



PROVIDER POLICIES & PROCEDURES

PRICING POLICY

MANUALLY PRICED CODES OF DURABLE MEDICAL EQUIPMENT (DME), MEDICAL SURGICAL SUPPLIES, ORTHOTICS AND PROSTHETICS, PARENTERAL AND ENTERAL SUPPLIES

The Department of Social Services (DSS) or (The Department) has established pricing methodology for the payment of manually priced DME, medical supplies, orthotics and prosthetics and parenteral and enteral supplies for HUSKY Health Program members.

POLICY

Fees for Medical Equipment, Device and Supplies (MEDS) are item specific. When the DSS rate of payment for the purchase and rental of certain items has not been established, the Department pays for the item based on individual consideration, subject to all other conditions of payment. Such items are identified on the MEDS fee schedules with a fee of "Zero". These items are manually priced and require prior authorization.

1. The item must be provided prior to billing.
2. The price for any item listed on the fee schedule published by the Department shall include:
 - Fees for initial fittings and adjustments and related transportation costs;
 - Delivery costs, fully prepaid by the provider, including any and all manufacturers' delivery charges with no additional charges to be made for packing or shipping;
 - Travel to the member's home, postage and handling, and set up or installation charges;
 - Technical training to the member, his or her family, and/or relevant caregivers regarding the equipment features and proper care of the equipment; and
 - Information furnished by the provider to the member over the telephone.
3. Providers shall bill and the Department shall pay at the lowest of:
 - The provider's usual and customary charge to the general public;
 - The lowest Medicare rate;
 - The amount in the applicable fee schedule as published by the Department;
 - The lowest price charged or accepted for the same or substantially similar goods or services by the provider from any person or entity; or
 - The amount prior authorized in writing by the Department. Payment to a provider shall be the lowest of:
 - a. Manufacturer's suggested retail price (MSRP) – 15% ; or
 - b. Actual acquisition cost (AAC) of the item plus a percentage mark-up which will vary by procedure code. For a list of codes and varying percentages, please go to: <https://portal.ct.gov/husky> select *Information for Providers* and then select *Policies, Procedures and Guidelines* from the *Medical Management* sub-menu.

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on www.ct.gov/husky by clicking on "For Providers" followed by "Benefit Grids". For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at www.ctdssmap.com.

When supplying the actual acquisition cost:

- Providers must supply the actual, unaltered invoice or price quotation with the PA request.
- The invoice or quotation must include the HCPCS code(s) being requested.
- The invoice or quotation must be on the manufacturer's letterhead or form and be addressed to the provider and contain the member's name (member's name is not required if the invoice is for items purchased in bulk)
- The invoice or quotation must not be older than 1 year from the date of delivery.
- The provider must disclose all discounts, including any secondary and tertiary discounts, and must reflect such discounts in the documentation submitted with the PA request.

When the manufacturer is not the provider:

The AAC must be evidenced by the purchase price of the equipment or goods listed on a copy of the supplier's invoice. The invoice must include the following:

- A detailed product description;
- Model number;
- Description;
- Published MSRP;
- Quantity;
- Description of customization; and
- AAC.

When the manufacturer is the provider:

The AAC must not exceed the actual cost of manufacturing the items. The manufacturer must submit invoices that demonstrate the actual cost of manufacturing the item to include:

- Cost of raw materials;
- Number of hours of hands-on labor (labor will be reimbursed at the usual fee of \$19.91 per quarter hour); and
- Documentation showing a step-by-step breakdown of the process used to fabricate an item and the number of hours of labor for each step.

PROCEDURE

Prior authorization is required.

Information Required:

- Provider must submit both the MSRP and AAC.
- Prior Authorizations will be denied if no AAC or MSRP is provided to back up the charges.

EFFECTIVE DATE

This Policy is effective for HUSKY Health Program members beginning March 1, 2015.

DEFINITIONS

1. **Actual Acquisition Cost (AAC):** Where the manufacturer is not the provider, AAC is the price paid by the provider to the manufacturer or any other supplier for orthotic or prosthetic devices, equipment, or supplies. Where the manufacturer is the provider, the actual acquisition cost is the actual cost of manufacturing such orthotic or prosthetic devices, equipment or supplies.
2. **Manufacturer's Suggested Retail Price (MSRP):** Manufacturer's suggested retail price or list price is the selling price that the manufacturer recommends that the seller or retailer receive for goods or services.
3. **Prior Authorization:** A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

PUBLICATION HISTORY

Date	Action Taken
March 1, 2015	Original publication (v1)
February 5, 2016	Updated fee for HCPCS code L1499 to "zero". L1499 will be reimbursed at AAC + 50%. Change Made at request of DSS.
February 28, 2017	Added the following codes/reimbursement rates to the DSS Pricing Spread Sheet at request of DSS: <ul style="list-style-type: none">• L2861 – AAC + 40%• E0445 – AAC + 35%• A7048 – AAC + 25%
February 27, 2018	Added the following code/reimbursement rate to the DSS Pricing Spread Sheet at request of DSS: <ul style="list-style-type: none">• E1639 – AAC + 35% or list – 15% Reimbursement rates established for code K0108 - wheelchair component or accessory, NOS.
September 4, 2018	Removed the following miscellaneous wheelchair components /reimbursement rates, billed under K0108, from the DSS Pricing Spread Sheet at request of DSS: <ul style="list-style-type: none">• Full padded tray• Phenolic or polycarbonate tray• Half tray• Tray pad
February 5, 2019	At the request of DSS, the following updates were made: Removed the following codes from the DSS Pricing Spread Sheet as no longer require manual pricing: <ul style="list-style-type: none">• L5859• L6715• L6880

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on www.ct.gov/husky by clicking on "For Providers" followed by "Benefit Grids". For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at www.ctdssmap.com.

	<p>DSS Pricing Spread Sheet header updated to state "Except for CRT Codes. CRT codes to be priced at list minus 18%.</p> <p>RB modifier removed from the custom wheel-chair base codes as modifiers removed from DSS MEDS DME Fee Schedule.</p> <p>Added the following codes:</p> <ul style="list-style-type: none"> • A9286 • L8701 • L8702 • E0950/UC modifier
October 2019	<p>At the request of DSS, the following updates were made, effective November 1, 2019 (Ref: DSS PB 2019-64)</p> <ul style="list-style-type: none"> • Revised pricing methodology for HCPCS codes E0639 and E0640
March 2020	<p>At the request of DSS, changes were made effective March 1, 2020.</p> <p>The following codes were added:</p> <ul style="list-style-type: none"> • E2398 • K0553 • K0554 • L2006 • L8033
February 2021	<p>At the request of DSS, changes were made effective February 1, 2021.</p> <p>The following codes were added:</p> <ul style="list-style-type: none"> • K1010 • K1011 • K1012
April 2021	<p>At the request of DSS, changes were made effective April 1, 2021.</p> <p>The following codes were deleted:</p> <ul style="list-style-type: none"> • K1010 • K1011 • K1012 <p>The following code was added:</p> <ul style="list-style-type: none"> • K1013
November 2021	<p>At the request of DSS, changes were made effective November 1, 2021.</p>

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on www.ct.gov/husky by clicking on "For Providers" followed by "Benefit Grids". For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at www.ctdssmap.com.

	<p>The following codes were added:</p> <ul style="list-style-type: none"> • A4453 • K1021 • K1022 • S9432
March 2022	<p>At the request of DSS, changes were made effective April 1, 2022.</p> <p>The following codes were added:</p> <ul style="list-style-type: none"> • A4238 • E2102
April 2022	<p>At the request of DSS, changes were made effective April 1, 2022:</p> <p>The following codes were added:</p> <ul style="list-style-type: none"> • K1030 • K1031 • K1032 • K1033
March 2023	<p>At the request of DSS, changes were made effective March 1, 2023:</p> <p>The following codes were added:</p> <ul style="list-style-type: none"> • A4239 • E2103

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on www.ct.gov/husky by clicking on "For Providers" followed by "Benefit Grids". For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at www.ctdssmap.com.

Manually Priced Codes for Medical Equipment, Devices and Supplies (MEDS)
Codes to be priced at actual acquisition cost (AAC) plus a percentage or list price minus 15%
EXCEPT for CRT Codes. CRT Codes to be priced at list minus 18%.

Repairs: lesser of List - 15% or AAC + mark-up (A codes 25%, O&P 50%, Parenteral/Enteral 25%, DME 35%) - per PB 2020-04

MEDS - Medical and Surgical Supplies

<u>Procedure Code</u>	<u>Description</u>	<u>Modifier</u>	<u>Pricing</u>
A4223	INFUSION SUPPLIES NOT USED WITH EXTERNAL INFUSION PUMP PER CASSETTE OR BAG (LIST		AAC+25%
A4238	SUPPLY ALLOWNACE FOR ADJUNCTIVE CGM, INCLUDES ALL SUPPLIES AND ACC, 1-MONTH SUPPLY = 1 UNIT OF SERVICE		AAC+25%
A4239	SUPPLY ALLOWNACE FOR NONADJUNCTIVE, NONIMPLANTED CGM, INCLUDES ALL SUPPLIES AND ACC, 1-MONTH SUPPLY = 1 UNIT OF SERVICE		AAC +25%
A4421	OSTOMY SUPPLY; MISCELLANEOUS		AAC+25%
A4453	RECTAL CATHETER FOR USE WITH MANUAL PUMP-OPERATED ENEMA SYSTEM, REPLACEMENT ONLY		AAC+25%
A4459	MANUAL PUMP-OPERATED ENEMA SYSTEM, INCLUDES BALLOON, CATHETER AND ALL ACCESSORIES, REUSABLE, ANY TYPE		AAC+25%
A4465	NON-ELASTIC BINDER FOR EXTREMITY		AAC+25%
A4649	SURGICAL SUPPLY; MISCELLANEOUS		AAC+25%
A6020	COLLAGEN BASED WOUND DRESSING EACH DRESSING		AAC+25%
A6501	COMPRESSION BURN GARMENT BODYSUIT (HEAD TO FOOT) CUSTOM FABRICATED		AAC+25%
A6502	COMPRESSION BURN GARMENT CHIN STRAP CUSTOM FABRICATED		AAC+25%
A6503	COMPRESSION BURN GARMENT FACIAL HOOD CUSTOM FABRICATED		AAC+25%
A6504	COMPRESSION BURN GARMENT GLOVE TO WRIST CUSTOM FABRICATED		AAC+25%
A6505	COMPRESSION BURN GARMENT GLOVE TO ELBOW CUSTOM FABRICATED		AAC+25%
A6506	COMPRESSION BURN GARMENT GLOVE TO AXILLA CUSTOM FABRICATED		AAC+25%
A6507	COMPRESSION BURN GARMENT FOOT TO KNEE LENGTH CUSTOM FABRICATED		AAC+25%
A6508	COMPRESSION BURN GARMENT FOOT TO THIGH LENGTH CUSTOM FABRICATED		AAC+25%
A6509	COMPRESSION BURN GARMENT UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST) CUST		AAC+25%
A6510	COMPRESSION BURN GARMENT TRUNK INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD) CUS		AAC+25%
A6511	COMPRESSION BURN GARMENT LOWER TRUNK INCLUDING LEG OPENINGS (PANTY) CUSTOM FABRI		AAC+25%
A6512	COMPRESSION BURN GARMENT NOT OTHERWISE CLASSIFIED		AAC+25%
A6513	COMPRESSION BURN MASK FACE AND/OR NECK PLASTIC OR EQUAL CUSTOM FABRICATED		AAC+25%
A6549	GRADIENT COMPRESSION STOCKING/SLEEVE NOT OTHERWISE SPECIFIED		AAC+25%
A7048	VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT, INCLUDING ALL SUPPLIES NEEDED FOR COLLECTION UNIT		AAC+25%
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE NON-CUFFED PVC SILICONE OR EQ		AAC+25%
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE CUFFED PVC SILICONE OR EQ		AAC+25%
A9274	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH INCLUDES ALL SUPPLIES AND ACCESSORIES		AAC+25%
A9283	FOOT PRESSURE OFF LOADING/SUPPORTIVE DEVICE, ANY TYPE, EACH		AAC+50%
A9286	HYGIENIC ITEM OR DEVICE		AAC+25%
A9900	MISCELLANEOUS DME SUPPLY ACCESSORY AND/OR SERVICE COMPONENT OF ANOTHER HCPCS COD		AAC+25%
A9999	MISCELLANEOUS DME SUPPLY ACCESSORY NOT OTHERWISE SPECIFIED		AAC+25%

Added 3/1/2023

Use for Bivona tracheostomy tubes

Use for Bivona tracheostomy tubes

MEDS - DME

<u>Procedure Code</u>	<u>Description</u>	<u>Modifier</u>	<u>Pricing</u>
E0118	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEELS, EACH (NEW EQUIPMENT)		AAC+35%
E0118	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEELS, EACH (NEW EQUIPMENT)	RR	AAC+35%
E0163	COMMODOE CHAIR WITH FIXED ARM		AAC+35%
E0165	COMMODOE CHAIR WITH DETACHABLE ARMS		AAC+35%
E0328	HOSPITAL BED PEDIATRIC MANUAL 360 DEGREE SIDE ENCLOSURES TOP OF HEADBOARD FOOTBO		AAC+35%
E0328	HOSPITAL BED PEDIATRIC MANUAL 360 DEGREE SIDE ENCLOSURES TOP OF HEADBOARD FOOTBO	RR	AAC+35%
E0329	HOSPITAL BED PEDIATRIC ELECTRIC OR SEMI-ELECTRIC 360 DEGREE SIDE ENCLOSURES TOP		AAC+35%
E0329	HOSPITAL BED PEDIATRIC ELECTRIC OR SEMI-ELECTRIC 360 DEGREE SIDE ENCLOSURES TOP	RR	AAC+35%
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	RR	AAC+35%
E0485	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY ADJUSTABLE OR N		AAC+35%
E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY ADJUSTABLE OR N		AAC+35%
E0487	SPIROMETER ELECTRONIC INCLUDES ALL ACCESSORIES		AAC+35%
E0487	SPIROMETER ELECTRONIC INCLUDES ALL ACCESSORIES	RR	AAC+35%
E0621	REPLACEMENT SLING		AAC+35%
E0625	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED		AAC+35%
E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING		AAC+35 UP TO MAX \$1,694.85
E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	RR	AAC+35 UP TO MAX \$169.49
E0639	PATIENT LIFT MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY, INCLUDES ALL COMPONENTS/ACCESSORIES Note: mark up only for materials and sling. No mark-up for evaluation time, labor or freight.		AAC+40%
E0639	PATIENT LIFT MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY INCLUDES ALL COMPONENTS/ACCESSORIES	RB	List - 15% or AAC + 35%
E0640	PATIENT LIFT FIXED SYSTEM INCLUDES ALL COMPONENTS/ACCESSORIES materials and sling. No mark-up for evaluation time, labor or freight.		AAC+40%
E0640	PATIENT LIFT FIXED SYSTEM INCLUDES ALL COMPONENTS/ACCESSORIES	RB	List - 15% or AAC + 35%
E0641	STANDING FRAME/TABLE SYSTEM MULTI-POSITION (E.G. THREE-WAY STANDER) ANY SIZE INC		List - 18%
E0641	STANDING FRAME/TABLE SYSTEM MULTI-POSITION (E.G. THREE-WAY STANDER) ANY SIZE INC	RR	List - 18%

Ages 21 & under up to \$1,000

Ages 21 & under up to \$1,000

Maxium \$300

E0642	STANDING FRAME/TABLE SYSTEM MOBILE (DYNAMIC STANDER) ANY SIZE INCLUDING PEDIATRI		List - 18%
E0642	STANDING FRAME/TABLE SYSTEM MOBILE (DYNAMIC STANDER) ANY SIZE INCLUDING PEDIATRI	RR	List - 18%
E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES) NOT OTHERWISE		AAC+35%
E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES) NOT OTHERWISE	RR	AAC+35%
E0769	ELECTRICAL STIMULATION OR ELECTROMAGNETIC WOUND TREATMENT DEVICE NOT OTHERWISE C		AAC+35%
E0769	ELECTRICAL STIMULATION OR ELECTROMAGNETIC WOUND TREATMENT DEVICE NOT OTHERWISE C	RR	AAC+35%
E0950 *	WHEELCHAIR TRAY, EACH Note: 21 and under ONLY	UC	163.54 *
E1009	WHEELCHAIR ACCESSORY ADDITION TO POWER SEATING SYSTEM MECHANICALLY LINKED LEG EL		List - 18%
E1009	WHEELCHAIR ACCESSORY ADDITION TO POWER SEATING SYSTEM MECHANICALLY LINKED LEG EL	RR	List - 18%
E1009	WHEELCHAIR ACCESSORY ADDITION TO POWER SEATING SYSTEM MECHANICALLY LINKED LEG EL	RB	List - 18%
E1011	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR WIDTH ADJUSTMENT PACKAGE (NOT TO BE DI		List - 18%
E1011	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR WIDTH ADJUSTMENT PACKAGE (NOT TO BE DI	RB	List - 18%
E1017	HEAVY-DUTY SHOCK ABSORBER FOR HEAVY-DUTY OR EXTRA HEAVY-DUTY MANUAL WHEELCHAIR E		AAC+45%
E1018	HEAVY-DUTY SHOCK ABSORBER FOR HEAVY-DUTY OR EXTRA HEAVY-DUTY POWER WHEELCHAIR EA		AAC+45%
E1220	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED (INDICATE BRAND NAME MODEL NUMBER IF		List - 18%
E1229	WHEELCHAIR PEDIATRIC SIZE NOT OTHERWISE SPECIFIED		List - 18%
E1229	WHEELCHAIR PEDIATRIC SIZE NOT OTHERWISE SPECIFIED	RR	List - 18%
E1354	OXYGEN ACCESSORY WHEELED CART FOR PORTABLE CYLINDER OR PORTABLE CONCENTRATOR ANY		AAC+35%
E1356	OXYGEN ACCESSORY BATTERY PACK/CARTRIDGE FOR PORTABLE CONCENTRATOR ANY TYPE REPLA		AAC+35%
E1357	OXYGEN ACCESSORY BATTERY CHARGER FOR PORTABLE CONCENTRATOR ANY TYPE REPLACEMENT		AAC+35%
E1358	OXYGEN ACCESSORY DC POWER ADAPTER FOR PORTABLE CONCENTRATOR ANY TYPE REPLACEMENT		AAC+35%
E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS		AAC+35%
E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	RR	AAC+35%
E1639	SCALE, EACH		AAC+35%
E2102	ADJUNCTIVE CONTINUOUS GLUCOSE MONITOR OR RECEIVER		AAC + 25%
E2103	NON-ADJUNCTIVE, NON-IMPLANTED CGM MONITOR OR RECEIVER		AAC + 25%
E2230	MANUAL WHEELCHAIR ACCESSORY MANUAL STANDING SYSTEM		AAC+45%
E2230	MANUAL WHEELCHAIR ACCESSORY MANUAL STANDING SYSTEM	RR	AAC+45%
E2291	BACK PLANAR FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		List - 18%
E2291	BACK PLANAR FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	RR	List - 18%
E2292	SEAT PLANAR FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		List - 18%
E2292	SEAT PLANAR FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	RR	List - 18%
E2293	BACK CONTOURED FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		List - 18%
E2293	BACK CONTOURED FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	RR	List - 18%
E2294	SEAT CONTOURED FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		List - 18%
E2294	SEAT CONTOURED FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	RR	List - 18%
E2295	MANUAL WHEELCHAIR ACCESSORY FOR PEDIATRIC SIZE WHEELCHAIR DYNAMIC SEATING FRAME		List - 18%
E2295	MANUAL WHEELCHAIR ACCESSORY FOR PEDIATRIC SIZE WHEELCHAIR DYNAMIC SEATING FRAME	RR	List - 18%
E2295	MANUAL WHEELCHAIR ACCESSORY FOR PEDIATRIC SIZE WHEELCHAIR DYNAMIC SEATING FRAME	RB	List -18%
E2300	WHEELCHAIR ACCESSORY POWER SEAT ELEVATION SYSTEM ANY TYPE		List - 18%
E2300	WHEELCHAIR ACCESSORY POWER SEAT ELEVATION SYSTEM ANY TYPE	RR	List - 18%
E2300	WHEELCHAIR ACCESSORY POWER SEAT ELEVATION SYSTEM ANY TYPE	RB	List -18%
E2301	WHEELCHAIR ACCESSORY POWER STANDING SYSTEM ANY TYPE		List - 18%
E2301	WHEELCHAIR ACCESSORY POWER STANDING SYSTEM ANY TYPE	RR	List - 18%
E2331	POWER WHEELCHAIR ACCESSORY ATTENDANT CONTROL PROPORTIONAL INCLUDING ALL RELATED		List - 18%
E2331	POWER WHEELCHAIR ACCESSORY ATTENDANT CONTROL PROPORTIONAL INCLUDING ALL RELATED	RR	List - 18%
E2398	WHEELCHAIR DYNAMIC POSITIONING BACK HARDWARE		List - 18%
E2398	WHEELCHAIR DYNAMIC POSITIONING BACK HARDWARE	RR	List - 18%
E2398	WHEELCHAIR DYNAMIC POSITIONING BACK HARDWARE	RB	List - 18%
E2512	ACCESSORY FOR SPEECH GENERATING DEVICE MOUNTING SYSTEM		AAC+35%
E2512	ACCESSORY FOR SPEECH GENERATING DEVICE MOUNTING SYSTEM	RR	AAC+35%
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE NOT OTHERWISE CLASSIFIED		AAC+35%
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE NOT OTHERWISE CLASSIFIED	RR	AAC+35%
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE		List - 18%
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	KA	List - 18%
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	RB	List - 18%
E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION ANY SIZE INCLUDING ANY TYPE MOUNTING H		List - 18%
E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION ANY SIZE INCLUDING ANY TYPE MOUNTING H	KA	List - 18%
E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION ANY SIZE INCLUDING ANY TYPE MOUNTING H	RB	List - 18%
E8000	GAIT TRAINER PEDIATRIC SIZE POSTERIOR SUPPORT INCLUDES ALL ACCESSORIES AND COMPO		List - 18%
E8000	GAIT TRAINER PEDIATRIC SIZE POSTERIOR SUPPORT INCLUDES ALL ACCESSORIES AND COMPO	RR	List - 18%
E8000	GAIT TRAINER PEDIATRIC SIZE POSTERIOR SUPPORT INCLUDES ALL ACCESSORIES AND COMPO	RB	List - 18%
E8001	GAIT TRAINER PEDIATRIC SIZE UPRIGHT SUPPORT INCLUDES ALL ACCESSORIES AND COMPONE		List - 18%
E8001	GAIT TRAINER PEDIATRIC SIZE UPRIGHT SUPPORT INCLUDES ALL ACCESSORIES AND COMPONE	RR	List - 18%
E8001	GAIT TRAINER PEDIATRIC SIZE UPRIGHT SUPPORT INCLUDES ALL ACCESSORIES AND COMPONE	RB	List - 18%
E8002	GAIT TRAINER PEDIATRIC SIZE ANTERIOR SUPPORT INCLUDES ALL ACCESSORIES AND COMPON		List - 18%
E8002	GAIT TRAINER PEDIATRIC SIZE ANTERIOR SUPPORT INCLUDES ALL ACCESSORIES AND COMPON	RR	List - 18%
E8002	GAIT TRAINER PEDIATRIC SIZE ANTERIOR SUPPORT INCLUDES ALL ACCESSORIES AND COMPON	RB	List - 18%
K0008	CUSTOM MANUAL WHEELCHAIR/BASE		AAC+45%
K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE		AAC+45%
K0108*	WHEELCHAIR COMPONENT OR ACCESSORY NOT OTHERWISE SPECIFIED		List - 18%
K0669	WHEELCHAIR ACCESSORY WHEELCHAIR SEAT OR BACK CUSHION DOES NOT MEET SPECIFIC CODE		List - 18%
K0669	WHEELCHAIR ACCESSORY WHEELCHAIR SEAT OR BACK CUSHION DOES NOT MEET SPECIFIC CODE	RB	List - 18%
K0812	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED		AAC+45%
K0812	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED	RB	AAC+45%
K0868	POWER WHEELCHAIR GROUP 4 STANDARD SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY		List - 18%
K0868	POWER WHEELCHAIR GROUP 4 STANDARD SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY	RR	List - 18%
K0869	POWER WHEELCHAIR GROUP 4 STANDARD CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO		List - 18%
K0869	POWER WHEELCHAIR GROUP 4 STANDARD CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO	RR	List - 18%

Added 3/1/2023

K0870	POWER WHEELCHAIR GROUP 4 HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACIT		List - 18%
K0870	POWER WHEELCHAIR GROUP 4 HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACIT	RR	List - 18%
K0871	POWER WHEELCHAIR GROUP 4 VERY HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CA		List - 18%
K0871	POWER WHEELCHAIR GROUP 4 VERY HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CA	RR	List - 18%
K0877	POWER WHEELCHAIR GROUP 4 STANDARD SINGLE POWER OPTION SLING/SOLID SEAT/BACK PATI		List - 18%
K0877	POWER WHEELCHAIR GROUP 4 STANDARD SINGLE POWER OPTION SLING/SOLID SEAT/BACK PATI	RR	List - 18%
K0878	POWER WHEELCHAIR GROUP 4 STANDARD SINGLE POWER OPTION CAPTAINS CHAIR PATIENT WEI		List - 18%
K0878	POWER WHEELCHAIR GROUP 4 STANDARD SINGLE POWER OPTION CAPTAINS CHAIR PATIENT WEI	RR	List - 18%
K0879	POWER WHEELCHAIR GROUP 4 HEAVY DUTY SINGLE POWER OPTION SLING/SOLID SEAT/BACK PA		List - 18%
K0879	POWER WHEELCHAIR GROUP 4 HEAVY DUTY SINGLE POWER OPTION SLING/SOLID SEAT/BACK PA	RR	List - 18%
K0880	POWER WHEELCHAIR GROUP 4 VERY HEAVY DUTY SINGLE POWER OPTION SLING/SOLID SEAT/BA		List - 18%
K0880	POWER WHEELCHAIR GROUP 4 VERY HEAVY DUTY SINGLE POWER OPTION SLING/SOLID SEAT/BA	RR	List - 18%
K0884	POWER WHEELCHAIR GROUP 4 STANDARD MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK PA		List - 18%
K0884	POWER WHEELCHAIR GROUP 4 STANDARD MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK PA	RR	List - 18%
K0885	POWER WHEELCHAIR GROUP 4 STANDARD MULTIPLE POWER OPTION CAPTAINS CHAIR PATIENT W		List - 18%
K0885	POWER WHEELCHAIR GROUP 4 STANDARD MULTIPLE POWER OPTION CAPTAINS CHAIR PATIENT W	RR	List - 18%
K0886	POWER WHEELCHAIR GROUP 4 HEAVY DUTY MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK		List - 18%
K0886	POWER WHEELCHAIR GROUP 4 HEAVY DUTY MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK	RR	List - 18%
K0890	POWER WHEELCHAIR GROUP 5 PEDIATRIC SINGLE POWER OPTION SLING/SOLID SEAT/BACK PAT		List - 18%
K0890	POWER WHEELCHAIR GROUP 5 PEDIATRIC SINGLE POWER OPTION SLING/SOLID SEAT/BACK PAT	RR	List - 18%
K0891	POWER WHEELCHAIR GROUP 5 PEDIATRIC MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK P		List - 18%
K0891	POWER WHEELCHAIR GROUP 5 PEDIATRIC MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK P	RR	List - 18%
K0898	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED		List - 18%
K0898	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	RR	List - 18%
K0899	POWER MOBILITY DEVICE NOT CODED BY DME PDAC OR DOES NOT MEET CRITERIA		List - 18%
K0900	CUSTOMIZED DME OTHER THAN WHEELCHAIR		AAC+40%
K0900	CUSTOMIZED DME OTHER THAN WHEELCHAIR	RB	AAC+40%
K1013	ENEMA TUBE REPLACEMENT		AAC+25%
K1021	EXSUFFLATION BELT, INCLUDES ALL SUPPLIES AND ACCESSORIES (1 per year)		AAC+35%
K1022	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL, KNEE DISARTICULATION, ABOVE KNEE, HIP DISARTICULATION, POSITIONAL ROTATION UNIT, ANY TYPE		AAC+35%
K1022	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL, KNEE DISARTICULATION, ABOVE KNEE, HIP DISARTICULATION, POSITIONAL ROTATION UNIT, ANY TYPE		AAC+35%
K1030	EXTERNAL RECHARGING SYSTEM FOR BATTERY (INTERNAL) FOR USE WITH IMPLANTED CCARDIAC CONTRACTILITY MODULATION GENERATOR, REPLACEMENT ONLY		AAC+25%
K1031	NON-PNEUMATIC COMPRESSION CONTROLLER WITHOUT CALIBRATED GRADIENT PRESSURE		AAC+25%
K1032	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, FULL LEG		AAC+25%
K1033	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, HALF LEG		AAC+25%

MEDS - Prosthetic/Orthotic

All repairs will be List - 15% or AAC + 50% per PB 2020-04

Procedure Code	Description	Modifier	Pricing
L0999	Addition to spinal orthosis not otherwise specified		AAC+50%
L1001	Cervical thoracic lumbar sacral orthosis immobilizer infant size prefabricated i		AAC+50%
L1499	Spinal orthotic not otherwise specifield		AAC +50%
L2006	Knee Ankle Foot Device, single/double swing/stance microprocessor control, includes all components, custom fabricated		AAC+50%
L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for		AAC + 40%
L2999	Lower extremity orthoses not otherwise specified		AAC+50%
L3649	Orthopedic shoe modification addition or transfer not otherwise specified		AAC+70%
L3677	Shoulder orthosis shoulder joint design without joints may include soft interfac		AAC+70%
L3678	Shoulder orthosis shoulder joint design without joints may include soft interfac		AAC+40%
L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for		AAC +40%
L3956	Addition of joint to upper extremity orthosis any material; per joint		AAC+50%
L3999	Upper limb orthosis not otherwise specified		AAC+50%
L5999	Lower extremity prosthesis not otherwise specified		AAC+50%
L7499	Upper extremity prosthesis not otherwise specified		AAC+50%
L8033	Nipple prosthesis, custom fabricated, reusable, each		AAC+50%
L8499	Unlisted procedure for miscellaneous prosthetic services		AAC+40%
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body		List -15%
L8701	Pow UE dev ewh uprt custom		AAC+40%
L8702	Pow UE dev ewhf uprt custom		AAC+40%
L9900	Orthotic and prosthetic supply accessory and/or service component of another hcp		AAC+40%

Parenteral-Enteral Supplies

Procedure Code	Description	Modifier	Pricing
B9998	NOC for Enteral Supplies		AAC+25%
B9999	NOC for Parenteral Supplies		AAC+25%

Donor Breast Milk

Procedure Code	Description	Modifier	Pricing
T2101	Human breast milk processing, storage, and distribution only		Manually Priced + Shipping

MEDS-Miscellaneous

Procedure Code	Description	Modifier	Pricing
S9435	Medical foods for inborn errors of metabolism		AAC+25%

S9432	Medical foods for non-inborn errors of metabolism		AAC+25%
-------	---	--	---------

Reference PB 2011-04 - E1399 Maximum Fee			
E1399	Bed Rail Pads		\$120/pair
E1399	Anti-embolism Stockings, per pair		\$10/pair
E1399	Sterile Applicators, cotton-tipped, box of 100		\$8.69
E1399	Resuscitation Kit, to include ambu bag and emergency oxygen - rental only		\$35/month

Procedure Code	Description	Modifier	Pricing
T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra large (Note: Manually price for XXXL size only)		AAC+20%

Procedure Code	Description	Modifier	Pricing
V5140	Binaural behind the ear		AAC + ship
V5171	Hearing aid monaural ite		AAC + ship
V5172	Hearing aid monaural itc		AAC + ship
V5181	Hearing aid monaural bte		AAC + ship
V5211	Hearing aid binaural ite/ite		AAC + ship
V5212	Hearing aid binaural ite/itc		AAC + ship
V5213	Hearing aid binaural ite/bte		AAC + ship
V5214	Hearing aid binaural itc/itc		AAC + ship
V5215	Hearing aid binaural itc/bte		AAC + ship
V5221	Hearing aid binaural bte/bte		AAC + ship
V5274	Assistive listening device not otherwise specified		AAC + ship
V5298	Hearing aid not otherwise classified		AAC + ship
V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified		AAC + 15%

***Custom Wheelchair Pricing-Select K0108 Codes - Pricing Effective 4/1/2018**

Procedure Code	Description	Modifier	Pricing
K0108	FOREARM SUPPORT CUSHION, FOR TRAY, RIGHT AND LEFT SIDE		\$42.00
K0108	FOREARM SUPPORT CUSHION, FOR TRAY, RIGHT AND LEFT SIDE	KA	\$42.00
K0108	FOREARM SUPPORT CUSHION, FOR TRAY, RIGHT AND LEFT SIDE	RB	\$42.00
K0108	ARM/ELBOW BLOCK WITH HARDWARE, RIGHT AND LEFT SIDE		\$65.00
K0108	ARM/ELBOW BLOCK WITH HARDWARE, RIGHT AND LEFT SIDE	KA	\$65.00
K0108	ARM/ELBOW BLOCK WITH HARDWARE, RIGHT AND LEFT SIDE	RB	\$65.00
K0108	ARM/ELBOW BLOCK, CUSTOM, WITH FLIPDOWN HARDWARE, RIGHT AND LEFT SIDE		\$163.00
K0108	ARM/ELBOW BLOCK, CUSTOM, WITH FLIPDOWN HARDWARE, RIGHT AND LEFT SIDE	KA	\$163.00
K0108	ARM/ELBOW BLOCK, CUSTOM, WITH FLIPDOWN HARDWARE, RIGHT AND LEFT SIDE	RB	\$163.00
K0108	PROTRACTION PAD WITH FLIPDOWN HARDWARE, RIGHT AND LEFT SIDE		\$151.00
K0108	PROTRACTION PAD WITH FLIPDOWN HARDWARE, RIGHT AND LEFT SIDE	KA	\$151.00
K0108	PROTRACTION PAD WITH FLIPDOWN HARDWARE, RIGHT AND LEFT SIDE	RB	\$151.00
K0108	ELBOW PAD, FOR TRAY, RIGHT AND LEFT SIDE		\$81.00
K0108	ELBOW PAD, FOR TRAY, RIGHT AND LEFT SIDE	KA	\$81.00
K0108	ELBOW PAD, FOR TRAY, RIGHT AND LEFT SIDE	RB	\$81.00
K0108	CUSTOM WIDTH/LENGTH ARMPADS, FOR ARMREST, RIGHT AND LEFT SIDE		\$104.00
K0108	CUSTOM WIDTH/LENGTH ARMPADS, FOR ARMREST, RIGHT AND LEFT SIDE	KA	\$104.00
K0108	CUSTOM WIDTH/LENGTH ARMPADS, FOR ARMREST, RIGHT AND LEFT SIDE	RB	\$104.00
K0108	FOOTPLATE EXTENSIONS, ALL MATERIALS, RIGHT AND LEFT SIDE		\$50.00
K0108	FOOTPLATE EXTENSIONS, ALL MATERIALS, RIGHT AND LEFT SIDE	KA	\$50.00
K0108	FOOTPLATE EXTENSIONS, ALL MATERIALS, RIGHT AND LEFT SIDE	RB	\$50.00
K0108	FOOTPLATE PADS, RIGHT AND LEFT SIDE		\$51.00
K0108	FOOTPLATE PADS, RIGHT AND LEFT SIDE	KA	\$51.00
K0108	FOOTPLATE PADS, RIGHT AND LEFT SIDE	RB	\$51.00
K0108	CALF PANEL, ALL TYPES, INCLUDING WITH AND WITHOUT PADDING		\$51.00
K0108	CALF PANEL, ALL TYPES, INCLUDING WITH AND WITHOUT PADDING	KA	\$51.00
K0108	CALF PANEL, ALL TYPES, INCLUDING WITH AND WITHOUT PADDING	RB	\$51.00
K0108	ELEVATING LEGREST PADDING, RIGHT AND LEFT SIDE		\$67.00
K0108	ELEVATING LEGREST PADDING, RIGHT AND LEFT SIDE	KA	\$67.00
K0108	ELEVATING LEGREST PADDING, RIGHT AND LEFT SIDE	RB	\$67.00
K0108	FOOTREST HANGER PADDING, RIGHT AND LEFT SIDE		\$95.00
K0108	FOOTREST HANGER PADDING, RIGHT AND LEFT SIDE	KA	\$95.00
K0108	FOOTREST HANGER PADDING, RIGHT AND LEFT SIDE	RB	\$95.00
K0108	LEG TROUGHS, CUSTOM OR NON-CUSTOM, RIGHT AND LEFT SIDE		\$124.00
K0108	LEG TROUGHS, CUSTOM OR NON-CUSTOM, RIGHT AND LEFT SIDE	KA	\$124.00
K0108	LEG TROUGHS, CUSTOM OR NON-CUSTOM, RIGHT AND LEFT SIDE	RB	\$124.00
K0108	FOOTBLOCKS, MEDIAL OR LATERAL, RIGHT AND LEFT SIDE		\$65.00
K0108	FOOTBLOCKS, MEDIAL OR LATERAL, RIGHT AND LEFT SIDE	KA	\$65.00
K0108	FOOTBLOCKS, MEDIAL OR LATERAL, RIGHT AND LEFT SIDE	RB	\$65.00
K0108	SEAT PAN EDGE PADDING		\$39.00
K0108	SEAT PAN EDGE PADDING	KA	\$39.00
K0108	SEAT PAN EDGE PADDING	RB	\$39.00

* Modifier UC (Upon Strict Review of the Department), is limited to the use of medically necessary pediatric wheelchair trays that require special consideration such as full padded trays with hardware; or phenolic/polycarbonate trays with hardware or ribs; half trays which are clear, or padded which contain flip up hardware. These pediatric wheelchair trays require prior authorization and are limited to HUSKY members under age 21 and are priced at \$163.54 when the UC modifier is used in conjunction with the wheelchair accessory tray procedure code E0950. Please note: Any claim using the “UC” modifier will be subject to audit.