

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
Medical Assistance Program Outpatient Fee Schedule**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
A4206	Syringe with needle, sterile 1cc, each	05	250	12			each	150 per 30 days	\$0.29	No
A4206	Syringe with needle, sterile 1cc, each	24	240, 241, 242, 243, 245	11, 12			each	150 per 30 days	\$0.29	No
A4206	Syringe with needle, sterile 1cc, each	25	250	11, 12			each	150 per 30 days	\$0.29	No
A4207	Syringe with needle, sterile 2cc, each	05	250	12			each	150 per 30 days	\$0.29	No
A4207	Syringe with needle, sterile 2cc, each	24	240, 241, 242, 243, 245	11, 12			each	150 per 30 days	\$0.29	No
A4207	Syringe with needle, sterile 2cc, each	25	250	11, 12			each	150 per 30 days	\$0.29	No
A4208	Syringe with needle, sterile 3cc, each	05	250	12			each	150 per 30 days	\$0.29	No
A4208	Syringe with needle, sterile 3cc, each	24	240, 241, 242, 243, 245	11, 12			each	150 per 30 days	\$0.29	No
A4208	Syringe with needle, sterile 3cc, each	25	250	11, 12			each	150 per 30 days	\$0.29	No
A4209	Syringe with needle, sterile 5cc or greater, each	05	250	12			each	150 per 30 days	\$0.29	No
A4209	Syringe with needle, sterile 5cc or greater, each	24	240, 241, 242, 243, 245	11, 12			each	150 per 30 days	\$0.29	No
A4209	Syringe with needle, sterile 5cc or greater, each	25	250	11, 12			each	150 per 30 days	\$0.29	No
A4213	Syringe, sterile, 20 cc or greater, each	05	250	12	U8		each	150 per 30 days	\$0.88	No
A4213	Syringe, sterile, 20 cc or greater, each	24	240, 241, 242, 243, 245	11, 12	U8		each	150 per 30 days	\$0.88	No
A4213	Syringe, sterile, 20 cc or greater, each	25	250	11, 12	U8		each	150 per 30 days	\$0.88	No
A4213	Syringe, sterile, 20 cc or greater, each	05	250	12			each	150 per 30 days	\$0.29	No

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A4213	Syringe, sterile, 20 cc or greater, each	24	240, 241, 242, 243, 245	11, 12			each	150 per 30 days	\$0.29	No
A4213	Syringe, sterile, 20 cc or greater, each	25	250	11, 12			each	150 per 30 days	\$0.29	No
A4215	Needle, sterile, any size, each	05	250	12			each	150 per 30 days	\$0.18	No
A4215	Needle, sterile, any size, each	24	243, 245	11, 12			each	150 per 30 days	\$0.18	No
A4215	Needle, sterile, any size, each	25	250	11, 12			each	150 per 30 days	\$0.18	No
A4221	Supplies for maintenance of drug infusion catheter, per week (list drug separately)	05	250	12			Supplies per week	1 per 7 days (Pricing includes all of the supplies for the week in order to maintain the catheter)	\$18.12	No
A4221	Supplies for maintenance of drug infusion catheter, per week (list drug separately)	24	240, 241, 242, 243, 245	11, 12			Supplies per week	1 per 7 days (Pricing includes all of the supplies for the week in order to maintain the catheter)	\$18.12	No
A4221	Supplies for maintenance of drug infusion catheter, per week (list drug separately)	25	250	11, 12			Supplies per week	1 per 7 days (Pricing includes all of the supplies for the week in order to maintain the catheter)	\$18.12	No
A4222	Infusion supplies for external drug infusion pump, per cassette or bag (list drug separately)	24	240, 241, 242, 243, 245	11, 12			each	60 per 30 days	\$28.00	No
A4222	Infusion supplies for external drug infusion pump, per cassette or bag (list drug separately)	25	250	11, 12			each	60 per 30 days	\$28.00	No
A4267	Contraceptive supply, condom, male, each	08	083	11, 12, 49		FP	each	144 per 30 days	\$0.35	No

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A4267	Contraceptive supply, condom, male, each	24	240, 241, 242, 243, 245	11, 12		FP	each	144 per 30 days	\$0.35	No
A4267	Contraceptive supply, condom, male, each	24	240, 241, 242, 243, 245	11, 12			each	144 per 30 days	\$0.35	No
A4267	Contraceptive supply, condom, male, each	25	250	11, 12		FP	each	144 per 30 days	\$0.35	No
A4267	Contraceptive supply, condom, male, each	25	250	11, 12			each	144 per 30 days	\$0.35	No
A4268	Contraceptive supply, condom, female, each	08	083	11, 12, 49		FP	each	144 per 30 days	\$2.25	No
A4268	Contraceptive supply, condom, female, each	24	240, 241, 242, 243, 245	11, 12		FP	each	144 per 30 days	\$2.25	No
A4268	Contraceptive supply, condom, female, each	24	240, 241, 242, 243, 245	11, 12			each	144 per 30 days	\$2.25	No
A4268	Contraceptive supply, condom, female, each	25	250	11, 12		FP	each	144 per 30 days	\$2.25	No
A4268	Contraceptive supply, condom, female, each	25	250	11, 12			each	144 per 30 days	\$2.25	No
A4281	Tubing for breast pump, replacement	05	250	12			each	2 per 365 days (one year)	\$4.16	No
A4281	Tubing for breast pump, replacement	24	240, 241, 242, 243, 245	11, 12			each	2 per 365 days (one year)	\$4.16	No
A4281	Tubing for breast pump, replacement	25	250	11, 12			each	2 per 365 days (one year)	\$4.16	No
A4282	Adapter for breast pump, replacement	05	250	12			each	2 per 365 days (one year)	\$4.16	No
A4282	Adapter for breast pump, replacement	24	240, 241, 242, 243, 245	11, 12			each	2 per 365 days (one year)	\$4.16	No
A4282	Adapter for breast pump, replacement	25	250	11, 12			each	2 per 365 days (one year)	\$4.16	No
A4283	Cap for breast pump bottle, replacement	05	250	12			each	2 per 365 days (one year)	\$4.16	No

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A4283	Cap for breast pump bottle, replacement	24	240, 241, 242, 243, 245	11, 12			each	2 per 365 days (one year)	\$4.16	No
A4283	Cap for breast pump bottle, replacement	25	250	11, 12			each	2 per 365 days (one year)	\$4.16	No
A4284	Breast shield and splash protector for use with breast pump, replacement	05	250	12			each	2 per 365 days (one year)	\$4.16	No
A4284	Breast shield and splash protector for use with breast pump, replacement	24	240, 241, 242, 243, 245	11, 12			each	2 per 365 days (one year)	\$4.16	No
A4284	Breast shield and splash protector for use with breast pump, replacement	25	250	11, 12			each	2 per 365 days (one year)	\$4.16	No
A4285	Polycarbonate bottle for use with breast pump, replacement	05	250	12			each	2 per 365 days (one year)	\$4.16	No
A4285	Polycarbonate bottle for use with breast pump, replacement	24	240, 241, 242, 243, 245	11, 12			each	2 per 365 days (one year)	\$4.16	No
A4285	Polycarbonate bottle for use with breast pump, replacement	25	250	11, 12			each	2 per 365 days (one year)	\$4.16	No
A4286	Locking ring for breast pump, replacement	05	250	12			each	2 per 365 days (one year)	\$4.16	No
A4286	Locking ring for breast pump, replacement	24	240, 241, 242, 243, 245	11, 12			each	2 per 365 days (one year)	\$4.16	No
A4286	Locking ring for breast pump, replacement	25	250	11, 12			each	2 per 365 days (one year)	\$4.16	No
A4322	Irrigation syringe, bulb or piston, each	05	250	12			each	30 per 30 days	\$2.50	No
A4322	Irrigation syringe, bulb or piston, each	24	240, 241, 242, 243, 245	11, 12			each	30 per 30 days	\$2.50	No
A4322	Irrigation syringe, bulb or piston, each	25	250	11, 12			each	30 per 30 days	\$2.50	No
A4331	any length, with connector/adaptor for use with urinary leg bag or urostomy	05	250	12			each	15 per calendar month	\$2.12	No

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A4331	Extension drainage tubing, any type, any length, with connector/adaptor for use with urinary leg bag or urostomy pouch, each	24	240, 241, 242, 243, 245	11, 12			each	15 per calendar month	\$2.12	No
A4331	Extension drainage tubing, any type, any length, with connector/adaptor for use with urinary leg bag or urostomy pouch, each	25	250	11, 12			each	15 per calendar month	\$2.12	No
A4335	Incontinence supply; miscellaneous	05	250	12	U7		each	16 per 30 days	\$0.50	No
A4335	Incontinence supply; miscellaneous	24	240, 241, 242, 243, 245	11, 12	U7		each	16 per 30 days	\$0.50	No
A4335	Incontinence supply; miscellaneous	25	250	11, 12	U7		each	16 per 30 days	\$0.50	No
A4335	Incontinence supply; miscellaneous	05	250	12	U8		each	16 per 30 days	\$0.75	No
A4335	Incontinence supply; miscellaneous	24	240, 241, 242, 243, 245	11, 12	U8		each	16 per 30 days	\$0.75	No
A4335	Incontinence supply; miscellaneous	25	250	11, 12	U8		each	16 per 30 days	\$0.75	No
A4335	Incontinence supply; miscellaneous	05	250	12			each	16 per 30 days	\$0.10	No
A4335	Incontinence supply; miscellaneous	24	240, 241, 242, 243, 245	11, 12			each	16 per 30 days	\$0.10	No
A4335	Incontinence supply; miscellaneous	25	250	11, 12			each	16 per 30 days	\$0.10	No
A4353	Intermittent urinary catheter, with insertion supplies	05	250	12	U7		each	30 per 30 days	\$5.40	No
A4353	Intermittent urinary catheter, with insertion supplies	24	240, 241, 242, 243, 245	11, 12	U7		each	30 per 30 days	\$5.40	No

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A4353	Intermittent urinary catheter, with insertion supplies	25	250	11, 12	U7		each	30 per 30 days	\$5.40	No
A4362	Skin barrier, solid, 4x4 or equivalent, each	05	250	12			each	60 per 30 days	\$0.56	No
A4362	Skin barrier, solid, 4x4 or equivalent, each	24	240, 241, 242, 243, 245	11, 12			each	60 per 30 days	\$0.56	No
A4362	Skin barrier, solid, 4x4 or equivalent, each	25	250	11, 12			each	60 per 30 days	\$0.56	No
A4365	Adhesive remover wipes, any type, per 50	24	240, 241, 242, 243, 245	11, 12			per 50	2 per 30 days	\$1.50	No
A4365	Adhesive remover wipes, any type, per 50	05	250	12			per 50	2 per 30 days	\$1.50	No
A4365	Adhesive remover wipes, any type, per 50	25	250	11, 12			per 50	2 per 30 days	\$1.50	No
A4394	Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fluid ounce	05	250	12			per ounce	Unlimited	\$1.97	No
A4394	Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fluid ounce	24	240, 241, 242, 243, 245	11, 12			per ounce	Unlimited	\$1.97	No
A4394	Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fluid ounce	25	250	11, 12			per ounce	Unlimited	\$1.97	No
A4402	Lubricant, per ounce	05	250	12			per ounce	30 per 30 days	\$0.90	No
A4402	Lubricant, per ounce	24	240, 241, 242, 243, 245	11, 12			per ounce	30 per 30 days	\$0.90	No
A4402	Lubricant, per ounce	25	250	11, 12			per ounce	30 per 30 days	\$0.90	No
A4404	Ostomy ring, each	05	250	12			each	12 per calendar month	\$0.73	No
A4404	Ostomy ring, each	24	240, 241, 242, 243, 245	11, 12			each	12 per calendar month	\$0.73	No
A4404	Ostomy ring, each	25	250	11, 12			each	12 per calendar month	\$0.73	No
A4421	Ostomy supply: miscellaneous	05	250	12			each	12 per calendar month	\$1.20	No

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A4421	Ostomy supply; miscellaneous	24	240, 241, 242, 243, 245	11, 12			each	12 per calendar month	\$1.20	No
A4421	Ostomy supply; miscellaneous	25	250	11, 12			each	12 per calendar month	\$1.20	No
A4450	Tape, non-waterproof, per 18 square inches	05	250	12			per 18 sq. in	3,000 per calendar month	\$0.07	No
A4450	Tape, non-waterproof, per 18 square inches	24	240, 241, 242, 243, 245	11, 12			per 18 sq. in	3,000 per calendar month	\$0.07	No
A4450	Tape, non-waterproof, per 18 square inches	25	250	11, 12			per 18 sq. in	3,000 per calendar month	\$0.07	No
A4452	Tape, waterproof, per 18 square inches	05	250	12			per 18 sq inches	3,000 per calendar month	\$0.29	No
A4452	Tape, waterproof, per 18 square inches	24	240, 241, 242, 243, 245	11, 12			per 18 sq inches	3,000 per calendar month	\$0.29	No
A4452	Tape, waterproof, per 18 square inches	25	250	11, 12			per 18 sq inches	3,000 per calendar month	\$0.29	No
A4554	Disposable underpads, all sizes, (e.g. Chux's)	24	240, 241, 242, 243, 245	11, 12			each	180 per 90 days	\$0.19	No
A4554	Disposable underpads, all sizes, (e.g. Chux's)	25	250	11, 12			each	180 per 90 days	\$0.19	No
A4556	Electrodes (e.g., Apnea monitor), per pair	24	240, 241, 242, 243, 245	11, 12			per pair	30 per calendar month	\$10.32	No
A4556	Electrodes (e.g., Apnea monitor), per pair	25	250	11, 12			per pair	30 per calendar month	\$10.32	No
A4557	Lead wires (e.g. Apnea Monitor), per pair	24	240, 241, 242, 243, 245	11, 12			per pair	2 per calendar month	\$17.94	No
A4557	Lead wires (e.g. Apnea Monitor), per pair	25	250	11, 12			per pair	2 per calendar month	\$17.94	No
A4580	Cast supplies (e.g. plaster)	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32	U7		per cast	2 per 180 days	\$39.00	No
A4580	Cast supplies (e.g. plaster)	25	250, 251, 252	11, 12, 21, 31, 32	U7		per cast	2 per 180 days	\$39.00	No

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A4580	Cast supplies (e.g. plaster)	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32	U8		per cast	2 per 180 days	\$55.00	No
A4580	Cast supplies (e.g. plaster)	25	250, 251, 252	11, 12, 21, 31, 32	U8		per cast	2 per 180 days	\$55.00	No
A4580	Cast supplies (e.g. plaster)	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32			per cast	2 per 180 days	\$28.00	No
A4580	Cast supplies (e.g. plaster)	25	250, 251, 252	11, 12, 21, 31, 32			per cast	2 per 180 days	\$28.00	No
A4605	Tracheal suction catheter, closed system, each	05	250	12			each	45 per calendar month	\$13.12	No
A4605	Tracheal suction catheter, closed system, each	24	240, 241, 242, 243, 245	11, 12			each	45 per calendar month	\$13.12	No
A4605	Tracheal suction catheter, closed system, each	25	250	11, 12			each	45 per calendar month	\$13.12	No
A4606	Oxygen probe for use with oximeter device, replacement	24	240, 241, 242, 243, 245	11, 12	U7		each	1 per 30 days	\$80.00	No
A4606	Oxygen probe for use with oximeter device, replacement	25	250	11, 12	U7		each	1 per 30 days	\$80.00	No
A4606	Oxygen probe for use with oximeter device, replacement	24	240, 241, 242, 243, 245	11, 12			each	6 per 30 days	\$30.00	No
A4606	Oxygen probe for use with oximeter device, replacement	25	250	11, 12			each	6 per 30 days	\$30.00	No
A4608	Transtracheal oxygen catheter, each	05	250	12			each	8 per 30 days	\$46.66	No
A4608	Transtracheal oxygen catheter, each	24	240, 241, 242, 243, 245	11, 12			each	8 per 30 days	\$46.66	No
A4608	Transtracheal oxygen catheter, each	25	250	11, 12			each	8 per 30 days	\$46.66	No
A4614	Peak expiratory flow rate meter, handheld	05	250	12			each	1 per 5 calendar years	\$19.00	No

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A4614	Peak expiratory flow rate meter, handheld	24	240, 241, 242, 243, 245	11, 12			each	1 per 5 calendar years	\$19.00	No
A4614	Peak expiratory flow rate meter, handheld	25	250	11, 12			each	1 per 5 calendar years	\$19.00	No
A4617	Mouthpiece	24	240, 241, 242, 243, 245	11, 12			each	1 per day	\$2.40	No
A4617	Mouthpiece	25	250	11, 12			each	1 per day	\$2.40	No
A4618	Breathing circuits	24	240, 241, 242, 243, 245	11, 12	NU		per circuit	1 per 30 days	\$98.00	No
A4618	Breathing circuits	25	250	11, 12	NU		per circuit	1 per 30 days	\$98.00	No
A4623	Tracheostomy, inner cannula	05	250	12			each	35 per calendar month	\$5.50	No
A4623	Tracheostomy, inner cannula	24	240, 241, 242, 243, 245	11, 12			each	35 per calendar month	\$5.50	No
A4623	Tracheostomy, inner cannula	25	250	11, 12			each	35 per calendar month	\$5.50	No
A4624	Tracheal suction catheter, any type other than closed system, each	05	250	12			each	1,500 per 30 days	\$1.99	No
A4624	Tracheal suction catheter, any type other than closed system, each	24	240, 241, 242, 243, 245	11, 12			each	1,500 per 30 days	\$1.99	No
A4624	Tracheal suction catheter, any type other than closed system, each	25	250	11, 12			each	1,500 per 30 days	\$1.99	No
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	05	250	12			per spacer	1 per 90 days	\$18.00	No
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	24	240, 241, 242, 243, 245	11, 12			per spacer	1 per 90 days	\$18.00	No
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	25	250	11, 12			per spacer	1 per 90 days	\$18.00	No

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A4628	Oropharyngeal suction catheter, each	05	250	12			each	30 per 30 days	\$4.00	No
A4628	Oropharyngeal suction catheter, each	24	240, 241, 242, 243, 245	11, 12			each	30 per 30 days	\$4.00	No
A4628	Oropharyngeal suction catheter, each	25	250	11, 12			each	30 per 30 days	\$4.00	No
A4629	Tracheostomy care kit for established tracheostomy	05	250	12			per kit	30 per 30 days	\$3.00	No
A4629	Tracheostomy care kit for established tracheostomy	24	240, 241, 242, 243, 245	11, 12			per kit	30 per 30 days	\$3.00	No
A4629	Tracheostomy care kit for established tracheostomy	25	250	11, 12			per kit	30 per 30 days	\$3.00	No
A4927	Gloves, non-sterile, per 100	24	240, 241, 242, 243, 245	11, 12			per 100 gloves	2 per 30 days	\$8.00	No
A4927	Gloves, non-sterile, per 100	25	250	11, 12			per 100 gloves	2 per 30 days	\$8.00	No
A4930	Gloves, sterile, per pair	24	240, 241, 242, 243, 245	11, 12			per pair	100 per 30 days	\$0.68	No
A4930	Gloves, sterile, per pair	25	250	11, 12			per pair	100 per 30 days	\$0.68	No
A4931	each	05	250	12			each	1 per 30 days	\$3.01	No
A4931	Oral thermometer, reusable, any type, each	24	240, 241, 242, 243, 245	11, 12			each	1 per 30 days	\$3.01	No
A4931	Oral thermometer, reusable, any type, each	25	250	11, 12			each	1 per 30 days	\$3.01	No
A4932	Rectal thermometer, reusable, any type, each	05	250	12			each	1 per 30 days	\$3.01	No
A4932	Rectal thermometer, reusable, any type, each	24	240, 241, 242, 243, 245	11, 12			each	1 per 30 days	\$3.01	No
A4932	Rectal thermometer, reusable, any type, each	25	250	11, 12			each	1 per 30 days	\$3.01	No
A6206	Contact layer, 16 sq in. or less, each dressing	05	250	12			each	120 per 30 days	\$0.99	No

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Medical Assistance Program Outpatient Fee Schedule**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
A6206	Contact layer, 16 sq in. or less, each dressing	24	240, 241, 242, 243, 245	11, 12			each	120 per 30 days	\$0.99	No
A6206	Contact layer, 16 sq in. or less, each dressing	25	250	11, 12			each	120 per 30 days	\$0.99	No
A6207	Contact layer, more than 16 sq in. but less than, or equal to 48 sq in., each dressing	05	250	12			each	120 per 30 days	\$6.61	No
A6207	Contact layer, more than 16 sq in. but less than, or equal to 48 sq in., each dressing	24	240, 241, 242, 243, 245	11, 12			each	120 per 30 days	\$6.61	No
A6207	Contact layer, more than 16 sq in. but less than, or equal to 48 sq in., each dressing	25	250	11, 12			each	120 per 30 days	\$6.61	No
A6208	Contact layer, more than 48 sq. in., each dressing	05	250	12			each	120 per 30 days	\$9.24	No
A6208	Contact layer, more than 48 sq. in., each dressing	24	240, 241, 242, 243, 245	11, 12			each	120 per 30 days	\$9.24	No
A6208	Contact layer, more than 48 sq. in., each dressing	25	250	11, 12			each	120 per 30 days	\$9.24	No
A6222	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size 16 sq in or less, without adhesive border, each dressing	05	250	12			each	Unlimited	\$1.91	No
A6222	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size 16 sq in or less, without adhesive border, each dressing	24	240, 241, 242, 243, 245	11, 12			each	Unlimited	\$1.91	No

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
A6222	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size 16 sq in or less, without adhesive border, each dressing	25	250	11, 12			each	Unlimited	\$1.91	No
A6223	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 16 square inches, but less than or equal to 48 square inches, without adhesive border, each dressing	05	250	12			each	3,000 per calendar month	\$2.17	No
A6223	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 16 square inches, but less than or equal to 48 square inches, without adhesive border, each dressing	24	240, 241, 242, 243, 245	11, 12			each	3,000 per calendar month	\$2.17	No
A6223	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 16 squares inches, but less than or equal to 48 square inches, without adhesive border, each dressing	25	250	11, 12			each	3,000 per calendar month	\$2.17	No
A6251	Specialty absorptive dressing, wound cover pad size 16 sq in or less without adhesive border, each dressing	05	250	12			each	Unlimited	\$1.80	No
A6251	Specialty absorptive dressing, wound cover pad size 16 sq in or less without adhesive border, each dressing	24	240, 241, 242, 243, 245	11, 12			each	Unlimited	\$1.80	No

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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISE Provider Type	PROMISE Specialty	PROMISE Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
A6251	Specialty absorptive dressing, wound cover pad size 16 sq in or less without adhesive border, each dressing	25	250	11, 12			each	Unlimited	\$1.80	No
A6410	Eye pad, sterile, each	05	250	12			each	90 per calendar month	\$0.31	No
A6410	Eye pad, sterile, each	24	240, 241, 242, 243, 245	11, 12			each	90 per calendar month	\$0.31	No
A6410	Eye pad, sterile, each	25	250	11, 12			each	90 per calendar month	\$0.31	No
A6501	Compression burn garment, bodysuit (head to foot), custom fabricated	24	240, 241, 242, 243, 245	11, 12			each	2 per calendar month	\$150.00	No
A6501	Compression burn garment, bodysuit (head to foot), custom fabricated	25	250	11, 12			each	2 per calendar month	\$150.00	No
A6503	Compression burn garment, facial hood, custom fabricated	24	240, 241, 242, 243, 245	11, 12			each	2 per calendar month	\$53.00	No
A6503	Compression burn garment, facial hood, custom fabricated	25	250	11, 12			each	2 per calendar month	\$53.00	No
A6504	Compression burn garment, glove to wrist, custom fabricated	24	240, 241, 242, 243, 245	11, 12		RT, LT, 50	each	2 per extremity per 30 days	\$71.00	No
A6504	Compression burn garment, glove to wrist, custom fabricated	25	250	11, 12		RT, LT, 50	each	2 per extremity per 30 days	\$71.00	No
A6505	Compression burn garment, glove to elbow, custom fabricated	24	240, 241, 242, 243, 245	11, 12		RT, LT, 50	each	2 per extremity per 30 days	\$22.00	No
A6505	Compression burn garment, glove to elbow, custom fabricated	25	250	11, 12		RT, LT, 50	each	2 per extremity per 30 days	\$22.00	No
A6506	Compression burn garment, glove to axilla, custom fabricated	24	240, 241, 242, 243, 245	11, 12		RT, LT, 50	each	2 per extremity per 30 days	\$71.00	No
A6506	Compression burn garment, glove to axilla, custom fabricated	25	250	11, 12		RT, LT, 50	each	2 per extremity per 30 days	\$71.00	No

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
A6509	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated	24	240, 241, 242, 243, 245	11, 12			each	2 per calendar month	\$83.00	No
A6509	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated	25	250	11, 12			each	2 per calendar month	\$83.00	No
A6511	Compression burn garment, lower trunk, including leg openings (panty), custom fabricated	24	240, 241, 242, 243, 245	11, 12			each	2 per calendar month	\$107.50	No
A6511	Compression burn garment, lower trunk, including leg openings (panty), custom fabricated	25	250	11, 12			each	2 per calendar month	\$107.50	No
A6512	Compression burn garment, not otherwise classified	24	240, 241, 242, 243, 245	11, 12	U7	RT, LT, 50	each	2 per extremity per 30 days	\$24.50	No
A6512	Compression burn garment, not otherwise classified	25	250	11, 12	U7	RT, LT, 50	each	2 per extremity per 30 days	\$24.50	No
A6512	Compression burn garment, not otherwise classified	24	240, 241, 242, 243, 245	11, 12	U8	RT, LT, 50	each	2 per extremity per 30 days	\$36.50	No
A6512	Compression burn garment, not otherwise classified	25	250	11, 12	U8	RT, LT, 50	each	2 per extremity per 30 days	\$36.50	No
A6512	Compression burn garment, not otherwise classified	24	240, 241, 242, 243, 245	11, 12	U9		each	2 per 30 days	\$80.00	No
A6512	Compression burn garment, not otherwise classified	25	250	11, 12	U9		each	2 per 30 days	\$80.00	No
A6512	Compression burn garment, not otherwise classified	24	240, 241, 242, 243, 245	11, 12			each	1 per 30 days	\$7.50	No
A6512	Compression burn garment, not otherwise classified	25	250	11, 12			each	1 per 30 days	\$7.50	No
A7000	Cannister, disposable, used with suction pump, each	05	250	12			each	1 per 30 days	\$7.32	No

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
A7000	Cannister, disposable, used with suction pump, each	24	240, 241, 242, 243, 245	11, 12			each	1 per 30 days	\$7.32	No
A7000	Cannister, disposable, used with suction pump, each	25	250	11, 12			each	1 per 30 days	\$7.32	No
A7001	Cannister, non-disposable, used with suction pump, each	05	250	12			each	1 per 180 days	\$26.21	No
A7001	Cannister, non-disposable, used with suction pump, each	24	240, 241, 242, 243, 245	11, 12			each	1 per 180 days	\$26.21	No
A7001	Cannister, non-disposable, used with suction pump, each	25	250	11, 12			each	1 per 180 days	\$26.21	No
A7002	Tubing, used with suction pump, each	05	250	12			each	4 per calendar month	\$3.04	No
A7002	Tubing, used with suction pump, each	24	240, 241, 242, 243, 245	11, 12			each	4 per calendar month	\$3.04	No
A7002	Tubing, used with suction pump, each	25	250	11, 12			each	4 per calendar month	\$3.04	No
A7030	Full face mask used with positive airway pressure device, each	24	240, 241, 242, 243, 245	11, 12			each	1 per 180 days	\$150.91	Yes
A7030	Full face mask used with positive airway pressure device, each	25	250	11, 12			each	1 per 180 days	\$150.91	Yes
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	24	240, 241, 242, 243, 245	11, 12			each	1 per 30 days	\$94.11	No
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	25	250	11, 12			each	1 per 30 days	\$94.11	No
A7035	Head gear used with positive airway pressure device	24	240, 241, 242, 243, 245	11, 12			each	1 per 30 days	\$28.35	No
A7035	Head gear used with positive airway pressure device	25	250	11, 12			each	1 per 30 days	\$28.35	No

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
A7037	Tubing used with positive airway pressure device	24	240, 241, 242, 243, 245	11, 12			each	1 per 90 days	\$31.37	No
A7037	Tubing used with positive airway pressure device	25	250	11, 12			each	1 per 90 days	\$31.37	No
A7037	Tubing used with positive airway pressure device	24	240, 241, 242, 243, 245	11, 12			each	1 per 90 days	\$31.37	No
A7037	Tubing used with positive airway pressure device	25	250	11, 12			each	1 per 90 days	\$31.37	No
A7038	Filter, disposable, used with positive airway pressure device	24	240, 241, 242, 243, 245	11, 12			each	6 per 30 days	\$3.66	No
A7038	Filter, disposable, used with positive airway pressure device	25	250	11, 12			each	6 per 30 days	\$3.66	No
A7039	Filter, non-disposable, used with positive airway pressure device	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 30 days	\$12.26	No
A7039	Filter, non-disposable, used with positive airway pressure device	25	250	11, 12	NU		each	1 per 30 days	\$12.26	No
A7521	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each	24	240, 241, 242, 243, 245	11, 12			each	4 per 30 days	\$37.64	No
A7521	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each	05	250	12			each	4 per 30 days	\$37.64	No
A7521	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each	25	250	11, 12			each	4 per 30 days	\$37.64	No
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	24	240, 241, 242, 243, 245	11, 12			per device	1 per day	\$8.15	No
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	25	250	11, 12			per device	1 per day	\$8.15	No

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
B4034	Enteral feeding supply kit, syringe, per day	24	240, 241, 242, 243, 245	11, 12			each	30 per calendar month	\$5.60	No
B4034	Enteral feeding supply kit, syringe, per day	25	250	11, 12			each	30 per calendar month	\$5.60	No
B4035	Enteral feeding supply kit, pump fed, per day	24	240, 241, 242, 243, 245	11, 12			each	30 per calendar month	\$10.67	No
B4035	Enteral feeding supply kit, pump fed, per day	25	250	11, 12			each	30 per calendar month	\$10.67	No
B4036	Enteral feeding supply kit: gravity fed, per day	24	240, 241, 242, 243, 245	11, 12			each	30 per calendar month	\$7.31	No
B4036	Enteral feeding supply kit, gravity fed, per day	25	250	11, 12			each	30 per calendar month	\$7.31	No
B4083	Stomach tube - levine type	24	240, 241, 242, 243, 245	11, 12			each	4 per calendar month	\$2.27	No
B4083	Stomach tube - levine type	25	250	11, 12			each	4 per calendar month	\$2.27	No
B4100	Food thickener, administered orally, per ounce	24	240, 241, 242, 243, 245	11, 12			per ounce	72 per 30 days	\$0.72	No
B4100	Food thickener, administered orally, per ounce	25	250	11, 12			per ounce	72 per 30 days	\$0.72	No
B4103	replace fluids and electrolytes (e.g. clear liquids), 500 ml = 1 unit	24	240, 241, 242, 243, 245	11, 12			500 ml	40 per calendar month	\$0.72	No
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g. clear liquids), 500 ml = 1 unit	25	250	11, 12			500 ml	40 per calendar month	\$0.72	No
B4164	Parenteral nutrition solution; carbohydrates (dextrose), 50% or less (500 ml = 1 unit) - home mix	24	240, 241, 242, 243, 244, 245	11, 12, 31, 32			500 ml	5 per day	\$67.00	No

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
B4164	Parenteral nutrition solution; carbohydrates (dextrose), 50% or less (500 ml = 1 unit) - home mix	25	250	11, 12, 31, 32			500 ml	5 per day	\$67.00	No
B4168	Parenteral nutrition solution; amino acid, 3.5% (500 ml = 1 unit) - home mix	24	240, 241, 242, 243, 244, 245	11, 12, 31, 32			500 ml	5 per day	\$67.00	No
B4168	Parenteral nutrition solution; amino acid, 3.5% (500 ml = 1 unit) - home mix	25	250	11, 12, 31, 32			500 ml	5 per day	\$67.00	No
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7% (500 ml = 1 unit) - home mix	24	240, 241, 242, 243, 244, 245	11, 12, 31, 32			500 ml	5 per day	\$67.00	No
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7% (500 ml = 1 unit) - home mix	25	250	11, 12, 31, 32			500 ml	5 per day	\$67.00	No
B4176	Parenteral nutrition solution; amino acid, 7% through 8.5% (500 ml = 1 unit) - home mix	24	240, 241, 242, 243, 244, 245	11, 12, 31, 32			500 ml	5 per day	\$67.00	No
B4176	Parenteral nutrition solution; amino acid, 7% through 8.5% (500 ml = 1 unit) - home mix	25	250	11, 12, 31, 32			500 ml	5 per day	\$67.00	No
B4178	Parenteral nutrition solution; amino acid, greater than 8.5% (500 ml = 1 unit) - home mix	24	240, 241, 242, 243, 244, 245	11, 12, 31, 32			500 ml	5 per day	\$67.00	No
B4178	Parenteral nutrition solution; amino acid, greater than 8.5% (500 ml = 1 unit) - home mix	25	250	11, 12, 31, 32			500 ml	5 per day	\$67.00	No
B4180	Parenteral nutrition solution; carbohydrates (dextrose, greater than 50%) (500 ml = 1 unit) - home mix	24	240, 241, 242, 243, 244, 245	11, 12, 31, 32			500 ml	5 per day	\$67.00	No
B4180	Parenteral nutrition solution; carbohydrates (dextrose, greater than 50%) (500 ml = 1 unit) - home mix	25	250	11, 12, 31, 32			500 ml	5 per day	\$67.00	No

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
B4189	compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation any strength, 10 to 51	24	240, 241, 242, 243, 244, 245	11, 12, 31, 32			500 ml	5 per day	\$67.00	No
B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation any strength, 10 to 51 grams of protein - premix	25	250	11, 12, 31, 32			500 ml	5 per day	\$67.00	No
B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation any strength, 52 to 73 grams of protein - premix	24	240, 241, 242, 243, 244, 245	11, 12, 31, 32			500 ml	5 per day	\$67.00	No
B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation any strength, 52 to 73 grams of protein - premix	25	250	11, 12, 31, 32			500 ml	5 per day	\$67.00	No
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix	24	240, 241, 242, 243, 244, 245	11, 12, 31, 32			500 ml	5 per day	\$67.00	No

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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation any strength, 74 to 100 grams of protein - premix	25	250	11, 12, 31, 32			500 ml	5 per day	\$67.00	No
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation any strength, greater than 100 grams of protein - premix	24	240, 241, 242, 243, 244, 245	11, 12, 31, 32			500 ml	5 per day	\$67.00	No
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation any strength, greater than 100 grams of protein - premix	25	250	11, 12, 31, 32			500 ml	5 per day	\$67.00	No
B4216	Parenteral nutrition, additives (vitamins, trace elements, heparin, electrolytes) - home mix per day	24	240, 241, 242, 243, 244, 245	11, 12, 31, 32			additives per day	1 per day	\$67.00	No
B4216	Parenteral nutrition, additives (vitamins, trace elements, heparin, electrolytes) - home mix per day	25	250	11, 12, 31, 32			additives per day	1 per day	\$67.00	No
B5000	compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including	24	240, 241, 242, 243, 244, 245	11, 12, 31, 32			each	1 per day	\$67.00	No

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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
B5000	Parenteral nutrition solution, compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation any strength, renal - Amirozyn RF, NephroAmine, RenAmine - pre-mix	25	250	11, 12, 31, 32			each	1 per day	\$67.00	No
B5100	Parenteral nutrition solution, compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation any strength, hepatic - FreAmine HBC, HepatAmine - pre-mix	24	240, 241, 242, 243, 244, 245	11, 12, 31, 32			each	1 per day	\$67.00	No
B5100	Parenteral nutrition solution, compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation any strength, hepatic - FreAmine HBC, HepatAmine - pre-mix	25	250	11, 12, 31, 32			each	1 per day	\$67.00	No
B5200	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress - branch chain amino acids - pre-mix	24	240, 241, 242, 243, 244, 245	11, 12, 31, 32			each	1 per day	\$67.00	No

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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
B5200	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress - branch chain amino acids - pre-mix	25	250	11, 12, 31, 32			each	1 per day	\$67.00	No
B9998	NOC for enteral supplies	24	240, 241, 242, 243, 245	11, 12	U8		each	1 per calendar year	\$90.84	No
B9998	NOC for enteral supplies	25	250	11, 12	U8		each	1 per calendar year	\$90.84	No
E0141	Walker, rigid, wheeled, adjustable or fixed height	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 3 calendar years	\$89.79	No
E0141	Walker, rigid, wheeled, adjustable or fixed height	24	240, 241, 242, 243, 245	11, 12	RR		each	1 per calendar month any date in the month	\$10.13	No
E0141	Walker, rigid, wheeled, adjustable or fixed height	25	250	11, 12	NU		each	1 per 3 calendar years	\$89.79	No
E0141	Walker, rigid, wheeled, adjustable or fixed height	25	250	11, 12	RR		each	1 per calendar month any date in the month	\$10.13	Yes after 3 months of rentals
E0143	Walker, folding, wheeled, adjustable or fixed height	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 3 calendar years	\$93.68	No
E0143	Walker, folding, wheeled, adjustable or fixed height	25	250	11, 12	NU		each	1 per 3 calendar years	\$93.68	No
E0143	Walker, folding, wheeled, adjustable or fixed height	24	240, 241, 242, 243, 245	11, 12	RR		each	1 per calendar month any date in the month	\$21.59	Yes after 3 months of rentals
E0143	Walker, folding, wheeled, adjustable or fixed height	25	250	11, 12	RR		each	1 per calendar month any date in the month	\$21.59	Yes after 3 months of rentals

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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
E0144	Walker, enclosed, 4 sided frame, rigid or folding, wheeled with posterior seat	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 3 calendar years	\$162.40	No
E0144	Walker, enclosed, 4 sided frame, rigid or folding, wheeled with posterior seat	25	250	11, 12	NU		each	1 per 3 calendar years	\$162.40	No
E0144	Walker, enclosed, 4 sided frame, rigid or folding, wheeled with posterior seat	24	240, 241, 242, 243, 245	11, 12	RR		each	1 per calendar month any date in the month	\$16.24	Yes after 3 months of rentals
E0144	Walker, enclosed, 4 sided frame, rigid or folding, wheeled with posterior seat	25	250	11, 12	RR		each	1 per calendar month any date in the month	\$16.24	Yes after 3 months of rentals
E0147	Walker, heavy duty, multiple braking system, variable wheel resistance	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 3 calendar years	\$199.33	No
E0147	Walker, heavy duty, multiple braking system, variable wheel resistance	25	250	11, 12	NU		each	1 per 3 calendar years	\$199.33	No
E0147	Walker, heavy duty, multiple braking system, variable wheel resistance	24	240, 241, 242, 243, 245	11, 12	RR		each	1 per calendar month any date in the month	\$22.37	Yes after 3 months of rentals
E0147	Walker, heavy duty, multiple braking system, variable wheel resistance	25	250	11, 12	RR		each	1 per calendar month any date in the month	\$22.37	Yes after 3 months of rentals
E0149	Walker, heavy duty, wheeled, rigid or folding, any type	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 3 calendar years	\$170.82	No
E0149	Walker, heavy duty, wheeled, rigid or folding, any type	25	250	11, 12	NU		each	1 per 3 calendar years	\$170.82	No
E0149	Walker, heavy duty, wheeled, rigid or folding, any type	24	240, 241, 242, 243, 245	11, 12	RR		each	1 per calendar month any date in the month	\$16.23	Yes after 3 months of rentals
E0149	Walker, heavy duty, wheeled, rigid or folding, any type	25	250	11, 12	RR		each	1 per calendar month any date in the month	\$16.23	Yes after 3 months of rentals
E0240	Bath/shower chair, with or without wheels, any size	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 3 calendar years	\$39.20	No

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
Medical Assistance Program Outpatient Fee Schedule**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
E0240	Bath/shower chair, with or without wheels, any size	25	250	11, 12	NU		each	1 per 3 calendar years	\$39.20	No
E0241	Bath tub wall rail, each	24	240, 241, 242, 243, 245	11, 12	U7		each	1 per 5 calendar years	\$16.50	No
E0241	Bath tub wall rail, each	25	250	11, 12	U7		each	1 per 5 calendar years	\$16.50	No
E0241	Bath tub wall rail, each	24	240, 241, 242, 243, 245	11, 12	U9		each	1 per 5 calendar years	\$21.00	No
E0241	Bath tub wall rail, each	25	250	11, 12	U9		each	1 per 5 calendar years	\$21.00	No
E0241	Bath tub wall rail, each	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 5 calendar years	\$15.50	No
E0241	Bath tub wall rail, each	25	250	11, 12	NU		each	1 per 5 calendar years	\$15.50	No
E0241	Bath tub wall rail, each	24	240, 241, 242, 243, 245	11, 12	U4		each	1 per 5 calendar years	\$18.00	No
E0241	Bath tub wall rail, each	25	250	11, 12	U4		each	1 per 5 calendar years	\$18.00	No
E0241	Bath tub wall rail, each	24	240, 241, 242, 243, 245	11, 12	U8		each	1 per 5 calendar years	\$17.00	No
E0241	Bath tub wall rail, each	25	250	11, 12	U8		each	1 per 5 calendar years	\$17.00	No
E0247	Transfer bench for tub/toilet with or without commode opening	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 3 calendar years	\$92.00	No
E0247	Transfer bench for tub/toilet w/ or w/o commode opening	25	250	11, 12	NU		each	1 per 3 calendar years	\$92.00	No
E0248	Transfer bench, heavy duty for tub/toilet with or without commode opening	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 3 calendar years	\$154.00	No
E0248	Transfer bench, heavy duty for tub/toilet with or without commode opening	25	250	11, 12	NU		each	1 per 3 calendar years	\$154.00	No
E0315	Bed accessory: board, table or support device, any type	24	240, 241, 242, 243, 245	11, 12	NU		each	2 per 365 days (1 year)	\$17.00	No
E0315	Bed accessory: board, table or support device, any type	25	250	11, 12	NU		each	2 per 365 days (1 year)	\$17.00	No

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
Medical Assistance Program Outpatient Fee Schedule**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask and tubing	24	240, 241, 242, 243, 245	11, 12	RR		each	1 per calendar month any date in the month	\$200.41	Prior authorization is required for the first 45 days unless physician certifies recipient and home are adequately prepared 1123.55(b)
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask and tubing	25	250	11, 12	RR		each	1 per calendar month any date in the month	\$200.41	Prior authorization is required for the first 45 days unless physician certifies recipient and home are adequately prepared 1123.55(b)
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask and tubing	24	240, 241, 242, 243, 245	11, 12	RR		each	1 per calendar month any date in the month	\$200.41	Prior authorization is required for the first 45 days unless physician certifies recipient and home are adequately prepared 1123.55(b)
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask and tubing	25	250	11, 12	RR		each	1 per calendar month any date in the month	\$200.41	Prior authorization is required for the first 45 days unless physician certifies recipient and home are adequately prepared 1123.55(b)
E0445	Oximeter device for measuring blood oxygen levels non-invasively	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 5 calendar years	\$395.00	Yes
E0445	Oximeter device for measuring blood oxygen levels non-invasively	25	250	11, 12	NU		each	1 per 5 calendar years	\$395.00	Yes

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
Medical Assistance Program Outpatient Fee Schedule**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISE Provider Type	PROMISE Specialty	PROMISE Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
E0445	Oximeter device for measuring blood oxygen levels non-invasively	24	240, 241, 242, 243, 245	11, 12	RR		each	1 per calendar month any date in the month	\$35.00	Yes after 3 months of rentals
E0445	Oximeter device for measuring blood oxygen levels non-invasively	25	250	11, 12	RR		each	1 per calendar month any date in the month	\$35.00	Yes after 3 months of rentals
E0555	Humidifier, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 30 days	\$42.50	No
E0555	Humidifier, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	25	250	11, 12	NU		each	1 per calendar year	\$42.50	No
E0555	Humidifier, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	24	240, 241, 242, 243, 245	11, 12	RR		each	1 per calendar month any date in the month	\$15.00	Yes after 3 months of rentals
E0555	Humidifier, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	25	250	11, 12	RR		each	1 per calendar month any date in the month	\$15.00	Yes after 3 months of rentals
E0562	Humidifier, heated, used with positive airway pressure device	24	240, 241, 242, 243, 245	11, 12	NU		each	2 per 365 days (one year)	\$240.98	Yes
E0562	Humidifier, heated, used with positive airway pressure device	25	250	11, 12	NU		each	2 per 365 days (one year)	\$240.98	Yes
E0562	Humidifier, heated, used with positive airway pressure device	24	240, 241, 242, 243, 245	11, 12	RR		each	1 per calendar month any date in the month	\$24.09	Yes after 3 months of rentals
E0562	Humidifier, heated, used with positive airway pressure device	25	250	11, 12	RR		each	1 per calendar month any date in the month	\$24.09	Yes after 3 months of rentals
E0600	Respiratory suction pump, home model, portable or stationary, electric	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 30 days	\$212.00	Yes
E0600	Respiratory suction pump, home model, portable or stationary, electric	25	250	11, 12	NU		each	1 per 30 days	\$212.00	Yes

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
Medical Assistance Program Outpatient Fee Schedule**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
E0600	Respiratory suction pump, home model, portable or stationary, electric	24	240, 241, 242, 243, 245	11, 12	RR		each	1 per calendar month any date in the month	\$45.79	Yes after 3 months of rentals
E0600	Respiratory suction pump, home model, portable or stationary, electric	25	250	11, 12	RR		each	1 per calendar month any date in the month	\$45.79	Yes after 3 months of rentals
E0602	Breast pump manual, any type	24	240, 241, 242, 243, 245	11, 12			each	1 per calendar year	\$25.00	No
E0602	Breast pump manual, any type	25	250	11, 12			each	1 per calendar year	\$25.00	No
E0603	Breast pump, electric ( AC &/or DC) any type	24	240, 241, 242, 243, 245	11, 12	RR		each	1 per calendar month any date in the month	\$40.00	Yes after 3 months of rentals
E0603	Breast pump, electric ( AC &/or DC) any type	25	250	11, 12	RR		each	1 per calendar month any date in the month	\$40.00	Yes after 3 months of rentals
E0621	Sling or seat, patient lift, canvas or nylon	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per calendar year	\$64.00	No
E0621	Sling or seat, patient lift, canvas or nylon	25	250	11, 12	NU		each	1 per calendar year	\$64.00	No
E0630	Patient lift, hydraulic, with seat or sling	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 5 calendar years	\$572.00	Yes
E0630	Patient lift, hydraulic, with seat or sling	25	250	11, 12	NU		each	1 per 5 calendar years	\$572.00	Yes
E0630	Patient lift, hydraulic, with seat or sling	24	240, 241, 242, 243, 245	11, 12	RR		each	1 per calendar month any date in the month	\$60.00	Yes after 3 months of rentals
E0630	Patient lift, hydraulic, with seat or sling	25	250	11, 12	RR		each	1 per calendar month any date in the month	\$60.00	Yes after 3 months of rentals
E0635	Patient lift, electric, with seat or sling	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 5 calendar years	\$572.00	Yes
E0635	Patient lift, electric, with seat or sling	25	250	11, 12	NU		each	1 per 5 calendar years	\$572.00	Yes
E0635	Patient lift, electric, with seat or sling	24	240, 241, 242, 243, 245	11, 12	RR		each	1 per calendar month any date in the month	\$60.00	Yes after 3 months of rentals

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
Medical Assistance Program Outpatient Fee Schedule**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
E0635	Patient lift, electric, with seat or sling	25	250	11, 12	RR		each	1 per calendar month any date in the month	\$60.00	Yes after 3 months of rentals
E0935	Passive motion exercise device for use on knee only	24	240, 241, 242, 243, 245	11, 12	RR	RT, LT, 50	per day rental	Daily rental up to 21 days	\$22.73	No
E0935	Passive motion exercise device for use on knee only	25	250	11, 12	RR	RT, LT, 50	per day rental	Daily rental up to 21 days	\$22.73	No
E0950	Wheelchair, accessory, tray each	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 3 calendar years	\$91.36	No
E0950	Wheelchair, accessory, tray each	25	250	11, 12	NU		each	1 per 3 calendar years	\$91.36	No
E0950	Wheelchair, accessory, tray each	24	240, 241, 242, 243, 245	11, 12	RR		each	1 per calendar month any date in the month	\$9.15	Yes after 3 months of rentals
E0950	Wheelchair, accessory, tray each	25	250	11, 12	RR		each	1 per calendar month any date in the month	\$9.15	Yes after 3 months of rentals
E1025	Lateral thoracic support, non-contoured, for pediatric wheelchair, each, includes hardware	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 365 days (1 year)	\$100.28	Yes
E1025	Lateral thoracic support, non-contoured, for pediatric wheelchair, each, includes hardware	25	250	11, 12	NU		each	1 per 365 days (1 year)	\$100.28	Yes
E1026	Lateral thoracic support, contoured, for pediatric wheelchair, each, includes hardware	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 365 days (1 year)	\$154.32	Yes
E1026	Lateral thoracic support, contoured, for pediatric wheelchair, each, includes hardware	25	250	11, 12	NU		each	1 per 365 days (1 year)	\$154.32	Yes
E1027	Lateral/anterior support, for pediatric wheelchair, each includes hardware	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 365 days (1 year)	\$220.05	Yes

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
Medical Assistance Program Outpatient Fee Schedule**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
E1027	Lateral/anterior support, for pediatric wheelchair, each includes hardware	25	250	11, 12	NU		each	1 per 365 days (1 year)	\$220.05	Yes
E1031	Rollabout chair, any and all types with casters 5" or greater	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 3 calendar years	\$288.00	Yes
E1031	Rollabout chair, any and all types with casters 5" or greater	25	250	11, 12	NU		each	1 per 3 calendar years	\$288.00	Yes
E1031	Rollabout chair, any and all types with casters 5" or greater	24	240, 241, 242, 243, 245	11, 12	RR		each	1 per calendar month any date in the month	\$35.00	Yes after 3 months of rentals
E1031	Rollabout chair, any and all types with casters 5" or greater	25	250	11, 12	RR		each	1 per calendar month any date in the month	\$35.00	Yes after 3 months of rentals
E1035	Multi-positional patient transfer system with integrated seat operated by caregiver	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 3 calendar years	\$579.00	Yes
E1035	Multi-positional patient transfer system with integrated seat operated by caregiver	25	250	11, 12	NU		each	1 per 3 calendar years	\$579.00	Yes
E1060	Fully reclining wheelchair; detachable arms, desk or full length, swingaway detachable, elevating legrests	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 1,095 days (3 years)	\$770.00	Yes
E1060	Fully reclining wheelchair; detachable arms, desk or full length, swingaway detachable, elevating legrests	25	250	11, 12	NU		each	1 per 1,095 days (3 years)	\$770.00	Yes
E1060	Fully reclining wheelchair; detachable arms, desk or full length, swingaway detachable, elevating legrests	24	240, 241, 242, 243, 245	11, 12	RR		each	1 per calendar month any date in the month	\$65.00	Yes after 3 months of rentals
E1060	Fully reclining wheelchair; detachable arms, desk or full length, swingaway detachable, elevating legrests	25	250	11, 12	RR		each	1 per calendar month any date in the month	\$65.00	Yes after 3 months of rentals

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
Medical Assistance Program Outpatient Fee Schedule**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
E1223	Wheelchair with detachable arms and foot rests	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 1,095 days (3 years)	\$505.00	Yes
E1223	Wheelchair with detachable arms and foot rests	25	250	11, 12	NU		each	1 per 1,095 days (3 years)	\$505.00	Yes
E1223	Wheelchair with detachable arms and foot rests	24	240, 241, 242, 243, 245	11, 12	RR		each	1 per calendar month any date in the month	\$45.00	Yes after 3 months of rentals
E1223	Wheelchair with detachable arms and foot rests	25	250	11, 12	RR		each	1 per calendar month any date in the month	\$45.00	Yes after 3 months of rentals
E1224	Wheelchair with detachable arms, elevating leg rests	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 1,095 days (3 years)	\$580.00	Yes
E1224	Wheelchair with detachable arms, elevating leg rests	25	250	11, 12	NU		each	1 per 1,095 days (3 years)	\$580.00	Yes
E1224	Wheelchair with detachable arms, elevating leg rests	24	240, 241, 242, 243, 245	11, 12	RR		each	1 per calendar month any date in the month	\$56.00	Yes after 3 months of rentals
E1224	Wheelchair with detachable arms, elevating leg rests	25	250	11, 12	RR		each	1 per calendar month any date in the month	\$56.00	Yes after 3 months of rentals
E1228	Special back height for wheelchair	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 30 days	\$129.00	No
E1228	Special back height for wheelchair	25	250	11, 12	NU		each	1 per 30 days	\$129.00	No
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 1,095 days (3 years)	\$670.00	Yes
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	25	250	11, 12	NU		each	1 per 1,095 days (3 years)	\$670.00	Yes
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	24	240, 241, 242, 243, 245	11, 12	RR		each	1 per calendar month any date in the month	\$55.83	Yes after 3 months of rentals
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	25	250	11, 12	RR		each	1 per calendar month any date in the month	\$55.83	Yes after 3 months of rentals

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	25	250	11, 12	NU		each	1 per 1,095 days	\$1,710.73	Yes
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 1,095 days (3 years)	\$1,710.73	Yes
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	24	240, 241, 242, 243, 245	11, 12	RR		each	1 per calendar month any date in the month	\$162.52	Yes after 3 months of rentals
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	25	250	11, 12	RR		each	1 per calendar month any date in the month	\$162.52	Yes after 3 months of rentals
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 1,095 days (3 years)	\$1,772.58	Yes
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	25	250	11, 12	NU		each	1 per 1,095 days (3 years)	\$1,772.58	Yes
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	24	240, 241, 242, 243, 245	11, 12	RR		each	1 per calendar month any date in the month	\$168.39	Yes after 3 months of rentals
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	25	250	11, 12	RR		each	1 per calendar month any date in the month	\$168.39	Yes after 3 months of rentals
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 1,095 days (3 years)	\$1,543.08	Yes
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	25	250	11, 12	NU		each	1 per 1,095 days (3 years)	\$1,543.08	Yes
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	24	240, 241, 242, 243, 245	11, 12	RR		each	1 per calendar month any date in the month	\$146.59	Yes after 3 months of rentals
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	25	250	11, 12	RR		each	1 per calendar month any date in the month	\$146.59	Yes after 3 months of rentals

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
Medical Assistance Program Outpatient Fee Schedule**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
E1250	Lightweight wheelchair; fixed full-length arms, swingaway detachable footrests	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 1,095 days (3 years)	\$379.00	Yes
E1250	Lightweight wheelchair; fixed full-length arms, swingaway detachable footrests	25	250	11, 12	NU		each	1 per 1,095 days (3 years)	\$379.00	Yes
E1250	Lightweight wheelchair; fixed full-length arms, swingaway detachable footrests	24	240, 241, 242, 243, 245	11, 12	RR		each	1 per calendar month any date in the month	\$38.00	Yes after 3 months of rentals
E1250	Lightweight wheelchair; fixed full-length arms, swingaway detachable footrests	25	250	11, 12	RR		each	1 per calendar month any date in the month	\$38.00	Yes after 3 months of rentals
E1270	Lightweight wheelchair; fixed full-length arms, swingaway detachable, elevating legrests	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 1,095 days (3 years)	\$459.00	Yes
E1270	Lightweight wheelchair; fixed full-length arms, swingaway detachable, elevating legrests	25	250	11, 12	NU		each	1 per 1,095 days (3 years)	\$459.00	Yes
E1270	Lightweight wheelchair; fixed full-length arms, swingaway detachable, elevating legrests	24	240, 241, 242, 243, 245	11, 12	RR		each	1 per calendar month any date in the month	\$45.00	Yes after 3 months of rentals
E1270	Lightweight wheelchair; fixed full-length arms, swingaway detachable, elevating legrests	25	250	11, 12	RR		each	1 per calendar month any date in the month	\$45.00	Yes after 3 months of rentals
E1298	Special wheelchair seat depth and/or width, by construction	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 30 days	\$243.00	Yes
E1298	Special wheelchair seat depth and/or width, by construction	25	250	11, 12	NU		each	1 per 30 days	\$243.00	Yes
E1340	repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor	24	240, 241, 242, 243, 245	11, 12			per 15 mins	32 per day	\$6.25	No
E1340	Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	25	250	11, 12			per 15 mins	32 per day	\$6.25	No

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
Medical Assistance Program Outpatient Fee Schedule**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
E1390	Oxygen concentrator, single delivery port, capable of delivering 85% or greater oxygen concentration at the prescribed flow rate	24	240, 241, 242, 243, 245	11, 12	RR		per month	1 per calendar month any date of the month	\$200.41	Prior authorization is required for the first 45 days unless physician certifies recipient and home are adequately prepared
E1390	Oxygen concentrator, single delivery port, capable of delivering 85% or greater oxygen concentration at the prescribed flow rate	25	250	11, 12	RR		per month	1 per calendar month any date of the month	\$200.41	Prior authorization is required for the first 45 days unless physician certifies recipient and home are adequately prepared 1123.55(b)
E1399	Durable medical equipment, miscellaneous	24	240, 241, 242, 243, 245	11, 12	U7		each	1 per 5 calendar years	\$20.00	No
E1399	Durable medical equipment, miscellaneous	25	250	11, 12	U7		each	1 per 5 calendar years	\$20.00	No
E1399	Durable medical equipment, miscellaneous	24	240, 241, 242, 243, 245	11, 12	U8		each	1 per 5 calendar years	\$49.00	No
E1399	Durable medical equipment, miscellaneous	25	250	11, 12	U8		each	1 per 5 calendar years	\$49.00	No
E1800	extension/flexion device, includes soft interface material	24	240, 241, 242, 243, 245	11, 12	NU	RT, LT, 50	each	1 per extremity per 1,095 days (3 years)	\$695.00	Yes
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material	25	250	11, 12	NU	RT, LT, 50	each	1 per extremity per 1,095 days (3 years)	\$695.00	Yes
E2000	Gastric suction pump, home model, portable or stationary, electric	24	240, 241, 242, 243, 245	11, 12	RR		per month	1 per calendar month any date in the month	\$49.65	Yes after 3 months of rentals
E2000	Gastric suction pump, home model, portable or stationary, electric	25	250	11, 12	RR		per month	1 per calendar month any date in the month	\$49.65	Yes after 3 months of rentals

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
Medical Assistance Program Outpatient Fee Schedule**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
E2293	Back, contoured, for pediatric size wheelchair, including fixed attaching hardware	24	240, 241, 242, 243, 245	11, 12	NU		Each	1 per 3 calendar years	\$670.34	Yes
E2293	Back, contoured, for pediatric size wheelchair, including fixed attaching hardware	25	250	11, 12	NU		each	1 per 3 calendar years	\$670.34	Yes
K0009	Other manual wheelchair/base	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 1,095 days (3 years)	\$780.00	Yes
K0009	Other manual wheelchair/base	25	250	11, 12	NU		each	1 per 1,095 days (3 years)	\$780.00	Yes
K0014	Other motorized/power wheelchair base	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 1,095 days (3 years)	\$780.00	Yes
K0014	Other motorized/power wheelchair base	25	250	11, 12	NU		each	1 per 1,095 days (3 years)	\$780.00	Yes
K0014	Other motorized/power wheelchair base	24	240, 241, 242, 243, 245	11, 12	U7		each	1 per 1,095 days (3 years)	\$925.00	Yes
K0014	Other motorized/power wheelchair base	25	250	11, 12	U7		each	1 per 1,095 days (3 years)	\$925.00	Yes
K0108	Wheelchair component or accessory, not otherwise specified	24	240, 241, 242, 243, 245	11, 12	U8		each	2 per 3 calendar years	\$167.00	No
K0108	Wheelchair component or accessory, not otherwise specified	25	250	11, 12,	U8		each	2 per 3 calendar years	\$167.00	No
K0108	Wheelchair component or accessory, not otherwise specified	24	240, 241, 242, 243, 245	11, 12	U9		each	1 per 3 calendar years	\$200.00	No
K0108	Wheelchair component or accessory, not otherwise specified	25	250	11, 12	U9		each	1 per 3 calendar years	\$200.00	No
K0108	Wheelchair component or accessory, not otherwise specified	24	240, 241, 242, 243, 245	11, 12	UB		each	1 per 3 calendar years	\$70.00	No

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
Medical Assistance Program Outpatient Fee Schedule**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
K0108	Wheelchair component or accessory, not otherwise specified	25	250	11, 12	UB		each	1 per 3 calendar years	\$70.00	No
K0108	Wheelchair component or accessory, not otherwise specified	24	240, 241, 242, 243, 245	11, 12	NU		each	1 per 3 calendar years	\$250.00	No
K0108	Wheelchair component or accessory, not otherwise specified	25	250	11, 12	NU		each	1 per 3 calendar years	\$250.00	No
K0108	Wheelchair component or accessory, not otherwise specified	24	240, 241, 242, 243, 245	11, 12	U7		each	1 per 3 calendar years	\$160.00	No
K0108	Wheelchair component or accessory, not otherwise specified	25	250	11, 12	U7		each	1 per 3 calendar years	\$160.00	No
L0100	Cranial orthosis (helmet), with or without soft interface, molded to patient model	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32			each	1 per day	\$275.00	Yes
L0100	Cranial orthosis (helmet), with or without soft interface, molded to patient model	25	250, 251, 252	11, 12, 21, 31, 32			each	1 per day	\$275.00	Yes
L0110	Cranial orthosis (helmet), with or without soft-interface, non-molded	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32			each	2 per day	\$75.00	Yes
L0110	Cranial orthosis (helmet), with or without soft-interface, non-molded	25	250, 251, 252	11, 12, 21, 31, 32			each	2 per day	\$75.00	Yes
L0976	LSO, full corset	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32			each	1 per 365 days (1 year)	\$62.00	Yes
L0976	LSO, full corset	25	250, 251, 252	11, 12, 21, 31, 32			each	1 per 365 days (1 year)	\$62.00	Yes
L1200	(TLSO), inclusive of furnishing initial orthosis only	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32			each	1 per 365 days (1 year)	\$790.00	Yes

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
Medical Assistance Program Outpatient Fee Schedule**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
L1200	Thoracic-Lumbar-Sacral Orthosis (TLSO), inclusive of furnishing initial orthosis only	25	250, 251, 252	11, 12, 21, 31, 32			each	1 per 365 days (1 year)	\$790.00	Yes
L1810	Knee orthosis, elastic with joints, prefabricated, included fitting and adjustment	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT, LT, 50	each	1 per extremity per 180 days	\$50.00	Yes
L1810	Knee orthosis, elastic with joints, prefabricated, included fitting and adjustment	25	250, 251, 252	11, 12, 21, 31, 32		RT, LT, 50	each	1 per extremity per 180 days	\$50.00	Yes
L3040	Foot, arch support, removable, premolded, longitudinal, each	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 1,095 days (3 years)	\$28.00	Yes
L3040	Foot, arch support, removable, premolded, longitudinal, each	25	250, 251, 252	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 1,095 days (3 years)	\$28.00	Yes
L3060	pre-molded, longitudinal/metatarsal, each	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 1,095 days (3 years)	\$55.00	Yes
L3060	Foot, arch support, removable, premolded, longitudinal/metatarsal, each	25	250, 251, 252	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 1,095 days (3 years)	\$55.00	Yes
L3140	Foot, abduction rotation bar, including shoes	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32			each	1 per day	\$29.00	Yes
L3140	Foot, abduction rotation bar, including shoes	25	250, 251, 252	11, 12, 21, 31, 32			each	1 per day	\$29.00	Yes
L3201	Orthopedic shoe, Oxford with supinator or pronator, infant	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 365 days (1 year)	\$19.50	Yes
L3201	Orthopedic shoe, Oxford with supinator or pronator, infant	25	250, 251, 252	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 365 days (1 year)	\$19.50	Yes
L3202	Orthopedic shoe, Oxford with supinator or pronator, child	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 365 days (1 year)	\$19.50	Yes

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
Medical Assistance Program Outpatient Fee Schedule**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
L3202	Orthopedic shoe, Oxford with supinator or pronator, child	25	250, 251, 252	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 365 days (1 year)	\$19.50	Yes
L3203	Orthopedic shoe, Oxford with supinator or pronator, junior	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 365 days (1 year)	\$19.50	Yes
L3203	Orthopedic shoe, Oxford with supinator or pronator, junior	25	250, 251, 252	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 365 days (1 year)	\$19.50	Yes
L3204	Orthopedic shoe, hightop with supinator or pronator, infant	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 365 days (1 year)	\$19.50	Yes
L3204	Orthopedic shoe, hightop with supinator or pronator, infant	25	250, 251, 252	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 365 days (1 year)	\$19.50	Yes
L3206	Orthopedic shoe, hightop with supinator or pronator, child	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 365 days (1 year)	\$19.50	Yes
L3206	Orthopedic shoe, hightop with supinator or pronator, child	25	250, 251, 252	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 365 days (1 year)	\$19.50	Yes
L3207	Orthopedic shoe, hightop with supinator or pronator, junior	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 365 days (1 year)	\$19.50	Yes
L3207	Orthopedic shoe, hightop with supinator or pronator, junior	25	250, 251, 252	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 365 days (1 year)	\$19.50	Yes
L3215	Orthopedic footwear, ladies shoe, oxford, each	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 365 days (1 year)	\$19.50	Yes
L3215	Orthopedic footwear, ladies shoe, oxford, each	25	250, 251, 252	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 365 days (1 year)	\$19.50	Yes
L3216	Orthopedic footwear, ladies shoe, depthInlay, each	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 365 days (1 year)	\$19.50	Yes
L3216	Orthopedic footwear, ladies shoe, depth inlay, each	25	250, 251, 252	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 365 days (1 year)	\$19.50	Yes

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
Medical Assistance Program Outpatient Fee Schedule**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 365 days (1 year)	\$19.50	Yes
L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each	25	250, 251, 252	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 365 days (1 year)	\$19.50	Yes
L3219	Orthopedic footwear, mens shoe, oxford, each	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 365 days (1 year)	\$19.50	Yes
L3219	Orthopedic footwear, mens shoe, oxford, each	25	250, 251, 252	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 365 days (1 year)	\$19.50	Yes
L3221	Orthopedic footwear, mens shoe, depth inlay, each	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 365 days (1 year)	\$19.50	Yes
L3221	Orthopedic footwear, mens shoe, depth inlay, each	25	250, 251, 252	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 365 days (1 year)	\$19.50	Yes
L3222	Orthopedic footwear, mens shoe, hightop, depth inlay, each	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 365 days (1 year)	\$19.50	Yes
L3222	Orthopedic footwear, mens shoe, hightop, depth inlay, each	25	250, 251, 252	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 365 days (1 year)	\$19.50	Yes
L3224	Oxford, used as an integral part of a brace (orthosis)	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 365 days (1 year)	\$19.50	Yes
L3224	Orthopedic footwear, women's shoe, Oxford, used as an integral part of a brace (orthosis)	25	250, 251, 252	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 365 days (1 year)	\$19.50	Yes
L3225	Orthopedic footwear, man's shoe, Oxford, used as an integral part of a brace (orthosis)	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 365 days (1 year)	\$19.50	Yes
L3225	Orthopedic footwear, man's shoe, Oxford, used as an integral part of a brace (orthosis)	25	250, 251, 252	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 365 days (1 year)	\$19.50	Yes
L3230	Orthopedic footwear, custom shoe, depth inlay, each	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 365 days (1 year)	\$19.50	Yes

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
Medical Assistance Program Outpatient Fee Schedule**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
L3230	Orthopedic footwear, custom shoe, depth inlay, each	25	250, 251, 252	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 365 days (1 year)	\$19.50	Yes
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 365 days (1 year)	\$19.50	Yes
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	25	250, 251, 252	11, 12, 21, 31, 32		RT, LT, 50	each	4 per extremity per 365 days (1 year)	\$19.50	Yes
L3730	Elbow orthosis, double upright with forearm/arm cuffs, extension/flexion assist, custom-fabricated	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT, LT, 50	each	2 per extremity per 365 days (1 year)	\$325.00	Yes
L3730	Elbow orthosis, double upright with forearm/arm cuffs, extension/flexion assist, custom-fabricated	25	250, 251, 252	11, 12, 21, 31, 32		RT, LT, 50	each	2 per extremity per 365 days (1 year)	\$325.00	Yes
L4205	Repair of orthotic device, labor component, per 15 minutes	24	240, 241, 242, 243, 244, 245	11, 12, 31, 32			per 15 minutes	40 per day	\$7.50	No
L4205	Repair of orthotic device, labor component, per 15 minutes	25	250, 251, 252	11, 12, 31, 32			per 15 minutes	40 per day	\$7.50	No
L7520	Repair prosthetic device, labor component, per 15 minutes	24	240, 241, 242, 243, 244, 245	11, 12, 31, 32			per 15 minutes	40 per day	\$7.50	No
L7520	Repair prosthetic device, labor component, per 15 minutes	25	250, 251, 252	11, 12, 31, 32			per 15 minutes	40 per day	\$7.50	No
L8500	Artificial larynx, any type	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32			each	1 per calendar year	\$225.00	Yes
L8500	Artificial larynx, any type	25	250	11, 12, 21, 31, 32			each	1 per calendar year	\$225.00	Yes

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
Medical Assistance Program Outpatient Fee Schedule**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
L8501	Tracheostomy speaking valve	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32			each	1 per day	\$75.00	Yes
L8501	Tracheostomy speaking valve	25	250	11, 12, 21, 31, 32			each	1 per day	\$75.00	Yes
S8189	Tracheostomy supply, not otherwise classified	05	250	12	U7		1 roll	1 per day	\$6.00	No
S8189	Tracheostomy supply, not otherwise classified	24	240, 241, 242, 243, 245	11, 12	U7		1 roll	1 per day	\$6.00	No
S8189	Tracheostomy supply, not otherwise classified	25	250	11, 12	U7		1 roll	1 per day	\$6.00	No
S8189	Tracheostomy supply, not otherwise classified	05	250	12	U8		Box of 50 sponges	1 per day	\$14.00	No
S8189	Tracheostomy supply, not otherwise classified	24	240, 241, 242, 243, 245	11, 12	U8		Box of 50 sponges	1 per day	\$14.00	No
S8189	Tracheostomy supply, not otherwise classified	25	250	11, 12	U8		Box of 50 sponges	1 per day	\$14.00	No
S8424	Gradient pressure aid (sleeve), ready made	24	240, 241, 242, 243, 245	11, 12		RT, LT, 50	each	2 per extremity per 180 days	\$24.50	No
S8424	Gradient pressure aid (sleeve), ready made	25	250	11, 12		RT, LT, 50	each	2 per extremity per 180 days	\$24.50	No
S8428	Gradient pressure aid (gauntlet) ready made	24	240, 241, 242, 243, 245	11, 12		RT, LT, 50	each	2 per extremity per 180 days	\$6.00	No
S8428	Gradient pressure aid (gauntlet) ready made	25	250	11, 12		RT, LT, 50	each	2 per extremity per 180 days	\$6.00	No
S8490	Insulin syringe, 100 syringes any size	05	250	12			per 100 syringes	3 per 60 days	\$19.00	No
S8490	Insulin syringe, 100 syringes any size	24	240, 241, 242, 243, 245	11, 12			per 100 syringes	3 per 60 days	\$19.00	No
S8490	Insulin syringe, 100 syringes any size	25	250	11, 12			per 100 syringes	3 per 60 days	\$19.00	No

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
Medical Assistance Program Outpatient Fee Schedule**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
S8999	Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)	24	240, 241, 242, 243, 245	11, 12	NU		reusable each	1 per day	\$225.00	Yes
S8999	Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)	25	250	11, 12	NU		reusable each	1 per day	\$225.00	Yes
S8999	Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)	24	240, 241, 242, 243, 245	11, 12			disposable each	1 per day	\$40.00	No
S8999	Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)	25	250	11, 12			disposable each	1 per day	\$40.00	No
V2020	Frames, purchases	18	180	11, 12, 21, 31, 32		VP *see comment	per frame	2 per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$7.00	No
V2020	Frames, purchases	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		VP *see comment	per frame	2 per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$7.00	No
V2020	Frames, purchases	25	250	11, 12, 21, 31, 32		VP *see comment	per frame	2 per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$7.00	No

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
Medical Assistance Program Outpatient Fee Schedule**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
V2020	Frames, purchases	31	330	11, 12, 21, 31, 32		VP *see comment	per frame	2 per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$7.00	No
V2100	Sphere, single vision, plano to plus or minus 4.00, per lens	18	180	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$15.00	No
V2100	Sphere, single vision, plano to plus or minus 4.00, per lens	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$15.00	No
V2100	Sphere, single vision, plano to plus or minus 4.00, per lens	25	250	11, 12, 21, 31, 32		VP *see comment	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$15.00	No
V2100	Sphere, single vision, plano to plus or minus 4.00, per lens	31	330	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$15.00	No
V2101	Sphere, single vision, plus or minus, 4.12 to plus or minus 7.00d, per lens	18	180	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$17.50	No

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
Medical Assistance Program Outpatient Fee Schedule**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
V2101	Sphere, single vision, plus or minus, 4.12 to plus or minus 7.00d, per lens	31	330	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$17.50	No
V2101	Sphere, single vision, plus or minus, 4.12 to plus or minus 7.00d, per lens	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$17.50	No
V2101	Sphere, single vision, plus or minus, 4.12 to plus or minus 7.00d, per lens	25	250	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$17.50	No
V2102	Sphere, single vision, plus or minus, 7.12 to plus or minus 20.00d, per lens	18	180	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$20.00	No
V2102	Sphere, single vision, plus or minus, 7.12 to plus or minus 20.00d, per lens	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$20.00	No
V2102	Sphere, single vision, plus or minus, 7.12 to plus or minus 20.00d, per lens	25	250	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$20.00	No

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
Medical Assistance Program Outpatient Fee Schedule**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
V2102	Sphere, single vision, plus or minus, 7.12 to plus or minus 20.00d, per lens	31	330	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$20.00	No
V2200	Sphere bifocal, plano to plus or minus 4.00d, per lens	18	180	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$20.00	No
V2200	Sphere bifocal, plano to plus or minus 4.00d, per lens	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$20.00	No
V2200	Sphere bifocal, plano to plus or minus 4.00d, per lens	25	250	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$20.00	No
V2200	Sphere bifocal, plano to plus or minus 4.00d, per lens	31	330	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$20.00	No
V2201	Sphere bifocal, plus or minus, 4.12 to plus or minus 7.00d, per lens	18	180	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$22.50	No

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
Medical Assistance Program Outpatient Fee Schedule**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
V2201	Sphere bifocal, plus or minus, 4.12 to plus or minus 7.00d, per lens	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$22.50	No
V2201	Sphere bifocal, plus or minus, 4.12 to plus or minus 7.00d, per lens	25	250	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$22.50	No
V2201	Sphere bifocal, plus or minus, 4.12 to plus or minus 7.00d, per lens	31	330	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$22.50	No
V2202	Sphere, bifocal, plus or minus, 7.12 to plus or minus 20.00d, per lens	18	180	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$25.00	No
V2202	Sphere, bifocal, plus or minus, 7.12 to plus or minus 20.00d, per lens	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$25.00	No
V2202	Sphere, bifocal, plus or minus, 7.12 to plus or minus 20.00d, per lens	25	250	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$25.00	No

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
Medical Assistance Program Outpatient Fee Schedule**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
V2202	Sphere, bifocal, plus or minus, 7.12 to plus or minus 20.00d, per lens	31	330	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$25.00	No
V2520	Contact lens, hydrophilic, spherical, per lens	18	180	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$90.00	No
V2520	Contact lens, hydrophilic, spherical, per lens	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$90.00	No
V2520	Contact lens, hydrophilic, spherical, per lens	25	250	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$90.00	No
V2520	Contact lens, hydrophilic, spherical, per lens	31	330	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$90.00	No
V2521	Contact lens, hydrophilic, toric, or prism ballast, per lens	18	180	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$90.00	No

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
Medical Assistance Program Outpatient Fee Schedule**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
V2521	Contact lens, hydrophilic, toric, or prism ballast, per lens	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$90.00	No
V2521	Contact lens, hydrophilic, toric, or prism ballast, per lens	25	250	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$90.00	No
V2521	Contact lens, hydrophilic, toric, or prism ballast, per lens	31	330	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$90.00	No
V2522	Contact lens, hydrophilic, bifocal, per lens	18	180	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$90.00	No
V2522	Contact lens, hydrophilic, bifocal, per lens	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$90.00	No
V2522	Contact lens, hydrophilic, bifocal, per lens	25	250	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$90.00	No

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
Medical Assistance Program Outpatient Fee Schedule**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
V2522	Contact lens, hydrophilic, bifocal, per lens	31	330	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$90.00	No
V2523	Contact lens, hydrophilic, extended wear, per lens	18	180	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$90.00	No
V2523	Contact lens, hydrophilic, extended wear, per lens	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$90.00	No
V2523	Contact lens, hydrophilic, extended wear, per lens	25	250	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$90.00	No
V2523	Contact lens, hydrophilic, extended wear, per lens	31	330	11, 12, 21, 31, 32		VP * see comment RT, LT, 50	per lens	1 lens per eye per 365 days (1 year) VP modifier required for individuals 21 years of age and older with aphakia	\$90.00	No
V5014	Repair/modification of a hearing aid	01	220	22		RT, LT, 50	per repair	1 repair per hearing aid per day	\$45.00	No
V5014	Repair/modification of a hearing aid	20	220	11, 12, 21, 31, 32, 99		RT, LT, 50	per repair	1 repair per hearing aid per day	\$45.00	No
V5014	Repair/modification of a hearing aid	24	220	11, 12, 21, 31, 32		RT, LT, 50	per repair	1 repair per hearing aid per day	\$45.00	No
V5014	Repair/modification of a hearing aid	25	220	11, 12, 21, 31, 32		RT, LT, 50	per repair	1 repair per hearing aid per day	\$45.00	No
V5014	Repair/modification of a hearing aid	31	220	11, 12, 21, 31, 32		RT, LT, 50	per repair	1 repair per hearing aid per day	\$45.00	No

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
Medical Assistance Program Outpatient Fee Schedule**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
V5160	Dispensing fee, binaural	01	220	22			Dispensing fee for 2 hearing aids (binaural)	1 dispensing fee for pair of hearing aids (binaural)	\$225.00	Yes
V5160	Dispensing fee, binaural	20	220	11, 12, 21, 31, 32, 99			Dispensing fee for 2 hearing aids (binaural)	1 dispensing fee for pair of hearing aids (binaural)	\$225.00	Yes
V5160	Dispensing fee, binaural	24	220	11, 12, 21, 31, 32			Dispensing fee for 2 hearing aids (binaural)	1 dispensing fee for pair of hearing aids (binaural)	\$225.00	Yes
V5160	Dispensing fee, binaural	25	220	11, 12, 21, 31, 32			Dispensing fee for 2 hearing aids (binaural)	1 dispensing fee for pair of hearing aids (binaural)	\$225.00	Yes
V5160	Dispensing fee, binaural	31	220	11, 12, 21, 31, 32			Dispensing fee for 2 hearing aids (binaural)	1 dispensing fee for pair of hearing aids (binaural)	\$225.00	Yes
V5242	Hearing aid, analog, monaural hearing aid, CIC (completely in the ear canal)	01	220	22		RT, LT, 50	each	1 hearing aid per ear per 365 days (1 year)	\$400.00	Yes
V5242	Hearing aid, analog, monaural hearing aid, CIC (completely in the ear canal)	20	220	11, 12, 21, 31, 32, 99		RT, LT, 50	each	1 hearing aid per ear per 365 days (1 year)	\$400.00	Yes
V5242	Hearing aid, analog, monaural hearing aid, CIC (completely in the ear canal)	24	220	11, 12, 21, 31, 32		RT, LT, 50	each	1 hearing aid per ear per 365 days (1 year)	\$400.00	Yes
V5242	Hearing aid, analog, monaural hearing aid, CIC (completely in the ear canal)	25	220	11, 12, 21, 31, 32		RT, LT, 50	each	1 hearing aid per ear per 365 days (1 year)	\$400.00	Yes

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
Medical Assistance Program Outpatient Fee Schedule**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
V5242	Hearing aid, analog, monaural hearing aid, CIC (completely in the ear canal)	31	220	11, 12, 21, 31, 32		RT, LT, 50	each	1 hearing aid per ear per 365 days (1 year)	\$400.00	Yes
V5243	Hearing aid, analog, monaural hearing aid, ITC (in the canal)	01	220	22		RT, LT, 50	each	1 hearing aid per ear per 365 days (1 year)	\$400.00	Yes
V5243	Hearing aid, analog, monaural hearing aid, ITC (in the canal)	20	220	11, 12, 21, 31, 32, 99		RT, LT, 50	each	1 hearing aid per ear per 365 days (1 year)	\$400.00	Yes
V5243	Hearing aid, analog, monaural hearing aid, ITC (in the canal)	24	220	11, 12, 21, 31, 32		RT, LT, 50	each	1 hearing aid per ear per 365 days (1 year)	\$400.00	Yes
V5243	Hearing aid, analog, monaural hearing aid, ITC (in the canal)	25	220	11, 12, 21, 31, 32		RT, LT, 50	each	1 hearing aid per ear per 365 days (1 year)	\$400.00	Yes
V5243	Hearing aid, analog, monaural hearing aid, ITC (in the canal)	31	220	11, 12, 21, 31, 32		RT, LT, 50	each	1 hearing aid per ear per 365 days (1 year)	\$400.00	Yes
V5248	Hearing aid, analog, binaural, CIC	01	220	22			per pair	1 pair per 365 days (1 year)	\$800.00	Yes
V5248	Hearing aid, analog, binaural, CIC	20	220	11, 12, 21, 31, 32, 99			per pair	1 pair per 365 days (1 year)	\$800.00	Yes
V5248	Hearing aid, analog, binaural, CIC	24	220	11, 12, 21, 31, 32			per pair	1 pair per 365 days (1 year)	\$800.00	Yes
V5248	Hearing aid, analog, binaural, CIC	25	220	11, 12, 21, 31, 32			per pair	1 pair per 365 days (1 year)	\$800.00	Yes
V5248	Hearing aid, analog, binaural, CIC	31	220	11, 12, 21, 31, 32			per pair	1 pair per 365 days (1 year)	\$800.00	Yes
V5249	Hearing aid, analog, binaural, ITC	01	220	22			per pair	1 pair per 365 days (1 year)	\$800.00	Yes
V5249	Hearing aid, analog, binaural, ITC	20	220	11, 12, 21, 31, 32, 99			per pair	1 pair per 365 days (1 year)	\$800.00	Yes
V5249	Hearing aid, analog, binaural, ITC	24	220	11, 12, 21, 31, 32			per pair	1 pair per 365 days (1 year)	\$800.00	Yes
V5249	Hearing aid, analog, binaural, ITC	25	220	11, 12, 21, 31, 32			per pair	1 pair per 365 days (1 year)	\$800.00	Yes
V5249	Hearing aid, analog, binaural, ITC	31	220	11, 12, 21, 31, 32			per pair	1 pair per 365 days (1 year)	\$800.00	Yes
V5254	Hearing aid, digital, monaural, CIC	01	220	22		RT, LT, 50	each	1 hearing aid per ear per 365 days (1 year)	\$1,195.00	Yes
V5254	Hearing aid, digital, monaural, CIC	20	220	11, 12, 21, 31, 32, 99		RT, LT, 50	each	1 hearing aid per ear per 365 days (1 year)	\$1,195.00	Yes

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
Medical Assistance Program Outpatient Fee Schedule**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
V5254	Hearing aid, digital, monaural, CIC	24	220	11, 12, 21, 31, 32		RT, LT, 50	each	1 hearing aid per ear per 365 days (1 year)	\$1,195.00	Yes
V5254	Hearing aid, digital, monaural, CIC	25	220	11, 12, 21, 31, 32		RT, LT, 50	each	1 hearing aid per ear per 365 days (1 year)	\$1,195.00	Yes
V5254	Hearing aid, digital, monaural, CIC	31	220	11, 12, 21, 31, 32		RT, LT, 50	each	1 hearing aid per ear per 365 days (1 year)	\$1,195.00	Yes
V5255	Hearing aid, digital, monaural, ITC	01	220	22		RT, LT, 50	each	1 hearing aid per ear per 365 days (1 year)	\$1,195.00	Yes
V5255	Hearing aid, digital, monaural, ITC	20	220	11, 12, 21, 31, 32, 99		RT, LT, 50	each	1 hearing aid per ear per 365 days (1 year)	\$1,195.00	Yes
V5255	Hearing aid, digital, monaural, ITC	24	220	11, 12, 21, 31, 32		RT, LT, 50	each	1 hearing aid per ear per 365 days (1 year)	\$1,195.00	Yes
V5255	Hearing aid, digital, monaural, ITC	25	220	11, 12, 21, 31, 32		RT, LT, 50	each	1 hearing aid per ear per 365 days (1 year)	\$1,195.00	Yes
V5255	Hearing aid, digital, monaural, ITC	31	220	11, 12, 21, 31, 32		RT, LT, 50	each	1 hearing aid per ear per 365 days (1 year)	\$1,195.00	Yes
V5256	Hearing aid, digital, monaural, ITE	01	220	22		RT, LT, 50	each	1 hearing aid per ear per 365 days (1 year)	\$1,195.00	Yes
V5256	Hearing aid, digital, monaural, ITE	20	220	11, 12, 21, 31, 32, 99		RT, LT, 50	each	1 hearing aid per ear per 365 days (1 year)	\$1,195.00	Yes
V5256	Hearing aid, digital, monaural, ITE	24	220	11, 12, 21, 31, 32		RT, LT, 50	each	1 hearing aid per ear per 365 days (1 year)	\$1,195.00	Yes
V5256	Hearing aid, digital, monaural, ITE	25	220	11, 12, 21, 31, 32		RT, LT, 50	each	1 hearing aid per ear per 365 days (1 year)	\$1,195.00	Yes
V5256	Hearing aid, digital, monaural, ITE	31	220	11, 12, 21, 31, 32		RT, LT, 50	each	1 hearing aid per ear per 365 days (1 year)	\$1,195.00	Yes
V5257	Hearing aid, digital, monaural, BTE	01	220	22		RT, LT, 50	each	1 hearing aid per ear per 365 days (1 year)	\$1,195.00	Yes
V5257	Hearing aid, digital, monaural, BTE	20	220	11, 12, 21, 31, 32, 99		RT, LT, 50	each	1 hearing aid per ear per 365 days (1 year)	\$1,195.00	Yes
V5257	Hearing aid, digital, monaural, BTE	24	220	11, 12, 21, 31, 32		RT, LT, 50	each	1 hearing aid per ear per 365 days (1 year)	\$1,195.00	Yes
V5257	Hearing aid, digital, monaural, BTE	25	220	11, 12, 21, 31, 32		RT, LT, 50	each	1 hearing aid per ear per 365 days (1 year)	\$1,195.00	Yes
V5257	Hearing aid, digital, monaural, BTE	31	220	11, 12, 21, 31, 32		RT, LT, 50	each	1 hearing aid per ear per 365 days (1 year)	\$1,195.00	Yes
V5258	Hearing aid, digital, binaural, CIC	01	220	22			per pair	1 pair per 365 days (1 year)	\$2,390.00	Yes

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
Medical Assistance Program Outpatient Fee Schedule**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
V5258	Hearing aid, digital, binaural, CIC	20	220	11, 12, 21, 31, 32, 99			per pair	1 pair per 365 days (1 year)	\$2,390.00	Yes
V5258	Hearing aid, digital, binaural, CIC	24	220	11, 12, 21, 31, 32			per pair	1 pair per 365 days (1 year)	\$2,390.00	Yes
V5258	Hearing aid, digital, binaural, CIC	25	220	11, 12, 21, 31, 32			per pair	1 pair per 365 days (1 year)	\$2,390.00	Yes
V5258	Hearing aid, digital, binaural, CIC	31	220	11, 12, 21, 31, 32			per pair	1 pair per 365 days (1 year)	\$2,390.00	Yes
V5259	Hearing aid, digital, binaural, ITC	01	220	22			per pair	1 pair per 365 days (1 year)	\$2,390.00	Yes
V5259	Hearing aid, digital, binaural, ITC	20	220	11, 12, 21, 31, 32, 99			per pair	1 pair per 365 days (1 year)	\$2,390.00	Yes
V5259	Hearing aid, digital, binaural, ITC	24	220	11, 12, 21, 31, 32			per pair	1 pair per 365 days (1 year)	\$2,390.00	Yes
V5259	Hearing aid, digital, binaural, ITC	25	220	11, 12, 21, 31, 32			per pair	1 pair per 365 days (1 year)	\$2,390.00	Yes
V5259	Hearing aid, digital, binaural, ITC	31	220	11, 12, 21, 31, 32			per pair	1 pair per 365 days (1 year)	\$2,390.00	Yes
V5260	Hearing aid, digital, binaural, ITE	01	220	22			per pair	1 pair per 365 days (1 year)	\$2,390.00	Yes
V5260	Hearing aid, digital, binaural, ITE	20	220	11, 12, 21, 31, 32, 99			per pair	1 pair per 365 days (1 year)	\$2,390.00	Yes
V5260	Hearing aid, digital, binaural, ITE	24	220	11, 12, 21, 31, 32			per pair	1 pair per 365 days (1 year)	\$2,390.00	Yes
V5260	Hearing aid, digital, binaural, ITE	25	220	11, 12, 21, 31, 32			per pair	1 pair per 365 days (1 year)	\$2,390.00	Yes
V5260	Hearing aid, digital, binaural, ITE	31	220	11, 12, 21, 31, 32			per pair	1 pair per 365 days (1 year)	\$2,390.00	Yes
V5261	Hearing aid, digital, binaural, BTE	01	220	22			per pair	1 pair per 365 days (1 year)	\$2,390.00	Yes
V5261	Hearing aid, digital, binaural, BTE	20	220	11, 12, 21, 31, 32, 99			per pair	1 pair per 365 days (1 year)	\$2,390.00	Yes
V5261	Hearing aid, digital, binaural, BTE	24	220	11, 12, 21, 31, 32			per pair	1 pair per 365 days (1 year)	\$2,390.00	Yes
V5261	Hearing aid, digital, binaural, BTE	25	220	11, 12, 21, 31, 32			per pair	1 pair per 365 days (1 year)	\$2,390.00	Yes
V5261	Hearing aid, digital, binaural, BTE	31	220	11, 12, 21, 31, 32			per pair	1 pair per 365 days (1 year)	\$2,390.00	Yes

**Durable Medical Equipment, Medical Supplies, Orthotics, Prosthetics, Vision and Hearing Supplies  
Medical Assistance Program Outpatient Fee Schedule**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
National Procedure Code	National Code Definition	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	MA Units of Service	Limits/Comments	MA Fee	Prior Authorization Required
V5264	Ear mold/insert, not disposable, any type	01	220	22		RT, LT, 50	per mold	1 mold per ear per 365 days (1 year)	\$40.00	No
V5264	Ear mold/insert, not disposable, any type	20	220	11, 12, 21, 31, 32, 99		RT, LT, 50	per mold	1 mold per ear per 365 days (1 year)	\$40.00	No
V5264	Ear mold/insert, not disposable, any type	24	220	11, 12, 21, 31, 32		RT, LT, 50	per mold	1 mold per ear per 365 days (1 year)	\$40.00	No
V5264	Ear mold/insert, not disposable, any type	25	220	11, 12, 21, 31, 32		RT, LT, 50	per mold	1 mold per ear per 365 days (1 year)	\$40.00	No
V5264	Ear mold/insert, not disposable, any type	31	220	11, 12, 21, 31, 32		RT, LT, 50	per mold	1 mold per ear per 365 days (1 year)	\$40.00	No
V5265	Ear mold/insert, disposable, any type	01	220	22		RT, LT, 50	per mold	1 mold per ear per 365 days (1 year)	\$15.00	No
V5265	Ear mold/insert, disposable, any type	20	220	11, 12, 21, 31, 32, 99		RT, LT, 50	per mold	1 mold per ear per 365 days (1 year)	\$15.00	No
V5265	Ear mold/insert, disposable, any type	24	220	11, 12, 21, 31, 32		RT, LT, 50	per mold	1 mold per ear per 365 days (1 year)	\$15.00	No
V5265	Ear mold/insert, disposable, any type	25	220	11, 12, 21, 31, 32		RT, LT, 50	per mold	1 mold per ear per 365 days (1 year)	\$15.00	No
V5265	Ear mold/insert, disposable, any type	31	220	11, 12, 21, 31, 32		RT, LT, 50	per mold	1 mold per ear per 365 days (1 year)	\$15.00	No
V5266	Battery for use in hearing device	01	220	22			per battery	8 batteries per calendar month	\$1.25	No
V5266	Battery for use in hearing device	20	220	11, 12, 21, 31, 32, 99			per battery	8 batteries per calendar month	\$1.25	No
V5266	Battery for use in hearing device	24	220	11, 12, 21, 31, 32			per battery	8 batteries per calendar month	\$1.25	No
V5266	Battery for use in hearing device	25	220	11, 12, 21, 31, 32			per battery	8 batteries per calendar month	\$1.25	No
V5266	Battery for use in hearing device	31	220	11, 12, 21, 31, 32			per battery	8 batteries per calendar month	\$1.25	No