

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

CODE	DESCRIPTION	MAXPMT	RO	RENT	UNITS	BR	PA	LIMITS
A4206	SYRINGE WITH NEEDLE, STERILE, 1 CC OR LESS, EACH	0.29		0.00	60			720 PER YEAR
A4207	SYRINGE WITH NEEDLE, STERILE 2CC, EACH	0.29		0.00	60			720 PER YEAR
A4208	SYRINGE WITH NEEDLE, STERILE 3CC, EACH	0.29		0.00	60			720 PER YEAR
A4209	SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER, EACH	0.29		0.00	60			720 PER YEAR
A4213	SYRINGE, STERILE, 20 CC OR GREATER, EACH	1.94		0.00	31			372 PER YEAR
A4215	NEEDLES ONLY, STERILE, ANY SIZE, EACH	0.19		0.00	100			1200 PER YEAR
A4216	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	0.34		0.00	150			150 PER MONTH
A4223	INFUSION SUPPLIES, NOT USED WITH EXTERNAL INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	34.39		0.00	1			52 PER YEAR
A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE	155.52		0.00	1			12 BOXES PER YEAR
A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE	87.12		0.00	1			12 BOXES PER YEAR
A4232	SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE, 3CC	57.84		0.00	1			12 BOXES PER YEAR
A4244	ALCOHOL OR PEROXIDE, PER PINT	0.78		0.00	12			144 PER YEAR
A4245	ALCOHOL WIPES, PER BOX	1.94		0.00	2			24 PER YEAR
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX	7.28		0.00	2			2 BOXES PER MONTH
A4250	URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS)	9.90		0.00	2			2 BOXES PER MONTH
A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50							
	<b>Effective October 1st, 2012 the monthly limit will change from 7 boxes per month to 4 boxes per month or 200 test strips per month.</b>							
		<b>Please note:</b>						
		29.55		0.00	4			<b>4 BOXES PER MONTH</b>
A4258	SPRING POWERED DEVICE FOR LANCET, EACH	14.44		0.00	1			2 PER YEAR
A4259	LANCETS, PER BOX OF 100	9.70		0.00	2			24 PER YEAR
A4280	ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXTERNAL BREAST PROSTHESIS, EACH	3.76		0.00	5			5 PER MONTH
A4311	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)	4.46		0.00	3			36 PER YEAR
A4312	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	15.81		0.00	3			36 PER YEAR
A4313	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	10.39		0.00	3			36 PER YEAR
A4331	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH							
		1.68		0.00	31			372 PER YEAR
A4332	LUBRICANT, INDIVIDUAL STERILE PACKET, FOR INSERTION OF URINARY CATHETER, EACH	0.10		0.00	200			200 PER MONTH
A4333	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH	2.43		0.00	31			31 PER MONTH
A4349	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH	1.66		0.00	35			35 PER MONTH
A4351	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH	1.60		0.00	186			186 PER MONTH
A4352	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMERIC, OR HYDROPHILIC, ETC.), EACH	1.84		0.00	186			186 PER MONTH
A4353	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES (Note: Medicaid's coverage for A4353 is a sterile intermittent catheter and an insertion supply kit. The catheter can be packaged together or separately from the insertion supply kit but both products must be sterile and provided. Contents of the insertion supply kit must remain in the original sterilized packaging from the insertion supply kit manufacturer. It is not acceptable to unbundle a sterile insertion supply kit.	5.33		0.00	186			186 PER MONTH
A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR WITHOUT TUBE, EACH	7.76		0.00	2			24 PER YEAR
A4358	URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS, EACH	3.40		0.00	5			60 PER YEAR
A4361	OSTOMY FACEPLATE, EACH	17.52		0.00	1			12 PER YEAR
A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH	2.91		0.00	20			240 PER YEAR
A4363	SKIN BARRIER; LIQUID (SPRAY, BRUSH, ETC.) POWDER OR PASTE; PER OZ.	4.15		0.00	12			144 PER YEAR
A4364	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ	2.13		0.00	4			48 PER YEAR
A4367	OSTOMY BELT, EACH	5.61		0.00	1			12 PER YEAR
A4368	OSTOMY FILTER, ANY TYPE, EACH	0.20		0.00	200			200 PER MONTH
A4369	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC.), PER OZ	1.84		0.00	12			144 PER YEAR
A4371	OSTOMY SKIN BARRIER, POWDER, PER OZ	2.78		0.00	12			144 PER YEAR
A4372	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, WITH BUILT-IN CONVEXITY, EACH	3.18		0.00	20			240 PER YEAR
A4373	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH	4.79		0.00	31			372 PER YEAR
A4375	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	13.10		0.00	10			10 PER MONTH
A4376	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH	36.30		0.00	10			10 PER MONTH
A4377	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH	3.27		0.00	10			10 PER MONTH
A4378	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	23.46		0.00	10			10 PER MONTH
A4379	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH	11.46		0.00	10			10 PER MONTH
A4380	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH	28.48		0.00	20			240 PER YEAR
A4381	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH	3.52		0.00	10			10 PER MONTH
A4382	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH	18.78		0.00	10			10 PER MONTH
A4383	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH	21.51		0.00	10			10 PER MONTH
A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	7.34		0.00	10			10 PER MONTH
A4385	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, EACH	3.88		0.00	10			10 PER MONTH
A4387	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	3.06		0.00	10			10 PER MONTH
A4388	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH	3.32		0.00	10			10 PER MONTH
A4389	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	4.74		0.00	10			10 PER MONTH
A4390	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	7.33		0.00	10			10 PER MONTH

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A4391	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (1 PIECE), EACH	5.39		0.00	10			10 PER MONTH
A4392	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	5.07		0.00	10			10 PER MONTH
A4393	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	7.00		0.00	10			10 PER MONTH
A4394	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, LIQUID, PER FLUID OUNCE	1.96		0.00	10			10 PER MONTH
A4395	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET	0.04		0.00	31			31 PER MONTH
A4396	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	30.89		0.00	2			2 PER MONTH
A4397	IRRIGATION SUPPLY; SLEEVE, EACH	3.94		0.00	10			120 PER YEAR
A4398	OSTOMY IRRIGATION SUPPLY; BAG, EACH	23.28		0.00	2			24 PER YEAR
A4399	<b>OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, WITH OR WITHOUT BRUSH</b>	5.82		0.00	1			2 PER YEAR
A4400	OSTOMY IRRIGATION SET	31.70		0.00	1			6 PER YEAR
A4402	LUBRICANT, PER OUNCE	1.35		0.00	4			48 PER YEAR
A4404	OSTOMY RING, EACH	1.29		0.00	31			372 PER YEAR
A4405	OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE	2.18		0.00	12			144 PER YEAR
A4406	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE	3.67		0.00	12			144 PER YEAR
A4407	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH		5.61	0.00	31			372 PER YEAR
A4408	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH		6.32	0.00	31			372 PER YEAR
A4409	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH		3.98	0.00	31			372 PER YEAR
A4410	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH		5.78	0.00	31			372 PER YEAR
A4411	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN		5.25	0.00	31			372 PER YEAR
A4412	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE ( 2 PIECE SYSTEM), WITHOUT FILTER EACH		3.00	0.00	31			31 PER MONTH
A4413	CONVEXITY, EACH		3.52	0.00	10			10 PER MONTH
A4414	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH		3.15	0.00	31			372 PER YEAR
A4415	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 INCHES, EACH		3.84	0.00	31			372 PER YEAR
A4416	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH		1.76	0.00	31			31 PER MONTH
A4417	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH		2.38	0.00	31			31 PER MONTH
A4418	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH		1.16	0.00	31			31 PER MONTH
A4420	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH		1.28	0.00	31			31 PER MONTH
A4421	OSTOMY SUPPLY; MISCELLANEOUS		0.00	0.00	1 BR			12 PER YEAR
A4423	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE), EACH		1.28	0.00	31			31 PER MONTH
A4424	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH		3.04	0.00	31			31 PER MONTH
A4425	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH		2.29	0.00	31			372 PER YEAR
A4426	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE SYSTEM), EACH		1.51	0.00	31			372 PER YEAR
A4427	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH		1.89	0.00	31			372 PER YEAR
A4428	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH		4.17	0.00	31			372 PER YEAR
A4429	OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH		4.82	0.00	31			372 PER YEAR
A4430	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH		5.46	0.00	31			372 PER YEAR
A4431	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH		3.25	0.00	31			31 PER MONTH
A4432	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH		2.30	0.00	31			31 PER MONTH
A4433	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH		2.14	0.00	31			31 PER MONTH
A4434	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH		2.41	0.00	31			372 PER YEAR
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES		0.30	0.00	200			2400 PER YEAR
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES		0.40	0.00	200			2400 PER YEAR
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE		1.16	0.00	4			48 PER YEAR
A4456	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH		0.17	0.00	100			100 PER MONTH
A4481	TRACHEOSTOMA FILTER, ANY TYPE, ANY SIZE, EACH		0.28	0.00	31			31 PER MONTH
A4561	PESSARY, RUBBER, ANY TYPE		13.46	0.00	10			10 PER MONTH
A4562	PESSARY, NON RUBBER, ANY TYPE		36.46	0.00	10			10 PER MONTH
A4605	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH		2.15	0.00	7			372 PER YEAR
A4608	TRANSTRACHEAL OXYGEN CATHETER, EACH		46.66	0.00	5			5 PER MONTH
A4611	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATOR		111.55	0.00	1			MEDICAL NECESSITY
A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR		41.23	0.00	1			MEDICAL NECESSITY
A4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR		94.09	0.00	1			MEDICAL NECESSITY
A4614	PEAK EXPIRATORY FLOW RATE METER, HAND HELD		18.14	0.00	1			1 PER YEAR
A4616	TUBING (OXYGEN), PER FOOT (Can not be billed in addition to the monthly oxygen rental)		0.21	0.00	25			300 PER YEAR
A4618	BREATHING CIRCUITS		5.77	0.00	1			MEDICAL NECESSITY
A4623	TRACHEOSTOMY, INNER CANNULA		6.25	0.00	5			60 PER YEAR
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, EACH		2.15	0.00	250			3000 PER YEAR
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY		6.61	0.00	14			14 PER MEDICAL EVENT

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A4626	TRACHEOSTOMY CLEANING BRUSH, EACH	1.46		0.00	1			12 PER YEAR
A4627	SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE INHALER	20.00		0.00	1			1 PER YEAR
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	3.44		0.00	31			31 PER MONTH
A4635	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	1.79		0.00	2			2 PER YEAR
A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH	1.65		0.00	2			2 PER YEAR
A4637	REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH.	1.21		0.00	4			4 PER YEAR
A4927	GLOVES, NON-STERILE, PER 100	4.00		0.00	4			48 PER YEAR
A4930	GLOVES, STERILE, PER PAIR	0.34		0.00	100			1200 PER YEAR
A5051	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE), EACH	1.66		0.00	31			372 PER YEAR
A5052	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	1.27		0.00	31			372 PER YEAR
A5053	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH	1.28		0.00	31			372 PER YEAR
A5054	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	1.28		0.00	31			372 PER YEAR
A5055	STOMA CAP	1.21		0.00	31			31 PER MONTH
A5061	OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE), EACH	2.18		0.00	31			372 PER YEAR
A5062	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	1.89		0.00	31			372 PER YEAR
A5063	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM), EACH	1.89		0.00	31			372 PER YEAR
A5071	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE), EACH	2.82		0.00	31			372 PER YEAR
A5072	OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	2.29		0.00	31			372 PER YEAR
A5073	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	2.09		0.00	31			372 PER YEAR
A5081	CONTINENT DEVICE; PLUG FOR CONTINENT STOMA	2.51		0.00	1			6 PER YEAR
A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	7.71		0.00	1			6 PER YEAR
A5093	OSTOMY ACCESSORY; CONVEX INSERT	1.55		0.00	10			120 PER YEAR
A5112	<b>URINARY DRAINAGE BAG, LEG OR ABDOMEN, LATEX, WITH OR WITHOUT TUBE, WITH STRAPS, EACH</b>	26.42		0.00	1			12 PER YEAR
A5120	SKIN BARRIER; WIPES	0.17		0.00	50			600 PER YEAR
A5121	SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH	4.84		0.00	10			120 PER YEAR
A5122	SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH	9.81		0.00	10			120 PER YEAR
A5131	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.	10.28		0.00	3			3 PER MONTH
A5500	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF OFF-THE-SHELF DEPTH-INLAY SHOE MANUFACTURED TO ACCOMMODATE MULTI-DENSITY INSERT(S), PER SHOE.	50.40		0.00	2			2 PER MEDICAL EVENT
A5501	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF SHOE MOLDED FROM CAST(S) OF PATIENT'S FOOT (CUSTOM MOLDED SHOE), PER SHOE	151.20		0.00	2			2 PER MEDICAL EVENT
A5503	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH ROLLER OR RIGID ROCKER BOTTOM, PER SHOE	25.60		0.00	2			2 PER FOOT PER YEAR
A5504	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH WEDGE(S), PER SHOE	25.60		0.00	2			2 PER FOOT PER YEAR
A5505	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH METATARSAL BAR, PER SHOE	25.60		0.00	2			2 PER FOOT PER YEAR
A5506	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH OFF-SET HEEL(S), PER SHOE	25.60		0.00	2			2 PER FOOT PER YEAR
A5507	FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE, PER SHOE	0.00		0.00	2	BR		2 PER FOOT PER YEAR
A5512	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT	19.37		0.00	2			2 PER FOOT PER YEAR
A5513	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PA	28.91		0.00	2			2 PER FOOT PER YEAR
A6022	COLLAGEN DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH	16.04		0.00	31			31 PER MONTH
A6023	COLLAGEN DRESSING, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH	145.21		0.00	15			15 PER MONTH
A6024	COLLAGEN DRESSING WOUND FILLER, STERILE, PER 6 INCHES	4.72		0.00	31			31 PER MONTH
A6231	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING	3.56		0.00	31			31 PER MONTH
A6232	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE GREATER THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	5.26		0.00	31			31 PER MONTH
A6233	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING	14.64		0.00	31			31 PER MONTH
A6257	TRANSPARENT FILM, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING	1.15		0.00	31			31 PER MONTH
A6457	TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD	0.91		0.00	2			2 EVERY 6 MONTHS
A6530	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH	31.04		0.00	2			8 Stockings PER YEAR
A6531	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, EACH	34.61		0.00	2			8 Stockings PER YEAR
A6532	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, EACH	60.96		0.00	2			8 Stockings PER YEAR
A6533	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH	40.74		0.00	2			8 Stockings PER YEAR
A6534	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH	40.74		0.00	2			8 Stockings PER YEAR
A6535	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40-50 MMHG, EACH	40.74		0.00	2			8 Stockings PER YEAR
A6536	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MMHG, EACH	111.55		0.00	2			8 PER YEAR
A6537	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MMHG, EACH	111.55		0.00	2			8 PER YEAR
A6538	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40-50 MMHG, EACH	111.55		0.00	2			8 PER YEAR
A6539	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MMHG, EACH	111.55		0.00	2			8 PER YEAR
A6540	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40 MMHG, EACH	111.55		0.00	2			8 PER YEAR
A6541	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40-50 MMHG, EACH	111.55		0.00	2			8 PER YEAR

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

CODE	DESCRIPTION	MAXPMT	RO	RENT	UNITS	BR	PA	LIMITS
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	6.94		0.00	1			4 PER YEAR
A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	21.45		0.00	1			1 PER 2 YEARS
A7002	TUBING, USED WITH SUCTION PUMP, EACH	2.48		0.00	1			12 PER YEAR
A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	3.88		0.00	3			36 PER YEAR
A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	1.16		0.00	3			36 PER YEAR
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	19.99		0.00	1			2 PER YEAR
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	7.24		0.00	3			36 PER YEAR
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	3.88		0.00	3			36 PER YEAR
A7008	LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR	7.13		0.00	3			36 PER YEAR
A7009	RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER	29.79		0.00	1			1 PER YEAR
A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	15.30		0.00	1			12 PER YEAR
A7011	CORRUGATED TUBING, NON-DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 10 FEET	1.53		0.00	1			1 PER MONTH
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	2.74		0.00	1			12 PER YEAR
A7013	<b>FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR</b>	0.53		0.00	31			372 PER YEAR
A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	3.30		0.00	1			12 PER YEAR
A7015	AEROSOL MASK, USED WITH DME NEBULIZER	1.43		0.00	1			12 PER YEAR
A7016	DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER	4.97		0.00	1			12 PER YEAR
A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	102.28		0.00	1			1 PER YEAR
A7501	TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH	80.14		0.00	1			1 PER MONTH
A7502	REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VALVE, EACH	38.09		0.00	1			1 PER MONTH
A7503	FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	8.65		0.00	1			4 PER YEAR
A7504	FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	0.51		0.00	31			372 PER YEAR
A7505	HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH	3.57		0.00	1			12 PER YEAR
A7506	ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH TRACHEOSTOMA VALVE, ANY TYPE EACH	0.26		0.00	31			31 PER MONTH
A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	1.90		0.00	1			4 PER YEAR
A7508	HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH	2.19		0.00	31			31 PER MONTH
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	52.38		0.00	1			MEDICAL NECESSITY
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	52.38		0.00	1			MEDICAL NECESSITY
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSABLE), EACH	52.38		0.00	1			MEDICAL NECESSITY
A7525	TRACHEOSTOMY MASK, EACH	1.18		0.00	4			4 PER MONTH
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	1.18		0.00	14			14 PER MONTH
A8000	HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	86.51		0.00	1			1 PER YEAR
A8001	HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	86.51		0.00	1			1 PER YEAR
A8002	HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	247.35		0.00	1			MEDICAL NECESSITY
A8003	HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	247.35		0.00	1			MEDICAL NECESSITY
A9900	MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE	0.00		0.00	1	BR		MEDICAL NECESSITY
B4034	<b>ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE</b>	4.69		0.00	31			31 PER MONTH
B4036	<b>ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE</b>	6.10		0.00	31			31 PER MONTH
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH	14.55		0.00	2			24 PER YEAR
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH	115.00		0.00	1			6 PER YEAR
B4150	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	0.62		0.00	930			930 PER MONTH
B4150SC	ENTERAL FOR., NUTRITIONALLY COMP. W/INTACT NUTRIENTS, INC. PROTEINS, FATS, CARB., VIT. & MINERALS, MAY INC. FIBER, ADMIN. ORALLY, 100 CALORIES = 1 UNIT	0.62		0.00	930			930 PER MONTH
B4152	ENTERAL FOR., NUTRI. COMP., CAL. DENSE (EQUAL TO OR > 1.5 KCAL/ML) W/INTACT NUTRI., INC. PRO., FATS, CARBS. VIT. & MINERALS, MAY INC. FIBER, ADMIN THRU TUBE, 100 CAL. = 1 UNIT	0.50		0.00	930			930 PER MONTH
B4152SC	ENTERAL FORM., NUTRI. COMP., CAL. DENSE (EQUAL TO OR > 1.5 KCAL/ML) W/ INTACT NUTRI., INC. PRO., FATS, CARBS., VIT. MINERALS, MAY INC. FIBER, ADMIN. ORALLY, 100 CAL. = 1 UNIT	0.50		0.00	930			930 PER MONTH
B4153	ENTERAL FOR., NUTRI. COMP., HYDROLYZED PRO. (AMINO ACIDS & PEPTIDE CHAIN), INC. FATS, CARB, VITS. & MINS., MAY INC. FIBER, ADMIN. THRU FEEDING TUBE, 100 CAL.= 1 UNIT	2.04		0.00	930			930 PER MONTH
B4153SC	ENTERAL FOR., NUTRI. COMP., HYDROLYZED PRO. (AMINO ACIDS & PEPTIDE CHAIN), INC. FATS, CARB, VITS. & MINES., MAY INC. FIBER, ADMIN. ORALLY, 100 CAL. = 1 UNIT	2.04		0.00	930			930 PER MONTH
B4154	ENTERAL FORM., NUTRI. COMP., FOR SPEC. METAB. NEED, EXCLU. INHERIT. DIS. OF METAB., INC. ALTERED COMPO. OF PRO. FATS, CARB., VIT. &/ OR MINS., MAY INC. FIBER, ADMIN. THRU TUBE, 100 CAL.= 1 UNIT	0.90		0.00	930			930 PER MONTH
B4154SC	ENTERAL FOR., NUTRI. COMP., FOR SPEC. METAB. NEED, EXCLU. INHERIT. DIS. OF METAB., INC. ALTERED COMPO. OR PRO., FATS, CARB, VIT. &/OR MIN, MAY INC. FIBER, ADMIN. ORALLY, 100 CAL. = 1 UNIT	0.90		0.00	930			930 PER MONTH
B4155	ENTERAL FORM., NUTRI. INCOMP./MOD. NUTRI., INC. SPECIE. NURTI., CARBS. (E.G. GLU. POLY.), PRO./AMINO ACIDS (E.G. GLUTA., ARGININE), FAT (E.G. MED. CH. TRIGLYC.) OR COMBO., ADMIN. VIA TUBE, 100 CAL.= 1 UNIT	0.74		0.00	930			930 PER MONTH
B4155SC	ENTERAL FORM., NUTRI. INCOMP./MOD. NUTRI., INC. SPECIF. NUTRI., CARB. (E.G. GLU. POLY.), PRO./AMINO ACIDS (E.G. GLUTA., ARGININE), FAT (E.G. MID. CH. TRIGLYC.) OR COMBO., ADMIN. ORALLY, 100 CA. = 1 UNIT	0.74		0.00	930			930 PER MONTH

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

CODE	DESCRIPTION	MAXPMT	RO	RENT	UNITS	BR	PA	LIMITS
B4157	ENTERAL FORM.,NUTRI.COMP.,FOR SPEC.METAB.NEED FOR INHERITED DIS. OF METAB., INC. PRO., FATS, CARBS., VITS. & MINS., MAY INC. FIBER, ADMIN. THRU TUBE, 100 CAL.= 1 UNIT	0.00		0.00	930	BR		930 PER MONTH
B4157SC	ENTERAL FORM., NUTRI. COMP., FOR SPEC. METAB. NEED FOR INHERITED DIS. OF METAB., INC. PRO., FATS, CARBS., VITS. & MINS., MAY INC. FIBER, ADMIN. ORALLY, 100 CAL. = 1 UNIT	0.00		0.00	930	BR		930 PER MONTH
E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP	15.52		0.00	1			1 PER YEAR
E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS	36.38		0.00	1			1 PER 3 YEARS
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, COMPLETE WITH TIPS AND HANDGRIPS	59.98		0.00	1			1 PER 2 YEARS
E0111	CRUTCH FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIPS	36.98		0.00	1			1 PER 2 YEARS
E0112	CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	21.34		0.00	1			1 PER 2 YEARS
E0113	CRUTCH UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP	10.67		0.00	1			1 PER 2 YEARS
E0114	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	24.25		0.00	1			1 PER 2 YEARS
E0116	CRUTCH UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP	12.13		0.00	1			1 PER 2 YEARS
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	53.35		0.00	1			1 PER 3 YEARS
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	53.35		0.00	1			1 PER 3 YEARS
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	81.48		0.00	1			1 PER 3 YEARS
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	86.24		0.00	1			1 PER 3 YEARS
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	439.93		0.00	1			1 PER 3 YEARS
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	97.24		0.00	1			1 PER 3 YEARS
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	170.82		0.00	1			1 PER 3 YEARS
E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH	34.44		0.00	2			2 PER 3 YEARS
E0154	PLATFORM ATTACHMENT, WALKER, EACH	40.26		0.00	2			2 PER 3 YEARS
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	27.71		0.00	1			1 PER 3 YEARS
E0156	SEAT ATTACHMENT, WALKER	17.14		0.00	1			1 PER 3 YEARS
E0157	CRUTCH ATTACHMENT, WALKER, EACH	39.77		0.00	1			1 PER 3 YEARS
E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	16.98		0.00	4			4 PER 3 YEARS
E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	13.64		0.00	1			2 PER 2 YEARS
E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	9.70		0.00	1			1 PER 8 YEARS
E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	24.25		0.00	1			1 PER 8 YEARS
E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	71.78		0.00	1			1 PER 8 YEARS
E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	72.27		0.00	1			1 PER 3 YEARS
E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	7.28		0.00	1			1 PER YEAR
E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	115.50		0.00	1			1 PER 3 YEARS
E0171	COMMODE CHAIR WITH SEAT LIFT MECHANISM	23.14		0.00	1			1 PER 3 YEARS
E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	121.25		0.00	1			1 PER 2 YEARS
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	121.25		0.00	1			1 PER 2 YEARS
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	121.25		0.00	1			1 PER 2 YEARS
E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	22.31		0.00	1			1 PER 2 YEARS
E0244	RAISED TOILET SEAT	29.10		0.00	1			1 PER 8 YEARS
E0245	TUB STOOL OR BENCH	35.00		0.00	1			1 PER 8 YEARS
E0246	TRANSFER TUB RAIL ATTACHMENT	14.55		0.00	1			1 PER 8 YEARS
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	795.40		79.54	1		PA	1 PER 8 YEARS
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	853.60		85.36	1		PA	1 PER 8 YEARS
E0271	MATTRESS, INNERSPRING	121.25		0.00	1			1 PER 4 YEARS
E0272	MATTRESS, FOAM RUBBER	121.25		0.00	1			1 PER 4 YEARS
E0275	BED PAN, STANDARD, METAL OR PLASTIC	7.76		0.00	1			1 PER 4 YEARS
E0276	BED PAN, FRACTURE, METAL OR PLASTIC	9.22		0.00	1			1 PER 4 YEARS
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350	2414.10		241.41	1		PA	1 PER 8 YEARS
E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	6.31		0.00	1			1 PER 4 YEARS
E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	8.73		0.00	1			1 PER 4 YEARS
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	0.00	RO	213.40	1			1 PER MONTH
E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	0.00	RO	38.53	1			1 PER MONTH
E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	0.00	RO	38.53	1			1 PER MONTH
E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	0.00	RO	213.40	1			1 PER MONTH
E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT	0.00	RO	126.10	1			1 PER MONTH
E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT	0.00	RO	126.10	1			1 PER MONTH
E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT	0.00	RO	19.52	1			1 PER MONTH
E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT	0.00	RO	19.52	1			1 PER MONTH
E0450	VOLUME VENTILATOR, STATIONARY OR PORTABLE, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY TUBE)	0.00	RO	756.60	1			MEDICAL NECESSITY
E0457	CHEST SHELL (CUIRASS)	0.00	RO	36.86	1			MEDICAL NECESSITY

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E0459	CHEST WRAP	340.50		34.05	1			MEDICAL NECESSITY
E0460	NEGATIVE PRESSURE VENTILATOR; PORTABLE OR STATIONARY	0.00	RO	641.17	1			MEDICAL NECESSITY
<b>E0461</b>	<b>VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK)</b>	<b>0.00</b>	<b>RO</b>	<b>756.60</b>	<b>1</b>			<b>MEDICAL NECESSITY</b>
<b>E0463</b>	<b>PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G. TRACHEOSTOMY TUBE)</b>	<b>0.00</b>	<b>RO</b>	<b>756.60</b>	<b>1</b>			<b>MEDICAL NECESSITY</b>
<b>E0464</b>	<b>PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK)</b>	<b>0.00</b>	<b>RO</b>	<b>756.60</b>	<b>1</b>			<b>MEDICAL NECESSITY</b>
E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	0.00	RO	177.75	1			1 PER MONTH
E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	0.00	RO	416.51	1			1 PER MONTH
E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	0.00	RO	416.51	1			1 PER MONTH
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	373.50		37.35	1			1 PER 4 YEARS
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	5288.00		0.00	1	PA		MEDICAL NECESSITY
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, (INCLUDES HOSES AND VEST), EACH	10676.25		0.00	1	PA		MEDICAL NECESSITY
E0485	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE	0.00		0.00	1	BR		1 PER YEAR
E0500	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES; INTERNAL OR EXTERNAL POWER SOURCE	0.00	RO	88.76	1			MEDICAL NECESSITY
E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY	0.00	RO	48.50	1			MEDICAL NECESSITY
E0555	HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	31.53		0.00	1			1 PER 2 YEARS
E0560	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR OXYGEN DELIVERY	0.00	RO	14.55	1			MEDICAL NECESSITY
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	0.00	RO	8.74	1			1 PER MONTH
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	0.00	RO	8.74	1			1 PER MONTH
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF-CONTAINED OR CYLINDER DRIVEN	0.00	RO	29.10	1			MEDICAL NECESSITY
E0570	NEBULIZER, WITH COMPRESSOR	106.70		0.00	1			1 PER 2 YEARS
<b>E0571</b>	<b>AEROSOL COMPRESSOR, BATTERY POWERED, FOR USE WITH SMALL VOLUME NEBULIZER</b>	<b>0.00</b>	<b>RO</b>	<b>24.12</b>	<b>4</b>			<b>1 PER MONTH</b>
E0572	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	0.00	RO	26.84	1			1 PER MONTH
E0574	ULTRASONIC/ELECTRONIC AEROSOL GENERATOR WITH SMALL VOLUME NEBULIZER	0.00	RO	28.36	1			1 PER MONTH
<b>E0575</b>	<b>NEBULIZER, ULTRASONIC, LARGE VOLUME</b>	<b>315.30</b>		<b>31.53</b>	<b>4</b>			<b>1 PER 2 YEARS</b>
E0585	NEBULIZER, WITH COMPRESSOR AND HEATER	150.40		15.04	1			1 PER 2 YEARS
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	303.90		30.39	1			1 PER 2 YEARS
E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	0.00	RO	80.03	1			MEDICAL NECESSITY
E0605	VAPORIZER, ROOM TYPE	18.92		0.00	1			1 PER 4 YEARS
E0606	POSTURAL DRAINAGE BOARD	160.10		16.01	1			1 PER 8 YEARS
E0607	HOME BLOOD GLUCOSE MONITOR	59.90		0.00	1			1 EVERY 5 YEARS
<b>E0621</b>	<b>SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON Please note: Effective October 1st, 2012, this code will be for all ages.</b>	<b>58.20</b>		<b>0.00</b>	<b>1</b>			<b>1 PER 4 YEARS</b>
<b>E0630</b>	<b>PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S) Please note: Effective October 1st, 2012, this code will be for all ages with prior authorization for all ages.</b>	<b>664.50</b>		<b>66.45</b>	<b>1</b>	<b>PA</b>		<b>1 PER 8 YEARS</b>
<b>E0635</b>	<b>PATIENT LIFT, ELECTRIC WITH SEAT OR SLING Please note: Effective October 1st, 2012, this code will be for all ages with prior authorization for all ages.</b>	<b>664.50</b>		<b>66.45</b>	<b>1</b>	<b>PA</b>		<b>1 PER 8 YEARS</b>
E0705	TRANSFER DEVICE, ANY TYPE, EACH	40.75		0.00	1			3 PER LIFETIME
E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS	0.00	RO	247.35	1			MAXIMUM 6 MOS RENTAL
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	0.00		0.00	1	PA		MEDICAL NECESSITY
E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL	24.74		0.00	1			1 PER LIFETIME
E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	150.40		15.04	1			1 PER 8 YEARS
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	266.80		26.68	1			1 PER 8 YEARS
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	67.42		0.00	1			2 PER 4 YEARS
E0951	HEEL LOOP/HOLDER, WITH OR WITHOUT ANKLE STRAP, EACH	19.02		0.00	2			2 PER YEAR
E0952	TOE LOOP/HOLDER, EACH	14.38		0.00	2			2 PER YEAR
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNT	161.74		0.00	1	PA		1 PER 3 YEARS
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIX	78.86		0.00	6	PA		6 PER 3 YEARS
E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNT	110.34		0.00	1	PA		1 PER 3 YEARS
E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	309.80		0.00	1			1 PER 4 YEARS
E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	57.35		0.00	2			2 PER 5 YEARS
E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY	79.12		0.00	1	PA		1 PER 3 YEARS
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	38.60		0.00	2			2 PER 4 YEARS
E0966	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	53.42		0.00	1			1 PER 5 YEARS
E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	53.63		0.00	2			2 PER 4 YEARS
E0968	COMMUNE SEAT, WHEELCHAIR	14.27		0.00	1			2 PER 4 YEARS
E0969	NARROWING DEVICE, WHEELCHAIR	124.69		0.00	1			2 PER 4 YEARS
E0971	ANTI-TIPPING DEVICE WHEELCHAIRS	48.14		0.00	2			2 PER 4 YEARS

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

CODE	DESCRIPTION	MAXPMT	RO	RENT	UNITS	BR	PA	LIMITS
E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	74.57		0.00	2			2 PER 4 YEARS
E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	101.70		0.00	1			2 PER 4 YEARS
E0977	WEDGE CUSHION, WHEELCHAIR	44.26		0.00	1			2 PER 4 YEARS
E0978	WHEELCHAIR ACCESSORY, SAFETY BELT/PELVIC STRAP, EACH	29.65		0.00	1			1 PER MEDICAL EVENT
E0980	SAFETY VEST, WHEELCHAIR	22.38		0.00	1			2 PER 4 YEARS
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH	38.51		0.00	1			2 PER 4 YEARS
E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH	44.35		0.00	1			1 PER 5 YEARS
E0983	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	2225.04		0.00	1	PA		1 PER 5 YEARS
E0984	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	1457.89		0.00	1	PA		1 PER 5 YEARS
E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH	4864.24		0.00	1	PA		1 PER 5 YEARS
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	89.61		0.00	2			2 PER 4 YEARS
E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	69.46		0.00	1			1 PER 5 YEARS
E0994	ARM REST, EACH	14.03		0.00	2			2 PER 4 YEARS
E0995	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH	19.72		0.00	2			2 PER 4 YEARS
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	3290.41		0.00	1	PA		1 PER 5 YEARS
E1003	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	3513.04		0.00	1	PA		1 PER 5 YEARS
E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	3895.24		0.00	1	PA		1 PER 5 YEARS
E1005	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	4216.28		0.00	1	PA		1 PER 5 YEARS
E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	91.76		0.00	2			2 PER 3 YEARS
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	105.04		0.00	2	PA		2 PER 3 YEARS
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	194.72		0.00	1	PA		1 PER 4 YEARS
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING H	165.32		0.00	6	PA		6 PER 5 YEARS
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	295.63		0.00	1	PA		1 PER 4 YEARS
E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	341.70		34.17	1			1 PER 5 YEARS
E1050	FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	689.00		68.90	1			1 PER 5 YEARS
E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS	853.00		85.30	1			1 PER 5 YEARS
E1065	POWER ATTACHMENT (TO CONVERT ANY WHEELCHAIR TO MOTORIZED WHEELCHAIR, E.G., SOLO)	0.00		0.00	1	PA		1 PER 5 YEARS
E1070	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	741.10		74.11	1			1 PER 5 YEARS
E1083	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG REST	532.80		53.28	1			1 PER 5 YEARS
E1084	HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	663.80		66.38	1			1 PER 5 YEARS
E1087	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	856.00		85.60	1			1 PER 5 YEARS
E1088	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEG RESTS	1020.70		102.07	1			1 PER 5 YEARS
E1092	WIDE HEAVY DUTY WHEEL CHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY DETACHABLE ELEVATING LEG RESTS	869.50		86.95	1			1 PER 5 YEARS
E1093	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	869.50		86.95	1			1 PER 5 YEARS
E1100	SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	702.50		70.25	1			1 PER 5 YEARS
E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEG REST	687.80		68.78	1			1 PER 5 YEARS
E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVATING LEGRESTS	552.00		55.20	1			1 PER 5 YEARS
E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	426.50		42.65	1			1 PER 5 YEARS
E1170	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	604.30		60.43	1			1 PER 5 YEARS
E1171	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, WITHOUT FOOTRESTS OR LEGREST	542.40		54.24	1			1 PER 5 YEARS
E1172	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) WITHOUT FOOTRESTS OR LEGREST	662.70		66.27	1			1 PER 5 YEARS
E1180	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTRESTS	685.60		68.56	1			1 PER 5 YEARS
E1190	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE ELEVATING LEGRESTS	792.10		79.21	1			1 PER 5 YEARS
E1195	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	850.00		85.00	1			1 PER 5 YEARS
E1200	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	588.70		58.87	1			1 PER 5 YEARS
E1221	WHEELCHAIR WITH FIXED ARM, FOOTRESTS	321.40		32.14	1			1 PER 5 YEARS
E1222	WHEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS	458.60		45.86	1			1 PER 5 YEARS
E1223	WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS	500.80		50.08	1			1 PER 5 YEARS
E1224	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	549.10		54.91	1			1 PER 5 YEARS
E1225	WHEELCHAIR ACCESSORY, SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	305.80		30.58	1			1 PER 5 YEARS
E1226	WHEELCHAIR ACCESSORY, FULLY RECLINING BACK, EACH	353.90		0.00	1			1 PER 5 YEARS
E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	220.90		0.00	1			1 PER 5 YEARS
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR	18.97		0.00	1			1 PER 5 YEARS
<b>E1230</b>	<b>POWER OPERATED VEHICLE (THREE OR FOUR WHEEL NONHIGHWAY) SPECIFY BRAND NAME AND MODEL NUMBER (This code will be discontinued effective October 1st, 2012)</b>	<b>1210.39</b>		<b>0.00</b>	<b>4</b>	<b>PA</b>		<b>1 PER 5 YEARS</b>
E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY DETACHABLE, ELEVATING LEGREST	697.00		69.70	1			1 PER 5 YEARS
E1270	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	534.20		53.42	1			1 PER 5 YEARS
E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	888.20		88.82	1			1 PER 5 YEARS
E1295	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEGREST	821.90		82.19	1			1 PER 5 YEARS
E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	391.39		0.00	1			1 PER 5 YEARS
E1297	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	83.27		0.00	1			1 PER 5 YEARS
E1298	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	299.29		0.00	1			1 PER 5 YEARS

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

CODE	DESCRIPTION	MAXPMT	RO	RENT	UNITS	BR	PA	LIMITS
E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	0.00	RO	170.48	1			1 PER MONTH
E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	0.00	RO	25.65	1			1 PER MONTH
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	0.00		0.00	1		PA	MEDICAL NECESSITY
E1801	STATIC PROGRESSIVE STRETCH ELBOW DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	73.50		0.00	1			2 PER 2 YEARS
E1806	STATIC PROGRESSIVE STRETCH WRIST DEVICE, FLEXION AND/OR EXTENSION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	73.50		0.00	1			2 PER 2 YEARS
E1810	DYNAMIC ADJUSTABLE KNEE EXTENSION, FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	73.50		0.00	1			2 PER 2 YEARS
E1811	STATIC PROGRESSIVE STRETCH KNEE DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	73.50		0.00	1			2 PER 2 YEARS
E1816	STATIC PROGRESSIVE STRETCH ANKLE DEVICE, FLEXION AND/OR EXTENSION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	73.50		0.00	1			2 PER 2 YEARS
E1818	STATIC PROGRESSIVE STRETCH FOREARM PRONATION / SUPINATION DEVICE, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	73.50		0.00	1			2 PER 2 YEARS
E1821	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH DEVICE	6.06		0.00	8			8 PER YEAR
E1840	DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	73.50		0.00	2			2 PER 2 YEARS
E1902	COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE COMMUNICATION DEVICE	0.00		0.00	1		PA	1 PER 5 YEARS
E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	22.80		0.00	1			2 PER 2 YEARS
E2101	BLOOD GLUCOSE MONITOR WITH INTEGRATED LANCING/BLOOD SAMPLE	150.87		0.00	1			1 PER 2 YEARS
E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	26.13		0.00	1			2 PER 4 YEARS
E2206	MANUAL WHEELCHAIR ACCESSORY, WHEELLOCK ASSEMBLY, COMPLETE, EACH	31.04		0.00	2			2 PER 4 YEARS
E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	34.68		0.00	1			1 PER 5 YEARS
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	95.02		0.00	1			1 PER 5 YEARS
E2209	ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	86.08		0.00	2			2 PER 4 YEARS
E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	5.24		0.00	6			6 PER 4 YEARS
E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	32.72		0.00	2			2 PER 2 YEARS
E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	4.70		0.00	2			2 PER 2 YEARS
E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE, ANY TYPE, ANY SIZE, EACH	24.32		0.00	2			2 PER 2 YEARS
E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	24.48		0.00	2			2 PER 2 YEARS
E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	7.68		0.00	2			2 PER 2 YEARS
E2217	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	27.14		0.00	2			2 PER 2 YEARS
E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	28.45		0.00	2			2 PER 2 YEARS
E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE EACH	22.81		0.00	2			2 PER 2 YEARS
E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE) ANY SIZE, EACH	20.44		0.00	2			2 PER 2 YEARS
E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	78.44		0.00	2			2 PER 2 YEARS
E2322	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	1128.28		0.00	1		PA	1 PER 5 YEARS
E2323	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	55.32		0.00	1			1 PER 5 YEARS
E2324	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	35.05		0.00	1			1 PER 5 YEARS
E2325	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE	1077.46		0.00	1		PA	1 PER 5 YEARS
E2326	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	277.71		0.00	1			1 PER 5 YEARS
E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE	2089.90			1		PA	1 PER 5 YEARS
E2328	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	3964.25			1		PA	1 PER 5 YEARS
E2329	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARD	1412.90			1		PA	1 PER 5 YEARS
E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HA	2737.67			1		PA	1 PER 5 YEARS
E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	85.73		0.00	2			4 PER 3 YEARS
E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)	106.42		0.00	2			4 PER 3 YEARS
E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	70.26		0.00	2			4 PER 3 YEARS
E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	141.94		0.00	2			4 PER 3 YEARS
E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	85.72		0.00	2			4 PER 3 YEARS
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	85.59		0.00	2			4 PER 3 YEARS
E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	201.16		0.00	1			1 PER 5 YEARS
E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	319.78		0.00	1			1 PER LIFETIME
E2368	POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY	413.25		0.00	2		PA	2 PER 5 YEARS
E2369	POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY	359.95		0.00	2		PA	2 PER 5 YEARS
E2370	POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONL	642.27		0.00	2		PA	2 PER 5 YEARS



**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

CODE	DESCRIPTION	MAXPMT	RO	RENT	UNITS	BR	PA	LIMITS
E2373	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	820.72		0.00	1		PA	1 PER 5 YEARS
E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER), PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE, REPLACEMENT ONLY	427.22		0.00	1		PA	1 PER 5 YEARS
E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	58.13		0.00	2			2 PER 4 YEARS
E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	15.85		0.00	2			2 PER 4 YEARS
E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	115.90		0.00	2			2 PER 4 YEARS
E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	37.77		0.00	2			2 PER 4 YEARS
E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	37.77		0.00	2			2 PER 4 YEARS
E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	58.13		0.00	2			2 PER 4 YEARS
E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	61.74		0.00	2			2 PER 4 YEARS
E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	58.13		0.00	2			2 PER 4 YEARS
E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	61.74		0.00	2			2 PER 4 YEARS
E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	58.13		0.00	2			2 PER 4 YEARS
E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	61.74		0.00	2			2 PER 4 YEARS
E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	61.40		0.00	2			2 PER 4 YEARS
E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	30.47		0.00	2			2 PER 4 YEARS
E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	45.00		0.00	2			2 PER 4 YEARS
E2500	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME <b>(Effective October 1st, 2012, Florida Medicaid will set a maxfee of \$336.03.)</b>	0.00		0.00	1		PA	1 PER 5 YEARS
E2502	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECORDING TIME <b>(Effective October 1st, 2012, Florida Medicaid will set a maxfee of \$1,027.54.)</b>	0.00		0.00	1		PA	1 PER 5 YEARS
E2504	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES RECORDING TIME <b>(Effective October 1st, 2012, Florida Medicaid will set a maxfee of \$1,355.47.)</b>	0.00		0.00	1		PA	1 PER 5 YEARS
E2506	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME <b>(Effective October 1st, 2012, Florida Medicaid will set a maxfee of \$1,987.53.)</b>	0.00		0.00	1		PA	1 PER 5 YEARS
E2508	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE <b>(Effective October 1st, 2012, Florida Medicaid will set a maxfee of \$3,073.38.)</b>	0.00		0.00	1		PA	1 PER 5 YEARS
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS <b>(Effective October 1st, 2012, Florida Medicaid will set a maxfee of \$5,815.95.)</b>	0.00		0.00	1		PA	1 PER 5 YEARS
E2511	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT	0.00		0.00	1		PA	1 PER 5 YEARS
E2512	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	0.00		0.00	1		PA	1 PER 5 YEARS
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	0.00		0.00	1		PA	1 PER 5 YEARS
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	70.92		0.00	1		PA	1 PER 3 YEARS
E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	129.50		0.00	1		PA	1 PER 3 YEARS
E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	186.43		0.00	1		PA	1 PER 3 YEARS
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	252.60		0.00	1		PA	1 PER 3 YEARS
E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	257.35		0.00	1		PA	1 PER 3 YEARS
E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	348.85		0.00	1		PA	1 PER 3 YEARS
E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	236.48		0.00	1		PA	1 PER 3 YEARS
E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	283.20		0.00	1		PA	1 PER 3 YEARS
E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT INCLUDING ANY TYPE MOUNTING HARDWARE	249.88		0.00	1		PA	1 PER 3 YEARS
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	338.03		0.00	1		PA	1 PER 3 YEARS
E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	314.43		0.00	1		PA	1 PER 3 YEARS
E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	435.14		0.00	1		PA	1 PER 3 YEARS
E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	361.85		0.00	1		PA	1 PER 3 YEARS
E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	486.86		0.00	1		PA	1 PER 3 YEARS
E2619	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH	49.05		0.00	1			1 PER 3 YEARS
E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	438.16		0.00	1		PA	1 PER 3 YEARS
E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	459.81		0.00	1		PA	1 PER 3 YEARS
J16429C	<b>INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS</b>	<b>0.65</b>		<b>0.00</b>	<b>4</b>			<b>372 PER MONTH</b>
J2545	<b>PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG</b>	<b>79.26</b>		<b>0.00</b>	<b>4</b>			<b>31 PER MONTH</b>
J7518	<b>MYCOPHENOLIC ACID, ORAL, 180 MG</b>	<b>2.72</b>		<b>0.00</b>	<b>240</b>			<b>MEDICAL NECESSITY</b>
J7608	<b>ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FOR</b>	<b>0.65</b>		<b>0.00</b>	<b>155</b>			<b>155 PER MONTH</b>
J7614	<b>ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG</b>	<b>0.24</b>		<b>0.00</b>	<b>155</b>			<b>155 PER MONTH</b>
J7612	<b>LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG</b>	<b>1.36</b>		<b>0.00</b>	<b>155</b>			<b>155 PER MONTH</b>
J7613	<b>ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG</b>	<b>0.03</b>		<b>0.00</b>	<b>155</b>			<b>155 PER MONTH</b>
J7620	<b>ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, NON-COMPOUNDED, FDA APPROVED</b>	<b>0.62</b>		<b>0.00</b>	<b>155</b>			<b>155 PER MONTH</b>

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J7622	BECLOMETHASONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FOR	0.32		0.00	310			310 PER MONTH
J7624	BETAMETHASONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM	1.14		0.00	155			155 PER MONTH
J7626	BUDESONIDE INHALATION SOLUTION, NON-COMPOUNDED, ADMINISTERED THROUGH DME, U	2.51		0.00	4			31 PER MONTH
J7628	BIFOLTEROL MESYLATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTR	0.46		0.00	155			155 PER MONTH
J7629	BIFOLTEROL MESYLATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOS	0.46		0.00	155			155 PER MONTH
J7631	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FO	0.09		0.00	155			155 PER MONTH
J7633	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER-0.25 MILLIGRAM	0.02		0.00	155			155 PER MONTH
J7635	ATROPINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM,	0.02		0.00	155			155 PER MONTH
J7636	ATROPINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER	0.02		0.00	155			155 PER MONTH
J7637	DEXAMETHASONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED F	0.74		0.00	155			155 PER MONTH
J7638	DEXAMETHASONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM	0.74		0.00	155			155 PER MONTH
J7639	DORNASE ALFA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER-MILLIGRAM	22.54		0.00	155			155 PER MONTH
J7641	FLUNISOLIDE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER M	0.40		0.00	310			310 PER MONTH
J7642	GLYCOPYRROLATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED	0.67		0.00	155			155 PER MONTH
J7643	GLYCOPYRROLATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FOR	0.67		0.00	155			155 PER MONTH
J7644	IPRATROPIUM BROMIDE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOS	0.10		0.00	155			155 PER MONTH
J7648	ISOETHARINE HCL, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED	0.60		0.00	310			310 PER MONTH
J7649	ISOETHARINE HCL, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FO	0.60		0.00	310			310 PER MONTH
J7658	ISOPROTERENOL HCL, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRAT	4.71		0.00	4			31 PER MONTH
J7659	ISOPROTERENOL HCL, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE	4.71		0.00	4			31 PER MONTH
J7668	METAPROTERENOL SULFATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCE	0.15		0.00	155			155 PER MONTH
J7669	METAPROTERENOL SULFATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT	0.15		0.00	155			155 PER MONTH
J7680	TERBUTALINE SULFATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTR	0.07		0.00	155			155 PER MONTH
J7681	TERBUTALINE SULFATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOS	0.07		0.00	155			155 PER MONTH
J7682	TOBRAMYCIN, UNIT DOSE FORM, 300 MG, INHALATION SOLUTION, ADMINISTERED	13.24		0.00	155			155 PER MONTH
J7683	TRIAMCINOLONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED F	0.20		0.00	155			155 PER MONTH
J7684	TRIAMCINOLONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM	0.20		0.00	155			155 PER MONTH
J7699	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	0.00		0.00	4			BY REPORT
K0001	STANDARD WHEELCHAIR	354.30		35.43	1			1 PER 5 YEARS
K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	530.70		53.07	1			1 PER 5 YEARS
K0003	LIGHTWEIGHT WHEELCHAIR	581.10		58.11	1			1 PER 5 YEARS
K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	866.80		86.68	1			1 PER 5 YEARS
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	1410.70		0.00	1			1 PER 5 YEARS
K0006	HEAVY DUTY WHEELCHAIR	813.40		81.34	1			1 PER 5 YEARS
K0007	EXTRA HEAVY DUTY WHEELCHAIR	1263.90		126.39	1			1 PER 5 YEARS
K0009	OTHER MANUAL WHEELCHAIR/BASE	0.00		0.00	1	PA		1 PER 5 YEARS
K0010	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	2763.00		276.30	1	PA		1 PER 5 YEARS
K0044	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR-DAMPENING, ACCELERATION CONTROL AND BRAKING (This code will be discontinued effective October 1, 2012)	3699.70		369.97	4	PA		4 PER 5 YEARS
K0012	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	2269.40		226.94	1	PA		1 PER 5 YEARS
K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE	0.00		0.00	1	PA		1 PER 5 YEARS
K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	138.65		0.00	2			2 PER 5 YEARS
K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH	39.00		0.00	2			2 PER 5 YEARS
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH	21.78		0.00	2			2 PER 5 YEARS
K0019	ARM PAD, EACH	12.47		0.00	2			2 PER 5 YEARS
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	35.45		0.00	1			2 PER 4 YEARS
K0037	HIGH MOUNT FLIP-UP FOOTREST, EACH	36.75		0.00	2			2 PER 4 YEARS
K0038	LEG STRAP, EACH	18.51		0.00	2			2 PER 4 YEARS
K0039	LEG STRAP, H STYLE, EACH	41.11		0.00	2			2 PER 4 YEARS
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	56.98		0.00	2			2 PER 2 YEARS
K0041	LARGE SIZE FOOTPLATE, EACH	40.38		0.00	2			2 PER 2 YEARS
K0042	STANDARD SIZE FOOTPLATE, EACH	27.79		0.00	2			2 PER 2 YEARS
K0043	FOOTREST, LOWER EXTENSION TUBE, EACH	14.90		0.00	2			2 PER 2 YEARS
K0044	FOOTREST, UPPER HANGER BRACKET, EACH	12.97		0.00	2			2 PER 2 YEARS
K0045	FOOTREST, COMPLETE ASSEMBLY	43.00		0.00	2			2 PER 2 YEARS
K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH	14.90		0.00	2			2 PER 4 YEARS
K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, EACH	58.36		0.00	2			2 PER 4 YEARS
K0050	RATCHET ASSEMBLY	24.80		0.00	2			2 PER 4 YEARS
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH	40.14		0.00	2			2 PER 4 YEARS
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	70.54		0.00	2			2 PER 4 YEARS

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K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	77.84		0.00	2			2 PER 4 YEARS
K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	72.65		0.00	1			1 PER 4 YEARS
K0065	SPOKE PROTECTORS, EACH	33.93		0.00	2			1 PER 4 YEARS
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	76.24		0.00	2			1 PER 4 YEARS
K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	139.77		0.00	2			1 PER 4 YEARS
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	83.36		0.00	2			1 PER 4 YEARS
K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	50.18		0.00	2			1 PER 4 YEARS
K0073	CASTER PIN LOCK, EACH	25.54		0.00	2			1 PER 4 YEARS
K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	44.90		0.00	2			1 PER 4 YEARS
K0098	DRIVE BELT FOR POWER WHEELCHAIR	20.15		0.00	1			2 PER 4 YEARS
K0099	FRONT CASTER FOR POWER WHEELCHAIR, EACH	61.74		0.00	2			2 PER 4 YEARS
K0105	IV HANGER, EACH	75.87		0.00	2			1 PER 5 YEARS
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	0.00		0.00	1	PA		MEDICAL NECESSITY
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	150.60		15.06	1			2 PER 4 YEARS
K0739	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES	10.00		0.00	16			\$160.00 PER YEAR
<b>K0800</b>	<b>POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS</b> (This code will be effective October 1st, 2012)	<b>957.40</b>		<b>95.74</b>	<b>1</b>	<b>PA</b>		<b>1 PER 5 YEARS</b>
<b>K0801</b>	<b>POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS</b> (This code will be effective October 1st, 2012)	<b>1543.60</b>		<b>154.36</b>	<b>1</b>	<b>PA</b>		<b>1 PER 5 YEARS</b>
<b>K0802</b>	<b>POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS</b> (This code will be effective October 1st, 2012)	<b>1746.90</b>		<b>174.69</b>	<b>1</b>	<b>PA</b>		<b>1 PER 5 YEARS</b>
<b>K0822</b>	<b>POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS</b> (This code will be effective October 1st, 2012)	<b>3699.70</b>		<b>369.97</b>	<b>1</b>	<b>PA</b>		<b>1 PER 5 YEARS</b>
<b>K0823</b>	<b>POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS</b> (This code will be effective October 1st, 2012)	<b>3699.70</b>		<b>369.97</b>	<b>1</b>	<b>PA</b>		<b>1 PER 5 YEARS</b>
<b>K0824</b>	<b>POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS</b> (This code will be effective October 1st, 2012)	<b>5379.90</b>		<b>537.99</b>	<b>1</b>	<b>PA</b>		<b>1 PER 5 YEARS</b>
<b>K0825</b>	<b>POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS</b> (This code will be effective October 1st, 2012)	<b>4925.30</b>		<b>492.53</b>	<b>1</b>	<b>PA</b>		<b>1 PER 5 YEARS</b>
<b>K0826</b>	<b>POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS</b> (This code will be effective October 1st, 2012)	<b>6965.00</b>		<b>696.50</b>	<b>1</b>	<b>PA</b>		<b>1 PER 5 YEARS</b>
<b>K0827</b>	<b>POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS</b> (This code will be effective October 1st, 2012)	<b>5922.30</b>		<b>592.23</b>	<b>1</b>	<b>PA</b>		<b>1 PER 5 YEARS</b>
L0120	CERVICAL, FLEXIBLE, NON-ADJUSTABLE (FOAM COLLAR)	12.13		0.00	1			2 PER MEDICAL EVENT
L0130	CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATIENT	48.50		0.00	1			1 PER MEDICAL EVENT
L0140	CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR)	38.80		0.00	1			1 PER YEAR
L0150	CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR WITH MANDIBULAR/OCCIPITAL PIECE)	53.35		0.00	1			1 PER MEDICAL EVENT
L0160	CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT	87.30		0.00	1			1 PER MEDICAL EVENT
L0170	CERVICAL, COLLAR, MOLDED TO PATIENT MODEL	348.93		0.00	1			1 PER MEDICAL EVENT
L0172	CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO PIECE	43.17		0.00	1			2 PER MEDICAL EVENT
L0174	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION	52.38		0.00	1			1 PER YEAR
L0180	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	180.42		0.00	1			1 PER MEDICAL EVENT
L0190	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS (SOMI, GUILFORD, TAYLOR TYPES)	281.30		0.00	1			1 PER MEDICAL EVENT
L0200	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS, AND THORACIC EXTENSION	197.88		0.00	1			1 PER MEDICAL EVENT
L0220	THORACIC, RIB BELT, CUSTOM FABRICATED	58.20		0.00	1			1 PER YEAR
L0450	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTEVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	121.76		0.00	1			1 PER MEDICAL EVENT
L0452	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, CUSTOM FABRICATED	227.53		0.00	1			1 PER MEDICAL EVENT
L0454	TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE	220.10		0.00	1			1 PER MEDICAL EVENT
L0456	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE	220.10		0.00	1			1 PER MEDICAL EVENT
L0458	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE	546.30		0.00	1			1 PER MEDICAL EVENT
L0460	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE	546.30		0.00	1			1 PER MEDICAL EVENT
L0462	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE	546.30		0.00	1			1 PER MEDICAL EVENT
L0464	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO THE STERNAL NOTCH,	546.30		0.00	1			1 PER MEDICAL EVENT

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L0466	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS	247.50		0.00	1			1 PER MEDICAL EVENT
L0468	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCYGEAL JUNCTION OVER SCAPULAE, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME	310.30		0.00	1			1 PER MEDICAL EVENT
L0470	TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCYGEAL JUNCTION TO SCAPULA, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES	441.79		0.00	1			1 PER MEDICAL EVENT
L0472	TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND LATERAL FRAME EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH WITH TWO ANTERIOR COMPONENTS (ONE PUBIC AND ONE STERNAL), POSTERIOR AND LATERAL PADS WITH STRAPS AND CLOSURES	277.30		0.00	1			1 PER MEDICAL EVENT
L0474	TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME WITH FLEXIBLE SOFT APRON ANTERIOR WITH MULTIPLE STRAPS, CLOSURES AND PADDING	389.18		0.00	1			1 PER MEDICAL EVENT
L0480	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE	857.50		0.00	1			1 PER MEDICAL EVENT
L0482	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE	983.01		0.00	1			1 PER MEDICAL EVENT
L0484	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE	1145.74		0.00	1			1 PER MEDICAL EVENT
L0486	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE	1135.42		0.00	1			1 PER MEDICAL EVENT
L0488	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE	227.53		0.00	1			1 PER MEDICAL EVENT
L0490	TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELL, WITH OVERLAPPING REINFORCED ANTERIOR, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCYGEAL JUNCTION AND TERMINATES AT OR BEFORE THE T-9 VERTEBRA	734.56		0.00	1			1 PER MEDICAL EVENT
L0491	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID	621.62		0.00	1			1 PER 2 YEARS
L0621	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTI	72.17		0.00	1			1 PER 2 YEARS
L0622	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTI	195.70		0.00	1			1 PER 2 YEARS
L0623	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIG	34.00		0.00	1			1 PER 2 YEARS
L0624	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIG	241.68		0.00	1			1 PER 2 YEARS
L0625	LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM	44.60		0.00	1			1 PER 2 YEARS
L0626	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR	63.10		0.00	1			1 PER 2 YEARS
L0627	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS	332.72		0.00	1			1 PER 2 YEARS
L0628	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR	67.89		0.00	1			1 PER 2 YEARS
L0629	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR	173.63		0.00				MEDICAL NECESSITY
L0630	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), PO	131.07		0.00	1			2 PER LIFETIME
L0631	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	830.92		0.00	1			2 PER LIFETIME
L0700	CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSSO), ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, (MINERVA TYPE)	1406.50		0.00	1			1 PER MEDICAL EVENT
L0710	CTLSSO, ANTERIOR-POSTERIOR-LATERAL-CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL, (MINERVA TYPE)	1552.00		0.00	1			1 PER MEDICAL EVENT
L0810	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST	1552.00		0.00	1			1 PER MEDICAL EVENT
L0820	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET	1164.00		0.00	1			1 PER MEDICAL EVENT
L0830	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS	1527.75		0.00	1			1 PER MEDICAL EVENT
L0859	ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RI	917.03		0.00	2			2 EVERY 2 YEARS
L0860	ADDITION TO HALO PROCEDURES, MAGNETIC REASONANCE IMAGE COMPATIBLE SYSTEM	679.17		0.00	1			1 PER MEDICAL EVENT
L0970	TLSSO, CORSET FRONT	50.93		0.00	1			1 PER 2 YEARS
L0972	LSO, CORSET FRONT	48.50		0.00	1			1 PER 2 YEARS
L0974	TLSSO, FULL CORSET	111.55		0.00	1			1 PER 2 YEARS
L0976	LSO, FULL CORSET	112.52		0.00	1			1 PER 2 YEARS
L0978	AXILLARY CRUTCH EXTENSION	67.90		0.00	1			1 PER 2 YEARS
L0980	PERONEAL STRAPS, PAIR	3.88		0.00	1			2 PER YEAR
L0984	PROTECTIVE BODY SOCK, EACH	33.84		0.00	2			2 PER YEAR
L0999	ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	0.00		0.00	1	BR		MEDICAL NECESSITY
L1000	CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSSO) (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS, INCLUDING MODEL	937.02		0.00	1			1 PER YEAR
L1005	TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT	60.00		0.00	1			1 PER 2 YEARS
L1010	ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSSO) OR SCOLIOSIS ORTHOSIS, AXILLA SLING	33.95		0.00	1			1 PER YEAR
L1020	ADDITION TO CTLSSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD	59.66		0.00	2			2 PER YEAR
L1025	ADDITION TO CTLSSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOATING	78.57		0.00	1			1 PER YEAR
L1030	ADDITION TO CTLSSO OR SCOLIOSIS ORTHOSIS, LUMBAR BOLSTER PAD	59.17		0.00	2			2 PER YEAR
L1040	ADDITION TO CTLSSO OR SCOLIOSIS ORTHOSIS, LUMBAR OR LUMBAR RIB PAD	67.90		0.00	2			2 PER YEAR
L1050	ADDITION TO CTLSSO OR SCOLIOSIS ORTHOSIS, STERNAL PAD	39.77		0.00	1			1 PER YEAR
L1060	ADDITION TO CTLSSO OR SCOLIOSIS ORTHOSIS, THORACIC PAD	45.59		0.00	2			2 PER YEAR
L1070	ADDITION TO CTLSSO OR SCOLIOSIS ORTHOSIS, TRAPEZIUS SLING	33.95		0.00	2			2 PER YEAR
L1080	ADDITION TO CTLSSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER	43.65		0.00	2			2 PER YEAR
L1085	ADDITION TO CTLSSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BILATERAL WITH VERTICAL EXTENSIONS	66.93		0.00	1			1 PER YEAR
L1090	ADDITION TO CTLSSO OR SCOLIOSIS ORTHOSIS, LUMBAR SLING	43.65		0.00	2			2 PER YEAR
L1100	ADDITION TO CTLSSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER	72.75		0.00	1			1 PER YEAR

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L1110	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER, MOLDED TO PATIENT MODEL	121.25		0.00	1			1 PER YEAR
L1120	ADDITION TO CTLSO, SCOLIOSIS ORTHOSIS, COVER FOR UPRIGHT, EACH	21.34		0.00	6			6 PER YEAR
L1200	THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY	679.00		0.00	1			1 PER YEAR
L1210	ADDITION TO TLSO, (LOW PROFILE), LATERAL THORACIC EXTENSION	45.59		0.00	2			2 PER YEAR
L1220	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC EXTENSION	45.59		0.00	1			1 PER YEAR
L1230	ADDITION TO TLSO, (LOW PROFILE), MILWAUKEE TYPE SUPERSTRUCTURE	266.75		0.00	1			1 PER 2 YEARS
L1240	ADDITION TO TLSO, (LOW PROFILE), LUMBAR DEROTATION PAD	48.50		0.00	2			2 PER YEAR
L1250	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR ASIS PAD	30.07		0.00	2			2 PER YEAR
L1260	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC DEROTATION PAD	58.20		0.00	2			2 PER YEAR
L1270	ADDITION TO TLSO, (LOW PROFILE), ABDOMINAL PAD	50.44		0.00	2			2 PER YEAR
L1280	ADDITION TO TLSO, (LOW PROFILE), RIB GUSSET (ELASTIC), EACH	46.56		0.00	2			2 PER YEAR
L1290	ADDITION TO TLSO, (LOW PROFILE), LATERAL TROCHANTERIC PAD	43.65		0.00	2			2 PER YEAR
L1300	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL	727.50		0.00	1			1 PER YEAR
L1310	OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET	776.00		0.00	1			1 PER MEDICAL EVENT
L1499	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	0.00		0.00	1	BR		MEDICAL NECESSITY
<b>L1500</b>	<b>THORACIC-HIP-KNEE-ANKLE ORTHOSIS (THKAO), MOBILITY FRAME (NEWINGTON, PARAPODIUM TYPES)</b>	<b>4069.56</b>		<b>0.00</b>	<b>4</b>			<b>3 PER LIFETIME</b>
<b>L1510</b>	<b>THKAO, STANDING FRAME, WITH OR WITHOUT TRAY AND ACCESSORIES</b>	<b>676.64</b>		<b>0.00</b>	<b>4</b>			<b>3 PER LIFETIME</b>
<b>L1520</b>	<b>THKAO, SWIVEL WALKER</b>	<b>1607.15</b>		<b>0.00</b>	<b>4</b>			<b>3 PER LIFETIME</b>
L1600	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA TYPE WITH COVER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	53.35		0.00	1			1 PER LIFETIME
L1620	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK HARNESS), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	43.65		0.00	1			1 PER 5 YEARS
L1630	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE (VON ROSEN TYPE), CUSTOM-FABRICATED	53.35		0.00	1			1 PER LIFETIME
L1640	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER BAR, THIGH CUFFS, CUSTOM-FABRICATED	116.40		0.00	1			1 PER 5 YEARS
L1650	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (ILFLED TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	116.40		0.00	1			1 PER LIFETIME
L1652	HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR, ADULT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT, ANY TYPE	184.66		0.00	1			1 PER MEDICAL EVENT
L1660	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	29.10		0.00	1			1 PER 5 YEARS
L1680	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, ADJUSTABLE HIP MOTION CONTROL, THIGH CUFFS (RANCHO HIP ACTION TYPE), CUSTOM FABRICATED	460.75		0.00	1			1 PER MEDICAL EVENT
L1685	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, CUSTOM FABRICATED	819.65		0.00	1			1 PER MEDICAL EVENT
L1686	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	567.45		0.00	1			1 PER MEDICAL EVENT
L1690	COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDUCTION AND INTERNAL ROTATION CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1170.82		0.00	2			2 PER MEDICAL EVENT
L1700	LEGG PERTHES ORTHOSIS, (TORONTO TYPE), CUSTOM-FABRICATED	904.04		0.00	1			1 PER MEDICAL EVENT
L1710	LEGG PERTHES ORTHOSIS, (NEWINGTON TYPE), CUSTOM FABRICATED	557.75		0.00	1			1 PER MEDICAL EVENT
L1720	LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE), CUSTOM-FABRICATED	834.20		0.00	1			1 PER MEDICAL EVENT
L1730	LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM-FABRICATED	557.75		0.00	1			1 PER MEDICAL EVENT
<del>L1750</del>	<del>LEGG PERTHES ORTHOSIS, LEGG PERTHES SLING (SAM BROWN TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT-Effective 12/31/2005-</del>	<del>66.93</del>		<del>0.00</del>	<del>4</del>			<del>4 PER MEDICAL EVENT</del>
L1755	LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM-FABRICATED	732.35		0.00	1			1 PER MEDICAL EVENT
L1810	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	79.06		0.00	2			2 PER YEAR
L1820	KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	58.20		0.00	2			2 PER YEAR
L1830	KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	48.50		0.00	2			2 PER YEAR
L1832	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS, POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	559.32		0.00	2			2 PER 2 YEARS
L1834	KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUSTOM-FABRICATED	630.50		0.00	2			2 PER YEAR
L1836	KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	69.12		0.00	2			2 PER YEAR
L1840	KNEE ORTHOSIS, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM FABRICATED	582.00		0.00	2			2 PER YEAR
L1843	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	323.72		0.00	2			2 PER 2 YEARS
L1844	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED	572.30		0.00	2			2 PER 2 YEARS
L1845	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	572.30		0.00	2			2 PER 2 YEARS
L1846	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED	577.15		0.00	2			2 PER YEAR
L1847	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	348.25		0.00	2			2 PER MEDICAL EVENT
L1850	KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	134.83		0.00	2			2 PER 2 YEARS
L1860	KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM-FABRICATED (SK)	485.00		0	2			2 PER 2 YEARS
L1900	ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM-FABRICATED	189.15		0.00	2			2 PER 2 YEARS
L1902	ANKLE FOOT ORTHOSIS, ANKLE GAUNTLET, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	39.29		0.00	2			2 PER YEAR
L1904	ANKLE FOOT ORTHOSIS, MOLDED ANKLE GAUNTLET, CUSTOM-FABRICATED	221.65		0.00	2			2 PER YEAR
L1906	ANKLE FOOT ORTHOSIS, MULTILIGAMENTUS ANKLE SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	83.91		0.00	2			2 PER MEDICAL EVENT
L1910	ANKLE FOOT ORTHOSIS, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	137.74		0.00	2			2 PER 2 YEARS
L1920	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR PERLSTEIN TYPE), CUSTOM-FABRICATED	126.10		0.00	2			2 PER YEAR
L1930	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	79.06		0.00	2			2 PER YEAR

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CODE	DESCRIPTION	MAXPMT	RO	RENT	UNITS	BR	PA	LIMITS
L1940	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM-FABRICATED	261.90		0.00	2			2 PER YEAR
L1945	ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), CUSTOM-FABRICATED	630.50		0.00	2			2 PER YEAR
L1950	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC, CUSTOM-FABRICATED	215.34		0.00	2			2 PER YEAR
L1960	ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM-FABRICATED	251.23		0.00	2			2 PER YEAR
L1970	ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM-FABRICATED	363.75		0.00	2			2 PER YEAR
L1980	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (SINGLE BAR 'BK' ORTHOSIS), CUSTOM-FABRICATED							
		121.25		0.00	2			2 PER 2 YEARS
L1990	ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR 'BK' ORTHOSIS), CUSTOM-FABRICATED	223.10		0.00	2			2 PER 2 YEARS
L2000	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), CUSTOM-FABRICATED	282.27		0.00	2			2 PER 2 YEARS
L2010	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM-FABRICATED	237.65		0.00	2			2 PER 2 YEARS
L2020	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (DOUBLE BAR 'AK' ORTHOSIS), CUSTOM-FABRICATED	461.72		0.00	2			2 PER YEAR
L2030	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS, (DOUBLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM FABRICATED	295.85		0.00	2			2 PER 2 YEARS
L2034	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FRE	1236.00		0.00	1			2 PER 2 YEARS
L2036	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, FREE KNEE, CUSTOM-FABRICATED	1047.60		0.00	2			2 PER YEAR
L2037	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, FREE KNEE, CUSTOM-FABRICATED	1067.00		0.00	2			2 PER 2 YEARS
L2038	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH KNEE JOINT, MULTI-AXIS ANKLE, (LIVELY ORTHOSIS OR EQUAL), CUSTOM-FABRICATED	582.00		0.00	2			2 PER YEAR
L2039	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, POLY-AXIAL HINGE, MEDIAL LATERAL ROTATION CONTROL, CUSTOM-FABRICATED	1236.00		0.00	2			2 PER 2 YEARS
L2040	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED	97.00		0.00	1			1 PER YEAR
L2050	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED	232.80		0.00	1			1 PER YEAR
L2060	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, BALL BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM-FABRICATED							
		291.00		0.00	1			1 PER YEAR
L2070	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED	60.14		0.00	1			1 PER YEAR
L2080	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED	189.15		0.00	1			1 PER YEAR
L2090	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, BALL BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM-FABRICATED							
		262.79		0.00	2			2 PER 2 YEARS
L2106	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED	228.92		0.00	2			2 PER MEDICAL EVENT
L2108	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED	598.49		0.00	2			2 PER MEDICAL EVENT
L2112	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	331.74		0.00	2			2 PER MEDICAL EVENT
L2114	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	465.60		0.00	2			2 PER MEDICAL EVENT
L2116	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	465.60		0.00	2			2 PER MEDICAL EVENT
L2126	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED							
		776.49		0.00	2			2 PER MEDICAL EVENT
L2128	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED	976.31		0.00	2			2 PER MEDICAL EVENT
L2132	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	487.91		0.00	2			2 PER MEDICAL EVENT
L2134	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	487.91		0.00	2			2 PER MEDICAL EVENT
L2136	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	665.42		0.00	2			2 PER MEDICAL EVENT
L2180	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH ANKLE JOINTS	43.65		0.00	2			2 PER MEDICAL EVENT
L2182	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT	41.16		0.00	2			2 PER MEDICAL EVENT
L2184	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT	74.11		0.00	2			2 PER MEDICAL EVENT
L2186	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT, LERMAN TYPE	43.65		0.00	2			2 PER MEDICAL EVENT
L2188	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, QUADRILATERAL BRIM	288.09		0.00	2			2 PER MEDICAL EVENT
L2190	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT	48.02		0.00	2			2 PER MEDICAL EVENT
L2192	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH FLANGE, AND PELVIC BELT	150.35		0.00	1			1 PER MEDICAL EVENT
L2200	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT	20.91		0.00	4			2 PER Individual ORTHOSIS
L2210	ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACH JOINT	43.65		0.00	4			2 PER Individual ORTHOSIS
L2220	ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST, EACH JOINT	56.26		0.00	4			2 PER Individual ORTHOSIS
L2230	ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS AND PLATE ATTACHMENT	31.04		0.00	2			2 PER ORTHOSIS
L2240	ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT	31.04		0.00	2			2 PER ORTHOSIS
L2250	ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP ATTACHMENT	179.45		0.00	2			2 PER ORTHOSIS
L2260	ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE)	67.90		0.00	2			2 PER ORTHOSIS
L2265	ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP	19.40		0.00	2			2 PER ORTHOSIS
L2270	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION (T) STRAP, PADDED/LINED OR MALLEOLUS PAD	31.04		0.00	4			1 PER ORTHOSIS
L2275	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION, PADDED/LINED	72.85		0.00	4			Only 2 PER ORTHOSIS
L2280	ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT	242.50		0.00	2			2 PER 3 YEARS
L2300	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP INVOLVEMENT), JOINTED, ADJUSTABLE	72.75		0.00	1			1 PER 2 YEARS
L2310	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR-STRAIGHT	43.65		0.00	1			1 PER 2 YEARS
L2320	ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER	67.90		0.00	2			2 PER ORTHOSIS
L2330	ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL	161.99		0.00	2			2 PER ORTHOSIS
L2335	ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND	110.58		0.00	2			2 PER ORTHOSIS

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L2340	ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL	290.03		0.00	2			2 PER ORTHOSIS
L2350	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL, (USED FOR 'PTB' 'AFO' ORTHOSIS)	363.75		0.00	4			2 PER Individual ORTHOSIS
L2360	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK	29.10		0.00	4			4 PER YEAR
L2370	ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM	65.96		0.00	4			2 PER Individual ORTHOSIS
L2375	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLID STIRRUP	43.65		0.00	4			4 PER ORTHOSIS
L2380	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT	43.65		0.00	4			4 PER ORTHOSIS
L2385	ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT	21.83		0.00	4			4 PER ORTHOSIS
L2390	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT	42.20		0.00	4			4 PER ORTHOSIS
L2395	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT	73.46		0.00	4			4 PER ORTHOSIS
L2397	ADDITION TO LOWER EXTREMITY ORTHOSIS, SUSPENSION SLEEVE	65.34		0.00	2			4 PER ORTHOSIS
L2405	ADDITION TO KNEE JOINT, LOCK; DROP, STANCE OR SWING PHASE, EACH JOINT	21.34		0.00	4			4 PER ORTHOSIS
L2415	ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM ( BAIL, CABLE, OR EQUAL), ANY MATERIAL, EACH JOINT	142.11		0.00	4			4 PER ORTHOSIS
L2425	ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT	104.76		0.00	4			4 PER ORTHOSIS
L2430	ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION, EACH JOINT	58.30		0.00	4			2 PER ORTHOSIS
L2492	ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING	19.40		0.00	4			2 PER ORTHOSIS
L2500	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, GLUTEAL/ ISCHIAL WEIGHT BEARING, RING	98.94		0.00	2			1 PER Individual ORTHOSIS
L2510	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, MOLDED TO PATIENT MODEL	334.65		0.00	2			1 PER ORTHOSIS
L2520	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, CUSTOM FITTED	174.60		0.00	2			1 PER ORTHOSIS
L2525	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM MOLDED TO PATIENT MODEL	630.50		0.00	2			1 PER ORTHOSIS
L2526	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED	436.50		0.00	2			1 PER ORTHOSIS
L2530	ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, LACER, NON-MOLDED	87.30		0.00	2			1 PER ORTHOSIS
L2540	ADDITION TO LOWER EXTREMITY, THIGHWEIGHT BEARING, LACER, MOLDED TO PATIENT MODEL	161.99		0.00	2			1 PER ORTHOSIS
L2550	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF	113.49		0.00	2			1 PER ORTHOSIS
L2570	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE TWO POSITION JOINT, EACH	92.15		0.00	2			1 PER ORTHOSIS
L2580	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PELVIC SLING	355.99		0.00	1			1 PER 2 YEARS
L2600	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, OR THRUST BEARING, FREE, EACH	82.45		0.00	2			2 PER ORTHOSIS
L2610	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS OR THRUST BEARING, LOCK, EACH	106.94		0.00	2			2 PER ORTHOSIS
L2620	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY, EACH	117.89		0.00	2			1 PER ORTHOSIS
L2622	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EACH	83.91		0.00	2			2 PER ORTHOSIS
L2624	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EXTENSION, ABDUCTION CONTROL, EACH	266.27		0.00	2			1 PER ORTHOSIS
L2627	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, MOLDED TO PATIENT MODEL, RECIPROCATING HIP JOINT AND CABLES	665.42		0.00	1			1 PER 2 YEARS
L2628	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RECIPROCATING HIP JOINT AND CABLES	1018.50		0.00	1			1 PER YEAR
L2630	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, UNILATERAL	82.45		0.00	1			1 PER ORTHOSIS
L2640	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, BILATERAL	121.25		0.00	1			1 PER YEAR
L2650	ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL, GLUTEAL PAD, EACH	48.50		0.00	1			2 PER YEAR
L2660	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, THORACIC BAND	87.30		0.00	1			1 PER 2 YEARS
L2670	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, PARASPINAL UPRIGHTS	67.90		0.00	1			1 PER 2 YEARS
L2680	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS	58.20		0.00	2			2 PER YEAR
L2750	ADDITION TO LOWER EXTREMITY ORTHOSIS, PLATING CHROME OR NICKEL, PER BAR	46.60		0.00	2			4 PER ORTHOSIS
L2755	ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, PER SEGMENT	77.50		0.00	2			1 PER ORTHOSIS
L2760	ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)	27.16		0.00	8			4 PER ORTHOSIS
L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR	15.00		0.00	2			2 PER 2 YEARS
L2780	ADDITION TO LOWER EXTREMITY ORTHOSIS, NON-CORROSIVE FINISH, PER BAR	40.06		0.00	4			4 PER ORTHOSIS
L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH	21.34		0.00	4			2 PER KAFO
L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP	35.89		0.00	2			1 PER KAFO
L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL	48.99		0.00	2			1 PER KAFO
L2810	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD	48.02		0.00	2			2 PER KAFO
L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION	30.56		0.00	2			1 PER KAFO
L2830	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE KNEE SECTION	30.56		0.00	2			1 PER KAFO
L2840	ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	37.60		0.00	2			2 PER MEDICAL EVENT
L2850	ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	29.10		0.00	2			2 PER MEDICAL EVENT
L2999	LOWER EXTREMITY ORTHOSIS, NOT OTHERWISE SPECIFIED	0.00		0.00	1	BR		MEDICAL NECESSITY
L3000	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, 'UCB' TYPE, BERKELEY SHELL, EACH	168.78		0.00	2			1 PER FOOT PER YEAR
L3001	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH	29.10		0.00	2			2 PER FOOT PER YEAR
L3002	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH	77.60		0.00	2			2 PER FOOT PER YEAR
L3010	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH	77.60		0.00	2			1 PER FOOT PER YEAR
L3020	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/ METATARSAL SUPPORT, EACH	77.60		0.00	2			1 PER FOOT PER YEAR
L3030	FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH	72.75		0.00	2			2 PER FOOT PER YEAR
L3040	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH	58.20		0.00	2			2 PER FOOT PER YEAR
L3050	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH	58.20		0.00	2			2 PER FOOT PER YEAR
L3060	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/ METATARSAL, EACH	77.60		0.00	2			2 PER FOOT PER YEAR
L3070	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL, EACH	8.73		0.00	2			1 PER FOOT PER YEAR
L3080	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, METATARSAL, EACH	4.37		0.00	2			1 PER FOOT PER YEAR

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

CODE	DESCRIPTION	MAXPMT	RO	RENT	UNITS	BR	PA	LIMITS
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT	24.25		0.00	2			2 PER YEAR
L3140	FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES	35.41		0.00	1			2 PER YEAR
L3150	FOOT, ABDUCTION ROTATION BAR, WITHOUT SHOES	28.13		0.00	1			2 PER YEAR
L3170	FOOT, PLASTIC HEEL STABILIZER	15.52		0.00	2			2 PER FOOT PER YEAR
L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOES, OXFORD	79.54		0.00	2			2 PER FOOT PER YEAR
L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOES, DEPTH INLAY	79.54		0.00	2			2 PER FOOT PER YEAR
L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOES, HIGHTOP, DEPTH INLAY	91.18		0.00	2			2 PER FOOT PER YEAR
L3219	ORTHOPEDIC FOOTWEAR, MENS SHOES, OXFORD	79.54		0.00	2			2 PER FOOT PER YEAR
L3221	ORTHOPEDIC FOOTWEAR, MENS SHOES, DEPTH INLAY	69.84		0.00	2			2 PER FOOT PER YEAR
L3222	ORTHOPEDIC FOOTWEAR, MENS SHOES, HIGHTOP, DEPTH INLAY	96.03		0.00	2			2 PER FOOT PER YEAR
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOES, DEPTH INLAY	79.54		0.00	2			2 PER FOOT PER YEAR
L3251	FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH	213.44		0.00	2			2 PER FOOT PER YEAR
L3253	FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED, EACH	65.96		0.00	2			1 PER FOOT PER YEAR
L3254	NON-STANDARD SIZE OR WIDTH	1.99		0.00	2			6 PER YEAR
L3255	NON-STANDARD SIZE OR LENGTH	3.15		0.00	2			6 PER YEAR
L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE	0.00		0.00	1	BR		3 PER YEAR
L3300	LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH	17.95		0.00	3			3 PER YEAR
L3310	LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH	35.41		0.00	3			3 PER YEAR
L3320	LIFT, ELEVATION, HEEL AND SOLE, CORK, PER INCH	107.19		0.00	3			3 PER YEAR
L3330	LIFT, ELEVATION, METAL EXTENSION (SKATE)	291.84		0.00	3			3 PER YEAR
L3332	LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH	25.71		0.00	3			3 PER YEAR
L3334	LIFT, ELEVATION, HEEL, PER INCH	16.98		0.00	3			3 PER YEAR
L3340	HEEL WEDGE, SACH	48.02		0.00	2			4 PER YEAR
L3350	HEEL WEDGE	12.61		0.00	2			4 PER YEAR
L3360	SOLE WEDGE, OUTSIDE SOLE	19.40		0.00	2			4 PER YEAR
L3370	SOLE WEDGE, BETWEEN SOLE	14.55		0.00	2			4 PER YEAR
L3380	CLUBFOOT WEDGE	15.52		0.00	2			4 PER YEAR
L3390	OUTFLARE WEDGE	22.80		0.00	2			4 PER YEAR
L3400	METATARSAL BAR WEDGE, ROCKER	24.25		0.00	2			4 PER YEAR
L3410	METATARSAL BAR WEDGE, BETWEEN SOLE	11.16		0.00	2			4 PER YEAR
L3420	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE	18.92		0.00	2			4 PER YEAR
L3430	HEEL, COUNTER, PLASTIC REINFORCED	19.89		0.00	2			2 PER YEAR
L3440	HEEL, COUNTER, LEATHER REINFORCED	28.13		0.00	2			2 PER YEAR
L3450	HEEL, SACH CUSHION TYPE	25.71		0.00	2			2 PER YEAR
L3460	HEEL, NEW RUBBER, STANDARD	9.22		0.00	2			2 PER YEAR
L3465	HEEL, THOMAS WITH WEDGE	11.16		0.00	2			2 PER YEAR
L3470	HEEL, THOMAS EXTENDED TO BALL	14.55		0.00	2			2 PER YEAR
L3480	HEEL, PAD AND DEPRESSION FOR SPUR	9.70		0.00	2			2 PER FOOT PER YEAR
L3570	ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)	20.37		0.00	2			6 PER YEAR
L3580	ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE	33.69		0.00	2			2 PER YEAR
L3590	ORTHOPEDIC SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER	27.74		0.00	2			2 PER YEAR
L3595	ORTHOPEDIC SHOE ADDITION, MARCH BAR	20.37		0.00	2			2 PER YEAR
L3600	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, EXISTING	32.98		0.00	2			3 PER YEAR
L3610	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, NEW	52.18		0.00	2			3 PER YEAR
L3620	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, EXISTING	32.01		0.00	2			3 PER YEAR
L3630	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, NEW	52.18		0.00	2			3 PER YEAR
L3640	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES	22.46		0.00	1			3 PER YEAR
L3649	ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOT OTHERWISE SPECIFIED	0.00		0.00	1	BR		MEDICAL NECESSITY
L3650	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	27.16		0.00	2			2 PER MEDICAL EVENT
L3660	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, CANVAS AND WEBBING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT							
L3670	SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	43.17		0.00	2			2 PER MEDICAL EVENT
L3675	SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE OR EQUAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	58.20		0.00	2			2 PER MEDICAL EVENT
L3677	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	96.70		0.00	1			1 PER 2 YEARS
L3710	ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	144.50		0.00	2			2 PER 2 YEARS
L3720	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, CUSTOM-FABRICATED	79.10		0.00	2			2 PER YEAR
L3730	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/ FLEXION ASSIST, CUSTOM-FABRICATED	226.01		0.00	2			2 PER YEAR
L3740	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL, CUSTOM-FABRICATED	376.36		0.00	2			2 PER YEAR
L3760	ELBOW ORTHOSIS, WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE	443.29		0.00	2			2 PER YEAR
L3762	ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	268.57		0.00	2			2 PER MEDICAL EVENT
L3762	ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	50.70		0.00	2			2 PER YEAR



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L3763	ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	218.25		0.00	2			2 PER MEDICAL EVENT
L3764	ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTICBANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	288.09		0.00	2			2 PER MEDICAL EVENT
L3808	WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MATERIAL; STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	173.46		0.00	2			2 PER MEDICAL EVENT
L3900	WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, WRIST OR FINGER DRIVEN, CUSTOM-FABRICATED	887.55		0.00	2			2 PER YEAR
L3901	WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN, CUSTOM-FABRICATED	909.38		0.00	2			2 PER YEAR
L3904	WRIST HAND FINGER ORTHOSIS, EXTERNAL POWERED, ELECTRIC, CUSTOM-FABRICATED	1945.40		0.00	2			1 PER ORTHOSIS
L3906	WRIST HAND ORTHOSIS, WRIST GAUNTLET, CUSTOM-FABRICATED	241.53		0.00	2			2 PER MEDICAL EVENT
L3908	WRST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	17.46		0.00	2			4 PER YEAR
L3912	HAND FINGER ORTHOSIS, FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	19.40		0.00	2			2 PER 2 YEARS
L3923	HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE	21.88		0.00	1			PER MEDICAL EVENT
L3925	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), NON TORSION JOINT/SPRING, EXTENSION/FLEXION, MAY INCLUDE SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	33.35		0.00	2			2 PER YEAR
L3929	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	53.14		0.00	2			2 PER YEAR
L3931	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	128.55		0.00	2			2 PER YEAR
L3960	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, AIRPLANE DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	296.34		0.00	2			2 PER MEDICAL EVENT
L3962	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, ERBS PALSEY DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	186.24		0.00	2			2 PER 2 YEARS
<b>L3964</b>	<b>SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT</b>	<b>332.71</b>		<b>0.00</b>	<b>2</b>			<b>2 PER 2 YEARS</b>
L3980	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	121.25		0.00	2			2 PER MEDICAL EVENT
L3982	UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	218.25		0.00	2			2 PER MEDICAL EVENT
L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	244.44		0.00	2			2 PER MEDICAL EVENT
L3995	ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL, EACH	11.64		0.00	2			6 PER MEDICAL EVENT
L3999	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED	0.00		0.00	2	BR		MEDICAL NECESSITY
L4000	REPLACE GIRDLE FOR SPINAL ORTHOSIS (CTL50 OR SO)	630.50		0.00	2			2 PER 2 YEARS
L4010	REPLACE TRILATERAL SOCKET BRIM	174.60		0.00	2			2 PER LIFETIME
L4020	REPLACE QUADRILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL	334.65		0.00	2			2 PER YEAR
L4030	REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED	174.60		0.00	2			2 PER YEAR
L4040	REPLACE MOLDED THIGH LACER	176.54		0.00	2			2 PER YEAR
L4045	REPLACE NON-MOLDED THIGH LACER	177.03		0.00	2			2 PER YEAR
L4050	REPLACE MOLDED CALF LACER	160.05		0.00	2			2 PER YEAR
L4055	REPLACE NON-MOLDED CALF LACER	154.72		0.00	2			2 PER YEAR
L4060	REPLACE HIGH ROLL CUFF	205.64		0.00	2			2 PER YEAR
L4070	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO	87.30		0.00	4			4 PER YEAR
L4080	REPLACE METAL BANDS KAFO, PROXIMAL THIGH	46.01		0.00	2			2 PER YEAR
L4090	REPLACE METAL BANDS KAFO-AFO, CALF OR DISTAL THIGH	41.19		0.00	2			2 PER YEAR
L4100	REPLACE LEATHER CUFF KAFO, PROXIMAL THIGH	36.86		0.00	2			2 PER YEAR
L4110	REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH	32.98		0.00	2			2 PER YEAR
L4130	REPLACE PRETIBIAL SHELL	290.03		0.00	2			2 PER YEAR
L4205	REPAIR OF ORTHOTIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	10.00		0.00	16			\$160.00 PER YEAR
L4210	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS	0.00		0.00	1	BR		LIMITED TO \$160 PER YEAR
L4350	ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE (E.G., PNEUMATIC, GEL), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	60.14		0.00	2			2 PER MEDICAL EVENT
L4360	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	184.78		0.00	2			2 PER MEDICAL EVENT
L4370	PNEUMATIC FULL LEG SPLINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	72.75		0.00	2			2 PER MEDICAL EVENT
<b>L4380</b>	<b>PNEUMATIC KNEE SPLINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT</b>	<b>63.05</b>		<b>0.00</b>	<b>2</b>			<b>2 PER MEDICAL EVENT</b>
L4386	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	107.08		0.00	2			2 PER MEDICAL EVENT
L4392	REPLACEMENT, SOFT INTERFACE MATERIAL, STATIC AFO	13.95		0.00	1			2 PER YEAR
L4394	REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT	10.20		0.00	1			2 PER YEAR
L4396	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	99.60		0.00	2			2 PER YEAR
L4398	FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	45.80		0.00	2			2 PER 2 YEARS
L5000	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER	129.98		0.00	2			2 PER 2 YEARS
L5010	PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER	527.20		0.00	2			2 PER 2 YEARS
L5020	PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER	527.20		0.00	2			2 PER 2 YEARS
L5050	ANKLE, SYMES, MOLDED SOCKET, SACH FOOT	1387.59		0.00	2			2 PER 2 YEARS

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L5060	ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT	1251.30		0.00	2			2 PER 2 YEARS
L5100	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT	1377.40		0.00	2			2 PER YEAR
L5105	BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT	1719.81		0.00	2			2 PER YEAR
L5150	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	1940.00		0.00	2			2 PER YEAR
L5160	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	2037.00		0.00	2			2 PER YEAR
L5200	ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	1713.02		0.00	2			2 PER YEAR
L5210	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH FOOT BLOCKS, NO ANKLE JOINTS, EACH	1261.00		0.00	2			2 PER YEAR
L5220	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED, EACH	1261.00		0.00	2			2 PER YEAR
L5230	ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH FOOT	1746.00		0.00	2			2 PER YEAR
L5250	HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	2840.16		0.00	2			2 PER YEAR
L5280	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	3007.00		0.00	2			2 PER YEAR
L5301	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	1457.05		0.00	2			2 PER 2 YEARS
<b>L5311</b>	<b>KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM</b>	<b>2498.69</b>		<b>0.00</b>	<b>2</b>			<b>2 PER 2 YEARS</b>
L5321	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE	2530.27		0.00	2			2 PER 2 YEARS
L5331	HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	3224.08		0.00	2			2 PER 2 YEARS
L5341	HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	3356.28		0.00	2			2 PER 2 YEARS
L5400	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT, SUSPENSION, AND ONE CAST CHANGE, BELOW KNEE	679.00		0.00	2			1 PER AMPUTATION
L5410	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION, BELOW KNEE, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	203.70		0.00	2			1 PER AMPUTATION
L5420	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION AND ONE CAST CHANGE 'AK' OR KNEE DISARTICULATION	732.35		0.00	2			1 PER AMPUTATION
L5430	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCL. FITTING, ALIGNMENT AND SUSPENSION, 'AK' OR KNEE DISARTICULATION, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	203.70		0.00	2			1 PER AMPUTATION
L5450	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING RIGID DRESSING, BELOW KNEE	227.95		0.00	2			1 PER AMPUTATION
L5460	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING RIGID DRESSING, ABOVE KNEE	378.30		0.00	2			1 PER AMPUTATION
L5530	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	877.85		0.00	2			1 PER AMPUTATION
L5535	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, NO COVER, SACH FOOT, PREFABRICATED, ADJUSTABLE OPEN END SOCKET	727.50		0.00	2			1 PER AMPUTATION
L5540	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	877.85		0.00	2			1 PER AMPUTATION
L5560	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	873.00		0.00	4			2 PER AMPUTATION
L5580	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	945.75		0.00	2			1 PER AMPUTATION
L5585	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PREFABRICATED ADJUSTABLE OPEN END SOCKET	803.16		0.00	2			1 PER AMPUTATION
L5590	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	1067.97		0.00	2			1 PER AMPUTATION
L5595	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO PATIENT MODEL	2075.80		0.00	2			1 PER AMPUTATION
L5600	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO PATIENT MODEL	2308.60		0.00	2			1 PER AMPUTATION
L5610	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE SYSTEM	920.53		0.00	2			2 PER 4 YEARS
L5611	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE - KNEE DISARTICULATION, 4 BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL	921.50		0.00	2			2 PER 4 YEARS
L5613	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTROL	1697.50		0.00	2			2 PER 4 YEARS
L5616	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL	485.00		0.00	2			2 PER 4 YEARS
L5617	ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNING UNIT, ABOVE KNEE OR BELOW KNEE, EACH	323.00		0.00	2			2 PER 3 YEARS
L5618	ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES	169.75		0.00	2			2 PER 2 YEARS
L5620	ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE	145.50		0.00	2			2 PER 2 YEARS
L5622	ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION	169.75		0.00	2			2 PER 2 YEARS
L5624	ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE	162.96		0.00	2			2 PER 2 YEARS
L5626	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION	169.75		0.00	2			2 PER 2 YEARS
L5628	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPELVECTOMY	169.75		0.00	2			2 PER 2 YEARS
L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	121.25		0.00	2			1 PER PROSTHESIS
L5630	ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOCKET	242.50		0.00	2			2 PER 4 YEARS
L5631	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET	194.00		0.00	2			2 PER 4 YEARS
L5632	ADDITION TO LOWER EXTREMITY, SYMES TYPE, 'PTB' BRIM DESIGN SOCKET	119.83		0.00	2			2 PER 4 YEARS
L5634	ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING (CANADIAN) SOCKET	72.75		0.00	2			2 PER 4 YEARS
L5636	ADDITION TO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET	118.77		0.00	2			2 PER 4 YEARS
L5637	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT	121.25		0.00	2			2 PER 4 YEARS
L5638	ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET	169.75		0.00	2			2 PER 4 YEARS
L5639	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET	563.28		0.00	2			1 PER PROSTHESIS

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

CODE	DESCRIPTION	MAXPMT	RO	RENT	UNITS	BR	PA	LIMITS
L5640	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER SOCKET	371.51		0.00	2			2 PER 4 YEARS
L5642	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET	371.51		0.00	2			2 PER 4 YEARS
L5643	ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	399.16		0.00	2			2 PER 4 YEARS
L5644	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET	97.00		0.00	2			2 PER 4 YEARS
L5645	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	132.89		0.00	2			2 PER 4 YEARS
L5646	ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET	211.46		0.00	2			2 PER 4 YEARS
L5647	ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET	266.27		0.00	2			2 PER 4 YEARS
L5648	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET	211.46		0.00	2			2 PER 2 YEARS
L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	1331.33		0.00	2			2 PER 2 YEARS
L5650	ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	97.00		0.00	2			2 PER 4 YEARS
L5651	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	443.29		0.00	2			2 PER 2 YEARS
L5652	ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	218.25		0.00	2			2 PER 2 YEARS
L5653	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCKET	242.50		0.00	2			2 PER 4 YEARS
L5654	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES, (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	203.70		0.00	2			2 PER YEAR
L5655	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	162.96		0.00	2			2 PER YEAR
L5656	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	218.25		0.00	2			2 PER YEAR
L5658	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	218.25		0.00	2			2 PER YEAR
L5661	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER SYMES	221.16		0.00	2			2 PER YEAR
L5665	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, BELOW KNEE	198.85		0.00	2			2 PER YEAR
L5666	ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION	29.10		0.00	2			2 PER YEAR
L5668	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION	77.60		0.00	2			2 PER YEAR
L5670	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRACONDYLAR SUSPENSION (PTS' OR SIMILAR)	106.70		0.00	2			2 PER 2 YEARS
L5671	ADDITION TO LOWER EXTREMITY, BELOW KNEE / ABOVE KNEE SUSPENSION LOCKING MECHANISM (SHUTTLE, LANYARD OR EQUAL), EXCLUDES SOCKET INSERT							
		376.66		0.00	2			2 PER 2 YEARS
L5672	ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE MEDIAL BRIM SUSPENSION	93.12		0.00	2			2 PER 4 YEARS
L5673	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM							
		451.23		0.00	2			1 PER PROSTHESIS
L5676	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE AXIS, PAIR	214.37		0.00	2			2 PER 4 YEARS
L5677	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCENTRIC, PAIR	252.69		0.00	2			2 PER 4 YEARS
L5678	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, JOINT COVERS, PAIR	9.70		0.00	2			2 PER 2 YEARS
L5679	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM							
		376.02		0.00	2			2 PER YEAR
L5680	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NONMOLDED	184.30		0.00	2			2 PER 4 YEARS
L5681	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L5673 OR L5679)							
		799.71		0.00	2			1 PER ORTHOSIS
L5682	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEAL/ISCHIAL, MOLDED	194.00		0.00	2			2 PER 4 YEARS
L5684	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP	14.55		0.00	2			2 PER 2 YEARS
L5685	ADDITION TO LOWER EXTREMITY PROTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE, WITH OR WITHOUT VALVE, ANY MATERIAL, EACH	45.59		0.00	2			6 PER YEAR
L5686	ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENSION CONTROL)	9.70		0.00	2			2 PER 2 YEARS
L5688	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING	34.92		0.00	2			2 PER YEAR
L5690	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, PADDED AND LINED	50.44		0.00	2			2 PER YEAR
L5692	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, LIGHT	43.65		0.00	2			2 PER YEAR
L5694	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED AND LINED	81.48		0.00	2			2 PER YEAR
L5695	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL, SLEEVE SUSPENSION, NEOPRENE OR EQUAL, EACH	89.73		0.00	2			4 PER YEAR
L5696	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC JOINT	92.15		0.00	2			2 PER 2 YEARS
L5697	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC BAND	48.50		0.00	2			2 PER 2 YEARS
L5698	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, SILESIA BANDAGE	72.75		0.00	2			2 PER YEAR
L5699	ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS	38.80		0.00	2			2 PER YEAR
L5700	REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL	1701.79		0.00	2			2 PER 4 YEARS
L5701	REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL	2043.73		0.00	2			2 PER 4 YEARS
L5702	REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO PATIENT MODEL	2585.62		0.00	2			2 PER 4 YEARS
L5704	CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE	318.36		0.00	2			2 PER 4 YEARS
L5705	CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE	568.86		0.00	2			2 PER 4 YEARS
L5706	CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION	557.64		0.00	2			2 PER 4 YEARS
L5707	CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION	735.17		0.00	2			2 PER 4 YEARS
L5710	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	97.00		0.00	2			2 PER 4 YEARS
L5711	ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	88.27		0.00	2			2 PER 4 YEARS
L5712	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	242.50		0.00	2			2 PER 4 YEARS
L5714	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROL	209.87		0.00	2			2 PER 4 YEARS
L5716	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	242.50		0.00	2			2 PER 4 YEARS
L5718	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL	399.16		0.00	2			2 PER 4 YEARS
L5722	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	492.76		0.00	2			2 PER 4 YEARS

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L5724	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	650.87		0.00	2			2 PER 4 YEARS
L5726	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS FLUID SWING PHASE CONTROL	643.11		0.00	2			2 PER 4 YEARS
L5728	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	1070.88		0.00	2			2 PER 4 YEARS
L5780	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRA PNEUMATIC SWING PHASE CONTROL	680.02		0.00	2			2 PER 4 YEARS
L5785	ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	309.92		0.00	2			2 PER 4 YEARS
L5790	ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	528.55		0.00	2			2 PER 4 YEARS
L5795	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	1052.35		0.00	2			2 PER 4 YEARS
L5810	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	88.27		0.00	2			2 PER 4 YEARS
L5811	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	341.97		0.00	2			2 PER 4 YEARS
L5812	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	315.25		0.00	2			2 PER 4 YEARS
L5814	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE CONTROL, MECHANICAL STANCE PHASE LOCK	2200.00		0.00	2			2 PER 2 YEARS
L5816	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	221.16		0.00	2			2 PER 4 YEARS
L5818	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND STANCE PHASE CONTROL	398.67		0.00	2			2 PER 4 YEARS
L5822	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	451.05		0.00	2			2 PER 4 YEARS
L5824	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	607.22		0.00	2			2 PER 4 YEARS
L5828	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	1065.06		0.00	2			2 PER 4 YEARS
L5830	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/ SWING PHASE CONTROL	785.70		0.00	2			2 PER 4 YEARS
L5840	ADDITION, ENDOSKELETAL KNEE/SHIN SYSTEM, 4-BAR LINKAGE OR MULTIAXIAL, PNEUMATIC SWING PHASE CONTROL	2083.91		0.00	2			2 PER 4 YEARS
L5845	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE	1066.00		0.00	2			2 PER 3 YEARS
L5850	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE EXTENSION ASSIST	43.65		0.00	2			2 PER 4 YEARS
L5855	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MECHANICAL HIP EXTENSION ASSIST	204.18		0.00	2			2 PER 4 YEARS
L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	88.27		0.00	2			2 PER 4 YEARS
L5920	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE SYSTEM	177.03		0.00	2			2 PER 4 YEARS
L5940	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	340.47		0.00	2			2 PER 2 YEARS
L5950	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	576.54		0.00	2			2 PER 2 YEARS
L5960	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	1196.98		0.00	2			2 PER 4 YEARS
L5962	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	376.82		0.00	2			2 PER 4 YEARS
L5964	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	556.26		0.00	2			2 PER 4 YEARS
L5966	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	708.80		0.00	2			2 PER 4 YEARS
L5968	ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORSIFLEXION FEATURE	2204.51		0.00	2			2 PER 4 YEARS
L5970	ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT	48.50		0.00	2			2 PER 2 YEARS
L5972	ALL LOWER EXTREMITY PROSTHESES, FLEXIBLE KEEL FOOT (SAFE, STEN, BOCK DYNAMIC OR EQUAL)	177.03		0.00	2			2 PER 2 YEARS
L5974	ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT	67.90		0.00	2			2 PER 2 YEARS
L5975	ALL LOWER EXTREMITY PROSTHESES, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT	281.24		0.00	2			2 PER 4 YEARS
L5976	ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE CARBON COPY II OR EQUAL)	291.00		0.00	2			2 PER 2 YEARS
L5978	ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT	135.80		0.00	2			2 PER 2 YEARS
L5979	ALL LOWER EXTREMITY PROSTHESIS, MULTI-AXIAL ANKLE, DYNAMIC RESPONSE FOOT, ONE PIECE SYSTEM	1355.26		0.00	2			2 PER 2 YEARS
L5980	ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM	2202.21		0.00	2			2 PER 2 YEARS
L5981	ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL	1779.08		0.00	2			2 PER 2 YEARS
L5982	ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT	204.67		0.00	2			2 PER 2 YEARS
L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT, WITH OR WITHOUT ADJUSTABILITY	243.47		0.00	2			2 PER 2 YEARS
L5985	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, DYNAMIC PROSTHETIC PYLON	163.00		0.00	2			2 PER 3 YEARS
L5986	ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT (MCP OR EQUAL)	203.70		0.00	2			2 PER 2 YEARS
L5987	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON	4275.00		0.00	2			2 PER 2 YEARS
L5988	ADDITION TO LOWER LIMB PROSTHESIS, VERTICAL SHOCK REDUCING PYLON FEATURE	1211.88		0.00	2			2 PER 4 YEARS
L5990	ADDITION TO LOWER EXTREMITY PROSTHESIS, USER ADJUSTABLE HEEL HEIGHT	39.45		0.00	2			2 PER 2 YEARS
L5999	LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	0.00		0.00	0	BR		MEDICAL NECESSITY
L6000	<b>PARTIAL HAND, THUMB REMAINING</b>	638.26		0.00	2			2 PER 4 YEARS
L6010	<b>PARTIAL HAND, LITTLE AND/OR RING FINGER REMAINING</b>	638.26		0.00	2			2 PER 4 YEARS
L6020	<b>PARTIAL HAND, NO FINGER REMAINING</b>	638.26		0.00	2			2 PER 2 YEARS
L6050	WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD	1013.65		0.00	2			2 PER 2 YEARS
L6055	WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD	1237.72		0.00	2			2 PER 4 YEARS
L6100	BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD	1009.77		0.00	2			2 PER 2 YEARS
L6110	BELOW ELBOW, MOLDED SOCKET, (MUENSTER OR NORTHWESTERN SUSPENSION TYPES)	1057.30		0.00	2			2 PER 2 YEARS
L6120	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF	1231.90		0.00	2			2 PER 4 YEARS
L6130	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE, HALF CUFF	1231.90		0.00	2			2 PER 4 YEARS
L6200	ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM	1421.05		0.00	2			2 PER 4 YEARS
L6205	ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE LOCKING HINGES, FOREARM	1641.24		0.00	2			2 PER 4 YEARS
L6250	ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM	1425.90		0.00	2			2 PER 4 YEARS
L6300	SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	1891.50		0.00	2			2 PER 2 YEARS
L6310	SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	1891.50		0.00	2			2 PER 4 YEARS
L6320	SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY)	630.50		0.00	2			2 PER 4 YEARS
L6350	INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	1891.50		0.00	2			2 PER 2 YEARS

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

CODE	DESCRIPTION	MAXPMT	RO	RENT	UNITS	BR	PA	LIMITS
L6360	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	2085.50		0.00	2			2 PER 4 YEARS
L6370	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY)	630.50		0.00	2			2 PER 4 YEARS
L6380	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, WRIST DISARTICULATION OR BELOW ELBOW	725.48		0.00	2			1 PER ORTHOSIS
L6382	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, ELBOW DISARTICULATION OR ABOVE ELBOW	1091.47		0.00	2			1 PER ORTHOSIS
L6384	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC	1509.92		0.00	2			1 PER ORTHOSIS
L6386	IMMEDIATE POST SURGICAL OR EARLY FITTING, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	238.52		0.00	2			1 PER ORTHOSIS
L6388	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF RIGID DRESSING ONLY	261.12		0.00	2			1 PER ORTHOSIS
L6400	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	1261.00		0.00	2			2 PER 4 YEARS
L6450	ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	1818.75		0.00	2			2 PER 4 YEARS
L6500	ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	1818.75		0.00	2			2 PER 4 YEARS
L6550	SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	1891.50		0.00	2			2 PER 4 YEARS
L6570	INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	2085.50		0.00	2			2 PER 4 YEARS
L6580	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	992.50		0.00	2			2 PER 4 YEARS
L6582	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	898.93		0.00	2			2 PER 4 YEARS
L6584	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	1409.60		0.00	2			2 PER 4 YEARS
L6586	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	1319.30		0.00	2			2 PER 4 YEARS
L6588	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	2166.92		0.00	2			2 PER 4 YEARS
L6590	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	1646.61		0.00	2			2 PER 4 YEARS
L6600	UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR	53.35		0.00	2			2 PER 4 YEARS
L6605	UPPER EXTREMITY ADDITIONS, SINGLE PIVOT HINGE, PAIR	53.35		0.00	2			2 PER 4 YEARS
L6610	UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR	53.35		0.00	2			2 PER 4 YEARS
L6615	UPPER EXTREMITY ADDITION, DISCONNECT LOCKING WRIST UNIT	128.04		0.00	2			2 PER 2 YEARS
L6616	UPPER EXTREMITY ADDITION, ADDITIONAL DISCONNECT INSERT FOR LOCKING WRIST UNIT, EACH	43.65		0.00	2			6 PER 4 YEARS
L6620	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION WRIST UNIT, WITH OR WITHOUT FRICTION	163.93		0.00	2			2 PER 2 YEARS
L6624	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT	1407.61		0.00	2			1 PER ORTHOSIS
L6625	UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE LOCK	145.50		0.00	2			2 PER 4 YEARS
L6628	UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL	284.54		0.00	2			2 PER 4 YEARS
L6629	UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING PIECE, OTTO BOCK OR EQUAL	86.90		0.00	2			2 PER 4 YEARS
L6630	UPPER EXTREMITY ADDITION, STAINLESS STEEL, ANY WRIST	102.15		0.00	2			2 PER 2 YEARS
L6632	UPPER EXTREMITY ADDITION, LATEX SUSPENSION SLEEVE, EACH	30.56		0.00	2			12 PER YEAR
L6635	UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW	75.66		0.00	2			2 PER 2 YEARS
L6637	UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK	223.14		0.00	2			2 PER 4 YEARS
L6640	UPPER EXTREMITY ADDITIONS, SHOULDER ABDUCTION JOINT, PAIR	156.66		0.00	2			2 PER 4 YEARS
L6641	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE	52.87		0.00	2			2 PER 4 YEARS
L6642	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE	66.93		0.00	2			2 PER 4 YEARS
L6645	UPPER EXTREMITY ADDITION, SHOULDER FLEXION-ABDUCTION JOINT, EACH	236.20		0.00	2			2 PER 4 YEARS
L6650	UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH	249.29		0.00	2			2 PER 4 YEARS
L6655	UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA	19.40		0.00	2			2 PER YEAR
L6660	UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE	24.25		0.00	2			2 PER YEAR
L6665	UPPER EXTREMITY ADDITION, TEFLON OR EQUAL, CABLE LINING	21.15		0.00	2			2 PER YEAR
L6670	UPPER EXTREMITY ADDITION, HOOK TO HAND, CABLE ADAPTER	11.64		0.00	2			2 PER YEAR
L6672	UPPER EXTREMITY ADDITION, HARNESS, CHEST OR SHOULDER, SADDLE TYPE	38.80		0.00	2			2 PER YEAR
L6675	UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE), SINGLE CABLE DESIGN	31.04		0.00	2			2 PER YEAR
L6676	UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE), DUAL CABLE DESIGN	77.60		0.00	2			2 PER YEAR
L6680	UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULATION OR BELOW ELBOW	67.90		0.00	2			2 PER PROSTHESIS
L6682	UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR ABOVE ELBOW	77.60		0.00	2			2 PER PROSTHESIS
L6684	UPPER EXTREMITY ADDITION, TEST SOCKET, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC	82.45		0.00	2			2 PER PROSTHESIS
L6686	UPPER EXTREMITY ADDITION, SUCTION SOCKET	309.92		0.00	2			2 PER 4 YEARS
L6687	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW OR WRIST DISARTICULATION	266.27		0.00	2			2 PER 4 YEARS
L6688	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW OR ELBOW DISARTICULATION	266.27		0.00	2			2 PER 4 YEARS
L6703	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE	0.00		0.00	2 BR			2 PER 4 YEARS
L6706	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	0.00		0.00	2 BR			2 PER 4 YEARS
L6707	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	0.00		0.00	2 BR			2 PER 4 YEARS
L6708	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	0.00		0.00	2 BR			2 PER 4 YEARS
L6709	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE	0.00		0.00	2 BR			2 PER 4 YEARS

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

CODE	DESCRIPTION	MAXPMT	RO	RENT	UNITS	BR	PA	LIMITS
L6882	MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE	0.00		0.00		1	BR	2 PER 2 YEARS
L7499	UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	0.00		0.00		2	BR	MEDICAL NECESSITY
L7520	REPAIR PROSTHETIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	0.00		0.00		0	BR	MEDICAL NECESSITY
L8499	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES	0.00		0.00		0	BR	MEDICAL NECESSITY
S9434	MODIFIED SOLID FOOD SUPPLEMENTS FOR INBORN ERRORS OF METABOLISM	0.00		0.00		10	BR	10 PER DAY
L6689	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER DISARTICULATION	398.67		0.00		2		2 PER 4 YEARS
L6690	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPULAR-THORACIC	398.67		0.00		2		2 PER 4 YEARS
L6691	UPPER EXTREMITY ADDITION, REMOVABLE INSERT, EACH	199.34		0.00		2		2 PER YEAR
L6692	UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL, EACH	363.75		0.00		2		2 PER 2 YEARS
L6693	UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALANCE	1722.26		0.00		2		2 PER 4 YEARS
L6805	ADDITION TO TERMINAL DEVICE, MODIFIER WRIST UNIT	156.17		0.00		2		2 PER 4 YEARS
L6810	ADDITION TO TERMINAL DEVICE, PRECISION PINCH DEVICE	81.48		0.00		2		2 PER 4 YEARS
L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE	500.00		0.00		2		2 PER 2 YEARS
L6890	TERMINAL DEVICE, GLOVE FOR ABOVE HANDS, PRODUCTION GLOVE	78.09		0.00		2		2 PER YEAR
L6900	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, THUMB OR ONE FINGER REMAINING	526.71		0.00		2		2 PER 4 YEARS
L6905	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, MULTIPLE FINGERS REMAINING	526.71		0.00		2		2 PER 4 YEARS
L6910	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, NO FINGERS REMAINING	526.71		0.00		2		2 PER 4 YEARS
L6915	HAND RESTORATION (SHADING, AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR ABOVE	276.45		0.00		2		2 PER 4 YEARS
L6920	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL, SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	2522.00		0.00		2		2 PER LIFETIME
L6925	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	3201.00		0.00		2		2 PER LIFETIME
L6930	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	2522.00		0.00		2		2 PER LIFETIME
L6935	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	3201.00		0.00		2		2 PER LIFETIME
L6940	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	3622.95		0.00		2		2 PER LIFETIME
L6945	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	4301.95		0.00		2		2 PER LIFETIME
L6950	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	4186.52		0.00		2		2 PER LIFETIME
L6955	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	4865.52		0.00		2		2 PER LIFETIME
L6960	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	6106.15		0.00		2		2 PER LIFETIME
L6965	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	5427.15		0.00		2		2 PER LIFETIME
L6970	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	6106.15		0.00		2		2 PER LIFETIME
L6975	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	6785.15		0.00		2		2 PER LIFETIME
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	0.00		0.00		2		2 PER LIFETIME
L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, PEDIATRIC	2172.80		0.00		2		2 PER LIFETIME
L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	0.00		0.00		2		2 PER LIFETIME
L7040	PREHENSILE ACTUATOR, SWITCH CONTROLLED	985.52		0.00		2		2 PER LIFETIME
L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, PEDIATRIC	467.54		0.00		2		2 PER LIFETIME
L7170	ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED	3415.37		0.00		2		2 PER LIFETIME
L7185	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	3415.37		0.00		2		2 PER LIFETIME
L7186	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	6294.33		0.00		2		2 PER LIFETIME
L7260	ELECTRONIC WRIST ROTATOR, OTTO BOCK OR EQUAL	488.88		0.00		2		2 PER LIFETIME
L7261	ELECTRONIC WRIST ROTATOR, FOR UTAH ARM	594.61		0.00		2		2 PER LIFETIME
<b>L7266</b>	<b>SERVO CONTROL, STEEPER OR EQUAL</b>	<b>788.64</b>		<b>0.00</b>		<b>2</b>		<b>2 PER LIFETIME</b>
<b>L7272</b>	<b>ANALOGUE CONTROL, UNB OR EQUAL</b>	<b>788.64</b>		<b>0.00</b>		<b>2</b>		<b>2 PER LIFETIME</b>
<b>L7274</b>	<b>PROPORTIONAL CONTROL, 6-12 VOLT, LIBERTY, UTAH OR EQUAL</b>	<b>2145.64</b>		<b>0.00</b>		<b>2</b>		<b>2 PER LIFETIME</b>
L7360	SIX VOLT BATTERY, OTTO BOCK OR EQUAL, EACH	79.54		0.00		2		2 PER 3 YEARS
L7362	BATTERY CHARGER, SIX VOLT, OTTO BOCK OR EQUAL	79.54		0.00		2		1 PER LIFETIME
L7364	TWELVE VOLT BATTERY, UTAH OR EQUAL, EACH	121.25		0.00		2		2 PER 3 YEARS
L7366	BATTERY CHARGER, TWELVE VOLT, UTAH OR EQUAL	249.29		0.00		1		1 PER 3 YEARS

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CODE	DESCRIPTION	MAXPMT	RO	RENT	UNITS	BR	PA	LIMITS
L7500	REPAIR OF PROSTHETIC DEVICE, HOURLY RATE (EXCLUDES V5335 REPAIR OF ORAL OR LARYNGEAL PROSTHESIS OR ARTIFICIAL LARYNX)	40.00		0.00	4			LIMITED TO \$160 PER YEAR
L8000	BREAST PROSTHESIS, MASTECTOMY BRA	26.13		0.00	2			2 PER YEAR
L8001	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, UNILATERAL	125.00		0.00	2			2 PER 2 YEARS
L8002	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, BILATERAL	165.00		0.00	2			2 PER 2 YEARS
L8010	BREAST PROSTHESIS, MASTECTOMY SLEEVE	37.15		0.00	6			6 PER YEAR
L8015	EXTERNAL BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST MASTECTOMY	34.42		0.00	2			2 PER 4 YEARS
L8020	BREAST PROSTHESIS, MASTECTOMY FORM	135.42		0.00	2			2 PER YEAR
L8030	BREAST PROSTHESIS, SILICONE OR EQUAL	146.47		0.00	2			2 PER 2 YEARS
L8300	TRUSS, SINGLE WITH STANDARD PAD	63.05		0.00	1			2 PER YEAR
L8310	TRUSS, DOUBLE WITH STANDARD PADS	169.75		0.00	1			2 PER YEAR
L8400	PROSTHETIC SHEATH, BELOW KNEE, EACH	5.82		0.00	6			72 PER YEAR
L8410	PROSTHETIC SHEATH, ABOVE KNEE, EACH	5.82		0.00	6			72 PER YEAR
L8415	PROSTHETIC SHEATH, UPPER LIMB, EACH	8.73		0.00	6			72 PER YEAR
L8417	PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER, BELOW KNEE OR ABOVE KNEE, EACH	44.50		0.00	2			6 PER YEAR
L8420	PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE, EACH	12.61		0.00	6			72 PER YEAR
L8430	PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE, EACH	13.58		0.00	6			72 PER YEAR
L8435	PROSTHETIC SOCK, MULTIPLE PLY, UPPER LIMB, EACH	12.61		0.00	6			72 PER YEAR
L8440	PROSTHETIC SHRINKER, BELOW KNEE, EACH	29.10		0.00	2			4 PER YEAR
L8460	PROSTHETIC SHRINKER, ABOVE KNEE, EACH	43.17		0.00	2			4 PER YEAR
L8465	PROSTHETIC SHRINKER, UPPER LIMB, EACH	35.41		0.00	2			4 PER YEAR
L8470	PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH	1.94		0.00	6			72 PER YEAR
L8480	PROSTHETIC SOCK, SINGLE PLY, FITTING, ABOVE KNEE, EACH	2.43		0.00	6			72 PER YEAR
L8485	PROSTHETIC SOCK, SINGLE PLY, FITTING, UPPER LIMB, EACH	6.60		0.00	2			72 PER YEAR
L8500	ARTIFICIAL LARYNX, ANY TYPE	392.00		0.00	1			1 PER LIFETIME
L8501	TRACHEOSTOMY SPEAKING VALVE	116.40		0.00	1			6 PER YEAR
L8507	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED, ANY TYPE, EACH	116.40		0.00	1			1 PER 5 YEARS
Q4074	ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 20 MICROGRAMS	24.88		0.00	5			155 PER MONTH
S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S)	0.00		0.00	1	PA		MEDICAL NECESSITY
S5560	INSULIN DELIVERY DEVICE, REUSABLE PEN; 1.5 ML SIZE	25.00		0.00	1			1 EVERY 3 YEARS
S5561	INSULIN DELIVERY DEVICE, REUSABLE PEN; 3 ML SIZE	29.00		0.00	1			1 EVERY 3 YEARS
S8490	INSULIN SYRINGES (100 SYRINGES, ANY SIZE)	27.90		0.00	1			1 PER MONTH
<b>S9434</b>	<b>MODIFIED SOLID FOOD SUPPLEMENTS FOR INBORN ERRORS OF METABOLISM</b>	<b>0.00</b>		<b>0.00</b>	<b>10</b>	<b>BR</b>		<b>10 PER DAY</b>
V2623	PROSTHETIC EYE, PLASTIC, CUSTOM	567.45		0.00	2			MEDICAL NECESSITY
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS	38.80		0.00	2			2 PER YEAR
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	242.50		0.00	2			1 PER PROSTHESIS
V2626	REDUCTION OF OCULAR PROSTHESIS	155.20		0.00	2			1 PER PROSTHESIS
V2627	SCLERAL COVER SHELL	902.10		0.00	2			MEDICAL NECESSITY
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	208.55		0.00	2			MEDICAL NECESSITY
V5336	REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE (EXCLUDES ADAPTIVE HEARING AID)	0.00		0.00	1	PA		MEDICAL NECESSITY

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

CODE	DESCRIPTION	MAXPMT	RO	RENT	UNITS	BR	PA	LIMITS
<b>Medicaid Prior Authorization Pricing Reference Guide for eQ Health Solutions</b>								
The below codes, descriptions, and reimbursement rates are used by eQHealth Solutions for pricing purposes only. These codes are not separately available through the DME program.								
E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair	247.34						
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	4,781.32						
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	6,474.09						
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	6,474.67						
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair	847.13						
E1014	Reclining back, addition to pediatric size wheelchair	313.77						
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each	122.59						
E1086	Hemi-wheelchair; detachable arms, desk or full-length, swing-away, detachable, footrests	786.60						
E1089	High-strength lightweight wheelchair; fixed-length arms, swing-away, detachable footrests	1,187.10						
E1090	High-strength lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests	1,268.90						
E1130	Standard wheelchair, fixed full length arms, fixed or swing away detachable footrests	456.12						
E1140	Wheelchair; detachable arms, desk or full length, swing-away, detachable, footrests	636.11						
E1161	Manual adult size wheelchair, includes tilt in space	2,033.18						
E1250	Lightweight wheelchair, fixed full length arms, swing away detachable footrest	729.30						
E1260	Lightweight wheelchair, detachable arms (desk or full length), swing away detachable footrest	900.90						
E1285	Heavy duty wheelchair, fixed full length arms, swing away detachable footrest	1,183.60						
E1290	Heavy duty wheelchair, detachable arms (desk or full length), swing away detachable footrest	1,034.50						
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches	320.61						
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches	407.29						
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches	411.65						
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches	698.96						
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each	29.24						
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each	45.10						
E2219	Manual wheelchair accessory, foam caster tire, any size, each	40.65						
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	14.95						
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each	32.61						
E2227	Manual wheelchair accessory, gear reduction drive wheel, each	1,545.63						
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each	804.53						
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware	132.06						
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	866.72						
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	1,754.72						
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	1,666.34						
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	264.61						
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	1,176.94						
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches	307.94						
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches	461.94						
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches	384.95						
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22 or 25 inches	615.93						
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	517.43						
E2359	Power wheelchair accessory, Group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	143.86						
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each	111.64						
E2375	Power wheelchair accessory, nonexpandable controller, including all related electronics and mounting hardware, replacement only	634.40						
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	994.13						
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	39.90						
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 in., any depth	245.50						
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 in. or greater, any depth	312.38						
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 in., any depth	247.51						
E2625	Skin protection wheelchair seat cushion, adjustable, width 22 in. or greater, any depth	313.34						
E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable	533.73						
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type	851.66						
E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining	641.59						



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<b>Medicaid Prior Authorization Pricing Reference Guide for eQ Health Solutions continued</b>								
The below codes, descriptions, and reimbursement rates are used by eQHealth Solutions for pricing purposes only. These codes are not separately available through the DME program.								
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	811.92						
E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support	567.78						
E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm	227.12						
E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	144.42						
E2633	Wheelchair accessory, addition to mobile arm support, supinator	120.24						
K0733	Power wheelchair accessory, 12 to 24 AMP hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)	22.38						
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	1,158.28						
K0807	Power operated vehicle, group 2 heavy duty, patient weight capacity 301-450 pounds	1,757.56						
K0808	Power operated vehicle, group 2 very heavy duty, patient weight capacity, 451-600 pounds	2,719.32						
K0813	Power wheelchair, group 1 standard portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	1,875.92						
K0814	Power wheelchair, group 1 standard portable, captains chair, patient weight capacity up to and including 300 pounds	2,401.54						
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	2,734.35						
K0816	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds	2,618.82						
K0820	Power wheelchair, group 2 standard portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	2,003.83						
K0821	Power wheelchair, group 2 standard portable, captains chair, patient weight capacity up to and including 300 pounds	2,572.34						
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	5,372.34						
K0829	Power wheelchair, group 2 extra heavy duty captains chair, patient weight capacity 601 pounds or more	4,933.34						
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	3,155.32						
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	3,272.25						
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	3,765.94						
K0838	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	3,369.02						
K0839	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	4,875.53						
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	7,386.34						
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	3,358.49						
K0842	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	3,358.49						
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	4,043.54						
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	4,109.45						
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	3,951.14						
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	4,766.89						
K0851	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	4,583.32						
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	5,507.82						
K0853	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	5,657.96						
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	7,495.49						
K0855	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more	7,080.58						
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	4,411.12						
K0857	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	4,499.49						
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	5,472.94						
K0859	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	5,219.42						
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	7,818.72						
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	5,691.22						
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	4,418.18						
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	5,472.94						
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	7,818.72						