

ATTACHMENT - DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS & SUPPLIES

| TOS* | Procedure Code | Long Description | Age Range | CURRENT | | PROPOSED | |
|------|----------------|--|-----------|----------------------|----------------------|-----------------------|-----------------------|
| | | | | Current Medicaid Fee | Current Adjusted Fee | Proposed Medicaid Fee | Proposed Adjusted Fee |
| 9 | A4435 | ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each | 0-20 | Not A Benefit | Not A Benefit | \$4.70 | \$4.70 |
| 9 | A4435 | ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each | 21-999 | Not A Benefit | Not A Benefit | \$4.70 | \$4.70 |
| J | E0670 | segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk | 0-20 | Not A Benefit | Not A Benefit | \$1,020.77 | \$1,020.77 |
| J | E0670 | segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk | 21-999 | Not A Benefit | Not A Benefit | \$1,020.77 | \$1,020.77 |
| L | E0670 | segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk | 0-20 | Not A Benefit | Not A Benefit | \$102.08 | \$102.08 |
| L | E0670 | segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk | 21-999 | Not A Benefit | Not A Benefit | \$102.08 | \$102.08 |
| J | E2378 | power wheelchair component, actuator, replacement only | 0-20 | Not A Benefit | Not A Benefit | \$363.35 | \$363.35 |
| J | E2378 | power wheelchair component, actuator, replacement only | 21-999 | Not A Benefit | Not A Benefit | \$363.35 | \$363.35 |
| L | E2378 | power wheelchair component, actuator, replacement only | 0-20 | Not A Benefit | Not A Benefit | \$36.34 | \$36.34 |
| L | E2378 | power wheelchair component, actuator, replacement only | 21-999 | Not A Benefit | Not A Benefit | \$36.34 | \$36.34 |
| 9 | L5859 | addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s) | 0-20 | Not A Benefit | Not A Benefit | \$27,870.31 | \$27,870.31 |
| 9 | L5859 | addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s) | 21-999 | Not A Benefit | Not A Benefit | \$27,870.31 | \$27,870.31 |
| 9 | L8605 | injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies | 0-20 | Not A Benefit | Not A Benefit | \$505.19 | \$505.19 |
| 9 | L8605 | injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies | 21-999 | Not A Benefit | Not A Benefit | \$505.19 | \$505.19 |

| *Type of Service (TOS) | |
|------------------------|--|
| 9 | Other Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) |
| J | DME Purchase |
| L | DME Rental |