

PROVIDER BULLETIN

Volume 33 Number 2

<http://www.dss.mo.gov/mhd>

August 12, 2010

DURABLE MEDICAL EQUIPMENT

CONTENTS

- FEE SCHEDULE UPDATE
- OXYGEN REIMBURSEMENT
- RENT-TO-PURCHASE FOR HOSPITAL BEDS AND PATIENT LIFTS
- RENT TO PURCHASE FOR ULTRASONIC OSTEOGENESIS STIMULATOR DEVICE (E0760RR)
- NON-COVERED ITEMS
- NURSING HOME WHEELCHAIR DOCUMENTATION

Missouri has continued to experience very significant revenue shortages resulting in the need for additional cost saving changes for FY11. To achieve the necessary cost savings, the following changes are being implemented effective August 15, 2010.

FEE SCHEDULE UPDATE

Effective August 15, 2010, DME Program Health Care Procedure Coding System (HCPCS) codes reimbursed at greater than 96.5% of the Medicare January 2010 fee schedule will be reduced to 96.5% of the January 2010 Medicare fee schedule (except as noted below regarding oxygen). Complex rehabilitation items including group 3 power wheelchairs and wheelchair accessories have been exempted from this reduction. We anticipate release of the updated on-line fee schedule the week of August 15, 2010. The fee schedule is located on the MHD Web site at <http://dss.mo.gov/mhd/providers>. Attached is a listing of the HCPCS codes with revised maximum allowable reimbursement amounts.

OXYGEN REIMBURSEMENT

Effective August 15, 2010, the reimbursement methodology for home oxygen is being revised to not only accomplish cost savings, but to also adjust reimbursement to more appropriately reflect where the provider costs are encountered. Utilization of services will be reviewed to ensure these reimbursement changes do not alter utilization trends.

Procedure Code	Mod	Mod	Description	Allowable prior to 8/15/10	Allowable on & after 8/15/10
E0424	RR		Stationary Compressed Gaseous Oxygen System, Rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	\$175.79	\$90.00
E0431	RR		Portable Gaseous Oxygen System, Rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	\$28.77	\$150.00
E0434	RR		Portable Liquid Oxygen System, Rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	\$28.77	\$150.00
E0439	RR		Stationary Liquid Oxygen System, Rental; includes container, contents, regulator, flowmeter, humidifier, cannula or mask, and tubing	\$175.79	\$90.00
E0439	RR	QF	Stationary Liquid Oxygen System, Rental; includes container, contents, regulator, flowmeter, humidifier, cannula or mask, and tubing > 4 LPM (and portable oxygen is prescribed)	\$263.68	\$135.00
E0439	RR	QG	Stationary Liquid Oxygen System, Rental; includes container, contents, regulator, flowmeter, humidifier, cannula or mask, and tubing > 4 LPM	\$263.68	\$135.00

Procedure Code	Mod	Mod	Description	Allowable prior to 8/15/10	Allowable on & after 8/15/10
E1390	RR		Oxygen Concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	\$175.79	\$90.00
E1390	RR	QF	Oxygen Concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate > 4 LPM (and portable oxygen is prescribed)	\$263.68	\$135.00
E1390	RR	QG	Oxygen Concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate > 4 LPM	\$263.68	\$135.00
E0441	NU		Oxygen Contents, Gaseous, one (1) month's supply = 1 unit	\$77.45	\$74.74
E0442	NU		Oxygen Contents, Liquid	\$77.45	\$74.74
E0443	NU		Portable Oxygen Contents, Gaseous, one (1) month's supply = 1 unit	\$77.45	\$74.74
E0444	NU		Portable Oxygen Contents, Liquid, one (1) month's supply = 1 unit	\$77.45	\$74.74
K0738	RR		Portable Gaseous Oxygen System, Rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing	\$51.63	\$150.00

Oxygen contents (stationary and portable) are not billable with any type of oxygen system rental (i.e., if patient owns stationary but rents portable all contents are included in the rental of the portable; if the patient owns the portable and rents the stationary all contents are included in the stationary rental).

RENT-TO-PURCHASE FOR HOSPITAL BEDS AND PATIENT LIFTS

Effective August 15, 2010, hospital beds and patient lifts will be available on a rent-to-purchase basis only. The following codes are affected: E0250, E0251, E0255, E0256, E0260, E0261, E0290, E0291, E0292, E0293, E0294, E0295, and E0630.

RENT-TO-PURCHASE FOR ULTRASONIC OSTEOGENESIS STIMULATOR DEVICE (E0760RR)

Effective August 15, 2010, MO HealthNet will reimburse ultrasonic osteogenesis stimulator device (E0760RR) on a rent-to-purchase basis only. The monthly rental reimbursement rate has been established at \$269.42 (E0760RR). If the device continues to be utilized and is medically necessary, it will be considered purchased after the total of all rental payments equals the purchase price of \$3233.10. If use of the device is discontinued at any time, the provider is expected to stop billing for the device.

Pre-certification is required for coverage of E0760RR, ultrasonic osteogenesis stimulator device. Initial pre-certification of E0760RR is limited to the physician specified length of need up to 3 months per authorization. If the device continues to be medically necessary, subsequent pre-certification must be requested by the treating physician through the submission of a help ticket through the Cyber-Access tool or by contacting the MO HealthNet Division (MHD) Help Desk at 800-392-8030.

Requests must meet medical criteria established by the MO HealthNet Division in order to be approved. The medical criteria can be referenced through the 'Provider Quick Links' box on the MO HealthNet website located at <http://www.dss.mo.gov/mhd/providers/index.htm> for future reference.

NON-COVERED ITEMS

MO HealthNet does not cover items which primarily service the following purposes: personal comfort, convenience, education, hygiene, safety, cosmetic, equipment of unproven value, and equipment of questionable current usefulness and therapeutic value. As budget constraints warrant, requests for equipment and supplies that may serve one of the aforementioned purposes are being closely scrutinized. Providers are to indicate on prior authorization requests all items of durable medical equipment the participant has available for use. Some examples of items that MO HealthNet will not cover are as follows: a back-up manual wheelchair or stroller to a manual wheelchair (for adults or children); multiple types of positioning equipment such as a mobile floor sitter for an individual who has a wheelchair with a seating system; and pediatric specialty/canopy beds.

NURSING HOME WHEELCHAIR DOCUMENTATION

MO HealthNet [Durable Medical Equipment Provider Bulletin, Volume 32, Number 6 dated April 8, 2010](#) provided information regarding documentation requirements for wheelchairs for participants residing in a nursing home. This is to provide clarification regarding documentation of the physician face-to-face examination and the ATP requirement.

For a custom or power wheelchair to be covered for a participant residing in a nursing home, a treating physician must conduct a face-to-face examination of the participant before writing an order for the custom or power wheelchair. Physicians shall document the face-to-face examination in a detailed narrative note in the patient's chart in the format they use for other entries. Supplier or facility created forms that the physician completes are not a substitute for the comprehensive medical record/chart note indicated above. The physician face-to-face examination must provide information about the following elements but may include other details:

History of the present condition(s) and past medical history that is relevant to mobility needs:

- Symptoms that limit ambulation
- Diagnoses that are responsible for these symptoms
- Progression of ambulation difficulty over time
- Other diagnoses that may relate to ambulatory problems
- Cardiopulmonary examination
- Weight and height

Physical examination that is relevant to mobility needs:

- What ambulatory assistance (cane, walker, wheelchair, caregiver) is currently used
- Ability to stand up from a seated position without assistance
- Description of the ability to perform activities of daily living
- Distance the participant can walk without stopping
- Pace of ambulation
- Musculoskeletal examination to include arm and leg strength and range of motion
- Neurological examination to include documentation of functional ambulation and balance and coordination

After the face-to-face visit with the physician, the physician may choose to refer the patient to a licensed physical or occupational therapist for completion of the physical portion of the exam. A prior evaluation completed by a licensed physical or occupational therapist within the past 90 days may also be utilized for the physical portion of the exam. If utilized, the physical or occupational therapy exam must be reviewed by the physician after completion, agreed on or amended, and signed before issuing the physician order.

The face-to-face examination must be completed prior to any examination performed by the DME provider. The DME provider must receive the written report of this examination within 90 days after completion of the face-to-face physician examination.

A date stamp or equivalent must be used to document the date that the provider receives the report of the face-to-face physician examination. The written report of the physician examination must be submitted with the prior authorization request. Prior authorization

requests submitted without the physician documentation from the patient chart will be considered incomplete and returned for additional information.

Reference the [Durable Medical Equipment Provider Bulletin, Volume 32, Number 6, dated April 8, 2010](#) for additional requirements regarding letters of medical necessity and the physician order.

The above noted bulletin also requires an assistive technology professional (ATP) have direct, in-person involvement in the wheelchair selection. This requires the ATP physically see and interact with the patient face-to-face. The provider record should document how the ATP was involved and directed the wheelchair selection process.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One for the red or white card.

Provider Communications Hotline
573-751-2896

HCPCS CODE	MOD1	MOD2	MOD3	Description	Maximum Allowable Prior to 08/15/10	Maximum Allowable 08/15/10 & After
A4636	RB			Handgrip for cane etc	\$3.81	\$3.68
A4637	RB			Repl tip cane/crutch/walker	\$1.93	\$1.86
A6550	NU	EP		Neg pres wound ther drsg set	\$24.82	\$23.95
A6550	NU	UB		Neg pres wound ther drsg set	\$24.82	\$23.95
A7000	NU	UB		Disposable canister for pump	\$8.63	\$8.33
A7030	NU			CPAP full face mask	\$170.72	\$164.74
A7031	NU			Replacement facemask interfa	\$63.14	\$60.93
A7032	NU			Replacement nasal cushion	\$36.68	\$35.40
A7033	NU			Replacement nasal pillows	\$25.71	\$24.81
A7034	NU			Nasal application device	\$106.46	\$102.73
A7035	NU			Pos airway press headgear	\$35.97	\$34.71
A7036	NU			Pos airway press chinstrap	\$16.47	\$15.89
A7037	NU			Pos airway pressure tubing	\$37.12	\$35.82
A7038	NU			Pos airway pressure filter	\$4.88	\$4.71
A7039	NU			Filter, non disposable w pap	\$13.87	\$13.38
A7044	NU			PAP oral interface	\$109.42	\$105.59
A7045	NU			Repl exhalation port for PAP	\$17.62	\$17.00
A7046	NU			Repl water chamber, PAP dev	\$17.66	\$17.04
B4087	NU	EP	BA	Gastro/jejuno tube, std	\$34.59	\$33.38
B4087	NU	UB		Gastro/jejuno tube, std	\$34.59	\$33.38
B4088	NU	EP	BA	Gastro/jejuno tube, low-pro	\$34.59	\$33.38
B4088	NU	UB		Gastro/jejuno tube, low-pro	\$34.59	\$33.38
B4149	NU	EP	BA	EF blenderized foods	\$1.52	\$1.47
B4149	NU	EP	BO	EF blenderized foods	\$1.52	\$1.47
B4149	NU	UB		EF blenderized foods	\$1.52	\$1.47
B4154	NU	EP	BA	EF spec metabolic noninherit	\$1.18	\$1.14
B4154	NU	EP	BO	EF spec metabolic noninherit	\$1.18	\$1.14
B4154	NU	UB		EF spec metabolic noninherit	\$1.18	\$1.14
E0135	NU			Walker folding adjust/fixed	\$75.88	\$73.22
E0135	RR			Walker folding adjust/fixed	\$7.59	\$7.32
E0140	NU			Walker w trunk support	\$326.44	\$315.01
E0140	RR			Walker w trunk support	\$32.64	\$31.50
E0143	NU			Walker folding wheeled w/o s	\$108.81	\$105.00
E0143	RR			Walker folding wheeled w/o s	\$10.88	\$10.50
E0144	NU	UB		Enclosed walker w rear seat	\$288.20	\$278.11
E0144	RR	UB		Enclosed walker w rear seat	\$28.83	\$27.82
E0147	NU	UB		Walker variable wheel resist	\$520.20	\$501.99
E0147	NU			Walker variable wheel resist	\$520.20	\$501.99
E0147	RR	UB		Walker variable wheel resist	\$52.02	\$50.20
E0147	RR			Walker variable wheel resist	\$52.02	\$50.20
E0148	NU			Heavyduty walker no wheels	\$114.98	\$110.96

HCPCS CODE	MOD1	MOD2	MOD3	Description	Maximum Allowable Prior to 08/15/10	Maximum Allowable 08/15/10 & After
E0148	RR			Heavyduty walker no wheels	\$11.51	\$11.11
E0149	NU			Heavy duty wheeled walker	\$202.00	\$194.93
E0149	RR			Heavy duty wheeled walker	\$20.20	\$19.49
E0154	NU	UB		Walker platform attachment	\$63.81	\$61.58
E0154	NU			Walker platform attachment	\$63.81	\$61.58
E0154	RR	UB		Walker platform attachment	\$7.75	\$7.48
E0154	RR			Walker platform attachment	\$7.75	\$7.48
E0155	NU	UB		Walker wheel attachment,pair	\$24.28	\$23.43
E0155	NU			Walker wheel attachment,pair	\$24.28	\$23.43
E0157	NU	UB		Walker crutch attachment	\$63.02	\$60.81
E0157	NU			Walker crutch attachment	\$63.02	\$60.81
E0157	RR	UB		Walker crutch attachment	\$7.00	\$6.76
E0157	RR			Walker crutch attachment	\$7.00	\$6.76
E0159	NU			Brake for wheeled walker	\$16.17	\$15.60
E0181	NU			Press pad alternating w/ pum	\$273.68	\$264.10
E0186	NU			Air pressure mattress	\$300.00	\$216.02
E0187	NU			Water pressure mattress	\$300.00	\$209.85
E0250	NU			Hosp bed fixed ht w/ mattres	\$928.94	\$896.42
E0250	RR			Hosp bed fixed ht w/ mattres	\$77.41	\$74.70
E0251	NU			Hosp bed fixd ht w/o mattres	\$703.92	\$679.28
E0251	RR			Hosp bed fixd ht w/o mattres	\$58.66	\$56.61
E0255	NU			Hospital bed var ht w/ mattr	\$948.89	\$915.67
E0255	RR			Hospital bed var ht w/ mattr	\$79.07	\$76.30
E0256	NU	UB		Hospital bed var ht w/o matt	\$673.26	\$649.70
E0256	NU			Hospital bed var ht w/o matt	\$673.26	\$649.70
E0256	RR	UB		Hospital bed var ht w/o matt	\$56.11	\$54.15
E0256	RR			Hospital bed var ht w/o matt	\$56.11	\$54.15
E0260	NU			Hosp bed semi-electr w/ matt	\$1,334.76	\$1,288.04
E0260	RR			Hosp bed semi-electr w/ matt	\$111.23	\$107.34
E0261	NU			Hosp bed semi-electr w/o mat	\$1,106.07	\$1,067.36
E0261	RR			Hosp bed semi-electr w/o mat	\$92.17	\$88.94
E0265	NU	UB		Hosp bed total electr w/ mat	\$1,634.96	\$1,577.73
E0265	RR	UB		Hosp bed total electr w/ mat	\$136.25	\$131.48
E0271	NU			Mattress innerspring	\$188.75	\$182.14
E0271	RR			Mattress innerspring	\$22.66	\$21.87
E0272	NU	UB		Mattress foam rubber	\$160.02	\$154.42
E0272	NU			Mattress foam rubber	\$160.02	\$154.42
E0272	RR			Mattress foam rubber	\$29.09	\$28.07
E0277	RR	UB		Powered pres-redu air mattrs	\$557.06	\$537.56
E0290	NU			Hosp bed fx ht w/o rails w/m	\$603.65	\$582.52
E0290	RR			Hosp bed fx ht w/o rails w/m	\$50.30	\$48.54

HCPCS CODE	MOD1	MOD2	MOD3	Description	Maximum Allowable Prior to 08/15/10	Maximum Allowable 08/15/10 & After
E0291	NU			Hosp bed fx ht w/o rail w/o	\$446.88	\$431.24
E0291	RR			Hosp bed fx ht w/o rail w/o	\$37.24	\$35.94
E0292	NU			Hosp bed var ht w/o rail w/o	\$724.19	\$698.84
E0292	RR			Hosp bed var ht w/o rail w/o	\$60.35	\$58.24
E0293	NU			Hosp bed var ht w/o rail w/	\$577.60	\$557.39
E0293	RR			Hosp bed var ht w/o rail w/	\$48.13	\$46.45
E0294	NU			Hosp bed semi-elect w/ mattr	\$1,055.25	\$1,018.32
E0294	RR			Hosp bed semi-elect w/ mattr	\$87.94	\$84.86
E0295	NU			Hosp bed semi-elect w/o matt	\$1,028.58	\$992.58
E0295	RR			Hosp bed semi-elect w/o matt	\$85.71	\$82.71
E0424	RR	QF		Stationary compressed gas O2	\$263.68	\$135.00
E0424	RR	QG		Stationary compressed gas O2	\$263.68	\$135.00
E0424	RR			Stationary compressed gas O2	\$175.79	\$90.00
E0431	RR			Portable gaseous O2	\$28.77	\$150.00
E0434	RR			Portable liquid O2	\$28.77	\$150.00
E0439	RR	QF		Stationary liquid O2	\$263.68	\$135.00
E0439	RR	QG		Stationary liquid O2	\$263.68	\$135.00
E0439	RR			Stationary liquid O2	\$175.79	\$90.00
E0441	NU			Stationary O2 contents, gas	\$77.45	\$74.74
E0442	NU			Stationary O2 contents, liq	\$77.45	\$74.74
E0443	NU			Portable O2 contents, gas	\$77.45	\$74.74
E0444	NU			Portable O2 contents, liquid	\$77.45	\$74.74
E0470	RR	KJ		RAD w/o backup non-inv intfc	\$203.19	\$196.08
E0470	RR			RAD w/o backup non-inv intfc	\$203.19	\$196.08
E0471	RR	KJ		RAD w/backup non inv intrfc	\$508.51	\$490.71
E0471	RR			RAD w/backup non inv intrfc	\$508.51	\$490.71
E0561	NU			Humidifier nonheated w PAP	\$96.84	\$93.45
E0562	NU			Humidifier heated used w PAP	\$272.60	\$263.06
E0601	RR	KJ		Cont airway pressure device	\$88.46	\$85.36
E0601	RR			Cont airway pressure device	\$88.46	\$85.36
E0650	RR	UB		Pneuma compresor non-segment	\$63.02	\$60.81
E0651	RR	UB		Pneum compressor segmental	\$68.31	\$65.92
E0666	NU	UB		Pneumatic appliance half leg	\$132.91	\$128.26
E0760	RR			Osteogen ultrasound stimtor	N/A	\$269.42
E0764	RR	EP		Functional neuromuscularstim	\$968.35	\$934.46
E0784	NU			Ext amb infusn pump insulin	\$4,603.72	\$4,442.59
E0784	RR			Ext amb infusn pump insulin	\$383.64	\$370.21
E0849	RR	EP		Cervical pneum trac equip	\$45.09	\$43.51
E0968	RB	SC		Wheelchair commode seat	\$215.26	\$190.79
E0968	RB			Wheelchair commode seat	\$215.26	\$190.79

HCPCS CODE	MOD1	MOD2	MOD3	Description	Maximum Allowable Prior to 08/15/10	Maximum Allowable 08/15/10 & After
E0968	NU	SC		Wheelchair commode seat	\$197.71	\$190.79
E0968	NU			Wheelchair commode seat	\$197.71	\$190.79
E0968	RR	SC		Wheelchair commode seat	\$16.48	\$15.90
E0968	RR			Wheelchair commode seat	\$16.48	\$15.90
E1390	RR	QF		Oxygen concentrator	\$263.68	\$135.00
E1390	RR	QG		Oxygen concentrator	\$263.68	\$135.00
E1390	RR			Oxygen concentrator	\$175.79	\$90.00
E2402	RR	EP		Neg press wound therapy pump	\$1,553.40	\$1,499.03
E2402	RR	UB		Neg press wound therapy pump	\$1,553.40	\$1,499.03
K0001	RR	SC		Standard wheelchair	\$46.61	\$44.98
K0001	RR			Standard wheelchair	\$46.61	\$44.98
K0002	RR	SC		Stnd hemi (low seat) whlchr	\$71.60	\$69.10
K0002	RR			Stnd hemi (low seat) whlchr	\$71.60	\$69.10
K0003	RR	SC		Lightweight wheelchair	\$77.53	\$74.81
K0003	RR			Lightweight wheelchair	\$77.53	\$74.81
K0195	RR	SC		Elevating whlchair leg rests	\$19.07	\$18.40
K0195	RR			Elevating whlchair leg rests	\$19.07	\$18.40
K0672	NU			Removable soft interface LE	\$76.40	\$73.73
K0730	RR			Ctrl dose inh drug deliv sys	\$150.85	\$145.57
K0738	RR			Portable gas oxygen system	\$51.63	\$150.00
K0800	NU			POV group 1 std up to 300lbs	\$1,169.96	\$1,129.01
K0800	RR			POV group 1 std up to 300lbs	\$97.50	\$94.08
K0801	NU			POV group 1 hd 301-450 lbs	\$1,886.22	\$1,820.20
K0801	RR			POV group 1 hd 301-450 lbs	\$157.19	\$151.68
K0802	NU			POV group 1 vhd 451-600 lbs	\$2,134.59	\$2,059.88
K0802	RR			POV group 1 vhd 451-600 lbs	\$177.88	\$171.66
K0806	NU			POV group 2 std up to 300lbs	\$1,415.34	\$1,365.80
K0806	RR			POV group 2 std up to 300lbs	\$117.95	\$113.82
K0807	NU			POV group 2 hd 301-450 lbs	\$2,147.61	\$2,072.44
K0807	RR			POV group 2 hd 301-450 lbs	\$178.97	\$172.70
K0808	NU			POV group 2 vhd 451-600 lbs	\$3,322.80	\$3,206.50
K0808	RR			POV group 2 vhd 451-600 lbs	\$276.90	\$267.21
K0813	NU	SC		PWC gp 1 std port seat/back	\$2,183.20	\$2,106.79
K0813	NU			PWC gp 1 std port seat/back	\$2,183.20	\$2,106.79
K0813	RR	SC		PWC gp 1 std port seat/back	\$181.93	\$175.57
K0813	RR			PWC gp 1 std port seat/back	\$181.93	\$175.57
K0814	NU	SC		PWC gp 1 std port cap chair	\$2,794.50	\$2,696.69
K0814	NU			PWC gp 1 std port cap chair	\$2,794.50	\$2,696.69
K0814	RR	SC		PWC gp 1 std port cap chair	\$232.88	\$224.72
K0814	RR			PWC gp 1 std port cap chair	\$232.88	\$224.72
K0815	NU	SC		PWC gp 1 std seat/back	\$3,182.30	\$3,070.92

HCPCS CODE	MOD1	MOD2	MOD3	Description	Maximum Allowable Prior to 08/15/10	Maximum Allowable 08/15/10 & After
K0815	NU			PWC gp 1 std seat/back	\$3,182.30	\$3,070.92
K0815	RR	SC		PWC gp 1 std seat/back	\$265.19	\$255.91
K0815	RR			PWC gp 1 std seat/back	\$265.19	\$255.91
K0816	NU	SC		PWC gp 1 std cap chair	\$3,047.50	\$2,940.84
K0816	NU			PWC gp 1 std cap chair	\$3,047.50	\$2,940.84
K0816	RR	SC		PWC gp 1 std cap chair	\$253.96	\$245.07
K0816	RR			PWC gp 1 std cap chair	\$253.96	\$245.07
K0820	NU	SC		PWC gp 2 std port seat/back	\$2,331.80	\$2,250.19
K0820	NU			PWC gp 2 std port seat/back	\$2,331.80	\$2,250.19
K0820	RR	SC		PWC gp 2 std port seat/back	\$194.32	\$187.52
K0820	RR			PWC gp 2 std port seat/back	\$194.32	\$187.52
K0821	NU	SC		PWC gp 2 std port cap chair	\$2,993.50	\$2,888.73
K0821	NU			PWC gp 2 std port cap chair	\$2,993.50	\$2,888.73
K0821	RR	SC		PWC gp 2 std port cap chair	\$249.46	\$240.73
K0821	RR			PWC gp 2 std port cap chair	\$249.46	\$240.73
K0824	NU	SC		PWC gp 2 hd seat/back	\$4,382.60	\$4,229.21
K0824	NU			PWC gp 2 hd seat/back	\$4,382.60	\$4,229.21
K0824	RR	SC		PWC gp 2 hd seat/back	\$365.22	\$352.43
K0824	RR			PWC gp 2 hd seat/back	\$365.22	\$352.43
K0825	NU	SC		PWC gp 2 hd cap chair	\$4,012.00	\$3,871.58
K0825	NU			PWC gp 2 hd cap chair	\$4,012.00	\$3,871.58
K0825	RR	SC		PWC gp 2 hd cap chair	\$334.33	\$322.63
K0825	RR			PWC gp 2 hd cap chair	\$334.33	\$322.63
K0826	NU	SC		PWC gp 2 vhd seat/back	\$5,673.70	\$5,475.12
K0826	NU			PWC gp 2 vhd seat/back	\$5,673.70	\$5,475.12
K0826	RR	SC		PWC gp 2 vhd seat/back	\$472.81	\$456.26
K0826	RR			PWC gp 2 vhd seat/back	\$472.81	\$456.26
K0827	NU	SC		PWC gp vhd cap chair	\$4,824.50	\$4,655.64
K0827	NU			PWC gp vhd cap chair	\$4,824.50	\$4,655.64
K0827	RR	SC		PWC gp vhd cap chair	\$402.04	\$387.97
K0827	RR			PWC gp vhd cap chair	\$402.04	\$387.97
K0828	NU	SC		PWC gp 2 xtra hd seat/back	\$6,251.90	\$6,033.08
K0828	NU			PWC gp 2 xtra hd seat/back	\$6,251.90	\$6,033.08
K0828	RR	SC		PWC gp 2 xtra hd seat/back	\$520.99	\$502.76
K0828	RR			PWC gp 2 xtra hd seat/back	\$520.99	\$502.76
K0829	NU	SC		PWC gp 2 xtra hd cap chair	\$5,741.00	\$5,540.06
K0829	NU			PWC gp 2 xtra hd cap chair	\$5,741.00	\$5,540.06
K0829	RR	SC		PWC gp 2 xtra hd cap chair	\$478.42	\$461.67
K0829	RR			PWC gp 2 xtra hd cap chair	\$478.42	\$461.67
K0835	NU	SC		PWC gp2 std sing pow opt s/b	\$3,671.90	\$3,543.38
K0835	NU			PWC gp2 std sing pow opt s/b	\$3,671.90	\$3,543.38

HCPCS CODE	MOD1	MOD2	MOD3	Description	Maximum Allowable Prior to 08/15/10	Maximum Allowable 08/15/10 & After
K0835	RR	SC		PWC gp2 std sing pow opt s/b	\$305.99	\$295.28
K0835	RR			PWC gp2 std sing pow opt s/b	\$305.99	\$295.28
K0836	NU	SC		PWC gp2 std sing pow opt cap	\$3,807.80	\$3,674.53
K0836	NU			PWC gp2 std sing pow opt cap	\$3,807.80	\$3,674.53
K0836	RR	SC		PWC gp2 std sing pow opt cap	\$317.32	\$306.21
K0836	RR			PWC gp2 std sing pow opt cap	\$317.32	\$306.21
K0837	NU	SC		PWC gp 2 hd sing pow opt s/b	\$4,382.60	\$4,229.21
K0837	NU			PWC gp 2 hd sing pow opt s/b	\$4,382.60	\$4,229.21
K0837	RR	SC		PWC gp 2 hd sing pow opt s/b	\$365.22	\$352.43
K0837	RR			PWC gp 2 hd sing pow opt s/b	\$365.22	\$352.43
K0838	NU	SC		PWC gp 2 hd sing pow opt cap	\$3,920.70	\$3,783.48
K0838	NU			PWC gp 2 hd sing pow opt cap	\$3,920.70	\$3,783.48
K0838	RR	SC		PWC gp 2 hd sing pow opt cap	\$326.73	\$315.29
K0838	RR			PWC gp 2 hd sing pow opt cap	\$326.73	\$315.29
K0839	NU	SC		PWC gp2 vhd sing pow opt s/b	\$5,673.70	\$5,475.12
K0839	NU			PWC gp2 vhd sing pow opt s/b	\$5,673.70	\$5,475.12
K0839	RR	SC		PWC gp2 vhd sing pow opt s/b	\$472.81	\$456.26
K0839	RR			PWC gp2 vhd sing pow opt s/b	\$472.81	\$456.26
K0840	NU	SC		PWC gp2 xhd sing pow opt s/b	\$8,596.00	\$8,295.14
K0840	NU			PWC gp2 xhd sing pow opt s/b	\$8,596.00	\$8,295.14
K0840	RR	SC		PWC gp2 xhd sing pow opt s/b	\$716.33	\$691.26
K0840	RR			PWC gp2 xhd sing pow opt s/b	\$716.33	\$691.26
K0841	NU	SC		PWC gp2 std mult pow opt s/b	\$3,908.30	\$3,771.51
K0841	NU			PWC gp2 std mult pow opt s/b	\$3,908.30	\$3,771.51
K0841	RR	SC		PWC gp2 std mult pow opt s/b	\$325.69	\$314.29
K0841	RR			PWC gp2 std mult pow opt s/b	\$325.69	\$314.29
K0842	NU	SC		PWC gp2 std mult pow opt cap	\$3,908.30	\$3,771.51
K0842	NU			PWC gp2 std mult pow opt cap	\$3,908.30	\$3,771.51
K0842	RR	SC		PWC gp2 std mult pow opt cap	\$325.69	\$314.29
K0842	RR			PWC gp2 std mult pow opt cap	\$325.69	\$314.29
K0843	NU	SC		PWC gp2 hd mult pow opt s/b	\$4,705.60	\$4,540.90
K0843	NU			PWC gp2 hd mult pow opt s/b	\$4,705.60	\$4,540.90
K0843	RR	SC		PWC gp2 hd mult pow opt s/b	\$392.13	\$378.41
K0843	RR			PWC gp2 hd mult pow opt s/b	\$392.13	\$378.41