

NYS Medicaid DME Services Fee Schedule**Effective 1-Jul-16**

CODE	DESCRIPTION	FEE	RENTAL FEE	BR	MAX UNITS	PA	CHANGE
A4216	STERILE WATER, SALINE AND/OR DEXTROSE, D	0.43			120		
A4217	STERILE WATER/SALINE,500 ML	1.58			10		
A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSIO	1.00			200	6	
A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP,	15.05			30	6	
A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP,	6.27			24	6	
A4233	REPLACEMENT BATTERY, ALKALINE (OTHER THA	0.71			2	6	
A4234	REPLACEMENT BATTERY, ALKALINE, J CELL, F	3.25			1	6	
A4235	REPLACEMENT BATTERY, LITHIUM, FOR USE WI	2.34			1	6	
A4244	ALCOHOL OR PEROXIDE, PER PINT	1.12			5		
A4245	ALCOHOL WIPES, PER BOX	1.39			5		
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT	2.96			3		
A4250	URINE TEST OR REAGENT STRIPS OR TABLETS	18.85			2		
A4252	BLOOD KETONE TEST OR REAGENT STRIP, EACH	4.45			100	6	
A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR	24.37			4		
A4256	NORMAL, LOW AND HIGH CALIBRATOR SOLUTION	8.62			1	6	
A4258	SPRING-POWERED DEVICE FOR LANCET, EACH	12.95			1		
A4259	LANCETS, PER BOX OF 100	5.40			2		
A4265	PARAFFIN, PER POUND	3.33			1	1	
A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH	0.39			108		
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EA	3.50			108		
A4310	INSERTION TRAY WITHOUT DRAINAGE BAG AND	2.13			10		
A4311	INSERTION TRAY WITHOUT DRAINAGE BAG WITH	5.94			10		
A4314	INSERTION TRAY WITH DRAINAGE BAG WITH IN	11.73			10		
A4320	IRRIGATION TRAY WITH BULB OR PISTON SYRI	1.67			30		
A4322	IRRIGATION SYRINGE, BULB OR PISTON, EACH	1.01			50		
A4326	MALE EXTERNAL CATHETER WITH INTEGRAL COL	4.82			2		
A4331	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY	1.80			5		
A4333	URINARY CATHETER ANCHORING DEVICE, ADHES	2.31			5		
A4334	URINARY CATHETER ANCHORING DEVICE, LEG S	1.36			12		
A4335	INCONTINENCE SUPPLY MISC				30	1	
A4338	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY	1.34			10		
A4344	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY	6.13			10		
A4346	INDWELLING CATHETER; FOLEY TYPE, THREE W	10.92			10		
A4349	MALE EXTERNAL CATHETER, WITH OR WITHOUT	1.51			60		
A4351	INTERMITTENT URINARY CATHETER; STRAIGHT	0.81			250		
A4352	INTERMITTENT URINARY CATHETER; COUDE (CU	2.58			250	1	
A4353	INTERMITTENT URINARY CATHETER, WITH INSE	3.11			60		
A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WIT	7.57			30		
A4356	EXTERNAL URETHRAL CLAMP OR COMPRESSION D	37.98			1		
A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH	10.19			10		
A4358	URINARY DRAINAGE BAG, LEG OR ABDOMEN, VI	4.13			30		
A4361	OSTOMY FACE PLATE, EACH	11.99			15	6	
A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT	3.63			25	6	
A4363	OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY	1.81			5	6	
A4364	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PE	2.19			20	6	
A4366	OSTOMY VENT, ANY TYPE, EACH	0.86			10	6	
A4367	OSTOMY BELT, EACH	7.18			5	6	
A4368	OSTOMY FILTER,ANY TYPE, EACH	0.27			40	6	
A4369	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUS	2.04			22	6	
A4371	OSTOMY SKIN BARRIER,POWDER,PER OZ	2.49			21	6	
A4372	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVA	4.19			15	6	

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CODE	DESCRIPTION	FEE	RENTAL FEE	BR	MAX UNITS	PA	CHANGE
A4373	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID,	6.58			15	6	
A4375	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTA	18.04			2	6	
A4376	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE	47.40			2	6	
A4377	OSTOMY POUCH, DRAINABLE, FOR USE ON FACE	4.50			15	6	
A4378	OSTOMY POUCH, DRAINABLE, FOR USE ON FACE	30.11			2	6	
A4379	OSTOMY POUCH, URINARY, WITH FACEPLATE AT	15.77			15	6	
A4380	OSTOMY POUCH, URINARY, WITH FACEPLATE AT	39.16			2	6	
A4381	OSTOMY POUCH, URINARY, FOR USE ON FACEPL	3.53			10	6	
A4382	OSTOMY POUCH, URINARY, FOR USE ON FACEPL	3.53			15	6	
A4383	OSTOMY POUCH, URINARY, FOR USE ON FACEPL	29.57			2	6	
A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EA	10.10			10	6	
A4385	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVA	5.35			15	6	
A4387	OSTOMY POUCH, CLOSED, WITH BARRIER ATTAC	3.23			15	6	
A4388	OSTOMY POUCH, DRAINABLE, WITH EXTENDED W	3.77			15	6	
A4389	OSTOMY POUCH, DRAINABLE, WITH BARRIER AT	6.46			15	6	
A4390	OSTOMY POUCH, DRAINABLE, WITH EXTENDED W	8.41			15	6	
A4391	OSTOMY POUCH, URINARY, WITH EXTENDED WEA	6.40			15	6	
A4392	OSTOMY POUCH, URINARY, WITH STANDARD WEA	8.58			15	6	
A4393	OSTOMY POUCH, URINARY, WITH EXTENDED WEA	9.48			15	6	
A4394	OSTOMY DEODORANT, WITH OR WITHOUT LUBRIC	2.71			8	6	
A4395	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH	0.05			60	6	
A4396	OSTOMY BELT W/PERISTOMAL HERNIA SUPPORT	40.40			2	6	
A4397	IRRIGATION SUPPLY SLEEVE EACH	2.73			125	6	
A4398	OSTOMY IRRIGATION SUPPLY; BAG, EACH	1.00			125	6	
A4399	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER,	12.86			1	6	
A4400	OSTOMY IRRIGATION SET EACH	30.09			30	6	
A4402	LUBRICANT, PER OUNCE	0.43			20	6	
A4404	OSTOMY RING, EACH	1.62			15	6	
A4405	OSTOMY SKIN BARRIER, NON-PECTIN BASED, P	2.36			18	6	
A4406	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE	4.66			18	6	
A4407	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID,	8.69			10	6	
A4408	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID,	8.64			10	6	
A4409	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID,	4.80			10	6	
A4410	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID,	4.80			10	6	
A4411	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVA	5.10			10	6	
A4412	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FO	2.84			15	6	
A4413	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FO	5.77			15	6	
A4414	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID,	4.54			20	6	
A4415	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID,	4.54			20	6	
A4416	OSTOMY POUCH, CLOSED, WITH BARRIER ATTAC	2.61			60	6	
A4417	OSTOMY POUCH, CLOSED, WITH BARRIER ATTAC	3.82			60	6	
A4418	OSTOMY POUCH, CLOSED; WITHOUT BARRIER AT	1.90			60	6	
A4419	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER	1.77			60	6	
A4420	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER	1.55			60	6	
A4421	OSTOMY SUPPLY; MISCELLANEOUS				30	1	
A4422	OSTOMY ABSORBENT MATERIAL (SHEET/PAD/CRYST	0.13			60	6	
A4423	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER	1.90			60	6	
A4424	OSTOMY POUCH, DRAINABLE, WITH BARRIER AT	3.15			20	6	
A4425	OSTOMY POUCH, DRAINABLE; FOR USE ON BARR	3.52			20	6	
A4426	OSTOMY POUCH, DRAINABLE; FOR USE ON BARR	1.76			20	6	
A4427	OSTOMY POUCH, DRAINABLE; FOR USE ON BARR	2.75			20	6	

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A4428	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BA	6.84			15	6	
A4429	OSTOMY POUCH, URINARY, WITH BARRIER ATTACHE	8.66			15	6	
A4430	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR B	8.95			15	6	
A4431	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED	6.53			15	6	
A4432	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WIT	3.77			15	6	
A4433	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WIT	3.51			15	6	
A4434	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WIT	3.95			15	6	
A4435	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT,	6.26			15	6	
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCH	0.06			300		
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES	0.11			100		
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, C	1.28			40		
A4456	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH	0.24			50	6	
A4458	ENEMA BAG WITH TUBING, REUSABLE	16.26			1	6	
A4463	SURGICAL DRESSING HOLDER, REUSABLE, EACH	11.15			3		
A4481	TRACHEOSTOMA FILTER, ANY TYPE, ANY SIZE,	2.73			30	6	
A4495	SURGICAL STOCKINGS THIGH LENGTH, EACH	14.97			4	6	
A4500	SURGICAL STOCKINGS BELOW KNEE LENGTH, EA	12.41			4	6	
A4510	SURGICAL STOCKINGS FULL LENGTH, EACH	36.39			2	6	
A4554	DISPOSABLE UNDERPADS, ALL SIZES	0.28			300	6	
A4556	ELECTRODES, (E.G., APNEA MONITOR), PER P	6.13			2		
A4557	LEAD WIRES, (E.G., APNEA MONITOR), PER P	18.86			2		
A4565	SLINGS	6.47			1		
A4570	SPLINT	1.97			5		
A4575	TOPICAL HYPERBARIC OXYGEN CHAMBER, DISPO				16	6	
A4602	REPLACEMENT BATTERY FOR EXTERNAL INFUSIO	1.75			30	6	
A4605	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM	10.63			15		
A4614	PEAK EXPIRATORY FLOW RATE METER, HAND HE	19.24			1		
A4615	CANNULA NASAL	0.75			4		
A4616	TUBING,(OXYGEN),PER FOOT	0.07			30		
A4618	BREATHING CIRCUITS	2.95			4		
A4619	FACE TENT	1.27			4		
A4620	VARIABLE CONCENTRATION MASK	0.62			4		
A4623	TRACHEOSTOMY, INNER CANNULA	5.61			5		
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE OTHE	1.40			250		
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTO	4.25			90		
A4626	TRACHEOSTOMY CLEANING BRUSH EA	1.51			2		
A4628	OROPHARYNGEAL SUCTION CATHETER, EACH	2.02			5		
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TR	3.08			90		
A4630	REPLACEMENT BATTERIES, MEDICALLY NECESSA	2.46			1	6	
A4632	REPLACEMENT BATTERY FOR EXTERNAL INFUSIO				2	1	
A4635	UNDERARM PAD,CRUTCH,REPLACEMENT EACH	2.83			2		
A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR	3.53			2		
A4637	REPLACEMENT, TIP, CANE, CRUTCH, WALKER,	1.64			4		
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY	38.83			1	6	
A4649	SURGICAL SUPPLY MISC				30	1	
A4660	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATU	20.59			1	6	
A4670	AUTOMATIC BLOOD PRESSURE MONITOR - SEMI AUTO	31.00			1	1	
A4670	AUTOMATIC BLOOD PRESSURE MONITOR- FULLY AUTO	65.00			1	1	
A4927	GLOVES, NON-STERILE, PER 100	4.55			1	6	
A4930	GLOVES,STERILE PER PAIR	0.40			30	6	
A4931	ORAL THERMOMETER, REUSABLE, ANY TYPE, EA	1.97			1		

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A4932	RECTAL THERMOMETER, REUSABLE, ANY TYPE,	1.34			1		
A5051	OSTOMY POUCH, CLOSED; WITH BARRIER ATTAC	2.17			60	6	
A5052	OSTOMY POUCH, CLOSED; WITHOUT BARRIER AT	1.56			60	6	
A5053	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLA	1.73			60	6	
A5054	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER	1.68			60	6	
A5055	STOMA CAP EACH	1.49			5	6	
A5056	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR	5.01			20	6	
A5057	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR	10.32			20	6	
A5061	OSTOMY POUCH, DRAINABLE; WITH BARRIER AT	3.37			150	6	
A5062	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER	2.33			150	6	
A5063	OSTOMY POUCH, DRAINABLE; FOR USE ON BARR	2.27			50	6	
A5071	OSTOMY POUCH, URINARY; WITH BARRIER ATTA	4.41			50	6	
A5072	OSTOMY POUCH, URINARY; WITHOUT BARRIER A	3.70			50	6	
A5073	OSTOMY POUCH, URINARY; FOR USE ON BARRIE	3.20			50	6	
A5081	CONTINENT DEVICE; PLUG FOR CONTINENT STO	3.37			31	6	
A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT	10.60			1	6	
A5083	CONTINENT DEVICE, STOMA ABSORPTIVE COVER	0.22			120	6	
A5093	OSTOMY ACCESSORY CONVEX INSERT	1.87			5	6	
A5105	URINARY SUSPENSORY WITH LEG BAG, WITH OR	42.76			5	6	
A5112	URINARY DRAINAGE BAG, LEG OR ABDOMEN, LA	29.64			5		
A5113	LEG STRAP; LATEX, REPLACEMENT ONLY, PER	1.86			2		
A5114	LEG STRAP; FOAM OR FABRIC, REPLACEMENT	3.92			2		
A5120	SKIN BARRIER, WIPES OR SWABS, EACH	0.20			100		
A5121	SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT	6.65			25		
A5122	SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT	11.95			25		
A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM	1.16			30		
A5131	APPLIANCE CLEANER, INCONTINENCE AND OSTO	8.06			1		
A5200	PERCUTANEOUS CATHETER/TUBE ANCHORING DEV	2.70			30		
A5500	FOR DIABETICS ONLY, FITTING	66.69			1	6	
A5501	FOR DIABETICS ONLY, FITTING, CUSTOM PREPARATIO	200.05			1	6	
A5503	FOR DIABETICS ONLY, MODIFICATION (OF OFF-THE-S	32.60			1	6	
A5504	FOR DIABETICS ONLY, MODIFICATION) OF OFF-THE-S	32.60			1	6	
A5505	FOR DIABETICS ONLY, MODIFICATION OF OFF-THE-SH	32.60			1	6	
A5506	DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WIT	32.60			1	6	
A5507	FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED M	32.60			1	6	
A5512	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, D	27.21			1	6	
A5513	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CU	40.61			1	6	
A6010	COLLAGEN BASED WOUND FILLER, DRY FORM, S	4.51			30	6	
A6011	COLLAGEN BASED WOUND FILLER, GEL/PASTE,	2.39			30	6	
A6021	COLLAGEN DRESSING, STERILE, SIZE 16 SQUARE	19.88			5	6	
A6022	COLLAGEN DRESSING, STERILE, SIZE MORE THA	22.05			5	6	
A6023	COLLAGEN DRESSING, STERILE, SIZE MORE THA	76.88			5	6	
A6024	COLLAGEN DRESSING WOUND FILLER, STERILE,	4.39			3	6	
A6196	ALGINATE OR OTHER FIBER GELLING DRESSING	5.50			30		
A6197	ALGINATE OR OTHER FIBER GELLING DRESSING	6.43			30		
A6198	ALGINATE OR OTHER FIBER GELLING DRESSING	14.52			15		
A6199	ALGINATE OR OTHER FIBER GELLING DRESSING	2.76			60		
A6203	COMPOSITE DRESSING, STERILE, PAD SIZE 16	2.11			30		
A6204	COMPOSITE DRESSING, STERILE, PAD SIZE MO	4.09			30		
A6205	COMPOSITE DRESSING, STERILE, PAD SIZE MO	5.65			15		
A6206	CONTACT LAYER, STERILE, 16 SQ. IN. OR LE	1.53			30		

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A6207	CONTACT LAYER, STERILE, MORE THAN 16 SQ.	2.68			30		
A6208	CONTACT LAYER, STERILE, MORE THAN 48 SQ.	6.50			15		
A6209	FOAM DRESSING, WOUND COVER, STERILE, PAD	1.66			30		
A6210	FOAM DRESSING, WOUND COVER, STERILE, PAD	3.57			30		
A6211	FOAM DRESSING, WOUND COVER, STERILE, PAD	8.09			30		
A6212	FOAM DRESSING, WOUND COVER, STERILE, PAD	3.99			30		
A6213	FOAM DRESSING, WOUND COVER, STERILE, PAD	9.06			30		
A6214	FOAM DRESSING, WOUND COVER, STERILE, PAD	10.79			15		
A6216	GAUZE NON-IMP NON-STER UP TO 1	0.04			120		
A6217	A6216; MORE THAN 16 UP TO 48SQ	0.08			120		
A6218	A6216; MORE THAN 48 SQ IN	0.19			60		
A6219	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZ	0.22			120		
A6220	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZ	1.08			30		
A6221	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZ	2.42			15		
A6222	GAUZE, IMPREGNATED WITH OTHER THAN WATER	1.44			30		
A6223	GAUZE, IMPREGNATED WITH OTHER THAN WATER	1.71			60		
A6224	GAUZE, IMPREGNATED WITH OTHER THAN WATER	1.79			15		
A6228	GAUZE, IMPREGNATED, WATER OR NORMAL SALI	1.62			30		
A6229	GAUZE, IMPREGNATED, WATER OR NORMAL SALI	1.69			30		
A6230	GAUZE, IMPREGNATED, WATER OR NORMAL SALI	1.82			30		
A6231	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT	1.32			30		
A6232	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT	4.01			30		
A6233	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT	5.57			30		
A6234	HYDROCOLLOID DRESSING, WOUND COVER, STER	5.69			30		
A6235	HYDROCOLLOID DRESSING, WOUND COVER, STER	11.26			30		
A6236	HYDROCOLLOID DRESSING, WOUND COVER, STER	13.88			30		
A6237	HYDROCOLLOID DRESSING, WOUND COVER, STER	5.11			30		
A6238	HYDROCOLLOID DRESSING, WOUND COVER, STER	8.20			30		
A6239	HYDROCOLLOID DRESSING, WOUND COVER, STER	10.54			30		
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PAS	8.12			20		
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY	1.59			25		
A6242	HYDROGEL DRESSING, WOUND COVER, STERILE,	3.06			30		
A6243	HYDROGEL DRESSING, WOUND COVER, STERILE,	6.49			30		
A6244	HYDROGEL DRESSING, WOUND COVER, STERILE,	14.05			30		
A6245	HYDROGEL DRESSING, WOUND COVER, STERILE,	3.56			30		
A6246	HYDROGEL DRESSING, WOUND COVER, STERILE,	7.39			30		
A6247	HYDROGEL DRESSING, WOUND COVER, STERILE,	18.77			30		
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PE	4.16			30		
A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COV	2.09			30		
A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COV	2.54			30		
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COV	3.61			30		
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COV	1.07			30		
A6255	SPECIALTY ABSORPTIVE DRESSING, WOUND COV	1.71			30		
A6256	SPECIALTY ABSORPTIVE DRESSING, WOUND COV	3.85			30		
A6257	TRANSPARENT FILM, STERILE, 16 SQ. IN. OR	0.35			30		
A6258	TRANSPARENT FILM, STERILE, MORE THAN 16	1.16			30		
A6259	TRANSPARENT FILM, STERILE, MORE THAN 48	2.46			30		
A6261	WOUND FILLER, GEL/PASTE, PER FLUID OUNCE				30	1	
A6262	WOUND FILLER, DRY FORM, PER GRAM, NOT OT				30	1	
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER, NO	2.02			30		
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZ	0.13			180		

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A6403	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZ	0.26			120		
A6404	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZ	0.35			30		
A6407	PACKING STRIPS, NON-IMPREGNATED, STERILE	1.91			30		
A6410	EYE PAD, STERILE, EACH	0.23			50		
A6411	EYE PAD, NON-STERILE, EACH	0.16			50		
A6412	EYE PATCH, OCCLUSIVE, EACH	0.27			30		
A6441	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/	0.70			30		
A6442	CONFORMING BANDAGE, NON-ELASTIC, KNITTED	0.04			120		
A6443	CONFORMING BANDAGE, NON-ELASTIC, KNITTED	0.06			120		
A6444	CONFORMING BANDAGE, NON-ELASTIC, KNITTED	0.08			120		
A6445	CONFORMING BANDAGE, NON-ELASTIC, KNITTED	0.06			120		
A6446	CONFORMING BANDAGE, NON-ELASTIC, KNITTED	0.10			120		
A6447	CONFORMING BANDAGE, NON-ELASTIC, KNITTED	0.18			120		
A6448	LIGHT COMPRESSION BANDAGE, ELASTIC, KNIT	0.06			90		
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNIT	0.09			90		
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNIT	0.16			90		
A6451	MODERATE COMPRESSION BANDAGE, ELASTIC, K	0.17			90		
A6452	HIGH COMPRESSION BANDAGE, ELASTIC, KNITT	1.22			15		
A6453	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNIT	0.40			30		
A6454	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNIT	0.57			30		
A6455	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNIT	0.68			30		
A6456	ZINC PASTE IMPREGNATED BANDAGE, NON-ELAS	0.80			24		
A6457	TUBULAR DRESSING WITH OR WITHOUT ELASTIC	1.20			25	1	
A6501	COMPRESSION BURN GARMENT, BODYSUIT (HEAD				1	1	
A6502	COMPRESSION BURN GARMENT, CHIN STRAP, CU				1	1	
A6503	COMPRESSION BURN GARMENT, FACIAL HOOD, C				1	1	
A6504	COMPRESSION BURN GARMENT, GLOVE TO WRIST				2	1	
A6505	COMPRESSION BURN GARMENT, GLOVE TO ELBOW				2	1	
A6506	COMPRESSION BURN GARMENT, GLOVE TO AXILL				2	1	
A6507	COMPRESSION BURN GARMENT, FOOT TO KNEE L				2	1	
A6508	COMPRESSION BURN GARMENT, FOOT TO THIGH				2	1	
A6509	COMPRESSION BURN GARMENT, UPPER TRUNK TO				1	1	
A6510	COMPRESSION BURN GARMENT, TRUNK, INCLUDI				1	1	
A6511	COMPRESSION BURN GARMENT, LOWER TRUNK IN				1	1	
A6512	COMPRESSION BURN GARMET NOC				2	1	
A6530	GRADIENT COMPRESSION STOCKING, BELOW KNE	18.06			2	6	
A6531	GRADIENT COMPRESSION STOCKING, BELOW KNE	18.88			2	6	
A6532	GRADIENT COMPRESSION STOCKING, BELOW KNE	26.96			2	6	
A6533	GRADIENT COMPRESSION STOCKING, THIGH LEN	22.31			2	6	
A6534	GRADIENT COMPRESSION STOCKING, THIGH LEN	26.61			2	6	
A6535	GRADIENT COMPRESSION STOCKING, THIGH LEN	31.71			2	6	
A6536	GRADIENT COMPRESSION STOCKING, FULL LENG	31.47			2	6	
A6537	GRADIENT COMPRESSION STOCKING, FULL LENG	33.24			2	6	
A6538	GRADIENT COMPRESSION STOCKING, FULL LENG	43.22			2	6	
A6539	GRADIENT COMPRESSION STOCKING, WAIST LEN	62.72			2	6	
A6540	GRADIENT COMPRESSION STOCKING, WAIST LEN	101.23			2	6	
A6541	GRADIENT COMPRESSION STOCKING, WAIST LEN	104.94			2	6	
A6544	GRADIENT COMPRESSION STOCKING, GARTER BE	15.00			2	6	
A6549	GRADIENT COMPRESSION STOCKING/SLEEVE, NO				2	1	
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION	4.35			5		

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CODE	DESCRIPTION	FEE	RENTAL FEE	BR	MAX UNITS	PA	CHANGE
A7002	TUBING, USED WITH SUCTION PUMP, EACH	0.92			30		
A7003	ADMINISTRATION SET, WITH SMALL VOLUME NO	2.23			2		
A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBUL	1.29			5		
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NO	16.19			1	6	
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFI	2.89			5		
A7013	FILTER, DISPOSABLE, USED WITH AEROSOL CO	0.11			5		
A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL	0.80			1		
A7015	AEROSOL MASK, USED WITH DME NEBULIZER	1.06			1		
A7025	HIGH FREQUENCY CHEST WALL OSCILLATION SY	275.00			1	6	
A7026	HIGH FREQUENCY CHEST WALL OSCILLATION SY	28.75			1	6	
A7027	COMBINATION ORAL/NASAL MASK, USED WITH C	179.35			1	6	
A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL	49.54			1	6	
A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL	20.24			1	6	
A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY	143.21			1	6	*
A7031	FACE MASK INTERFACE, REPLACEMENT FOR FUL	63.08			1	6	
A7032	CUSHION FOR USE ON NASAL MASK INTERFACE,	36.64			1	6	
A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INT	25.68			1	6	
A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) U	48.86			1	6	
A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESS	29.55			1	6	
A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRES	14.10			1	6	
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSUR	21.16			1	6	
A7038	FILTER, DISPOSABLE, USED WITH POSITIVE A	1.71			2		
A7039	FILTER, NON DISPOSABLE, USED WITH POSITI	2.40			1		
A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY	109.31			1	6	
A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL U	17.60			1	6	
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFF	49.80			1		
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED,	49.35			1		
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLES	47.37			1		
A7523	TRACH SHOWER PROTECTOR,EACH	8.10			1		
A7524	TRACHEOSTOMA STENT/STUD/BUTTON, EACH	59.63			1		
A7525	TRACHEOSTOMY MASK,EACH	1.68			4		
A8000	HELMET, PROTECTIVE, SOFT, PREFABRICATED,	116.10			1	6	
A8001	HELMET, PROTECTIVE, HARD, PREFABRICATED,	151.65			1	6	
A8002	HELMET, PROTECTIVE, SOFT, CUSTOM FABRICA	426.00			1	6	
A8003	HELMET, PROTECTIVE, HARD, CUSTOM FABRICA	426.00			1	6	
A8004	SOFT INTERFACE FOR HELMET, REPLACEMENT O				1	1	
A9273	HOT WATER BOTTLE, ICE CAP OR COLLAR, HEA	5.40			1		
A9275	HOME GLUCOSE DISPOSABLE MONITOR, INCLUDE	28.75			2	6	
A9282	WIG, ANY TYPE, EACH	110.84			1	1	
A9900	MISCELLANEOUS DME SUPPLY, ACCESSORY, AND				1	1	
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY, N				5	1	
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED,	3.12			30	6	
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PE	5.66			30	6	
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED,	4.30			30	6	
B4081	NASOGASTRIC TUBING WITH STYLET	16.17			1	6	
B4082	NASOGASTRIC TUBING WITHOUT STYLET	10.06			2	6	
B4083	STOMACH TUBE-LEVINE TYPE	1.07			2	6	
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD,	22.89			1	6	
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFIL	134.58			1	6	
B4100	FOOD THICKENER, ADMINISTERED ORALLY, PER	0.53			180	6	
B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZE	0.99			600	4	*

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CODE	DESCRIPTION	FEE	RENTAL FEE	BR	MAX UNITS	PA	CHANGE
B4150	ENTERAL FORMULA, NUTRITIONALLY COMPLETE	0.49			600	4	
B4152	ENTERAL FORMULA, NUTRITIONALLY COMPLETE,	0.38			600	4	
B4153	ENTERAL FORMULA, NUTRITIONALLY COMPLETE,	1.85			600	4	
B4154	ENTERAL FORMULA, NUTRITIONALLY COMPLETE,	0.85		BR SC	600	4	
B4155	ENTERAL FORMULA, NUTRITIONALLY INCOMPLET	1.21		BR SC	300	4	
B4157	ENTERAL FORMULA, NUTRITIONALLY COMPLETE,	4.58		BR SC	600	4	
B4158	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITI	0.73			600	4	
B4159	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITI	0.84			600	4	
B4160	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITI	0.60			600	4	
B4161	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLY	1.35		BR SC	600	4	
B4162	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL	4.58		BR SC	600	4	
B9002	ENTERAL NUTRITION INFUSION PUMP - WITH A	715.56	60.00		1	6	
B9004	PARENTERAL NUTRITION INFUSION PUMP, PORT	2748.36	60.00		1	6	
B9006	PARENTERAL NUTRITION INFUSION PUMP, STAT	2039.92	60.00		1	6	
B9998	NOC FOR ENTERAL SUPPLIES				90	1	
E0100	CANE, INCLUDES CANES OF ALL MATERIALS, A	12.00			1	6	
E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANE	18.75			1	6	
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF	58.93			1		
E0111	CRUTCH FOREARM, INCLUDES CRUTCHES OF VAR	29.46			1		
E0112	CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR F	23.93			1		
E0113	CRUTCH UNDERARM, WOOD, ADJUSTABLE OR FIX	11.96			1		
E0114	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJU	23.38			1		
E0116	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUS	11.69			1		
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FI	37.33			1	6	
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR	47.63			1	6	
E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE O		100.00		1	1	
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FI	104.24			1	6	
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR	92.21			1	6	
E0144	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIG	287.91			1	6	
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYS	306.70			1	6	
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGI	114.87			1	6	
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FO	201.80			1	6	
E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EAC	61.29			2	6	
E0154	PLATFORM ATTACHMENT, WALKER, EACH	57.15			2	6	
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER,	24.25			1	6	
E0156	SEAT ATTACHMENT, WALKER	23.90			1	6	
E0157	CRUTCH ATTACHMENT, WALKER, EACH	20.09			2	6	
E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REP	14.92			2	6	
E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, U	4.31			1	6	
E0163	COMMUNE CHAIR, MOBILE OR STATIONARY, WIT	103.63			1	6	
E0165	COMMUNE CHAIR, MOBILE OR STATIONARY, WIT	174.18			1	6	*
E0167	PAIL OR PAN FOR USE WITH COMMUNE CHAIR,	6.08			1	6	
E0168	COMMUNE CHAIR, EXTRA WIDE AND/OR HEAVY D	153.52			1	6	*
E0175	FOOT REST, FOR USE WITH COMMUNE CHAIR, E	59.05			1	6	
E0181	POWERED PRESSURE REDUCING MATTRESS OVERL	121.46			1	6	
E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR R	88.65			1	6	
E0184	DRY PRESSURE MATTRESS	153.13	15.31		1	6	
E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRES	165.74			1	6	
E0186	AIR PRESSURE MATTRESS	91.55	9.16		1	6	
E0187	WATER PRESSURE MATTRESS	61.20	6.12		1	6	
E0188	SYNTHETIC SHEEPSKIN PAD	19.50			1		

NYS Medicaid DME Services Fee Schedule**Effective 1-Jul-16**

CODE	DESCRIPTION	FEE	RENTAL FEE	BR	MAX UNITS	PA	CHANGE
E0190	POSITIONING CUSHION/PILLOW/WEDGE, ANY SH	22.04			1	6	
E0191	HEEL OR ELBOW PROTECTOR EACH	2.81			5		
E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS	4543.50	454.35		1	6	
E0196	GEL PRESSURE MATTRESS	74.00	7.40		1	6	
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD	64.63			1	6	
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDAR	40.23			1	6	
E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD	19.48			1	6	
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOT	10.00	10.00		10	6	
E0210	ELECTRIC HEAT PAD, STANDARD	14.40			1	6	
E0215	ELECTRIC HEAT PAD MOIST	20.93			1	6	
E0235	PARAFFIN BATH UNIT, PORTABLE (SEE MEDICA	59.94			1	1	
E0240	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEEL	38.34			1	6	
E0241	BATHTUB WALL RAIL EACH	27.07			2		
E0243	TOILET RAIL EACH	35.87			2		
E0244	RAISED TOILET SEAT	20.99			1	6	
E0245	TUB STOOL OR BENCH	28.79			1	6	
E0246	TRANSFER TUB RAIL ATTACHMENT	48.10			1		
E0247	TRANSFER BENCH FOR TUB OR TOILET WITH OR	89.83			1	6	
E0248	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR T	170.34			1	6	
E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYP	288.81	28.89		1	6	
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WI	450.06	45.01		1	6	
E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FO	713.97	71.40		1	6	
E0266	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT	863.68	86.37		1	6	
E0271	MATTRESS, INNERSPRING	157.21	15.72		1	6	*
E0272	MATTRESS, FOAM RUBBER	155.52	15.55		1	6	
E0274	TABLE, OVERBED	101.85			1	6	
E0275	BED PAN STANDARD METAL OR PLASTIC	3.78			1	6	
E0276	BED PAN FRACTURE METAL OR PLASTIC	4.25			1	6	
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	3961.75	396.18		1	6	
E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WI	2206.15	220.62		1	6	
E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WI	4865.84	486.58		1	6	
E0305	BED SIDE RAILS, HALF LENGTH	95.24			1	6	
E0310	BED SIDE RAILS, FULL LENGTH	115.35			1	6	
E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WI				1	1	
E0325	URINAL MALE JUG-TYPE ANY MATERIAL	2.99			1	6	
E0326	URINAL FEMALE JUG-TYPE ANY MATERIAL	7.20			1	6	
E0328	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEG	4457.81	445.78		1	6	
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OV	3801.20	380.12		1	6	
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDA	1412.00	141.20		1	6	
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYS	100.00	100.00		1	6	
E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL;	30.42	30.42		1	6	
E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; I	45.00	45.00		1	6	
E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL;	72.50	72.50		6	6	
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYG	165.00	165.00		1	6	
E0465	HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFAC	731.00	731.00		1	6	*
E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON- INVASIVE INTE	731.00	731.00		1	6	*
E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRES	2088.50	190.00		1	6	
E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRES	190.00	190.00		1	6	
E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRES	190.00	190.00		1	6	
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME M	355.56	35.55		1	6	
E0481	INTRAPULMONARY PERCUSSIVE VENTILATION SY	190.00	190.00		1	6	

NYS Medicaid DME Services Fee Schedule*Effective 1-Jul-16*

CODE	DESCRIPTION	FEE	RENTAL FEE	BR	MAX UNITS	PA	CHANGE
E0482	COUGH STIMULATING DEVICE, ALTERNATING PO	190.00	190.00		1	6	
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AI	195.00	195.00		1	6	
E0500	IPPB MACHINE, ALL TYPES, WITH BUILT-IN	1524.17			1		
E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLE	136.64	13.66		1	6	
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITI	96.74	9.67		1	6	
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE A	186.33	18.63		1	6	
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPME	377.69	37.77		1	6	
E0570	NEBULIZER, WITH COMPRESSOR	117.89			1	6	
E0575	NEBULIZER; ULTRASONIC	433.91			1	6	
E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABL	105.38			1		
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PO	290.66			1		
E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	496.20	49.62		1	6	
E0602	BREAST PUMP, MANUAL, ANY TYPE	31.71			1		
E0603	BREAST PUMP ELECTRIC (AC/DC), ANY TYPE	173.47			1	6	
E0604	BREAST PUMP, HOSPITAL GRADE, ELECTRIC (A	38.61	38.61		1	6	
E0605	VAPORIZER, ROOM TYPE	16.73			1	6	
E0607	HOME BLOOD GLUCOSE MONITOR	0.00			1		
E0619	APNEA MONITOR W/RECORDING FEATURE	190.00	190.00		1	6	
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	76.59			1		
E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WIT	189.00			1	6	
E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WIT	133.50			1	6	
E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, I	1035.36			1	6	
E0637	COMBINATION SIT TO STAND SYSTEM, ANY SIZ	3229.11	322.91		1	1	
E0638	STANDING FRAME SYSTEM, ONE POSITION (E.G	1273.22	127.32		1	6	
E0641	STANDING FRAME SYSTEM, MULTI-POSITION (E	1663.88	166.39		1	6	
E0642	STANDING FRAME SYSTEM, MOBILE (DYNAMIC S				1	1	
E0650	PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME	531.06		BR	1		
E0655	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR US	56.04		BR	2		
E0660	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR US	166.98		BR	2		
E0665	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR US	135.15		BR	2		
E0666	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR US	89.56		BR	2		
E0700	SAFETY EQUIPMENT, DEVICE OR ACCESSORY, A	15.15			1	6	
E0705	TRANSFER DEVICE, ANY TYPE, EACH	37.22			1		
E0710	RESTRAINTS, ANY TYPE (BODY, CHEST, WRIST	13.65			4		
E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULAT	76.25			1	6	
E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON	3,300.00		BR	1	6	
E0748	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON	3,300.00		BR	1	6	
E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY U	2,700.00		BR	1	6	
E0776	IV POLE	127.64	12.76		1	6	
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULT	2647.67	60.00		1	6	
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSUL	4399.30			1	6	*
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SI	2039.92	60.00		1	6	
E0849	TRACTION EQUIPMENT, CERVICAL, FREE-STAND	371.70	37.17		1	6	
E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRIN	502.63	50.26		1	6	
E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL	21.36			1		
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, P	80.83			1		
E0900	TRACTION STAND, FREE STANDING, PELVIC TR	78.54			1		
E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTA	173.33	17.33		1	6	
E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEI	432.00	43.20		1	6	
E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEI	742.07	74.21		1	6	
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WIT	254.98	25.50		1	6	

NYS Medicaid DME Services Fee Schedule**Effective 1-Jul-16**

CODE	DESCRIPTION	FEE	RENTAL FEE	BR	MAX UNITS	PA	CHANGE
E0944	PELVIC BELT/HARNESS/BOOT	40.90			1	6	
E0946	FRACTURE, FRAME, DUAL WITH CROSS BARS, A	514.42	51.44		1	6	
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	148.97			1	6	
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITH	17.16			2	6	
E0952	TOE LOOP/HOLDER, ANY TYPE, EACH	17.02			2	6	
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONE	182.79			1	6	
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR H	89.12			4	6	
E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPO	124.71			1	6	
E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRI				1	1	
E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR	45.06			1	6	
E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/S	81.20			1	6	
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK	16.13			2	6	
E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EX	60.45			1	6	
E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WI	65.66			2	6	
E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPIN	37.92			2	6	
E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT,	92.39			2	6	
E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBA	44.55			2	6	
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/S	29.39			1	6	
E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVA				1	1	
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST	106.16	10.62		2	6	
E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT	70.88			1	6	
E0995	WHEELCHAIR ACCESSORY, CALF REST/PAD, EAC	23.21			2	6	
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYST				1	1	
E1003	WHEELCHAIR ACCESSORY, POWER SEATING SYST				1	1	
E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYST				1	1	
E1005	WHEELCHAIR ACCESSORY, POWER SEATING SYSTE				1	1	
E1006	WHEELCHAIR ACCESSORY, POWER SEATING SYST				1	1	
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYST				1	1	
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYST				1	1	
E1009	WHEELCHAIR ACCESSORY, ADDITION TO POWER				2	1	
E1010	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SY				1	1	
E1011	MODIFICATION TO PEDIATRIC SIZE WHEELCHAI				1	1	
E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYST				1	1	
E1014	RECLINING BACK, ADDITION TO PEDIATRIC SI	365.14	36.51		1	6	
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCH	220.07			1	6	
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY,				1	1	
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES T	2287.24			1	6	
E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLIN				1	1	
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLI	491.09	49.11		1	6	
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR				1	1	
E1229	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE				1	1	
E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPAC	2451.60			1	6	
E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPAC	2362.05			1	6	
E1298	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WID				1	1	
E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY POR	150.00	150.00		1	6	
E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	195.00	195.00		1	6	
E1399	DURABLE MEDICAL EQUIPMENT, MISC				1	1	
E1399	Positioning bath chair, small/medium	295.91			1	1	
E1399	Positioning bath chair, large	320.56			1	1	
E1399	Positioning bath chair tub stand addition	84.44			1	1	
E1399	Positioning bath chair shower stand addition	205.76			1	1	

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CODE	DESCRIPTION	FEE	RENTAL FEE	BR	MAX UNITS	PA	CHANGE
E2100	BLOOD GLUCOSE MONITOR WITH INTEGRATED VO	59.06			1	6	
E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD	326.4			1	6	
E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD	414.4			1	6	
E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD	418.4			1	6	
E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD	711.2			1	6	
E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WIT	29.40			2	6	
E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK	39.31			2	6	
E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HO	43.50			1	6	
E2209	ARM TROUGH, WITH OR WITHOUT HAND SUPPORT	96.88			2	6	
E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE	5.92			12		
E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC P	15.00			2	6	
E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PN	5.51			2	6	
E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR	31.89			2	6	
E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC C	11.21			2	6	
E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PN	5.60			2	6	
E2218	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPUL	38.00			2	6	
E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER	25.43			2	6	
E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBB	14.63			2	6	
E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBB	10.08			2	6	
E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBB	21.06			2	6	
E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION	85.89			2	6	
E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEE	17.40			2	6	
E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK	22.70			2	6	
E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT	153.68			1	6	
E2291	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCH	352.58			1	6	
E2292	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCH	352.58			1	6	
E2300	WHEELCHAIR ACESORRY, POWER SEAT ELEVATION SYSTE				1	1	
E2310	POWER WHEELCHAIR ACCESSORY, ELECTRONIC C				1	1	
E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC C				1	1	
E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN	1939.18			1	1	
E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR	307.93			1	1	
E2323	POWER WHEELCHAIR ACCESSORY, SPECIALTY JO	62.53			1	6	
E2324	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR	39.62			1	6	
E2325	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF	1217.66			1	1	
E2326	POWER WHEELCHAIR ACCESSORY, BREATH TUBE	313.85			1	1	
E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL	2361.84			1	1	
E2328	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL	4480.08			1	1	
E2329	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL	1596.75			1	1	
E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL	3093.89			1	1	
E2340	POWER WHEELCHAIR ACCESSORY, NONSTANDARD	375.90			1	6	
E2341	POWER WHEELCHAIR ACCESSORY, NONSTANDARD				1	1	
E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD				1	1	
E2343	POWER WHEELCHAIR ACCESSORY, NONSTANDARD				1	1	
E2358	POWER WHEELCHAIR ACCESSORY, GROUP 34 NON	1.00		BR	2		
E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEAL	179.83			2		
E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SE	117.84			2		
E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED	126.09			2		
E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON	96.48			2		
E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEA	168.16			2		
E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEAL	117.84			2		
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED L	101.41			2		

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CODE	DESCRIPTION	FEE	RENTAL FEE	BR	MAX UNITS	PA	CHANGE
E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHAR	233.50			1	6	
E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHAR	378.89			1	6	
E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL	467.03			2	6	
E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL	406.79			2	6	
E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DR	725.84			2	6	
E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEA	136.28			2	6	
E2373	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN	709.01			1	1	
E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN	482.81			1	1	
E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDAB	774.41			1	1	
E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE C	1213.54			1	1	
E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE C	439.13			1	1	
E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR,				1	1	
E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DR	68.87			2	6	
E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNE	18.78			2	6	
E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR P	137.31			2	6	
E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CA	73.15			2	6	
E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNE	44.76			2	6	
E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED	136.07			2	6	
E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED	61.02			2	6	
E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE W	45.55			2	6	
E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER	24.74			2	6	
E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBE	38.68			2	6	
E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBE	18.53			4	6	
E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBE	48.71			4	6	
E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL	69.39			2	6	
E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL	49.32			4	6	
E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK,	51.97			2	6	
E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRIC				30	6	
E2500	SPEECH GENERATING DEVICE, DIGITIZED SPEE	384.87	38.49		1	6	
E2502	SPEECH GENERATING DEVICE, DIGITIZED SPEE	1176.89	117.69		1	6	
E2504	SPEECH GENERATING DEVICE, DIGITIZED SPEE	1552.47	155.25		1	6	
E2506	SPEECH GENERATING DEVICE, DIGITIZED SPEE	2276.40	227.64		1	6	
E2508	SPEECH GENERATING DEVICE, SYNTHESIZED SP	3520.05	352.00		1	6	
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SP	5345.62	534.56		1	1	*
E2511	SPEECH GENERATING SOFTWARE PROGRAM, FO				1	1	
E2512	ACCESSORY FOR SPEECH GENERATING DEVICE,				1	1	
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE,				1	1	
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WID	55.29			1	6	
E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WID	107.95			1	6	
E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION,	137.05			1	6	
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION,	170.34			1	6	
E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WID	243.36			1	6	
E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WID	379.66			1	6	
E2607	SKIN PROTECTION AND POSITIONING WHEELCHA	244.22			1	6	*
E2608	SKIN PROTECTION AND POSITIONING WHEELCHA	314.70			1	6	
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHIO				1	1	
E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WID	282.40			1	6	
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WID	382.02			1	6	
E2613	POSITIONING WHEELCHAIR BACK CUSHION, POS	355.34			1	6	
E2614	POSITIONING WHEELCHAIR BACK CUSHION, POS	491.77			1	6	
E2615	POSITIONING WHEELCHAIR BACK CUSHION, POS	408.94			1	6	

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CODE	DESCRIPTION	FEE	RENTAL FEE	BR	MAX UNITS	PA	CHANGE
E2616	POSITIONING WHEELCHAIR BACK CUSHION, POS	550.21			1	6	
E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHIO				1	1	
E2619	REPLACEMENT COVER FOR WHEELCHAIR SEAT CU	46.39			1	6	
E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLA	495.17			1	6	
E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLA	519.64			1	1	
E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION,	299.68			1	6	
E2623	SKIN PROTECTION WHEELCHAIR SEAT CUSHION,	381.33			1	6	
E2624	SKIN PROTECTION AND POSITIONING WHEELCHA	302.14			1	6	
E2625	SKIN PROTECTION AND POSITIONING WHEELCHA	382.49			1	6	
E2626	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPP	592.43			1	6	
E2627	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPP	803.55			1	6	
E2628	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPP	712.17			1	6	
E2629	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPP	991.11			1	6	
E2630	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPP	450.00			1	6	
E2631	SEO, ADDITION TO MOBILE ARM SUPPORT, ELE	252.10			1	6	
E2632	SEO, ADDITION TO MOBILE ARM SUPPORT, OFF	160.31			1	6	
E2633	SEO, ADDITION TO MOBILE ARM SUPPORT, SUP	135.97			1	6	
E8000	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR		100.00		1	1	
E8001	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SU		100.00		1	1	
E8002	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR S		100.00		1	1	
K0001	STANDARD WHEELCHAIR	280.39	28.04		1	6	
K0002	STANDARD HEMI/LOW SEAT WHEELCH	465.32	46.53		1	6	
K0003	LIGHTWEIGHT WHEELCHAIR	559.50	55.95		1	6	
K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	810.86	81.09		1	6	
K0005	WHEELCHAIR,ULTRALIGHTWEIGHT	1779.08			1	6	
K0006	HEAVY DUTY WHEELCHAIR	737.03	73.70		1	6	
K0007	EXTRA HEAVY DUTY WHEEL CHAIR	1074.78			1	6	
K0009	OTHER MANUAL WHEELCHAIR				1	1	
K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMRES	53.55			2	6	
K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST,BASE,REPLACEM	46.20			2	6	*
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION	25.81			2	6	*
K0019	ARM PAD EACH	14.79			2	6	
K0037	HIGH MOUNT FLIP-UP FOOTREST, EACH	37.01			2	6	
K0038	LEG STRAP,EACH	21.94			2	6	
K0039	LEG STRAP H-STYLE, EACH	48.71			1	6	
K0040	ANGLE ADJUSTABLE FOOTPLATE, EACH	67.51			2	6	
K0041	LARGE SIZED FOOTPLATE, EACH	47.84			2	6	
K0042	STANDARD FOOTPLATE, EACH	32.94			2	6	
K0043	FOOTREST, LOWER EXTENSION TUBE, EACH	17.65			2	6	
K0044	FOOTREST, UPPER HANGER BRACKET, EACH	15.04			2	6	
K0045	FOOTREST, COMPLETE ASSEMBLY	51.19			2	6	
K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE,	17.65			2	6	
K0047	ELEVATING LEGREST, UPPER HANGER BRACKET,	69.14			2	6	
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	83.58			2	6	
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELES	92.23			2	6	
K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO	95.10			1	1	
K0065	SPOKE PROTECTORS,EACH	36.00			2	6	
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PN	50.11			2	6	
K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SE	42.30			2	6	
K0073	CASTER PIN LOCK,EACH	16.60			2	6	
K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SO	35.93			2	6	

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CODE	DESCRIPTION	FEE	RENTAL FEE	BR	MAX UNITS	PA	CHANGE
K0098	DRIVE BELT FOR POWER WHEELCHAIR	24.61			1	6	
K0105	IV HANGER, EACH	104.30			1	6	
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT O					1	*
K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSIO	1.10			90	6	
K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSIO	6.67			30	6	
K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSIO	0.57			25	6	
K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSIO	6.38			6	6	
K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSIO	14.60			6	6	
K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH I	1569.32	1569.32		1	1	
K0730	CONTROLLED DOSE INHALATION DRUG DELIVERY	100.00	100.00		1	6	
K0739	REPAIR OR NON-ROUTINE SERVICE FOR DURABL	18.00			8	6	
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD	1168.79			1	1	
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DU	1884.33			1	1	
K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEA	2132.46			1	1	
K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD	1413.92			1	1	
K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DU	2145.46			1	1	
K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEA	3319.48			1	1	
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CL				1	1	
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORT	2412.40			1	1	
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORT	3087.80			1	1	
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLIN	3516.30			1	1	
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPT	3367.40			1	1	
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORT	2576.60			1	1	
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORT	3307.70			1	1	
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLIN	3997.50			1	1	
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPT	4023.70			1	1	
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SL	4842.70			1	1	
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CA	4433.20			1	1	
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUT	6269.30			1	1	
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUT	5330.90			1	1	
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DU	6908.20			1	1	
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DU	6343.70			1	1	
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SING	4057.40			1	1	
K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SING	4207.50			1	1	
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SI	4842.70			1	1	
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SI	4332.30			1	1	
K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUT	6269.30			1	1	
K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DU	9498.30			1	1	
K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULT	4318.60			1	1	
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULT	4318.60			1	1	
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MU	5199.60			1	1	
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLIN	5284.40			1	1	
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPT	5080.70			1	1	
K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SL	6129.80			1	1	
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CA	5893.70			1	1	
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUT	7082.60			1	1	
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUT	7275.60			1	1	
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DU	9638.60			1	1	
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DU	9105.10			1	1	
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SING	5672.30			1	1	
K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SING	5786.00			1	1	

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K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SI	7037.60			1	1	
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SI	6711.70			1	1	
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUT	10054.10			1	1	
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULT	5681.40			1	1	
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MU	7037.60			1	1	
K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUT	10054.10			1	1	
K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DU	11964.50			1	1	
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLIN				1	1	
K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPT				1	1	
K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SL				1	1	
K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUT				1	1	
K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SING				1	1	
K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SING				1	1	
K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SI				1	1	
K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUT				1	1	
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULT				1	1	
K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULT				1	1	
K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MU				1	1	
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SIN				1	1	
K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MUL				1	1	
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFI				1	1	
L0112	CRANIAL CERVICAL ORTHOSIS, CONGENITAL TO	1265.35			1	6	
L0113	CRANIAL CERVICAL ORTHOSIS, TORTICOLLIS T	257.81			1	6	
L0120	CERVICAL, FLEXIBLE, NON-ADJUSTABLE (FOAM	6.80			1		
L0130	CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR	183.99			1	6	
L0140	CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTI	50.00			1	6	
L0150	CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED	74.00			1	6	
L0160	CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPIT	79.50			1	6	
L0170	CERVICAL, COLLAR, MOLDED TO PATIENT MODE	357.00			1	6	
L0172	CERVICAL, COLLAR, SEMI-RIGID THERMOPLAST	75.00			1	6	
L0174	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLAS	130.00			1	6	
L0180	CERVICAL, MULTIPLE POST COLLAR, OCCIPITA	233.00			1	6	
L0190	CERVICAL, MULTIPLE POST COLLAR, OCCIPITA	311.75			1	6	
L0200	CERVICAL, MULTIPLE POST COLLAR, OCCIPITA	322.50			1	6	
L0220	THORACIC, RIB BELT, CUSTOM FABRICATED	98.00			1	6	
L0450	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT,	144.00			1	6	
L0452	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT,	330.85			1	6	
L0454	TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, E	270.00			1	6	
L0455	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, E	239.42			1	6	
L0456	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT,	778.11			1	6	
L0457	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC	686.57			1	6	
L0458	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENT	400.18			1	6	
L0460	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENT	400.18			1	6	
L0462	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENT	400.18			1	6	
L0464	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENT	400.18			1	6	
L0466	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR	280.02			1	6	
L0467	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR	247.07			1	6	
L0468	TLSO, SAGITTAL-CORONAL CONTROL, RIGID PO	343.54			1	6	
L0469	TLSO, SAGITTAL-CORONAL CONTROL, RIGID PO	303.13			1	6	
L0470	TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR	402.39			1	6	
L0472	TLSO, TRIPLANAR CONTROL, HYPEREXTENSION,	295.00			1	6	

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CODE	DESCRIPTION	FEE	RENTAL FEE	BR	MAX UNITS	PA	CHANGE
L0480	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID	900.00			1	6	
L0482	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID	1442.24			1	6	
L0484	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID	1432.83			1	6	
L0486	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID	1523.40			1	6	
L0488	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID	886.23			1	6	
L0490	TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE	249.76			1	6	
L0491	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR	543.13			1	6	
L0492	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR	356.79			1	6	
L0621	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES	72.82			1	6	
L0622	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES	183.65			1	6	
L0623	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SAC	212.50			1	6	
L0624	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SAC	212.50			1	6	
L0625	LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMB	43.27			1	6	
L0626	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH	61.25			1	6	
L0627	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH	322.98			1	6	
L0628	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDE	65.92			1	6	
L0629	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDE	175.00			1	6	
L0630	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL	127.26			1	6	
L0631	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL	806.64			1	6	
L0632	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL	1150.00			1	6	
L0633	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL	225.31			1	6	
L0634	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL	759.92			1	6	
L0635	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL	765.98			1	6	
L0636	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL	1036.35			1	6	
L0637	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL	844.13			1	6	
L0638	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL	1036.35			1	6	
L0639	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL	844.13			1	6	
L0640	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL	822.21			1	6	
L0641	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH	53.80			1	6	
L0642	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH	283.76			1	6	
L0643	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL	111.80			1	6	
L0648	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL	708.65			1	6	
L0649	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL	197.95			1	6	
L0650	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL	741.59			1	6	
L0651	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL	741.59			1	6	
L0700	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES	1237.50			1	6	
L0710	CTLSO, ANTERIOR-POSTERIOR-LATERAL-CONTRO	1480.00			1	6	
L0810	HALO PROCEDURE, CERVICAL HALO INCORPORA	2000.00			1	6	
L0820	HALO PROCEDURE, CERVICAL HALO INCORPORA	1320.00			1	6	
L0830	HALO PROCEDURE, CERVICAL HALO INCORPORA	2225.00			1	6	
L0861	ADDITION TO HALO PROCEDURE, REPLACEMENT	89.42			1	6	
L0970	TLSO, CORSET FRONT	44.00			1	6	
L0972	LSO, CORSET FRONT	40.00			1	6	
L0974	TLSO, FULL CORSET	78.00			1	6	
L0976	LSO, FULL CORSET	78.00			1	6	
L0978	AXILLARY CRUTCH EXTENSION	68.00			1	6	
L0980	PERITONEAL STRAPS, PAIR	10.00			1	6	
L0982	STOCKING SUPPORTER GRIPS, SET OF FOUR (4	10.00			1	6	
L0984	PROTECTIVE BODY SOCK EACH	21.00			1	6	
L0999	ADDITION TO SPINAL ORTHOSIS, NOT OTHERWI				1	1	
L1000	CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS	1375.00			1	6	

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CODE	DESCRIPTION	FEE	RENTAL FEE	BR	MAX UNITS	PA	CHANGE
L1001	CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS				1	1	
L1005	TENSION BASED SCOLIOSIS ORTHOSIS AND ACC	2514.93			1	1	
L1010	ADDITION TO CERVICAL-THORACIC-LUMBAR-SAC	30.00			2	6	
L1020	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS,	23.00			2	6	
L1025	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS,	140.77			1	6	
L1030	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS,	40.00			1	6	
L1040	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS,	30.00			1	6	
L1050	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS,	30.00			1	6	
L1060	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS,	45.00			1	6	
L1070	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS,	30.00			1	6	
L1080	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS	10.00			1	6	
L1085	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS,	85.00			1	6	
L1090	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS,	71.51			1	6	
L1100	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS,	50.00			1	6	
L1110	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS,	181.56			1	6	
L1120	ADDITION TO CTLSO, SCOLIOSIS ORTHOSIS, C	4.60			3	6	
L1200	THORACIC-LUMBAR-SACRAL-ORTHOIS (TLSO),	1000.00			1	6	
L1210	ADDITION TO TLSO, (LOW PROFILE), LATERAL	235.00			1	6	
L1220	ADDITION TO TLSO, (LOW PROFILE), ANTERIO	240.00			1	6	
L1230	ADDITION TO TLSO, (LOW PROFILE), MILWAUK	362.00			1	6	
L1240	ADDITION TO TLSO, (LOW PROFILE), LUMBAR	45.00			1	6	
L1250	ADDITION TO TLSO, (LOW PROFILE), ANTERIO	35.00			2	6	
L1260	ADDITION TO TLSO, (LOW PROFILE), ANTERIO	35.00			1	6	
L1270	ADDITION TO TLSO, (LOW PROFILE), ABDOMIN	40.00			2	6	
L1280	ADDITION TO TLSO, (LOW PROFILE), RIB GUS	55.00			2	6	
L1290	ADDITION TO TLSO, (LOW PROFILE), LATERAL	40.00			2	6	
L1300	OTHER SCOLIOSIS PROCEDURE, BODY JACKET M	1450.00			1	6	
L1310	OTHER SCOLIOSIS PROCEDURE, POST-OPERATI	1405.00			1	6	
L1499	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED				5	1	
L1600	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP J	56.00			1	6	
L1610	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP J	27.00			1	6	
L1620	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP J	75.00			1	6	
L1630	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP J	80.00			1	6	
L1640	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP J	456.01			1	6	
L1650	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP J	95.00			1	6	
L1652	HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH	95.00			1	6	
L1660	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP J	70.00			1	6	
L1680	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP J	533.50			1	6	
L1685	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP J	850.00			1	6	
L1686	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP J	750.00			1	6	
L1690	COMBINATION, BILATERAL, LUMBO-SACRAL, HI	1434.95			1	6	
L1700	LEGG PERTHES ORTHOSIS, (TORONTO TYPE), C	900.00			1	6	
L1710	LEGG PERTHES ORTHOSIS, (NEWINGTON TYPE),	990.00			1	6	
L1720	LEGG PERTHES ORTHOSIS, TRILATERAL, (TACH	785.00			1	6	
L1730	LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TY	750.00			1	6	
L1755	LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TY	900.00			1	6	
L1810	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREF	80.51			2	6	
L1812	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREF	71.04			2	6	
L1820	KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PAD	110.00			2	6	
L1830	KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGI	65.00			1	6	
L1831	KNEE ORTHOSIS, LOCKING KNEE JOINT(S), PO	208.13			1	6	

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CODE	DESCRIPTION	FEE	RENTAL FEE	BR	MAX UNITS	PA	CHANGE
L1832	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (U	607.55			1	6	
L1833	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (U	536.08			1	6	
L1834	KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID	595.41			1	6	
L1836	KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S),	104.84			1	6	
L1840	KNEE ORTHOSIS, DEROTATION, MEDIAL-LATERA	597.50			1	6	
L1843	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND	634.53			1	6	
L1844	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND	1107.70			1	6	
L1845	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND	693.00			1	6	
L1846	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND	828.15			1	6	
L1847	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUS	449.98			1	6	
L1848	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUS	397.04			1	6	
L1850	KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICAT	185.00			1	6	
L1860	KNEE ORTHOSIS, MODIFICATION OF SUPRACOND	617.00			2	6	
L1900	ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIF	185.00			2	6	
L1902	AFO, ANKLE GAUNTLET, PREFABRICATED, INCL	45.00			1	6	
L1904	AFO, MOLDED ANKLE GAUNTLET, CUSTOM-FABRI	290.00			1	6	
L1906	ANKLE FOOT ORTHOSIS, MULTILIGAMENTUS ANK	75.00			1	6	
L1907	AFO, SUPRAMALLEOLAR WITH STRAPS, WITH OR	397.93			1	6	
L1910	ANKLE FOOT ORTHOSIS, POSTERIOR, SINGLE B	145.00			1	6	
L1920	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT WITH	228.00			1	6	
L1930	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MA	194.00			1	6	
L1932	AFO, RIGID ANTERIOR TIBIAL SECTION, TOTA	410.00			1	6	
L1940	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MA	410.00			2	6	
L1945	ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTE	410.00			2	6	
L1950	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE	690.00			1	6	
L1951	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE	593.92			1	6	
L1960	ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANK	550.00			2	6	
L1970	ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE	750.00			2	6	
L1971	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MA	331.47			1	6	
L1980	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT FREE	250.00			1	6	
L1990	ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT FREE	295.00			1	6	
L2000	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT	650.00			1	6	
L2005	KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL,	2828.47			1	6	
L2010	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT	750.00			1	6	
L2020	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT	775.00			1	6	
L2030	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT	705.00			1	6	
L2034	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC,	1754.51			1	1	
L2035	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC,	130.74			1	6	
L2036	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC,	1554.50			1	6	
L2037	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC,	1554.50			1	6	
L2038	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC,	1100.00			1	6	
L2040	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CO	75.00			1	6	
L2050	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CO	295.00			1	6	
L2060	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CO	310.00			1	6	
L2070	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CO	65.00			1	6	
L2080	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CO	210.00			1	6	
L2090	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CO	225.00			1	6	
L2106	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS,	427.50			1	6	
L2108	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS,	625.00			1	6	
L2112	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS,	350.00			1	6	
L2114	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS,	375.00			1	6	

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CODE	DESCRIPTION	FEE	RENTAL FEE	BR	MAX UNITS	PA	CHANGE
L2116	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS,	427.50			1	6	
L2126	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHO	850.00			1	6	
L2128	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHO	1200.00			1	6	
L2132	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTUR	750.00			1	6	
L2134	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTUR	675.00			1	6	
L2136	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTUR	975.00			1	6	
L2180	ADDITION TO LOWER EXTREMITY FRACTURE ORT	50.00			1	6	
L2182	ADDITION TO LOWER EXTREMITY FRACTURE ORT	35.00			2	6	
L2184	ADDITION TO LOWER EXTREMITY FRACTURE ORT	35.00			1	6	
L2186	ADDITION TO LOWER EXTREMITY FRACTURE ORT	120.00			1	6	
L2188	ADDITION TO LOWER EXTREMITY FRACTURE ORT	338.08			1	6	
L2190	ADDITION TO LOWER EXTREMITY FRACTURE ORT	67.00			1	6	
L2192	ADDITION TO LOWER EXTREMITY FRACTURE ORT	290.00			1	6	
L2210	ADDITION TO LOWER EXTREMITY, DORSIFLEXIO	43.85			2	6	
L2220	ADDITION TO LOWER EXTREMITY, DORSIFLEXIO	55.50			2	6	
L2230	ADDITION TO LOWER EXTREMITY, SPLIT FLAT	57.76			1	6	
L2232	ADDITION TO LOWER EXTREMITY ORTHOSIS, RO	30.00			1	6	
L2250	ADDITION TO LOWER EXTREMITY, FOOT PLATE	182.50			1	6	
L2260	ADDITION TO LOWER EXTREMITY, REINFORCED	226.06			1	6	
L2265	ADDITION TO LOWER EXTREMITY, LONG TONGUE	85.00			1	6	
L2270	ADDITION TO LOWER EXTREMITY, VARUS/VALG	32.00			1	6	
L2275	ADDITION TO LOWER EXTREMITY, VARUS/VALGU	106.61			1	6	
L2280	ADDITION TO LOWER EXTREMITY, MOLDED INN	270.00			1	6	
L2300	ADDITION TO LOWER EXTREMITY, ABDUCTION	303.63			1	6	
L2310	ADDITION TO LOWER EXTREMITY, ABDUCTION	60.00			1	6	
L2320	ADDITION TO LOWER EXTREMITY, NON-MOLDED	208.28			1	6	
L2330	ADDITION TO LOWER EXTREMITY, LACER MOLDE	442.81			1	6	
L2335	ADDITION TO LOWER EXTREMITY, ANTERIOR S	75.00			1	6	
L2340	ADDITION TO LOWER EXTREMITY, PRE-TIBIAL	255.00			1	6	
L2350	ADDITION TO LOWER EXTREMITY, PROSTHETIC	975.00			1	6	
L2360	ADDITION TO LOWER EXTREMITY, EXTENDED S	50.00			1	6	
L2370	ADD LOW EXT, PATTEN BOTTOM	130.00			1	6	
L2375	ADDITION TO LOWER EXTREMITY, TORSION CO	45.00			1	6	
L2380	ADDITION TO LOWER EXTREMITY, TORSION CO	26.00			2	6	
L2385	ADDITION TO LOWER EXTREMITY, STRAIGHT K	32.00			2	6	
L2387	ADDITION TO LOWER EXTREMITY, POLYCENTRIC	133.44			1	1	
L2390	ADDITION TO LOWER EXTREMITY, OFFSET KNE	26.00			2	6	
L2395	ADDITION TO LOWER EXTREMITY, OFFSET KNE	26.00			2	6	
L2397	ADDITION TO LOWER EXTREMITY ORTHOSIS, SU	24.00			1	6	
L2405	ADDITION TO KNEE JOINT, DROP LOCK, EACH	35.00			2	6	
L2415	ADDITION TO KNEE LOCK WITH INTEGRATED RE	45.00			2	6	
L2425	ADDITION TO KNEE JOINT, DISC OR DIAL LOC	122.50			2	6	
L2430	ADDITION TO KNEE JOINT, RATCHET LOCK FOR	122.50			2	6	
L2492	ADDITION TO KNEE JOINT, LIFT LOOP FOR DR	45.00			2	6	
L2500	ADDITION TO LOWER EXTREMITY, THIGH/WEIGH	168.00			1	6	
L2510	ADDITION TO LOWER EXTREMITY, THIGH/WEIGH	715.09			1	6	
L2520	ADDITION TO LOWER EXTREMITY, THIGH/WEIG	450.00			1	6	
L2525	ADDITION TO LOWER EXTREMITY, THIGH/WEIGH	1186.65			1	6	
L2526	ADDITION TO LOWER EXTREMITY, THIGH/WEIGH	579.32			1	6	
L2530	ADDITION TO LOWER EXTREMITY, THIGH-WEIG	250.00			1	6	
L2540	ADDITION TO LOWER EXTREMITY, THIGH/WEIG	264.00			1	6	

NYS Medicaid DME Services Fee Schedule**Effective 1-Jul-16**

CODE	DESCRIPTION	FEE	RENTAL FEE	BR	MAX UNITS	PA	CHANGE
L2550	ADDITION TO LOWER EXTREMITY, THIGH/WEIG	295.20			1	6	
L2570	ADDITION TO LOWER EXTREMITY, PELVIC CONT	155.00			2	6	
L2580	ADDITION TO LOWER EXTREMITY, PELVIC CONT	350.00			1	6	
L2600	ADDITION TO LOWER EXTREMITY, PELVIC CONT	85.00			1	6	
L2610	ADDITION TO LOWER EXTREMITY, PELVIC CONT	239.70			1	6	
L2620	ADDITION TO LOWER EXTREMITY, PELVIC CONT	301.53			1	6	
L2622	ADDITION TO LOWER EXTREMITY, PELVIC CONT	140.00			1	6	
L2624	ADDITION TO LOWER EXTREMITY, PELVIC CONT	250.00			1	6	
L2627	ADDITION TO LOWER EXTREMITY, PELVIC CONT	1110.00			1	6	
L2628	ADDITION TO LOWER EXTREMITY, PELVIC CONT	1110.00			1	6	
L2630	ADDITION TO LOWER EXTREMITY, PELVIC CONT	255.07			1	6	
L2640	ADDITION TO LOWER EXTREMITY, PELVIC CONT	378.98			1	6	
L2650	ADDITION TO LOWER EXTREMITY, PELVIC AND	27.50			1	6	
L2660	ADDITION TO LOWER EXTREMITY, THORACIC CO	118.00			1	6	
L2670	ADDITION TO LOWER EXTREMITY, THORACIC CO	133.00			1	6	
L2680	ADDITION TO LOWER EXTREMITY, THORACIC CO	126.00			1	6	
L2750	ADDITION TO LOWER EXTREMITY ORTHOSIS, PL	83.22			1	6	
L2755	ADDITION TO LOWER EXTREMITY ORTHOSIS, HI	60.00			2	6	
L2760	ADDITION TO LOWER EXTREMITY ORTHOSIS, EX	63.21			6	6	
L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER	92.14			1	6	
L2780	ADDITION TO LOWER EXTREMITY ORTHOSIS, NO	60.00			6	6	
L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS, DR	24.50			2	6	
L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS, KN	53.50			1	6	
L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS, KN	75.00			1	6	
L2810	ADDITION TO LOWER EXTREMITY ORTHOSIS, KN	30.00			2	6	
L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS, SO	84.37			1	6	
L2830	ADDITION TO LOWER EXTREMITY ORTHOSIS, SO	97.84			1	6	
L2840	ADDITION TO LOWER EXTREMITY ORTHOSIS, TI	30.00			2	6	
L2850	ADDITION TO LOWER EXTREMITY ORTHOSIS, FE	40.00			2	6	
L2861	ADDITION TO LOWER EXTREMITY JOINT, KNEE				1	1	
L2999	LOWER EXTREMITY ORTHOSES, NOT OTHERWISE			BR SC	1	6	
L3000	FOOT, INSERT, REMOVABLE, MOLDED TO PATIE	262.44			1	6	
L3001	FOOT, INSERT, REMOVABLE, MOLDED TO PATIE	114.05			1	6	
L3002	FOOT, INSERT, REMOVABLE, MOLDED TO PATIE	114.05			1	6	
L3003	FOOT, INSERT, REMOVABLE, MOLDED TO PATIE	114.05			1	6	
L3010	FOOT, INSERT, REMOVABLE, MOLDED TO PATIE	114.05			1	6	
L3020	FOOT, INSERT, REMOVABLE, MOLDED TO PATIE	114.05			1	6	
L3030	FOOT, INSERT, REMOVABLE, FORMED TO PATIE	67.38			1	6	
L3040	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED	41.54			1	6	
L3050	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED	41.54			1	6	
L3060	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED	52.10			1	6	
L3070	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACH	28.04			1	6	
L3080	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACH	28.04			1	6	
L3090	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACH	35.94			1	6	
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT	38.17			1	6	
L3140	FOOT, ABDUCTION ROTATION BAR, INCLUDING	62.89			1	6	
L3150	FOOT, ABDUCTION ROTATION BAR, WITHOUT	57.50			1	6	
L3160	FOOT, ADJUSTABLE SHOE-STYLED POSITIONING	130.00			1	6	
L3170	FOOT, PLASTIC, SILICONE OR EQUAL, HEEL S	35.95			1	6	
L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR O	30.00			1	6	
L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR O	35.00			1	6	

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CODE	DESCRIPTION	FEE	RENTAL FEE	BR	MAX UNITS	PA	CHANGE
L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR O	35.00			1	6	
L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR	35.00			1	6	
L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR	35.00			1	6	
L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR	35.00			1	6	
L3208	SURGICAL BOOT EACH INFANT	20.00			1	6	
L3209	SURGICAL BOOT EACH CHILD	25.00			1	6	
L3211	SURGICAL BOOT EACH JUNIOR	25.00			1	6	
L3212	BENESCH BOOT PAIR INFANT	22.00			1	6	
L3213	BENESCH BOOT PAIR CHILD	22.00			1	6	
L3214	BENESCH BOOT PAIR JUNIOR	22.00			1	6	
L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD	75.55			1	6	
L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH	44.63			1	6	
L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTO	79.77			1	6	
L3219	ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD,	88.88			1	6	
L3221	ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH IN	52.50			1	6	
L3222	ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP,	93.84			1	6	
L3224	ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFOR	54.78			1	6	
L3225	ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD,	61.52			1	6	
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH	337.50			1	6	
L3250	ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE,	363.40			1	6	
L3252	FOOT, SHOE MOLDED TO PATIENT MODEL, PLAS	18.00			1	6	
L3253	FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR	50.00			1	6	
L3254	NON-STANDARD SIZE OR WIDTH	2.06			1	6	
L3255	NON-STANDARD SIZE OR LENGTH	3.30			1	6	
L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE F	12.00			1	6	
L3260	SURGICAL BOOT/SHOE, EACH	22.50			1	6	
L3265	PLASTAZOTE SANDAL EACH	25.00			1	6	
L3300	LIFT, ELEVATION, HEEL, TAPERED TO METATA	46.02			4	6	
L3310	LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE	71.87			4	6	
L3320	LIFT, ELEVATION, HEEL AND SOLE, CORK, PE	71.87			2	6	
L3330	LIFT, ELEVATION, METAL EXTENSION (SKATE)	399.73			1	6	
L3332	LIFT, ELEVATION, INSIDE SHOE, TAPERED, U	52.10			1	6	
L3334	LIFT, ELEVATION, HEEL, PER INCH	29.00			2	6	
L3340	HEEL WEDGE, SACH	47.06			1	6	
L3350	HEEL WEDGE	16.18			1	6	
L3360	SOLE WEDGE, OUTSIDE SOLE	25.15			1	6	
L3370	SOLE WEDGE, BETWEEN SOLE	35.02			1	6	
L3380	CLUBFOOT WEDGE	35.02			1	6	
L3390	OUTFLARE WEDGE	35.02			1	6	
L3400	METATARSAL BAR WEDGE, ROCKER	28.75			1	6	
L3410	METATARSAL BAR WEDGE, BTWN SOL	65.57			1	6	
L3420	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE	38.62			1	6	
L3430	HEEL COUNTER PLASTIC REINFORCED	4.50			1	6	
L3440	HEEL, COUNTER, LEATHER REINFORCED	4.50			1	6	
L3450	HEEL, SACH CUSHION TYPE	4.50			1	6	
L3455	HEEL, NEW LEATHER, STANDARD	4.50			1	6	
L3460	HEEL, NEW RUBBER, STANDARD	4.50			1	6	
L3465	HEEL, THOMAS WITH WEDGE	4.50			1	6	
L3470	HEEL, THOMAS EXTENDED TO BALL	4.50			1	6	
L3480	HEEL, PAD & DEPRESSION FOR SPUR	22.00			1	6	
L3485	HEEL, PAD, REMOVABLE FOR SPUR	35.00			1	6	

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CODE	DESCRIPTION	FEE	RENTAL FEE	BR	MAX UNITS	PA	CHANGE
L3540	ORTHOPEDIC SHOE ADDITION, SOLE, FULL	20.00			1	6	
L3570	ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENS	12.00			1	6	
L3580	ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP	13.00			1	6	
L3600	TRANSFER OF AN ORTHOSIS FROM ONE SHOE T	53.90			1	6	
L3610	TRANSFER OF AN ORTHOSIS FROM ONE SHOE T	70.95			1	6	
L3620	TRANSFER OF AN ORTHOSIS FROM ONE SHOE T	53.90			1	6	
L3630	TRANSFER OF AN ORTHOSIS FROM ONE SHOE T	70.95			1	6	
L3640	TRANSFER OF AN ORTHOSIS FROM ONE SHOE T	30.54			1	6	
L3649	ORTHOPEDIC SHOE, MODIFICATION, ADDITION	24.00			1	6	
L3650	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIG	40.00			1	6	
L3660	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIG	40.00			1	6	
L3670	SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (C	251.34			1	6	
L3671	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN	690.23			1	1	
L3674	SHOULDER ORTHOSIS, ABDUCTION POSITIONING	896.92			1	1	
L3675	SHOULDER ORTHOSIS, VEST TYPE ABDUCTION R	141.14			1	6	
L3677	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN				1	1	
L3702	ELBOW ORTHOSIS, WITHOUT JOINTS, MAY INCL	221.18			1	1	
L3710	ELBOW ORTHOSIS, ELASTIC WITH METAL JOINT	77.00			2	6	
L3720	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FORE	721.79			2	6	
L3730	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FORE	902.00			2	6	
L3740	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FORE	1091.24			2	6	
L3760	ELBOW ORTHOSIS, WITH ADJUSTABLE POSITION	251.34			2	6	
L3762	ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, I	69.20			2	6	
L3763	ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOU	590.25			1	1	
L3764	ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE	742.84			1	1	
L3765	ELBOW WRIST HAND FINGER ORTHOSIS, RIGID,	982.19			1	1	
L3766	ELBOW WRIST HAND FINGER ORTHOSIS, INCLUD	1090.98			1	1	
L3806	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE	347.95			1	1	
L3807	WRIST HAND FINGER ORTHOSIS, WITHOUT JOIN	178.04			1	6	
L3808	WRIST HAND FINGER ORTHOSIS, RIGID WITHOU	310.80			1	1	
L3809	WRIST HAND FINGER ORTHOSIS, WITHOUT JOIN	157.10			1	6	
L3891	ADDITION TO UPPER EXTREMITY JOINT, WRIST				1	1	
L3900	WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEX	585.00			1	6	
L3901	WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEX	1471.49			1	1	
L3904	WRIST HAND FINGER ORTHOSIS, EXTERNAL POW				1	1	
L3905	WRIST HAND ORTHOSIS, INCLUDES ONE OR MOR	759.66			1	6	
L3906	WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY	232.50			1	6	
L3908	WRIST HAND ORTHOSIS, WRIST EXTENSION CON	47.50			1	6	
L3912	HAND FINGER ORTHOSIS, FLEXION GLOVE WITH	45.00			1	6	
L3913	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MA	207.47			1	6	
L3915	WRIST HAND ORTHOSIS, INCLUDES ONE OR MOR	407.17			1	6	
L3916	WRIST HAND ORTHOSIS, INCLUDES ONE OR MOR	333.36			1	6	
L3917	HAND ORTHOSIS, METACARPAL FRACTURE ORTHO	75.23			1	6	
L3918	HAND ORTHOSIS, METACARPAL FRACTURE ORTHO	66.38			1	6	
L3919	HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLU	207.47			1	1	
L3921	HAND FINGER ORTHOSIS, INCLUDES ONE OR MO	246.06			1	1	
L3923	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MA	63.80			1	6	
L3924	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MA	56.30			1	6	
L3925	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEA	31.83			1	6	
L3927	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEA	28.10			1	6	
L3929	HAND FINGER ORTHOSIS, INCLUDES ONE OR MO	57.33			1	6	

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CODE	DESCRIPTION	FEE	RENTAL FEE	BR	MAX UNITS	PA	CHANGE
L3930	HAND FINGER ORTHOSIS, INCLUDES ONE OR MO	50.59			1	6	
L3931	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE	72.55			1	6	
L3933	FINGER ORTHOSIS, WITHOUT JOINTS, MAY INC	163.44			1	6	
L3935	FINGER ORTHOSIS, NONTORSION JOINT, MAY I	169.22			1	6	
L3960	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDU	372.50			1	6	
L3961	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOU	1286.96			1	1	
L3962	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDU	499.12			1	6	
L3967	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDU	1519.48			1	1	
L3971	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOU	1442.33			1	1	
L3973	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDU	1519.48			1	1	
L3975	SHOULDER ELBOW WRIST HAND FINGER ORTHOSI	1286.96			1	1	
L3976	SHOULDER ELBOW WRIST HAND FINGER ORTHOSI	1286.96			1	1	
L3977	SHOULDER ELBOW WRIST HAND FINGER ORTHOSI	1442.33			1	1	
L3978	SHOULDER ELBOW WRIST HAND FINGER ORTHOSI	1519.48			1	1	
L3980	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMER	292.56			1	6	
L3982	UPPER EXTREMITY FRACTURE ORTHOSIS, RADIU	411.96			1	6	
L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST	260.00			1	6	
L3995	ADDITION TO UPPER EXTREMITY ORTHOSIS, SO	30.00			2	6	
L3999	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECI			BR SC	1	6	
L4000	REPLACE GIRDLE FOR SPINAL ORTHOSIS (CTLS	650.00			1	6	
L4002	REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDE	20.00			4	6	
L4010	REPLACE TRILATERAL SOCKET BRIM	500.00			1	6	
L4020	REPLACE QUADRILATERAL SOCKET BRIM, MOLDE	615.00			1	6	
L4030	REPLACE QUADRILATERAL SOCKET BRIM, CUSTO	455.00			1	6	
L4040	REPLACE MOLDED THIGH LACER, FOR CUSTOM F	408.23			1	6	
L4045	REPLACE NON-MOLDED THIGH LACER, FOR CUST	185.00			1	6	
L4050	REPLACE MOLDED CALF LACER, FOR CUSTOM FA	590.00			1	6	
L4055	REPLACE NON-MOLDED CALF LACER, FOR CUSTO	185.00			1	6	
L4060	REPLACE HIGH ROLL CUFF	115.00			1	6	
L4070	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR	101.00			1	6	
L4080	REPLACE METAL BANDS KAFO, PROXIMAL THIGH	52.50			1	6	
L4090	REPLACE METAL BANDS KAFO-AFO, CALF OR DI	52.50			1	6	
L4100	REPLACE LEATHER CUFF KAFO, PROXIMAL THIG	75.00			1	6	
L4110	REPLACE LEATHER CUFF KAFO-AFO, CALF OR D	60.00			1	6	
L4130	REPLACE PRETIBIAL SHELL	188.00			1	6	
L4205	REPAIR OF ORTHOTIC DEVICE, LABOR COMPONE	18.00			8	6	
L4210	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REP	35.00			1	6	
L4396	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDE	151.70			1	6	
L4397	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDE	115.83			1	6	
L4398	DROP FOOT SPLINT, RECUMENT POSITIONING DEVICE	69.85			1	6	
L5000	PARTIAL FOOT, SHOE INSERT WITH LONGITUDI	300.00			1	6	
L5010	PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGH	871.07			1	6	
L5020	PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBE	1019.50			1	6	
L5050	ANKLE, SYMES, MOLDED SOCKET, SACH FOOT	1500.00			1	6	
L5100	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FO	1635.00			1	6	
L5105	BELOW KNEE, PLASTIC SOCKET, JOINTS AND T	2850.00			1	6	
L5150	KNEE DISARTICULATION (OR THROUGH KNEE),	2000.00			1	6	
L5160	KNEE DISARTICULATION (OR THROUGH KNEE),	2235.00			1	6	
L5200	ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS C	2000.00			1	6	
L5210	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JO	2630.00			1	6	

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CODE	DESCRIPTION	FEE	RENTAL FEE	BR	MAX UNITS	PA	CHANGE
L5220	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JO	2236.62			1	6	
L5230	ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL D	2150.00			1	6	
L5250	HIP DISARTICULATION, CANADIAN TYPE; MOLD	3135.00			1	6	
L5270	HIP DISARTICULATION, TILT TABLE TYPE; MO	3000.00			1	6	
L5280	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SO	3500.00			1	6	
L5301	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FO	1300.00			1	6	
L5312	KNEE DISARTICULATION (OR THROUGH KNEE),	1825.00			1	6	
L5321	ABOVE KNEE, MOLDED SOCKET, OPEN END, SAC	2010.00			1	6	
L5331	HIP DISARTICULATION, CANADIAN TYPE, MOLD	2531.00			1	6	
L5341	HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SO	2816.10			1	6	
L5400	IMMEDIATE POST SURGICAL OR EARLY FITTING	705.00			1	6	
L5410	IMMEDIATE POST SURGICAL OR EARLY FITTING	305.00			1	6	
L5420	IMMEDIATE POST SURGICAL OR EARLY FITTING	900.00			1	6	
L5430	IMMEDIATE POST SURGICAL OR EARLY FITTING	305.00			1	6	
L5450	IMMEDIATE POST SURGICAL OR EARLY FITTING	408.38			1	6	
L5460	IMMEDIATE POST SURGICAL OR EARLY FITTING	491.35			1	6	
L5500	INITIAL, BELOW KNEE 'PTB' TYPE SOCKET, N	633.50			1	6	
L5505	INITIAL, ABOVE KNEE - KNEE DISARTICULATI	878.50			1	6	
L5510	PREPARATORY, BELOW KNEE 'PTB' TYPE SOC	1180.00			1	6	
L5520	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKE	1250.00			1	6	
L5530	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKE	1767.00			1	6	
L5535	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKE	1235.00			1	6	
L5540	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKE	1630.93			1	6	
L5560	PREPARATORY, ABOVE KNEE- KNEE DISARTICUL	1584.00			1	6	
L5570	PREPARATORY, ABOVE KNEE - KNEE DISARTICU	1700.00			1	6	
L5580	PREPARATORY, ABOVE KNEE - KNEE DISARTICU	1948.00			1	6	
L5585	PREPARATORY, ABOVE KNEE - KNEE DISARTICU	1518.00			1	6	
L5590	PREPARATORY, ABOVE KNEE - KNEE DISARTICU	2150.00			1	6	
L5595	PREPARATORY, HIP DISARTICULATION-HEMIPEL	3300.00			1	6	
L5600	PREPARATORY, HIP DISARTICULATION-HEMIPEL	3895.00			1	6	
L5610	ADD TO LOWER EXT, ABOVE KNEE HY	1650.00			1	6	
L5611	ADDITION TO LOWER EXTREMITY, ENDOSKELETA	1050.00			1	6	
L5613	ADDITION TO LOWER EXTREMITY, ENDOSKELETA	1525.00			1	6	
L5614	ADDITION TO LOWER EXTREMITY, EXOSKELETAL	1492.71			1	6	
L5618	ADDITION TO LOWER EXTREMITY, TEST SOCKET	222.00			1	6	
L5620	ADDITION TO LOWER EXTREMITY, TEST SOCKET	222.00			1	6	
L5622	ADDITION TO LOWER EXTREMITY, TEST SOCKET	264.00			1	6	
L5624	ADDITION TO LOWER EXTREMITY, TEST SOCKET	264.00			1	6	
L5626	ADDITION TO LOWER EXTREMITY, TEST SOCKET	280.00			1	6	
L5628	ADDITION TO LOWER EXTREMITY, TEST SOCKET	375.00			1	6	
L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE,	300.00			1	6	
L5630	ADDITION TO LOWER EXTREMITY, SYMES TYPE,	250.00			1	6	
L5631	ADDITION TO LOWER EXTREMITY, ABOVE KNEE	450.00			1	6	
L5632	ADDITION TO LOWER EXTREMITY, SYMES TYPE,	160.00			1	6	
L5634	ADDITION TO LOWER EXTREMITY, SYMES TYPE,	350.00			1	6	
L5636	ADDITION TO LOWER EXTREMITY, SYMES TYPE	306.13			1	6	
L5637	ADDITION TO LOWER EXTREMITY, BELOW KNEE,	332.12			1	6	
L5638	ADDITION TO LOWER EXTREMITY, BELOW KNEE	465.00			1	6	
L5639	ADDITION TO LOWER EXTREMITY, BELOW KNEE,	600.00			1	6	
L5640	ADDITION TO LOWER EXTREMITY, KNEE DISAR	675.00			1	6	
L5642	ADDITION TO LOWER EXTREMITY, ABOVE KNEE	590.00			1	6	

NYS Medicaid DME Services Fee Schedule*Effective 1-Jul-16*

CODE	DESCRIPTION	FEE	RENTAL FEE	BR	MAX UNITS	PA	CHANGE
L5643	ADDITION TO LOWER EXTREMITY, HIP DISART	725.00			1	6	
L5644	ADDITION TO LOWER EXTREMITY, ABOVE KNEE	475.00			1	6	
L5645	ADDITION TO LOWER EXTREMITY, BELOW KNEE	425.00			1	6	
L5646	ADDITION TO LOWER EXTREMITY, BELOW KNEE,	494.50			1	6	
L5647	ADDITION TO LOWER EXTREMITY, BELOW KNEE	585.00			1	6	
L5648	ADDITION TO LOWER EXTREMITY, ABOVE KNEE,	528.12			1	6	
L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CO	1000.00			1	6	
L5650	ADDITIONS TO LOWER EXTREMITY, TOTAL CONT	555.00			1	6	
L5651	ADDITION TO LOWER EXTREMITY, ABOVE KNEE	725.00			1	6	
L5652	ADDITION TO LOWER EXTREMITY, SUCTION SU	96.00			1	6	
L5653	ADDITION TO LOWER EXTREMITY, KNEE DISAR	300.00			1	6	
L5654	ADDITION TO LOWER EXTREMITY, SOCKET INS	210.00			1	6	
L5655	ADDITION TO LOWER EXTREMITY, SOCKET INS	210.00			1	6	
L5656	ADDITION TO LOWER EXTREMITY, SOCKET INS	250.00			1	6	
L5658	ADDITION TO LOWER EXTREMITY, SOCKET INS	250.00			1	6	
L5661	ADDITION TO LOWER EXTREMITY, SOCKET INS	450.00			1	6	
L5665	ADDITION TO LOWER EXTREMITY, SOCKET INS	350.00			1	6	
L5666	ADDITION TO LOWER EXTREMITY, BELOW KNEE	35.00			1	6	
L5668	ADDITION TO LOWER EXTREMITY, BELOW KNEE	65.00			1	6	
L5670	ADDITION TO LOWER EXTREMITY, BELOW KNEE	180.00			1	6	
L5671	ADDITION TO LOWER EXTREMITY, BELOW KNEE	448.21			1	6	
L5672	ADDITION TO LOWER EXTREMITY, BELOW KNEE	100.00			1	6	
L5673	ADDITION TO LOWER EXTREMITY, BELOW KNEE/	413.48			2	6	
L5676	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE	275.00			1	6	
L5677	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE	125.00			1	6	
L5678	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE	25.00			1	6	
L5679	ADDITION TO LOWER EXTREMITY, BELOW KNEE/	398.59			2	6	
L5680	ADDITION TO LOWER EXTREMITY, BELOW KNEE	285.00			1	6	
L5681	ADDITION TO LOWER EXTREMITY, BELOW KNEE/	729.24			1	6	
L5682	ADDITION TO LOWER EXTREMITY, BELOW KNEE	510.00			1	6	
L5683	ADDITION TO LOWER EXTREMITY, BELOW KNEE/	729.24			1	6	
L5684	ADDITION TO LOWER EXTREMITY, BELOW KNEE	25.00			1	6	
L5685	ADDITION TO LOWER EXTREMITY PROSTHESIS,	95.53			1	6	*
L5686	ADDITION TO LOWER EXTREMITY, BELOW KNEE	54.00			1	6	
L5688	ADDITION TO LOWER EXTREMITY, BELOW KNEE	50.00			1	6	
L5690	ADDITION TO LOWER EXTREMITY, BELOW KNEE	60.00			1	6	
L5692	ADDITION TO LOWER EXTREMITY, ABOVE KNEE	75.00			1	6	
L5694	ADDITION TO LOWER EXTREMITY, ABOVE KNEE	85.00			1	6	
L5695	ADDITION TO LOWER EXTREMITY, ABOVE KNEE,	99.00			1	6	
L5696	ADDITION TO LOWER EXTREMITY, ABOVE KNEE	135.00			1	6	
L5697	ADDITION TO LOWER EXTREMITY, ABOVE KNEE	55.00			1	6	
L5698	ADDITION TO LOWER EXTREMITY, ABOVE KNEE	80.00			1	6	
L5699	ALL LOWER EXTREMITY PROSTHESES, SHOULDER	125.00			1	6	
L5700	REPLACEMENT, SOCKET, BELOW KNEE, MOLDED	1572.31			1	6	
L5701	REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DIS	2000.00			1	6	
L5702	REPLACEMENT, SOCKET, HIP DISARTICULATION	2700.00			1	6	
L5703	ANKLE, SYMES, MOLDED TO PATIENT MODEL, S	1998.19			1	6	
L5704	CUSTOM SHAPED PROTECTIVE COVER, BELOW KN	475.00			1	6	
L5705	CUSTOM SHAPED PROTECTIVE COVER, ABOVE KN	650.00			1	6	
L5706	CUSTOM SHAPED PROTECTIVE COVER, KNEE DIS	675.00			1	6	
L5707	CUSTOM SHAPED PROTECTIVE COVER, HIP DISA	923.00			1	6	

NYS Medicaid DME Services Fee Schedule*Effective 1-Jul-16*

CODE	DESCRIPTION	FEE	RENTAL FEE	BR	MAX UNITS	PA	CHANGE
L5710	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM,	240.00			1	6	
L5711	ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM,	330.00			1	6	
L5712	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM,	293.00			1	6	
L5714	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM,	200.00			1	6	
L5716	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM,	280.00			1	6	
L5722	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM,	531.00			1	6	
L5724	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM,	1170.00			1	6	
L5726	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM,	1297.50			1	6	
L5728	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM,	1405.00			1	6	
L5780	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM,	598.00			1	6	
L5781	ADDITON TO LOWER LIMB, PROSTHESIS VACUUM	3689.88			1	1	
L5785	ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE	254.00			1	6	
L5790	ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE	375.00			1	6	
L5795	ADDITION, EXOSKELETAL SYSTEM, HIP DISART	575.00			1	6	
L5810	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM,	250.00			1	6	
L5811	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM,	325.00			1	6	
L5812	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM,	275.00			1	6	
L5814	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM,	2761.26			1	6	
L5816	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM,	644.10			1	6	
L5818	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM,	779.49			1	6	
L5822	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM,	1902.62			1	6	
L5824	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM,	1710.93			1	6	
L5826	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM,	2809.50			1	6	
L5828	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM,	3020.00			1	6	
L5830	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM,	1625.00			1	6	
L5840	ADDITION, ENDOSKELETAL KNEE/SHIN SYSTEM,	3195.78			1	6	
L5845	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM	1332.63			1	6	
L5850	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KN	60.00			1	6	
L5855	ADDITION, ENDOSKELETAL SYSTEM, HIP DISAR	100.00			1	6	
L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS,				2	1	
L5857	ADDITION TO LOWER EXTREMITY PROSTHESIS,				2	1	
L5858	ADDITION TO LOWER EXTREMITY PROSTHESIS,				1	1	
L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KN	250.00			1	6	
L5920	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNE	250.00			1	6	
L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNE	100.00			1	6	
L5930	ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTI	2552.81			1	6	
L5940	ADDITION, ENDOSKELETAL SYSTEM, BELOW KN	475.00			1	6	
L5950	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KN	650.00			1	6	
L5960	ADDITION, ENDOSKELETAL SYSTEM, HIP DISA	950.00			1	6	
L5962	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNE	450.00			1	6	
L5964	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNE	600.00			1	6	
L5966	ADDITION, ENDOSKELETAL SYSTEM, HIP DISAR	700.00			1	6	
L5968	ADDITION TO LOWER LIMB PROSTHESIS, MULTI	3214.56			1	6	
L5970	ALL LOWER EXTREMITY PROSTHESES, FOOT, EX	145.00			1	6	
L5971	ALL LOWER EXTREMITY PROSTHESIS, SOLID AN	174.46			1	1	
L5972	ALL LOWER EXTREMITY PROSTHESES, FLEXIBLE	175.00			1	6	
L5973	ENDOSKELETAL ANKLE FOOT SYSTEM, MICROPRO				1	1	
L5974	ALL LOWER EXTREMITY PROSTHESES, FLEXIBLE	110.00			1	6	
L5975	ALL LOWER EXTREMITY PROSTHESIS, COMBINAT	410.09			1	6	
L5976	ALL LOWER EXTREMITY PROSTHESES, ENERGY S	475.00			1	6	
L5978	ALL LOWER EXTREMITY PROSTHESES, FOOT, MU	150.00			1	6	

NYS Medicaid DME Services Fee Schedule**Effective 1-Jul-16**

CODE	DESCRIPTION	FEE	RENTAL FEE	BR	MAX UNITS	PA	CHANGE
L5979	ALL LOWER EXTREMITY PROSTHESIS, MULTI-AX	2056.06			1	6	
L5980	ALL LOWER EXTREMITY PROSTHESES, FLEX FOO	3500.00			1	1	
L5981	ALL LOWER EXTREMITY PROSTHESES, FLEX-WAL	1850.00			1	1	
L5982	ALL EXOSKELETAL LOWER EXTREMITY PROSTHES	275.00			1	6	
L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHE	456.86			1	6	
L5985	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHE	214.16			1	6	
L5986	ALL LOWER EXTREMITY PROSTHESES, MULTI-AX	275.00			1	6	
L5987	ALL LOWER EXTREMITY PROSTHESIS, SHANK FO	5348.57			1	1	
L5988	ADDITION TO LOWER LIMB PROSTHESIS, VERTI	1755.00			1	6	
L5990	ADDITION TO LOWER EXTREMITY PROSTHESIS,	1285.48			1	6	
L5999	LOWER EXTREMITY PROSTHESIS, NOT OTHERWIS				5	1	
L6000	PARTIAL HAND, ROBIN-AIDS, THUMB REMAININ	1025.00			1	6	
L6010	PARTIAL HAND, ROBIN-AIDS, LITTLE AND/OR	1000.00			1	6	
L6020	PARTIAL HAND, ROBIN-AIDS, NO FINGER REMA	1050.00			1	6	
L6026	TRASCARPAL/METACARPAL OR PARTIAL HAND D	5760.19			2	1	
L6050	WRIST DISARTICULATION, MOLDED SOCKET, FL	1480.00			1	6	
L6055	WRIST DISARTICULATION, MOLDED SOCKET WIT	1847.00			1	6	
L6100	BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELB	1890.00			1	6	
L6110	BELOW ELBOW, MOLDED SOCKET, (MUENSTER OR	2080.00			1	6	
L6120	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SO	2290.00			1	6	
L6130	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SO	2415.00			1	6	
L6200	ELBOW DISARTICULATION, MOLDED SOCKET, OU	1532.50			1	6	
L6205	ELBOW DISARTICULATION, MOLDED SOCKET WIT	2300.00			1	6	
L6250	ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET,	2150.00			1	6	
L6300	SHOULDER DISARTICULATION, MOLDED SOCKET,	3000.00			1	6	
L6310	SHOULDER DISARTICULATION, PASSIVE RESTOR	1950.00			1	6	
L6320	SHOULDER DISARTICULATION, PASSIVE RESTOR	850.00			1	6	
L6350	INTERSCAPULAR THORACIC, MOLDED SOCKET, S	4025.00			1	6	
L6360	INTERSCAPULAR THORACIC, PASSIVE RESTORAT	2870.12			1	6	
L6370	INTERSCAPULAR THORACIC, PASSIVE RESTORAT	1875.00			1	6	
L6380	IMMEDIATE POST SURGICAL OR EARLY FITTING	705.00			1	6	
L6382	IMMEDIATE POST SURGICAL OR EARLY FITTING	900.00			1	6	
L6384	IMMEDIATE POST SURGICAL OR EARLY FITTING	1200.00			1	6	
L6386	IMMEDIATE POST SURGICAL OR EARLY FITTING	305.00			1	6	
L6388	IMMEDIATE POST SURGICAL OR EARLY FITTING	396.14			1	6	
L6400	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL	1850.00			1	6	
L6450	ELBOW DISARTICULATION, MOLDED SOCKET, EN	2200.00			1	6	
L6500	ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL	2000.00			1	6	
L6550	SHOULDER DISARTICULATION, MOLDED SOCKET,	2390.00			1	6	
L6570	INTERSCAPULAR THORACIC, MOLDED SOCKET, E	3529.98			1	6	
L6580	PREPARATORY, WRIST DISARTICULATION OR BE	1070.00			1	6	
L6582	PREPARATORY, WRIST DISARTICULATION OR BE	918.00			1	6	
L6584	PREPARATORY, ELBOW DISARTICULATION OR AB	1350.00			1	6	
L6586	PREPARATORY, ELBOW DISARTICULATION OR AB	1200.00			1	6	
L6588	PREPARATORY, SHOULDER DISARTICULATION OR	1800.00			1	6	
L6590	PREPARATORY, SHOULDER DISARTICULATION OR	1650.00			1	6	
L6600	UPPER EXTREMITY ADDITIONS, POLYCENTRIC H	194.00			1	6	
L6605	UPPER EXTREMITY ADDITIONS, SINGLE PIVOT	175.00			1	6	
L6610	UPPER EXTREMITY ADDITIONS, FLEXIBLE META	90.00			1	6	
L6611	ADDITION TO UPPER EXTREMITY PROSTHESIS,	347.22			1	1	
L6615	UPPER EXTREMITY ADDITION, DISCONNECT LO	105.50			1	6	

NYS Medicaid DME Services Fee Schedule*Effective 1-Jul-16*

CODE	DESCRIPTION	FEE	RENTAL FEE	BR	MAX UNITS	PA	CHANGE
L6616	UPPER EXTREMITY ADDITION, ADDITIONAL DIS	37.00			1	6	
L6620	UPPER EXTREMITY ADDITION, FLEXION/EXTENS	205.00			1	6	
L6621	UPPER EXTREMITY PROSTHESIS ADDITION, FLE	1928.92			1	1	
L6623	UPPER EXTREMITY ADDITION, SPRING ASSIST	274.00			1	6	
L6624	UPPER EXTREMITY ADDITION, FLEXION/EXTENS	3176.01			1	1	
L6625	UPPER EXTREMITY ADDITION, ROTATION WRIS	250.00			1	6	
L6628	UPPER EXTREMITY ADDITION, QUICK DISCONN	75.00			1	6	
L6629	UPPER EXTREMITY ADDITION, QUICK DISCONN	125.00			1	6	
L6630	UPPER EXTREMITY ADDITION, STAINLESS STE	194.20			1	6	
L6632	UPPER EXTREMITY ADDITION, LATEX SUSPENS	42.00			1	6	
L6635	UPPER EXTREMITY ADDITION, LIFT ASSIST F	115.00			1	6	
L6637	UPPER EXTREMITY ADDITION, NUDGE CONTROL	177.50			1	6	
L6638	UPPER EXTREMITY ADDITION TO PROSTHESIS,	1771.93			2	1	
L6640	UPPER EXTREMITY ADDITIONS, SHOULDER ABDU	300.00			1	6	
L6641	UPPER EXTREMITY ADDITION, EXCURSION AMP	65.00			1	6	
L6642	UPPER EXTREMITY ADDITION, EXCURSION AMP	261.25			1	6	
L6645	UPPER EXTREMITY ADDITION, SHOULDER FLEX	290.80			1	6	
L6646	UPPER EXTREMITY ADDITION, SHOULDER JOINT	2234.80			2	1	
L6650	UPPER EXTREMITY ADDITION, SHOULDER UNIV	300.00			1	6	
L6655	UPPER EXTREMITY ADDITION, STANDARD CONT	49.00			1	6	
L6660	UPPER EXTREMITY ADDITION, HEAVY DUTY CO	64.00			1	6	
L6665	UPPER EXTREMITY ADDITION, TEFLON, OR EQ	35.00			1	6	
L6670	UPPER EXTREMITY ADDITION, HOOK TO HAND,	25.00			1	6	
L6672	UPPER EXTREMITY ADDITION, HARNESS, CHES	133.00			1	6	
L6675	UPPER EXTREMITY ADDITION, HARNESS, (E.G.	90.00			1	6	
L6676	UPPER EXTREMITY ADDITION, HARNESS, (E.G.	130.00			1	6	
L6677	UPPER EXTREMITY ADDITION, HARNESS, TRIPL	250.16			1	1	
L6680	UPPER EXTREMITY ADDITION, TEST SOCKET,	210.00			1	6	
L6682	UPPER EXTREMITY ADDITION, TEST SOCKET,	210.00			1	6	
L6684	UPPER EXTREMITY ADDITION, TEST SOCKET,	330.00			1	6	
L6686	UP EXT ADD, SUCTION SOCKET	585.00			1	6	
L6687	UPPER EXTREMITY ADDITION, FRAME TYPE SOC	425.00			1	6	
L6688	UPPER EXTREMITY ADDITION, FRAME TYPE SOC	491.19			1	6	
L6689	UPPER EXTREMITY ADDITION, FRAME TYPE SO	725.00			1	6	
L6690	UPPER EXTREMITY ADDITION, FRAME TYPE SO	725.00			1	6	
L6691	UPPER EXTREMITY ADDITION, REMOVABLE INS	210.00			1	6	
L6692	UPPER EXTREMITY ADDITION, SILICONE GEL I	450.00			1	6	
L6693	UPPER EXTREMITY ADDITION, LOCKING ELBOW,	2511.38			1	1	
L6694	ADDITION TO UPPER EXTREMITY PROSTHESIS,	450.00			1	6	
L6695	ADDITION TO UPPER EXTREMITY PROSTHESIS,	450.00			1	6	
L6696	ADDITION TO UPPER EXTREMITY PROSTHESIS,				1	1	
L6697	ADDITION TO UPPER EXTREMITY PROSTHESIS,				1	1	
L6698	ADDITION TO UPPER EXTREMITY PROSTHESIS,	177.50			1	6	
L6703	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY	372.35			1	1	
L6706	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUN	250.00			1	6	
L6707	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUN	892.92			1	6	
L6708	TERMINAL DEVICE, HAND, MECHANICAL, VOLUN	612.87			1	6	
L6709	TERMINAL DEVICE, HAND, MECHANICAL, VOLUN	678.50			1	6	
L6711	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUN				1	1	
L6712	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUN				1	1	
L6713	TERMINAL DEVICE, HAND, MECHANICAL, VOLUN				1	1	

NYS Medicaid DME Services Fee Schedule*Effective 1-Jul-16*

CODE	DESCRIPTION	FEE	RENTAL FEE	BR	MAX UNITS	PA	CHANGE
L6714	TERMINAL DEVICE, HAND, MECHANICAL, VOLUN				1	1	
L6721	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUT				1	1	
L6722	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUT				1	1	
L6805	ADDITION TO TERMINAL DEVICE, MODIFIER WR	295.00			1	6	
L6810	ADDITION TO TERMINAL DEVICE, PRECISION P	115.00			1	6	
L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPP	2896.79			2	1	
L6882	MICROPROCESSOR CONTROL FEATURE, ADDITION	2197.34			2	1	
L6883	REPLACEMENT SOCKET, BELOW ELBOW/WRIST DI	1817.59			1	1	
L6884	REPLACEMENT SOCKET, ABOVE ELBOW/ELBOW DI	1998.82			1	1	
L6885	REPLACEMENT SOCKET, SHOULDER DISARTICULA	2736.19			1	1	
L6890	ADDITION TO UPPER EXTREMITY PROSTHESIS,	185.25			1	6	
L6895	ADDITION TO UPPER EXTREMITY PROSTHESIS,	278.00			1	6	
L6900	HAND RESTORATION (CASTS, SHADING AND MEA	1050.00			1	6	
L6905	HAND RESTORATION (CASTS, SHADING AND MEA	1050.00			1	6	
L6910	HAND RESTORATION (CASTS, SHADING AND MEA	1050.00			1	6	
L6915	HAND RESTORATION (SHADING, AND MEASUREME	278.00			1	6	
L6920	WRIST DISARTICULATION, EXTERNAL POWER, S				1	1	
L6925	WRIST DISARTICULATION, EXTERNAL POWER, S				1	1	
L6930	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPEN				1	1	
L6935	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPEN				2	1	
L6940	ELBOW DISARTICULATION, EXTERNAL POWER, M				1	1	
L6945	ELBOW DISARTICULATION, EXTERNAL POWER, M				1	1	
L6950	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNE				1	1	
L6955	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNE				2	1	
L6960	SHOULDER DISARTICULATION, EXTERNAL POWER				1	1	
L6965	SHOULDER DISARTICULATION, EXTERNAL POWER				1	1	
L6970	INTERSCAPULAR-THORACIC, EXTERNAL POWER,				1	1	
L6975	INTERSCAPULAR-THORACIC, EXTERNAL POWER,				1	1	
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CON	3367.16			1	1	
L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CO	5279.07			1	1	
L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CON	3195.10			1	1	
L7040	PREHENSILE ACTUATOR, SWITCH CONTROLLED				1	1	
L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC ONT				1	1	
L7170	ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITC				1	1	
L7180	ELECTRONIC ELBOW, MICROPROCESSOR SEQUENT				1	1	
L7181	ELECTRONIC ELBOW, MICROPROCESSOR SIMULTA				1	1	
L7185	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VI				1	1	
L7186	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE	6810.00			1	1	
L7190	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VI				1	1	
L7191	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE				2	1	
L7259	ELECTRONIC WIRST ROTATOR, ANY TYPE				1	1	
L7360	SIX VOLT BATTERY, EACH	222.50			1	6	
L7362	BATTERY CHARGER, SIX VOLT, EACH	211.00			1	6	
L7364	TWELVE VOLT BATTERY, EACH	383.48			1	6	
L7366	BATTERY CHARGER, TWELVE VOLT, EACH	516.56			1	6	
L7367	LITHIUM ION BATTERY, RECHARGEABLE REPLACEMENT	275.86			1	6	
L7368	LITHIUM 10N BATTERY CHARGER	357.61			1	6	
L7499	UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE				1	1	
L7510	REPAIR OF PROSTHETIC DEVICE, REPAIR OR R	35.00			1	6	
L7520	REPAIR PROSTHETIC DEVICE, LABOR COMPONEN	18.00			8	6	
L7900	MALE VACUUM ERECTION SYSTEM	183.75			1	1	

NYS Medicaid DME Services Fee Schedule*Effective 1-Jul-16*

CODE	DESCRIPTION	FEE	RENTAL FEE	BR	MAX UNITS	PA	CHANGE
L8000	BREAST PROSTHESIS, MASTECTOMY BRA	31.22			5		
L8001	BREAST PROSTHESIS, MASTECTOMY BRA, WITH	93.74			5		
L8002	BREAST PROSTHESIS, MASTECTOMY BRA, WITH	123.74			5		
L8010	BREAST PROSTHESIS, MASTECTOMY SLEEVE	49.22			2	6	
L8020	BREAST PROSTHESIS, MASTECTOMY FORM	180.63			2		
L8030	BREAST PROSTHESIS, SILICONE OR EQUAL, WI	180.63			2		
L8031	BREAST PROSTHESIS, SILICONE OR EQUAL, WI	180.63			2		
L8035	CUSTOM BREAST PROSTHESIS, POST MASTECTOM	180.63			2	6	
L8300	TRUSS, SINGLE WITH STANDARD PAD	59.18			1	6	
L8310	TRUSS, DOUBLE WITH STANDARD PADS	90.00			1	6	
L8320	TRUSS, ADDITION TO STANDARD PAD, WATER P	25.00			1	6	
L8330	TRUSS, ADDITION TO STANDARD PAD, SCROTAL	30.00			1	6	
L8400	PROSTHETIC SHEATH, BELOW KNEE, EACH	18.91			6	6	
L8410	PROSTHETIC SHEATH, ABOVE KNEE, EACH	18.00			6	6	
L8415	PROSTHETIC SHEATH, UPPER LIMB, EACH	19.00			6	6	
L8417	PROSTHETIC SHEATH/SOCK, INCLUDING A GEL	31.80			2	6	
L8420	PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNE	15.84			12	6	
L8430	PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNE	16.67			12	6	
L8435	PROSTHETIC SOCK, MULTIPLE PLY, UPPER LI	16.00			12	6	
L8440	PROSTHETIC SHRINKER, BELOW KNEE, EACH	25.00			6	6	
L8460	PROSTHETIC SHRINKER, ABOVE KNEE, EACH	33.33			6	6	
L8465	PROSTHETIC SHRINKER, UPPER LIMB, EACH	25.00			6	6	
L8470	PROSTHETIC SOCK, SINGLE PLY, FITTING, BE	6.01			6	6	
L8480	PROSTHETIC SOCK, SINGLE PLY, FITTING, AB	8.29			6	6	
L8485	PROSTHETIC SOCK, SINGLE PLY, FITTING, UP	8.06			5	6	
L8499	UNLISTED PROCEDURE FOR MISCELLANEOUS PRO			BR	5	1	
L8500	ARTIFICIAL LARYNX ANY TYPE	684.80			1	6	
L8501	TRACHEOSTOMY SPEAKING VALVE	66.87			1	6	
L8505	ARTIFICIAL LARYNX REPLACEMENT BATTERY /	46.50			1	6	
L8507	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PAT	37.06			1		
L8510	VOICE AMPLIFIER	198.94			1	6	
L8511	INSERT FOR INDWELLING TRACHEOESOPHAGEAL	37.80			1	6	
L8512	GELATIN CAPSULES OR EQUIVALENT, FOR USE	1.67			9		
L8513	CLEANING DEVICE USED WITH TRACHEOESOPHAG	3.13			6		
L8514	TRACHEOESOPHAGEAL PUNCTURE DILATOR, REPL	48.60			1	6	
L8515	GELATIN CAPSULE, APPLICATION DEVICE FOR	49.69			1	6	
L8621	ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE	0.55			60		
L9900	ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSOR	5.00			1	6	
S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, R	1105.89			1	6	
S8100	HOLDING CHAMBER OR SPACER FOR USE WITH A	16.50			2	6	
S8101	HOLDING CHAMBER OR SPACER FOR USE WITH A	27.75			2	6	
S8185	FLUTTER DEVICE	54.00			1	6	
S8189	TRACHEOSTOMY SUPPLY, NOT OTHERWISE CLASS				1	1	
S8265	HABERMAN FEEDER FOR CLEFT LIP/PALATE	19.13			2	6	
S8270	ENURESIS ALARM, USING AUDITORY BUZZER AN	54.71			1	6	
S8421	GRADIENT PRESSURE AID (SLEEVE AND GLOVE	67.50			2	6	
S8424	GRADIENT PRESSURE AID (SLEEVE), READY MA	33.82			2	6	
S8427	GRADIENT PRESSURE AID (GLOVE), READY MAD	23.86			2	6	
S8428	GRADIENT PRESSURE AID (GAUNTLET), READY	22.69			2	6	
S8460	CAMISOLE, POST-MASTECTOMY	37.49			5		
S8999	RESUSCITATION BAG (FOR USE BY PATIENT ON	189.43			1		

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CODE	DESCRIPTION	FEE	RENTAL FEE	BR	MAX UNITS	PA	CHANGE
T4521	ADULT SIZED DISPOSABLE INCONTINENCE PROD	0.47			250	6	
T4522	ADULT SIZED DISPOSABLE INCONTINENCE PROD	0.51			250	6	
T4523	ADULT SIZED DISPOSABLE INCONTINENCE PROD	0.68			250	6	
T4524	ADULT SIZED DISPOSABLE INCONTINENCE PROD	0.72			250	6	
T4529	PEDIATRIC SIZED DISPOSABLE INCONTINENCE	0.30			250	6	
T4530	PEDIATRIC SIZED DISPOSABLE INCONTINENCE	0.36			250	6	
T4533	YOUTH SIZED DISPOSABLE INCONTINENCE PROD	0.39			250	6	
T4535	DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERG	0.28			250	6	
T4537	INCONTINENCE PRODUCT, PROTECTIVE UNDERPA	13.44			3	6	
T4539	INCONTINENCE PRODUCT, DIAPER/BRIEF, REUS	6.65			5	6	
T4540	INCONTINENCE PRODUCT, PROTECTIVE UNDERPA	7.19			3	6	
T4543	DISPOSABLE INCONTINENCE PRODUCT, BRIEF/D	1.38			250	1	
T5001	POSITIONING SEAT FOR PERSONS WITH SPECIA	609.75			1	6	
T5999	SUPPLY,NOT OTHERWISE SPECIFIED				5	1	
T5999	Plastic strips	2.81					
T5999	Basal thermometer	10.41					
T5999	Sterile 6" wood applicator w/cotton tips	2.97					
T5999	Incentive spirometer	5.88					
T5999	Nasal aspirator	2.40					
V5266	BATTERY FOR USE IN HEARING DEVICE	0.55			24		