Hip Disarticulation	1,349.59	1,079.67
L5710		Addition, Exoskeletal Knee-Shin System, Single Axis;Manual	343.95	275.16
L5711		Addition, Exoskeletal Knee-Shin System, Single Axis;Manual	521.76	417.41
L5712		Addition, Exoskeletal Knee-Shin System, Single Axis;Friction	412.07	329.66
L5714		Addition, Exoskeletal Knee-Shin System, Single Axis;Variable	424.95	339.96
L5716		Addition, Exoskeletal Knee-Shin System, Polycentric;Mechani	697.00	557.60
L5718		Addition, Exoskeletal Knee-Shin System, Single Axis;Friction	871.18	696.94
L5722		Addition, Exoskeletal Knee-Shin System, Single Axis;Pneumat	909.11	727.29
L5724		Addition, Exoskeletal Knee-Shin System, Single Axis;Fluid Sw	1,443.48	1,154.78
L5726		Addition, Exoskeletal Knee-Shin System, Single Axis;External	1,895.45	1,516.36
L5728		Addition, Exoskeletal Knee-Shin System, Single Axis;Fluid Sw	2,361.48	1,889.18
L5780		Addition, Exoskeletal Knee-Shin System, Single Axis;Pneumat	1,138.59	910.87
L5785		Addition, Exoskeletal System, Below Knee, Ultra-Light Materi	496.86	397.49
L5790		Addition, Exoskeletal System, Above Knee, Ultra-Light Materi	687.62	550.10
L5795		Addition, Exoskeletal System, Hip Disarticulation, Ultra-Light	1,026.79	821.43
L5810		Addition, Endoskeletal Knee-Shin System, Single Axis;Manual	477.67	382.14
L5811		Addition, Endoskeletal Knee-Shin System, Single Axis;Manual	697.46	557.97
L5812		Addition, Endoskeletal Knee-Shin System, Single Axis;Friction	540.61	432.49
L5814		Addition, Endoskeletal Knee-Shin System, Polycentric; Hydrau	3,486.63	2,789.30

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
L5816		Addition, Endoskeletal Knee-Shin System, Polycentric;Mechan	813.30	650.64
L5818		Addition, Endoskeletal Knee-Shin System, Polycentric;Friction	918.37	734.70
L5822		Addition, Endoskeletal Knee-Shin System, Single Axis;Pneuma	1,781.73	1,425.38
L5824		Addition, Endoskeletal Knee-Shin System, Single Axis Fluid S	1,466.58	1,173.26
L5826		Addition, Endoskeletal Knee-Shin System, Single Axis Hydrau	2,961.16	2,368.93
L5828		Addition, Endoskeletal Knee-Shin System, Single Axis Fluid S	2,795.61	2,236.49
L5830		Addition, Endoskeletal Knee-Shin System, Single Axis Pneuma	1,986.40	1,589.12
L5840		Addition, Endoskeletal Knee-Shin System, 4-Bar Linkage Or M	3,502.78	2,802.22
L5845		Addition, Endoskeletal, Knee-Shin System; Stance Flexion Fea	1,682.71	1,346.17
L5850		Addition, Endoskeletal System; Above Knee Or Hip Disarticul	127.02	101.62
L5855		Addition, Endoskeletal System; Hip Disarticulation, Mechanic	295.34	236.27
L5910		Addition, Endoskeletal System, Below Knee, Alignable System	348.81	279.05
L5920		Addition, Endoskeletal System, Above Knee Or Hip Disarticul	507.42	405.94
L5925		Addition, Endoskeletal System, Above Knee, Knee Disarticula	321.33	257.06
L5930		Addition, Endoskeletal System; High Activity Knee Control Fr	3,159.99	2,527.99
L5940		Addition, Endoskeletal System; Below Knee, Ultra- Light Mat	479.70	383.76
L5950		Addition, Endoskeletal System; Above Knee, Ultra- Light Ma	810.39	648.31
L5960		Addition, Endoskeletal System; Hip Disarticulation, Ultra-Lig	970.70	776.56
L5961		Endo Poly Hip, Pneu/Hyd/Rot	4,350.74	3,480.59
L5962		Addition, Endoskeletal System; Below Knee, Flexible Protecti	562.12	449.70
L5964		Addition, Endoskeletal System; Above Knee, Flexible Protect	1,006.88	805.50
L5966		Addition, Endoskeletal System; Hip Disarticulation, Flexible	1,297.01	1,037.61
L5970		All Lower Extremity Prostheses; Foot, External Keel, Sach Foot	209.94	167.95
L5971		All Lower Extremity Prosthesis, Solid Ankle Cushion Heel (Sa	209.94	167.95
L5972		All Lower Extremity Prosthesis, Flexible Keel Foot(Safe, Sten,	337.04	269.63
L5974		All Lower Extremity Prosthesis, Foot, Single Axis Ankle/Foot	284.36	227.49
L5975		All Lower Extremity Prosthesis; Combination Single Axis Ank	435.22	348.18
L5976		All Lower Extremity Prostheses, Energy Storing Foot(Seattle C	535.56	428.45
L5978		All Lower Extremity Prostheses, Foot, Multiaxial Ankle/Foot	279.08	223.26
L5979		All Lower Extremity Prostheses, Multiaxial Ankle, Dynamic R	2,239.45	1,791.56
L5980		All Lower Extremity Prostheses, Flex Foot System	3,545.76	2,836.61
L5981		All Lower Extremity Prostheses, Flex-Walk System Or Equal	3,064.84	2,451.87
L5982		All Exoskeletal Lower Extremity Prostheses, Axial Rotation U	552.86	442.29
L5984		All Endoskeletal Lower Extremity Prostheses, Axial Rotation U	547.95	438.36
L5985		All Endoskeletal Lower Extremity Prostheses, Dynamic Prosth	265.12	212.10
L5986		All Lower Extremity Prostheses, Multi-Axial Rotation Unit ("M	609.22	487.38
L5987		All Lower Extremity Prostheses, Shank Foot System With Vert	6,753.60	5,402.88
L5988		Addition To Lower Limb Prosthesis, Vertical Shock Reducing	1,875.49	1,500.39
L5990		Addition To Lower Extremity Prosthesis, User Adjustable Heel	1,703.23	1,362.58
L6000		Partial Hand, Robin-Aids; Thumb Remaining (Or Equal)	1,270.65	1,016.52

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
L6010		Partial Hand, Robin-Aids; Little And/Or Ring Finger Remaining	1,414.03	1,131.22
L6020		Partial Hand, Robin-Aids; No Finger Remaining (Or Equal)	1,318.36	1,054.69
L6026		Part hand myo exclu term dev	4,044.18	3,235.34
L6050		Wrist Disarticulation, Molded Socket, Flexible Elbow Hinges,	1,816.64	1,453.31
L6055		Wrist Disarticulation, Molded Socket With Expandable Interface	2,887.63	2,310.10
L6100		Below Elbow, Molded Socket; Flexible Elbow Hinge, Triceps I	1,840.54	1,472.43
L6110		Below Elbow, (Muenster Or Northwestern Suspension Types)	1,952.20	1,561.76
L6120		Below Elbow, Molded Double Wall Split Socket; Set-Up Hinge	2,275.02	1,820.02
L6130		Below Elbow, Molded Double Wall Split Socket Stump Activat	2,475.64	1,980.51
L6200		Elbow Disarticulation, Molded Socket, Outside Locking Hinge	2,608.92	2,087.14
L6205		Elbow Disarticulation, Molded Socket With Expandable Interfa	4,347.49	3,477.99
L6250		Above Elbow, Molded Double Wall Socket, Internal Locking H	2,568.05	2,054.44
L6300		Shoulder Disarticulation, Molded Socket, Shoulder Bulkhead, I	3,562.90	2,850.32
L6310		Shoulder Disarticulation, Passive Restoration; (Complete Prost	2,930.02	2,344.02
L6320		Shoulder Disarticulation, Passive Restoration; (Complete Prost	1,634.29	1,307.43
L6350		Interscapular Thoracic; Molded Socket, Shoulder Bulkhead, Hu	3,745.84	2,996.67
L6360		Interscapular Thoracic Passive Restoration (Complete Prosthes	3,075.12	2,460.10
L6370		Interscapular Thoracic Passive Restoration (Shoulder Cap Only	2,315.08	1,852.06
L6380		Immediate Post Surgical Or Early Fitting, Application Of Initia	1,250.35	1,000.28
L6382		Immediate Post Surgical Or Early Fitting, Application Of Initia	1,496.22	1,196.98
L6384		Immediate Post Surgical Or Early Fitting, Application Of Initia	1,825.80	1,460.64
L6386		Immediate Post Surgical Or Early Fitting; Each Additional Cas	437.84	350.27
L6388		Immediate Post Surgical Or Early Fitting; Application Of Rigi	420.42	336.34
L6400		Below Elbow, Molded Socket Endoskeletal System, Including I	2,223.72	1,778.98
L6450		Elbow Disarticulation, Molded Socket, Endoskeletal System, I	2,948.42	2,358.74
L6500		Above Elbow, Molded Socket, Endoskeletal System, Including	2,950.83	2,360.66
L6550		Shoulder Disarticulation, Molded Socket, Endoskeletal System	3,646.69	2,917.35
L6570		Interscapular Thoracic, Molded Socket, Endoskeletal System, I	4,424.68	3,539.74
L6580		Preparatory, Wrist Disarticulation Or Below Elbow, Single Wa	1,544.50	1,235.60
L6582		Preparatory, Wrist Disarticulation Or Below Elbow, Single Wa	1,316.19	1,052.95
L6584		Preparatory, Elbow Disarticulation Or Above Elbow; Single W	2,132.00	1,705.60
L6586		Preparatory, Elbow Disarticulation Or Above Elbow;Single Wa	1,865.05	1,492.04
L6588		Preparatory, Shoulder Disarticulation Or Interscapular Thoracic	3,078.77	2,463.02
L6590		Preparatory, Shoulder Disarticulation Or Interscapular Thoracic	2,816.22	2,252.98
L6600		Upper Extremity Additions, Polycentric Hinge, Pair	190.02	152.02
L6605		Upper Extremity Additions, Single Pivot Hinge, Pair	177.38	141.90
L6610		Upper Extremity Additions, Flexible Metal Hinge, Pair	159.22	127.38
L6611		Addition To Upper Extremity Prosthesis, External Powered, Ac	386.55	309.24
L6615		Upper Extremity Additions, Disconnect Locking Wrist Unit	196.32	157.06
L6616		Upper Extremity Additions, Additional Disconnect Insert For I	82.71	66.17

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
L6620		Upper Extremity Additions, Flexion/Extension Wrist Unit, Wit	308.13	246.50
L6621		Upper Extremity Prosthesis Addition, Flexion/Extension Wrist	2,147.37	1,717.90
L6623		Upper Extremity Additions, Spring Assisted Rotational Wrist U	705.29	564.23
L6624		Upper Extremity Addition, Flexion/Extension And Rotation W	3,535.70	2,828.56
L6625		Upper Extremity Additions, Rotation Wrist Unit With Cable Lo	513.22	410.58
L6628		Upper Extremity Additions, Quick Disconnect Hook Adapter, C	524.47	419.58
L6629		Upper Extremity Additions, Quick Disconnect Lamination Col	139.91	111.93
L6630		Upper Extremity Additions, Stainless Steel, Any Wrist	206.10	164.88
L6632		Upper Extremity Additions, Latex Suspension Sleeve, Each	68.74	54.99
L6635		Upper Extremity Additions, Lift Assist For Elbow	190.90	152.72
L6637		Upper Extremity Additions, Nudge Control Elbow Lock	396.27	317.02
L6638		Upper Extremity Addition To Prosthesis, Electric Locking Feat	2,347.74	1,878.19
L6640		Upper Extremity Addition To Prosthesis, Shoulder Abduction J	270.43	216.34
L6641		Upper Extremity Addition To Prosthesis, Excursion Amplifier,	179.73	143.78
L6642		Upper Extremity Addition To Prosthesis, Excursion Amplifier,	255.90	204.72
L6645		Upper Extremity Addition To Prosthesis, Shoulder Flexion - A	310.76	248.61
L6650		Upper Extremity Addition, Shoulder Universal Joint, Each	323.70	258.96
L6655		Upper Extremity Addition, Standard Control Cable, Extra	71.84	57.47
L6660		Upper Extremity Addition, Heavy Duty Control Cable	87.78	70.22
L6665		Upper Extremity Addition, Teflon, Or Equal, Cable Lining	50.18	40.14
L6670		Upper Extremity Addition, Hook To Hand, Cable Adapter	47.58	38.06
L6672		Upper Extremity Addition, Harness, Chest Or Shoulder, Saddl	161.25	129.00
L6675		Upper Extremity Addition, Harness, (E.G., Figure Of Eight Ty	114.85	91.88
L6676		Upper Extremity Addition, Harness, (E.G., Figure Of Eight Ty	115.98	92.78
L6677		Upper Extremity Addition, Harness, Triple Control, Simultane	278.50	222.80
L6680		Upper Extremity Addition, Test Socket, Wrist Disarticulation C	221.87	177.50
L6682		Upper Extremity Addition, Test Socket, Elbow Disarticulation	248.67	198.94
L6684		Upper Extremity Addition, Test Socket, Should Disarticulation	333.34	266.67
L6686		Upper Extremity Addition, Suction Socket	619.90	495.92
L6687		Upper Extremity Addition, Frame Type Socket, Below Elbow C	551.62	441.30
L6688		Upper Extremity Addition, Frame Type Socket, Above Elbow	533.59	426.87
L6689		Upper Extremity Addition, Frame Type Socket, Should Disarti	644.37	515.50
L6690		Upper Extremity Addition, Frame Type Socket, Interscapular T	697.81	558.25
L6691		Upper Extremity Addition, Removable Insert, Each	417.33	333.86
L6692		Upper Extremity Addition, Silicone Gel Insert Or Equal, Each	534.80	427.84
L6693		Upper Extremity Addition, Locking Elbow, Forearm Counterb	2,665.31	2,132.25
L6694		Addition To Upper Extremity Prosthesis, Below Elbow/Above	671.88	537.50
L6695		Additional To Upper Extremity Prosthesis, Below Elbow/Abov	559.88	447.90
L6696		Addition To Upper Extremity Prosthesis, Below Elbow/Above	1,234.91	987.93
L6697		Addition To Upper Extremity Prosthesis, Below Elbow/Above	1,234.91	987.93

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
L6698		Addition To Upper Extremity Prosthesis, Below Elbow/Above	475.68	380.54
L6703		Terminal Device, Passive Hand/Mitt, Any Material, Any Size	338.21	270.57
L6706		Terminal Device, Hook, Mechanical, Voluntary Opening, Any	333.68	266.94
L6707		Terminal Device, Hook, Mechanical, Voluntary Closing, Any M	1,406.32	1,125.06
L6708		Terminal Device, Hand, Mechanical, Voluntary Opening, Any	799.93	639.94
L6709		Terminal Device, Hand, Mechanical, Voluntary Closing, Any M	1,294.65	1,035.72
L6711		Ped Term Dev, Hook, Vol Open	631.16	504.93
L6712		Ped Term Dev, Hook, Vol Clos	1,162.12	929.70
L6713		Ped Term Dev, Hand, Vol Open	1,466.74	1,173.39
L6714		Ped Term Dev, Hand, Vol Clos	1,242.30	993.84
L6721		Hook/Hand, Hvy Dty, Vol Open	2,208.06	1,766.45
L6722		Hook/Hand, Hvy Dty, Vol Clos	1,903.52	1,522.82
L6805		Terminal Device, Modifier Wrist Flexion Unit	344.24	275.39
L6810		Terminal Device; Pincher Tool, Otto Bock Or Equal	187.64	150.11
L6883		Replacement Socket, Below Elbow/Wrist Disarticulation, Mold	1,517.57	1,214.06
L6884		Replacement Socket, Above Elbow, Disarticulation, Molded T	2,135.00	1,708.00
L6885		Replacement Socket, Shoulder Disarticulation/Interscapular Th	3,075.12	2,460.10
L6890		Addition To Upper Extremity Prosthesis, Glove For Terminal I	162.66	130.13
L6895		Addition To Upper Extremity Prosthesis, Glove For Terminal I	592.02	473.62
L6900		Hand Restoration (Casts, Shading And Measurements Included	1,536.46	1,229.17
L6905		Hand Restoration (Casts, Shading And Measurements Included	1,508.38	1,206.70
L6910		Hand Restoration (Casts, Shading And Measurements Included	1,548.45	1,238.76
L6915		Hand Restoration (Shading And Measurements Included), Rep	598.68	478.94
L6920		Wrist Disarticulation, External Power, Self-Suspended Inner Sc	7,371.54	5,897.23
L6925		Wrist Disarticulation, External Power, Self-Suspended Inner Sc	8,081.35	6,465.08
L6930		Below Elbow, External Power, Self-Suspended Inner Socket, R	6,973.66	5,578.93
L6935		Below Elbow, External Power, Self-Suspended Inner Socket, R	8,252.12	6,601.70
L6940		Elbow Disarticulation, External Power, Molded Inner Socket, F	9,091.43	7,273.14
L6945		Elbow Disarticulation, External Power, Molded Inner Socket, F	10,168.60	8,134.88
L6950		Above Elbow, External Power, Molded Inner Socket, Removab	9,634.98	7,707.98
L6955		Otto Bock Or Equal Electrodes, Cables, Two Batteries And On	11,718.00	9,374.40
L6960		Shoulder Disarticulation, External Power, Molded Inner Socket	12,440.45	9,952.36
L6965		Shoulder Disarticulation, External Power, Molded Inner Socket	14,250.48	11,400.38
L6970		Interscapular Thoracic, External Power, Molded Inner Socket F	15,316.42	12,253.14
L6975		Interscapular Thoracic, External Power, Molded Inner Socket R	16,909.53	13,527.62
L7007		Electric Hand, Switch Or Myoelectric Controlled, Adult	3,468.60	2,774.88
L7008		Electric Hand, Switch Or Myoelectric, Controlled, Pediatric	5,859.74	4,687.79
L7009		Electric Hook, Switch Or Myoelectric Controlled, Adult	3,547.05	2,837.64
L7040		Prehensile Actuator; Hosmer Or Equal, Switch Controlled	2,781.98	2,225.58
L7045		Electronic Hook, Child, Michigan Or Equal, Switch Controlled	1,545.73	1,236.58

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
L7170		Electronic Elbow; Hosmer Or Equal, Switch Controlled	5,607.40	4,485.92
L7180		Electronic Elbow, Microprocessor Sequential Control Of Elbow	33,390.54	26,712.43
L7185		Electronic Elbow, Adolescent, Variety Village Or Equal, Switch	5,741.04	4,592.83
L7186		Electronic Elbow, Child, Variety Village Or Equal, Switch Control	8,767.04	7,013.63
L7190		Electronic Elbow, Adolescent, Variety Village Or Equal, Myoelectro	7,474.61	5,979.69
L7191		Electronic Elbow, Child, Variety Village Or Equal, Myoelectro	9,442.83	7,554.26
L7259		Electronic wrist rotator any	3,987.59	3,190.07
L7360		Six-Volt Battery, Otto Bock , Each	285.75	228.60
L7362		Battery Charger, Six-Volt, Each	257.42	205.94
L7364		Twelve-Volt Battery, Each	475.84	380.67
L7366		Battery Charger, Twelve-Volt, Each	641.06	512.85
L7400		Addition To Upper Extremity Prosthesis; Below Elbow Wrist I	287.74	230.19
L7401		Addition To Upper Extremity Prosthesis; Above Elbow Disarti	322.13	257.70
L7402		Addition To Upper Extremity Prosthesis; Shoulder Disarticulat	347.87	278.30
L7403		Addition To Upper Extremity Prosthesis; Below Elbow Wrist I	345.72	276.58
L7404		Addition To Upper Extremity Prosthesis; Above Elbow Disarti	521.82	417.46
L7405		Addition To Upper Extremity Prosthesis; Shoulder Disarticulat	682.46	545.97
L7510		Repair Of Prosthetic Device, Repair Or Replace Minor Parts	-	46.80
L7520		Repair Prosthetic Device, Labor Component, Per 15 Minutes	30.38	24.30
L8000		Breast Prosthesis; Mastectomy Bra	34.92	27.94
L8001		Breast Prosthesis, Mastectomy Bra, With Integrated Breast Pro	117.76	94.21
L8002		Breast Prosthesis, Mastectomy Bra, With Integrated Breast Pro	154.88	123.90
L8010		Breast Prosthesis Mastectomy Sleeve	-	39.03
L8015		External Breast Prosthesis Garment, With Mastectomy Form, P	56.28	45.02
L8020		Breast Prosthesis; Mastectomy Form	239.26	191.41
L8030		Breast Prosthesis Silicone Or Equal	309.66	247.73
L8031		Breast Prosthesis W Adhesive	309.66	247.73
L8035		Custom Breast Prosthesis, Post Mastectomy, Molded To Patien	3,439.49	2,751.59
L8300		Truss, Single With Standard Pad	80.67	64.54
L8310		Truss, Double With Standard Pad	127.36	101.89
L8320		Truss, Addition To Standard Pad, Water Pad	57.10	45.68
L8330		Truss, Addition To Standard Pad, Scrotal Pad	47.21	37.77
L8400		Prosthetic Sheath, Below Knee, Each	16.61	13.29
L8410		Prosthetic Sheath, Above Knee, Each	22.18	17.74
L8415		Prosthetic Sheath, Upper Limb, Each	21.81	17.45
L8417		Prosthetic Sheath/Sock, Including A Gel Cushion Layer, Below	70.54	56.43
L8420		Prosthetic Sock, Multiple Ply, Below Knee, Each	19.59	15.67
L8430		Prosthetic Sock, Multiple Ply, Above Knee, Each	21.17	16.94
L8435		Prosthetic Sock, Multiple Ply, Upper Limb, Each	20.11	16.09
L8440		Prosthetic Shrinker; Below Knee, Each	39.99	31.99

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
L8460		Prosthetic Shrinker; Above Knee, Each	63.74	50.99
L8465		Prosthetic Shrinker; Upper Limb, Each	56.42	45.14
L8470		Prosthetic Sock, Single Ply, Fitting; Below Knee, Each	6.38	5.10
L8480		Prosthetic Sock, Single Ply, Fitting; Above Knee, Each	8.80	7.04
L8485		Prosthetic Sock, Single Ply, Fitting; Upper Limb, Each	11.06	8.85
L8500		Artificial Larynx, Any Type	841.51	673.21
L8501		Tracheostomy Speaking Valve	115.52	92.42
L8505		Artificial Larynx Replacement Battery, Any Type	-	49.40
L8510		Voice Amplifier	237.22	189.78
L8607		Inj vocal cord bulking agent	40.26	32.21
L8614		Cochlear Device	18,648.18	14,918.54
L8615		Coch Implant Headset Replace	423.42	338.74
L8616		Coch Implant Microphone Repl	98.63	78.90
L8617		Coch Implant Trans Coil Repl	86.14	68.91
L8618		Coch Implant Tran Cable Repl	24.62	19.70
L8619		Coch Imp Ext Proc/Contr Rplc	8,005.53	6,404.42
L8621		Repl Zinc Air Battery	0.58	0.46
L8622		Repl Alkaline Battery	0.30	0.24
L8623		Lith Ion Batt Cid,Non-Earlvl	60.72	48.58
L8624		Lith Ion Batt Cid, Ear Level	151.40	121.12
L8679		Imp Neurosti Pls Gn Any Type	7,866.11	6,292.89
L8690		Aud Osseo Dev, Int/Ext Comp	4,466.14	3,572.91
L8691		Osseointegrated Snd Proc Rpl	2,503.41	2,002.73
S1040		Cranial Remolding Orthosis, Rigid, With Soft Interface Material	-	1,200.00
V2531		Contact lens gas permeable	508.34	406.67
V5008		Hearing Screening	-	20.00
V5264		Ear Mold Insert	-	34.75
V5266		Battery For Use In Hearing Device	-	2.25
V5275		Ear Impression	-	32.27

DME Cost Invoice

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
A4335		Incontinence Supply; Miscellaneous	-	-
A4420		Ostomy Pouch, Closed; For Use On Barrier With Locking Flap	-	-
A4421		Ostomy Supply; Miscellaneous	-	-
A4555		Electrode/transducer for use with electrical stimulation device	-	-
A4649		Surgical Supply; Miscellaneous	-	-
A6215		Foam Dressing, Wound Filler, Per Gram	-	-
A6261		Wound Filler, Gel/Paste, Per Fluid Ounce, Not Elsewhere Clas	-	-

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
A6262		Wound Filler, Dry Form, Per Gram, Not Elsewhere Classified	-	-
A6501		Compression Burn Garment, Body Suite (Head To Foot), Custom Fabricated	-	-
A6502		Compression Burn Garment, Chin Strap, Custom Fabricated	-	-
A6503		Compression Burn Garment, Facial Hood, Custom Fabricated	-	-
A6504		Compression Burn Garment, Glove To Wrist, Custom Fabricated	-	-
A6505		Compression Burn Garment, Glove To Elbow, Custom Fabricated	-	-
A6506		Compression Burn Garment, Glove To Axilla, Custom Fabricated	-	-
A6507		Compression Burn Garment, Foot To Knee Length, Custom Fabricated	-	-
A6508		Compression Burn Garment, Foot To Thigh Length, Custom Fabricated	-	-
A6509		Compression Burn Garment, Upper Trunk To Waist Including Arms	-	-
A6510		Compression Burn Garment, Trunk, Including Arms Down To Waist	-	-
A6511		Compression Burn Garment, Lower Trunk Including Leg Openings	-	-
A6512		Compression Burn Garment, Not Otherwise Classified	-	-
A6513		Compression Burn Mask, Face And/Or Neck, Plastic Or Equivalent	-	-
A6538		Gradient Compression Stocking, Full Length/Chap Style,40-50 Mm Hg,	-	-
A6540		Gradient Compression Stocking, Waist Length, 30-40 Mm Hg,	-	-
A6541		Gradient Compression Stocking, Waist Length, 40-50 Mm Hg,	-	-
A6549		Gradient Compression Stocking, Not Otherwise Specified	-	-
A7523		Tracheostomy Shower Protector, Each	-	-
B9998		Noc For Enteral Supplies	-	-
B9999		Noc For Parenteral Supplies	-	-
E0240		Bath/Shower Chair, With Or Without Wheels, Any Size	-	-
E0247		Transfer Bench For Tub Or Toilet With Or Without Commode	-	-
E0248		Transfer Bench, Heavy Duty, For Tub Or Toilet With Or Without	-	-
E0970		No.2 Footplates, Except For Elevating Leg Rest	-	-
E1009		Wheelchair Accessory, Addition To Power Seating System, Mechanical	-	-
E1011		Modification To Pediatric Size Wheelchair, Width Adjustment	-	-
E1229		Wheelchair, Pediatric Size, Not Otherwise Specified	-	-
E1239		Power Wheelchair, Pediatric Size, Not Otherwise Specified	-	-
E1399		Durable Medical Equipment, Miscellaneous	-	-
E2216		Manual Wheelchair Accessory, Foam Filled Propulsion Tire, Any Size	-	-
E2217		Manual Wheelchair Accessory, Foam Filled Caster Tire, Any Size	-	-
E2218		Manual Wheelchair Accessory, Foam Propulsion Tire, Any Size	-	-
E2291		Back, Planar, For Pediatric Size Wheelchair Including Fixed Arms	-	-
E2292		Seat, Planar, For Pediatric Size Wheelchair Including Fixed Arms	-	-
E2293		Back, Contoured, For Pediatric Size Wheelchair Including Fixed Arms	-	-
E2294		Seat, Contoured, For Pediatric Size Wheelchair Including Fixed Arms	-	-
E2295		Manual Wheelchair Accessory, For Pediatric Size Wheelchair, Any	-	-
E2372		Power Wheelchair Accessory, Group 27 Non- Sealed Lead Acid	-	-
E2512		Sgd Accessory, Mounting Sys	-	-

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
E2599		Accessory For Speech Generating Device	-	-
E2609		Custom Fabricated Wheelchair Seat Cushion, Any Size	-	-
E2617		Custom Fabricated Wheelchair Back Cushion, Any Size, Includ	-	-
K0108		Wheelchair Component Or Accessory, Not Otherwise Specified	-	-
K0669		Wheelchair Accessory, Seat Or Back Cushion, Does Not Meet	-	-
K0812		Power Operated Vehicle, Not Otherwise Classified	-	-
K0868		Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, P	-	-
K0869		Power Wheelchair, Group 4 Standard, Captains Chair, Patient V	-	-
K0870		Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back	-	-
K0871		Power Wheelchair, Group 4 Very Heavy Duty, Sling/Solid Seat	-	-
K0877		Power Wheelchair, Group 4 Standard, Single Power Option, Sl	-	-
K0878		Power Wheelchair, Group 4 Standard, Single Power Option, Ca	-	-
K0879		Power Wheelchair, Group 4 Heavy Duty, Single Power Option	-	-
K0880		Power Wheelchair, Group 4 Very Heavy Duty, Single Power O	-	-
K0884		Power Wheelchair, Group 4 Standard, Multiple Power Option,	-	-
K0885		Power Wheelchair, Group 4 Standard, Multiple Power Option,	-	-
K0886		Power Wheelchair, Group 4 Heavy Duty, Multiple Power Optic	-	-
K0890		Power Wheelchair, Group 5 Pediatric, Single Power Option, Sl	-	-
K0891		Power Wheelchair, Group 5 Pediatric, Multiple Power Option,	-	-
K0898		Power Wheelchair, Not Otherwise Classified	-	-
K0899		Power Mobility Device, Not Coded By Sadmerc Or Does Not M	-	-
L0624		Sacroiliac Orthosis, Provides Pelvic-Sacral Support, With Rigid	-	-
L0632		Lso, Sagittal Control, With Rigid Anterior And Posterior	-	-
L0634		Lso, Sagittal-Coronal Control, With Rigid Posterior Frame/Pan	-	-
L0999		Additional To Spinal Orthosis, Not Otherwise Specified	-	-
L1001		Cervical Thoracic Lumbar Sacral Orthosis Immobilizer, Infant	-	-
L1499		Spinal Orthosis, Not Otherwise Specified	-	-
L2999		Lower Extremity Orthosis, Not Otherwise Specified	-	-
L3251		Foot, Shoe Molded To Patient Model, Silicone Shoe, Each	-	-
L3649		Orthopedic Shoe, Modification, Addition Or Transfer, Not Oth	-	-
L3956		Addition Of Joint To Upper Extremity Orthosis, Any Material;	-	-
L3999		Upper Limb Orthosis, Not Otherwise Specified	-	-
L4210		Repair Of Orthotic Device, Repair Or Replace Minor Parts	-	-
L5999		Lower Extremity Prosthesis, Not Otherwise Specified	-	-
L7499		Upper Extremity Prosthesis, Not Otherwise Specified	-	-
L7600		Prosthetic Donning Sleeve, Any Material , Each	-	-
L8039		Breast Prosthesis, Not Otherwise Specified	-	-
L8499		Unlisted Procedure For Miscellaneous Prosthetic Services	-	-
L8692		Auditory Osseointegrated Device, External Sound Processor, U	-	-
V5014		Repair/Modification Of Hearing Aid	-	-

**WV Medicaid
Durable Medical Equipment
CY 2017 Fee Schedule**

Disclaimer: Indication or presence of fee in the table below does not guarantee coverage or reimbursement of service. Please refer to the Durable Medical Equipment provider manual at www.dhhr.wv.gov/bms for additional coverage information.

HCPCS	Mod	DESCRIPTION	Medicare	WV Medicaid
V5030		Hearing Aid, Monaural, Body Worn, Air Conduction	-	-
V5040		Hearing Aid, Monaural, Body Worn, Bone	-	-
V5050		Hearing Aid, Monaural, In The Ear (Ite)	-	-
V5060		Hearing Aid, Monaural, Behind The Ear (Bte)	-	-
V5120		Binaural, Body	-	-
V5130		Binaural, Ite	-	-
V5140		Binaural, Bte	-	-
V5170		Hearing Aid, Cros, Ite	-	-
V5180		Hearing Aid, Cros, Bte	-	-
V5210		Hearing Aid, Bicros, Ite	-	-
V5220		Hearing Aid, Bicros, Bte	-	-
V5246		Hearing Aid, Digitally Programmable Analog, Monaural, Ite	-	-
V5247		Hearing Aid, Digitally Programmable Analog, Monaural, Bte	-	-
V5252		Hearing Aid, Digitally Programmable, Binaural, Ite	-	-
V5253		Hearing Aid, Digitally Programmable, Binaural, Bte	-	-
V5256		Hearing Aid, Digital, Monaural, Ite	-	-
V5257		Hearing Aid, Digital, Monaural, Bte	-	-
V5260		Hearing Aid, Digital, Binaural, Ite	-	-
V5261		Hearing Aid, Digital, Binaural, Bte	-	-
V5336		Repair/Modification Of Augmentative Communicative System	-	-