

# Montana Medicaid - Fee Schedule Durable Medical Equipment

January 1, 2006

## Definitions:

**Modifier** – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

26 = professional component

TC = technical component

**Description** – Procedure code description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

**Effective** – This is the first date of service for which the listed fee is applicable.

**Method** – Source of fee determination

**Fee Sched:** Medicaid fee for listed code

**Medicare:** Medicare-prevailing fee for listed code.

**By Report (BR):** Equals a percentage of billed charges; percentage depends on provider type and service/supply

**PA** – Prior Authorization

**Y:** Prior authorization is required

**Space:** Prior authorization is not required

## Montana Medicaid - Fee Schedule Durable Medical Equipment

Proc	Modifier	Description	Effective	Method	Fee	PA
A4206		1 CC STERILE SYRINGE&NEEDLE	1/1/2004	BY REPORT	\$0.00	
A4207		2 CC STERILE SYRINGE&NEEDLE	1/1/2004	BY REPORT	\$0.00	
A4208		3 CC STERILE SYRINGE&NEEDLE	1/1/2004	BY REPORT	\$0.00	
A4209		5+ CC STERILE SYRINGE&NEEDLE	1/1/2004	BY REPORT	\$0.00	
A4210		NONNEEDLE INJECTION DEVICE	1/1/2004	BY REPORT	\$0.00	
A4211		SUPP FOR SELF-ADM INJECTIONS	1/17/1994	BY REPORT	\$0.00	
A4212		NON CORING NEEDLE OR STYLET	1/1/2004	BY REPORT	\$0.00	
A4213		20+ CC SYRINGE ONLY	1/1/2004	BY REPORT	\$0.00	
A4215		STERILE NEEDLE	1/1/2004	BY REPORT	\$0.00	
A4216		STERILE WATER/SALINE 10 ML	1/1/2006	MEDICARE	\$0.45	
A4217		STERILE WATER/SALINE 500 ML	1/1/2006	MEDICARE	\$2.66	
A4218		STERILE SALINE OR WATER	1/1/2006	BY REPORT	\$0.00	
A4220		INFUSION PUMP REFILL KIT	1/1/2006	BY REPORT	\$0.00	
A4221		MAINT DRUG INFUS CATH PER WK	1/1/2004	MEDICARE	\$22.26	
A4222		INFUSION SUPPLIES WITH PUMP	1/1/2004	MEDICARE	\$44.17	
A4230		INFUS INSULIN PUMP NON NEEDL	1/1/1996	BY REPORT	\$0.00	
A4231		INFUSION INSULIN PUMP NEEDLE	1/1/1996	BY REPORT	\$0.00	
A4232		SYRINGE W/NEEDLE INSULIN 3CC	1/1/1996	BY REPORT	\$0.00	
A4233		ALKALIN BATT FOR GLUCOSE MON	1/1/2006	MEDICARE	\$0.80	
A4234		J-CELL BATT FOR GLUCOSE MON	1/1/2006	MEDICARE	\$3.63	
A4235		LITHIUM BATT FOR GLUCOSE MON	1/1/2006	MEDICARE	\$2.34	
A4236		SILVR OXIDE BATT GLUCOSE MON	1/1/2006	MEDICARE	\$1.68	
A4244		ALCOHOL OR PEROXIDE PER PINT	1/1/2004	BY REPORT	\$0.00	
A4245		ALCOHOL WIPES PER BOX	7/1/1991	BY REPORT	\$0.00	
A4246		BETADINE/PHISOHEX SOLUTION	9/1/1994	BY REPORT	\$0.00	
A4247		BETADINE/IODINE SWABS/WIPES	1/1/2004	BY REPORT	\$0.00	
A4250		URINE REAGENT STRIPS/TABLETS	1/1/1992	BY REPORT	\$0.00	
A4253		BLOOD GLUCOSE/REAGENT STRIPS	1/1/2004	MEDICARE	\$35.87	
A4255		GLUCOSE MONITOR PLATFORMS	1/1/2004	MEDICARE	\$4.11	
A4256		CALIBRATOR SOLUTION/CHIPS	1/1/2004	MEDICARE	\$11.44	
A4257		REPLACE LENS SHIELD CARTRIDGE	1/1/2004	MEDICARE	\$12.75	
A4258		LANCET DEVICE EACH	1/1/2004	MEDICARE	\$17.75	
A4259		LANCETS PER BOX	1/1/2006	MEDICARE	\$12.06	
A4261		CERVICAL CAP CONTRACEPTIVE	1/1/1999	BY REPORT	\$0.00	
A4265		PARAFFIN	1/1/2004	MEDICARE	\$3.39	
A4270		DISPOSABLE ENDOSCOPE SHEATH	9/1/1994	BY REPORT	\$0.00	
A4280		BRST PRSTHS ADHSV ATTCHMNT	1/1/2004	MEDICARE	\$4.99	
A4305		DRUG DELIVERY SYSTEM >=50 ML	1/1/2004	BY REPORT	\$0.00	
A4306		DRUG DELIVERY SYSTEM <=5 ML	1/1/2004	BY REPORT	\$0.00	
A4310		INSERT TRAY W/O BAG/CATH	1/1/2004	MEDICARE	\$6.99	
A4311		CATHETER W/O BAG 2-WAY LATEX	1/1/2004	MEDICARE	\$14.84	
A4312		CATH W/O BAG 2-WAY SILICONE	1/1/2004	MEDICARE	\$16.65	

Please see first page for a complete description of information contained in the fee schedules.

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Proc	Modifier	Description	Effective	Method	Fee	PA
A4313		CATHETER W/BAG 3-WAY	1/1/2004	MEDICARE	\$16.65	
A4314		CATH W/DRAINAGE 2-WAY LATEX	1/1/2004	MEDICARE	\$23.02	
A4315		CATH W/DRAINAGE 2-WAY SILCNE	1/1/2004	MEDICARE	\$23.02	
A4316		CATH W/DRAINAGE 3-WAY	1/1/2004	MEDICARE	\$24.14	
A4320		IRRIGATION TRAY	1/1/2004	MEDICARE	\$4.72	
A4321		CATH THERAPEUTIC IRRIG AGENT	1/1/1999	BY REPORT	\$0.00	
A4322		IRRIGATION SYRINGE	1/1/2004	MEDICARE	\$3.04	
A4326		MALE EXTERNAL CATHETER	1/1/2004	MEDICARE	\$9.74	
A4327		FEM URINARY COLLECT DEV CUP	1/1/2004	MEDICARE	\$44.62	
A4328		FEM URINARY COLLECT POUCH	1/1/2004	MEDICARE	\$10.45	
A4330		STOOL COLLECTION POUCH	1/1/2004	MEDICARE	\$6.08	
A4331		EXTENSION DRAINAGE TUBING	1/1/2004	MEDICARE	\$3.18	
A4332		LUBE STERILE PACKET	7/1/2003	MEDICARE	\$0.12	
A4333		URINARY CATH ANCHOR DEVICE	1/1/2004	MEDICARE	\$2.20	
A4334		URINARY CATH LEG STRAP	1/1/2004	MEDICARE	\$4.93	
A4335		INCONTINENCE SUPPLY	1/1/1992	BY REPORT	\$0.00	
A4338		INDWELLING CATHETER LATEX	1/1/2004	MEDICARE	\$12.26	
A4340		INDWELLING CATHETER SPECIAL	1/1/2004	MEDICARE	\$26.99	
A4344		CATH INDW FOLEY 2 WAY SILICN	1/1/2004	MEDICARE	\$13.62	
A4346		CATH INDW FOLEY 3 WAY	1/1/2004	MEDICARE	\$17.85	
A4348		MALE EXT CATH EXTENDED WEAR	1/1/2004	MEDICARE	\$27.83	
A4349		URINARY COLLECTION AND RETENTION SYSTEM LEG BAG	1/1/2005	BY REPORT	\$0.00	
A4351		STRAIGHT TIP URINE CATHETER	1/1/2004	MEDICARE	\$1.54	
A4352		COUDE TIP URINARY CATHETER	1/1/2004	MEDICARE	\$5.46	
A4353		INTERMITTENT URINARY CATH	1/1/2004	MEDICARE	\$7.00	
A4354		CATH INSERTION TRAY W/BAG	1/1/2004	MEDICARE	\$10.03	
A4355		BLADDER IRRIGATION TUBING	1/1/2004	MEDICARE	\$8.01	
A4356		EXT URETH CLMP OR COMPR DVC	1/1/2004	MEDICARE	\$43.34	
A4357		BEDSIDE DRAINAGE BAG	1/1/2004	MEDICARE	\$8.25	
A4358		URINARY LEG OR ABDOMEN BAG	1/1/2004	MEDICARE	\$6.36	
A4359		URINARY SUSPENSORY W/O LEG B	1/1/2004	MEDICARE	\$30.63	
A4361		OSTOMY FACE PLATE	1/1/2004	MEDICARE	\$18.37	
A4362		SOLID SKIN BARRIER	1/1/2004	MEDICARE	\$3.10	
A4363		OSTOMY CLAMP, REPLACEMENT	1/1/2006	MEDICARE	\$2.26	
A4364		ADHESIVE LIQUID OR EQUAL	1/1/2004	MEDICARE	\$2.49	
A4365		ADHESIVE REMOVER WIPES	1/1/2004	MEDICARE	\$11.32	
A4366		OSTOMY BAG REUSEABLE OR DRAINABLE	1/1/2006	MEDICARE	\$1.30	
A4367		OSTOMY BELT	1/1/2004	MEDICARE	\$7.28	
A4368		OSTOMY FILTER	1/1/2004	MEDICARE	\$0.26	
A4369		SKIN BARRIER LIQUID PER OZ	1/1/2004	MEDICARE	\$2.06	
A4371		SKIN BARRIER POWDER PER OZ	1/1/2004	MEDICARE	\$3.60	
A4372		SKIN BARRIER SOLID 4X4 EQUIV	1/1/2004	MEDICARE	\$4.18	

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## Montana Medicaid - Fee Schedule Durable Medical Equipment

Proc	Modifier	Description	Effective	Method	Fee	PA
A4373		SKIN BARRIER WITH FLANGE	1/1/2004	MEDICARE	\$6.28	
A4375		DRAINABLE PLASTIC PCH W FCPL	1/1/2004	MEDICARE	\$17.18	
A4376		DRAINABLE RUBBER PCH W FCPLT	1/1/2004	MEDICARE	\$47.58	
A4377		DRAINABLE PLSTIC PCH W/O FP	1/1/2004	MEDICARE	\$4.29	
A4378		DRAINABLE RUBBER PCH W/O FP	1/1/2004	MEDICARE	\$30.75	
A4379		URINARY PLASTIC POUCH W FCPL	1/1/2004	MEDICARE	\$15.02	
A4380		URINARY RUBBER POUCH W FCPLT	1/1/2004	MEDICARE	\$37.33	
A4381		URINARY PLASTIC POUCH W/O FP	1/1/2004	MEDICARE	\$4.61	
A4382		URINARY HVY PLSTC PCH W/O FP	1/1/2004	MEDICARE	\$24.62	
A4383		URINARY RUBBER POUCH W/O FP	1/1/2004	MEDICARE	\$28.19	
A4384		OSTOMY FACEPLT/SILICONE RING	1/1/2004	MEDICARE	\$9.62	
A4385		OST SKN BARRIER SLD EXT WEAR	1/1/2004	MEDICARE	\$5.10	
A4387		OST CLSD POUCH W ATT ST BARR	7/1/2003	MEDICARE	\$3.83	
A4388		DRAINABLE PCH W EX WEAR BARR	1/1/2004	MEDICARE	\$4.36	
A4389		DRAINABLE PCH W ST WEAR BARR	1/1/2004	MEDICARE	\$6.22	
A4390		DRAINABLE PCH EX WEAR CONVEX	1/1/2004	MEDICARE	\$9.61	
A4391		URINARY POUCH W EX WEAR BARR	1/1/2004	MEDICARE	\$7.07	
A4392		URINARY POUCH W ST WEAR BARR	1/1/2004	MEDICARE	\$8.18	
A4393		URINE PCH W EX WEAR BAR CONV	1/1/2004	MEDICARE	\$9.04	
A4394		OSTOMY POUCH LIQ DEODORANT	1/1/2004	MEDICARE	\$2.58	
A4395		OSTOMY POUCH SOLID DEODORANT	1/1/2000	MEDICARE	\$0.05	
A4396		PERISTOMAL HERNIA SUPPRT BLT	1/1/2004	MEDICARE	\$40.48	
A4397		IRRIGATION SUPPLY SLEEVE	1/1/2004	MEDICARE	\$4.79	
A4398		OSTOMY IRRIGATION BAG	1/1/2004	MEDICARE	\$13.81	
A4399		OSTOMY IRRIG CONE/CATH W BRS	1/1/2004	MEDICARE	\$10.44	
A4400		OSTOMY IRRIGATION SET	1/1/2004	MEDICARE	\$41.54	
A4402		LUBRICANT PER OUNCE	1/1/2004	MEDICARE	\$1.60	
A4404		OSTOMY RING EACH	1/1/2004	MEDICARE	\$1.69	
A4405		NONPECTIN BASED OSTOMY PASTE	1/1/2003	MEDICARE	\$3.40	
A4406		PECTIN BASED OSTOMY PASTE	1/1/2003	MEDICARE	\$5.74	
A4407		EXT WEAR OST SKN BARR <=4SQö	1/1/2003	MEDICARE	\$8.76	
A4408		EXT WEAR OST SKN BARR >4SQö	1/1/2003	MEDICARE	\$9.87	
A4409		OST SKN BARR CONVEX <=4 SQ I	1/1/2003	MEDICARE	\$6.22	
A4410		OST SKN BARR EXTND >4 SQ	1/1/2003	MEDICARE	\$9.04	
A4411		OST SKN BARR EXTND =4SQ	1/1/2006	MEDICARE	\$5.10	
A4412		OST POUCH DRAIN HIGH OUTPUT	1/1/2006	MEDICARE	\$2.70	
A4413		2 PC DRAINABLE OST POUCH	1/1/2003	MEDICARE	\$5.50	
A4414		OST SKNBAR W/O CONV<=4 SQ IN	1/1/2003	MEDICARE	\$4.93	
A4415		OST SKN BARR W/O CONV >4 SQI	1/3/2003	MEDICARE	\$6.00	
A4416		OST PCH CLSD W BARRIER/FILTR	1/1/2004	MEDICARE	\$2.75	
A4417		OST PCH W BAR/BLTINCONV/FLTR	1/1/2004	MEDICARE	\$3.72	
A4418		OST PCH CLSD W/O BAR W FILTR	1/1/2004	MEDICARE	\$1.81	

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A4419		OST PCH FOR BAR W FLANGE/FLT	1/1/2004	MEDICARE	\$1.74	
A4420		OST PCH CLSD FOR BAR W LK FL	1/1/2005	BY REPORT	\$0.00	
A4421		OSTOMY SUPPLY MISC	10/1/1986	BY REPORT	\$0.00	
A4422		OST POUCH ABSORBENT MATERIAL	1/1/2003	MEDICARE	\$0.12	
A4423		OST PCH FOR BAR W LK FL/FLTR	1/1/2004	MEDICARE	\$1.86	
A4424		OST PCH DRAIN W BAR & FILTER	1/1/2004	MEDICARE	\$4.75	
A4425		OST PCH DRAIN FOR BARRIER FL	1/1/2004	MEDICARE	\$3.58	
A4426		OST PCH DRAIN 2 PIECE SYSTEM	1/1/2004	MEDICARE	\$2.73	
A4427		OST PCH DRAIN/BARR LK FLNG/F	1/1/2004	MEDICARE	\$2.78	
A4428		URINE OST POUCH W FAUCET/TAP	1/1/2004	MEDICARE	\$6.51	
A4429		URINE OST POUCH W BLTINCONV	1/1/2004	MEDICARE	\$8.25	
A4430		URETEROSTOMY SET	1/1/2004	MEDICARE	\$8.52	
A4431		OST PCH URINE W BARRIER/TAPV	1/1/2004	MEDICARE	\$6.22	
A4432		OS PCH URINE W BAR/FANGE/TAP	1/1/2004	MEDICARE	\$3.59	
A4433		URINE OST PCH BAR W LOCK FLN	1/1/2004	MEDICARE	\$3.34	
A4434		URINARY CATHETER ANCHORING DEVICE LEG STRAP EACH	1/1/2004	MEDICARE	\$3.76	
A4450		NON-WATERPROOF TAPE	1/1/2003	MEDICARE	\$0.09	
A4452		WATERPROOF TAPE	1/1/2003	MEDICARE	\$0.36	
A4455		ADHESIVE REMOVER PER OUNCE	1/1/2004	MEDICARE	\$1.26	
A4458		REUSABLE ENEMA BAG	1/1/2003	BY REPORT	\$0.00	
A4462		ABDMNL DRSSNG HOLDER/BINDER	1/1/2004	MEDICARE	\$3.29	
A4465		NON-ELASTIC EXTREMITY BINDER	1/1/1996	BY REPORT	\$0.00	
A4470		GRAVLEE JET WASHER	10/1/1986	BY REPORT	\$0.00	
A4480		VABRA ASPIRATOR	10/1/1986	BY REPORT	\$0.00	
A4481		TRACHEOSTOMA FILTER	1/1/2004	MEDICARE	\$0.38	
A4483		MOISTURE EXCHANGER	1/1/1999	BY REPORT	\$0.00	
A4490		ABOVE KNEE SURGICAL STOCKING	1/1/2004	BY REPORT	\$0.00	
A4495		THIGH LENGTH SURG STOCKING	1/1/2004	BY REPORT	\$0.00	
A4500		BELOW KNEE SURGICAL STOCKING	1/1/2004	BY REPORT	\$0.00	
A4510		FULL LENGTH SURG STOCKING	1/1/2004	BY REPORT	\$0.00	
A4520		INCONTINENCE GARMENT ANY TYPE	1/1/2005	BY REPORT	\$0.00	
A4554		DISPOSABLE UNDERPADS	1/1/2004	BY REPORT	\$0.00	
A4556		ELECTRODES, PAIR	1/1/2004	MEDICARE	\$12.14	
A4557		LEAD WIRES, PAIR	1/1/2004	MEDICARE	\$21.10	
A4558		CONDUCTIVE PASTE OR GEL	1/1/2004	MEDICARE	\$5.45	
A4561		PESSARY RUBBER, ANY TYPE	1/1/2005	FEE SCHED	\$19.30	
A4562		PESSARY, NON RUBBER,ANY TYPE	1/1/2005	FEE SCHED	\$48.04	
A4565		SLINGS	1/1/2004	BY REPORT	\$0.00	
A4570		SPLINT	1/1/2004	BY REPORT	\$0.00	
A4575		HYPERBARIC O2 CHAMBER DISPS	1/1/1996	BY REPORT	\$0.00	
A4580		CAST SUPPLIES (PLASTER)	4/1/1994	BY REPORT	\$0.00	
A4590		SPECIAL CASTING MATERIAL	1/1/2004	BY REPORT	\$0.00	

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Proc	Modifier	Description	Effective	Method	Fee	PA
A4595		TENS SUPPL 2 LEAD PER MONTH	1/1/2004	MEDICARE	\$28.35	
A4604		TUBING WITH HEATING ELEMENT	1/1/2006	MEDICARE	\$66.81	
A4605		TRACH SUCTION CATH CLOSE SYS	1/1/2006	MEDICARE	\$16.40	
A4606		OXYGEN PROBE USED W OXIMETER	1/1/2003	BY REPORT	\$0.00	
A4608		TRANSTRACHEAL OXYGEN CATH	1/1/2004	MEDICARE	\$58.15	
A4611		HEAVY DUTY BATTERY	1/1/2004	MEDICARE	\$196.45	
A4612		BATTERY CABLES	1/1/2004	MEDICARE	\$67.94	
A4612	RR	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	1/1/2006	MEDICARE	\$6.92	
A4613		BATTERY CHARGER	1/1/2004	MEDICARE	\$122.58	
A4613	RR	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	1/1/2006	MEDICARE	\$12.27	
A4614		HAND-HELD PEFR METER	1/1/2004	MEDICARE	\$23.78	
A4615		CANNULA NASAL	1/1/2004	BY REPORT	\$0.00	
A4616		TUBING (OXYGEN) PER FOOT	1/1/2004	BY REPORT	\$0.00	
A4617		MOUTH PIECE	1/1/2004	BY REPORT	\$0.00	
A4618		BREATHING CIRCUITS	1/1/2004	MEDICARE	\$7.56	
A4619		FACE TENT	1/1/2004	MEDICARE	\$1.21	
A4620		VARIABLE CONCENTRATION MASK	1/1/2004	BY REPORT	\$0.00	
A4623		TRACHEOSTOMY INNER CANNULA	1/1/2004	MEDICARE	\$6.55	
A4624		TRACHEAL SUCTION TUBE	1/1/2004	MEDICARE	\$2.63	
A4625		TRACH CARE KIT FOR NEW TRACH	1/1/2004	MEDICARE	\$6.93	
A4626		TRACHEOSTOMY CLEANING BRUSH	1/1/2004	MEDICARE	\$3.19	
A4627		SPACER BAG/RESERVOIR	7/1/1993	BY REPORT	\$0.00	
A4628		OROPHARYNGEAL SUCTION CATH	1/1/2006	MEDICARE	\$3.65	
A4629		TRACHEOSTOMY CARE KIT	1/1/2004	MEDICARE	\$4.61	
A4630		REPL BAT T.E.N.S. OWN BY PT	1/1/2004	MEDICARE	\$6.25	
A4632		INFUS PUMP RPLCEMNT BATTERY	1/1/2003	BY REPORT	\$0.00	
A4633		UVL REPLACEMENT BULB	1/1/2003	MEDICARE	\$41.04	
A4634		REPLACEMENT BULB TH LIGHTBOX	1/1/2003	BY REPORT	\$0.00	
A4635		UNDERARM CRUTCH PAD	1/1/2004	MEDICARE	\$5.12	
A4636		HANDGRIP FOR CANE ETC	1/1/2004	MEDICARE	\$4.21	
A4637		REPL TIP CANE/CRUTCH/WALKER	1/1/2004	MEDICARE	\$1.81	
A4638		REPL BATT PULSE GEN SYS	1/1/2004	BY REPORT	\$0.00	
A4639		INFRARED HT SYS REPLCMNT PAD	1/1/2003	MEDICARE	\$287.21	
A4640		ALTERNATING PRESSURE PAD	1/1/2004	MEDICARE	\$63.32	
A4649		SURGICAL SUPPLIES	10/1/1986	BY REPORT	\$0.00	
A4651		CALIBRATED MICROCAP TUBE	1/1/2002	BY REPORT	\$0.00	
A4652		MICROCAPILLARY TUBE SEALANT	1/1/2002	BY REPORT	\$0.00	
A4653		PD CATHETER ANCHOR BELT	1/1/2003	BY REPORT	\$0.00	
A4657		SYRINGE W/WO NEEDLE	1/1/2002	BY REPORT	\$0.00	
A4660		SPHYG/BP APP W CUFF AND STET	10/1/1986	BY REPORT	\$0.00	
A4663		DIALYSIS BLOOD PRESSURE CUFF	10/1/1986	BY REPORT	\$0.00	
A4670		AUTOMATIC BP MONITOR DIAL	10/1/1986	BY REPORT	\$0.00	

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A4680		ACTIFICIAL CARBON FILTER, EA	10/1/1986	BY REPORT	\$0.00	
A4690		DIALYZER, EACH	10/1/1986	BY REPORT	\$0.00	Y
A4706		BICARBONATE CONC SOL PER GAL	1/1/2002	BY REPORT	\$0.00	
A4707		BICARBONATE CONC POW PER PAC	1/1/2002	BY REPORT	\$0.00	
A4708		ACETATE CONC SOL PER GALLON	1/1/2002	BY REPORT	\$0.00	
A4709		ACID CONC SOL PER GALLON	1/1/2002	BY REPORT	\$0.00	
A4714		TREATED WATER PER GALLON	10/1/1986	BY REPORT	\$0.00	
A4719		Y SET TUBING FOR PERITONEAL DIALYSIS	1/1/2002	BY REPORT	\$0.00	
A4720		DIALYSAT SOL FLD VOL > 249CC	1/1/2002	BY REPORT	\$0.00	
A4721		DIALYSAT SOL FLD VOL > 999CC	1/1/2002	BY REPORT	\$0.00	
A4722		DIALYS SOL FLD VOL > 1999CC	1/1/2002	BY REPORT	\$0.00	
A4723		DIALYS SOL FLD VOL > 2999CC	1/1/2002	BY REPORT	\$0.00	
A4724		DIALYS SOL FLD VOL > 3999CC	1/1/2002	BY REPORT	\$0.00	
A4725		DIALYS SOL FLD VOL > 4999CC	1/1/2002	BY REPORT	\$0.00	
A4726		DIALYS SOL FLD VOL > 5999CC	1/1/2002	BY REPORT	\$0.00	
A4730		FISTULA CANNULATION SET, EA	10/1/1986	BY REPORT	\$0.00	
A4736		TOPICAL ANESTHETIC, PER GRAM	1/1/2002	BY REPORT	\$0.00	
A4737		INJ ANESTHETIC PER 10 ML	1/1/2002	BY REPORT	\$0.00	
A4740		SHUNT ACCESSORY	10/1/1986	BY REPORT	\$0.00	
A4750		ART OR VENOUS BLOOD TUBING	10/1/1986	BY REPORT	\$0.00	
A4755		COMB ART/VENOUS BLOOD TUBING	10/1/1986	BY REPORT	\$0.00	
A4760		DIALYSATE SOL TEST KIT, EACH	10/1/1986	BY REPORT	\$0.00	
A4765		DIALYSATE CONC POW PER PACK	10/1/1986	BY REPORT	\$0.00	
A4766		DIALYSATE CONC SOL ADD 10 ML	1/1/2002	BY REPORT	\$0.00	
A4770		BLOOD COLLECTION TUBE/VACUUM	1/1/1986	BY REPORT	\$0.00	
A4771		SERUM CLOTTING TIME TUBE	10/1/1986	BY REPORT	\$0.00	
A4772		BLOOD GLUCOSE TEST STRIPS	10/1/1986	BY REPORT	\$0.00	
A4773		OCCULT BLOOD TEST STRIPS	10/1/1986	BY REPORT	\$0.00	
A4774		AMMONIA TEST STRIPS	10/1/1986	BY REPORT	\$0.00	
A4802		PROTAMINE SULFATE PER 50 MG	1/1/2002	BY REPORT	\$0.00	
A4860		DISPOSABLE CATHETER TIPS	10/1/1986	BY REPORT	\$0.00	
A4870		PLUMB/ELEC WK HM HEMO EQUIP	10/1/1986	BY REPORT	\$0.00	Y
A4890		REPAIR/MAINT CONT HEMO EQUIP	1/17/1994	BY REPORT	\$0.00	
A4911		DRAIN BAG/BOTTLE	1/1/2002	BY REPORT	\$0.00	
A4913		MISC DIALYSIS SUPPLIES NOC	10/1/1986	BY REPORT	\$0.00	
A4918		VENOUS PRESSURE CLAMP	10/1/1986	BY REPORT	\$0.00	
A4927		NON-STERILE GLOVES	7/1/1997	BY REPORT	\$0.00	
A4928		SURGICAL MASK	1/1/2002	BY REPORT	\$0.00	
A4929		TOURNIQUET FOR DIALYSIS, EA	1/1/2002	BY REPORT	\$0.00	
A4930		STERILE GLOVES PER PAIR	1/1/2003	BY REPORT	\$0.00	
A4931		REUSABLE ORAL THERMOMETER	1/1/2003	BY REPORT	\$0.00	
A4932		REUSABLE RECTAL THERMOMETER	1/1/2003	BY REPORT	\$0.00	

Please see first page for a complete description of information contained in the fee schedules.

## Montana Medicaid - Fee Schedule Durable Medical Equipment

Proc	Modifier	Description	Effective	Method	Fee	PA
A5051		POUCH CLSD W BARR ATTACHED	1/1/2004	MEDICARE	\$2.07	
A5052		CLSD OSTOMY POUCH W/O BARR	1/1/2004	MEDICARE	\$1.49	
A5053		CLSD OSTOMY POUCH FACEPLATE	1/1/2004	MEDICARE	\$1.74	
A5054		CLSD OSTOMY POUCH W/FLANGE	1/1/2004	MEDICARE	\$1.79	
A5055		STOMA CAP	1/1/2004	MEDICARE	\$1.39	
A5061		POUCH DRAINABLE W BARRIER AT	1/1/2006	MEDICARE	\$3.52	
A5062		DRNBLE OSTOMY POUCH W/O BARR	1/1/2004	MEDICARE	\$2.09	
A5063		DRAIN OSTOMY POUCH W/FLANGE	1/1/2004	MEDICARE	\$2.70	
A5071		URINARY POUCH W/BARRIER	1/1/2004	MEDICARE	\$6.01	
A5072		URINARY POUCH W/O BARRIER	1/1/2004	MEDICARE	\$2.99	
A5073		URINARY POUCH ON BARR W/FLNG	1/1/2004	MEDICARE	\$2.70	
A5081		CONTINENT STOMA PLUG	1/1/2004	MEDICARE	\$2.81	
A5082		CONTINENT STOMA CATHETER	1/1/2004	MEDICARE	\$11.89	
A5093		OSTOMY ACCESSORY CONVEX INSE	1/1/2004	MEDICARE	\$1.95	
A5102		BEDSIDE DRAIN BTL W/VO TUBE	1/1/2004	MEDICARE	\$22.42	
A5105		URINARY SUSPENSORY	1/1/2004	MEDICARE	\$39.33	
A5112		URINARY LEG BAG	1/1/2004	MEDICARE	\$34.62	
A5113		LATEX LEG STRAP	1/1/2004	MEDICARE	\$4.00	
A5114		FOAM/FABRIC LEG STRAP	1/1/2004	MEDICARE	\$8.94	
A5120		SKIN BARRIER WIPE OR SWAB	1/1/2006	MEDICARE	\$0.25	
A5121		SOLID SKIN BARRIER 6X6	1/1/2004	MEDICARE	\$7.46	
A5122		SOLID SKIN BARRIER 8X8	1/1/2004	MEDICARE	\$10.92	
A5126		DISK/FOAM PAD +OR- ADHESIVE	1/1/2004	MEDICARE	\$1.32	
A5131		APPLIANCE CLEANER	1/1/2004	MEDICARE	\$14.66	
A5200		PERCUTANEOUS CATHETER ANCHOR	1/1/2004	MEDICARE	\$11.29	
A5500		DIAB SHOE FOR DENSITY INSERT	1/1/2006	MEDICARE	\$59.36	
A5501		DIABETIC CUSTOM MOLDED SHOE	1/1/2006	MEDICARE	\$178.04	
A5503		DIABETIC SHOE W/ROLLER/ROCKR	1/1/2006	MEDICARE	\$26.40	
A5504		DIABETIC SHOE WITH WEDGE	1/1/2006	MEDICARE	\$26.40	
A5505		DIAB SHOE W/METATARSAL BAR	1/1/2006	MEDICARE	\$26.40	
A5506		DIABETIC SHOE W/OFF SET HEEL	1/1/2006	MEDICARE	\$26.40	
A5507		MODIFICATION DIABETIC SHOE	1/1/2006	MEDICARE	\$26.40	
A5508		DIABETIC DELUXE SHOE	1/1/2000	BY REPORT	\$0.00	
A5510		COMPRESSION FORM SHOE INSERT	1/1/2002	BY REPORT	\$0.00	
A5512		MULTI DEN INSERT DIRECT FORM	1/1/2006	MEDICARE	\$24.22	
A5513		MULTI DEN INSERT CUSTOM MOLD	1/1/2006	MEDICARE	\$36.14	
A6000		WOUND WARMING WOUND COVER	1/1/2002	BY REPORT	\$0.00	
A6010		COLLAGEN BASED WOUND FILLER	1/1/2004	MEDICARE	\$30.96	
A6011		COLLAGEN GEL/PASTE WOUND FIL	1/1/2003	MEDICARE	\$2.28	
A6021		COLLAGEN DRESSING <=16 SQ IN	1/1/2004	MEDICARE	\$21.02	
A6022		COLLAGEN DRSG>6<=48 SQ IN	1/1/2004	MEDICARE	\$21.02	
A6023		COLLAGEN DRESSING >48 SQ IN	1/1/2004	MEDICARE	\$190.30	

Please see first page for a complete description of information contained in the fee schedules.

## Montana Medicaid - Fee Schedule Durable Medical Equipment

Proc	Modifier	Description	Effective	Method	Fee	PA
A6024		COLLAGEN DSG WOUND FILLER	1/1/2004	MEDICARE	\$6.19	
A6025		SILICONE GEL SHEET EACH	1/1/1997	BY REPORT	\$0.00	
A6154		WOUND POUCH EACH	1/1/2004	MEDICARE	\$14.36	
A6196		ALGINATE DRESSING <=16 SQ IN	1/1/2004	MEDICARE	\$7.35	
A6197		ALGINATE DRSG >16 <=48 SQ IN	1/1/2004	MEDICARE	\$16.44	
A6198		ALGINATE DRESSING > 48 SQ IN	1/1/1997	BY REPORT	\$0.00	
A6199		ALGINATE DRSG WOUND FILLER	1/1/2004	MEDICARE	\$5.29	
A6200		COMPOS DRSG <=16 NO BORDER	1/1/2004	MEDICARE	\$9.50	
A6201		COMPOS DRSG >16<=48 NO BDR	1/1/2004	MEDICARE	\$20.80	
A6202		COMPOS DRSG >48 NO BORDER	1/1/2004	MEDICARE	\$34.88	
A6203		COMPOSITE DRSG <= 16 SQ IN	1/1/2004	MEDICARE	\$3.35	
A6204		COMPOSITE DRSG >16<=48 SQ IN	1/1/2004	MEDICARE	\$6.23	
A6205		COMPOSITE DRSG > 48 SQ IN	1/1/2004	BY REPORT	\$0.00	
A6206		CONTACT LAYER <= 16 SQ IN	1/1/2004	BY REPORT	\$0.00	
A6207		CONTACT LAYER >16<= 48 SQ IN	1/1/2004	MEDICARE	\$7.34	
A6208		CONTACT LAYER > 48 SQ IN	1/1/2004	BY REPORT	\$0.00	
A6209		FOAM DRSG <=16 SQ IN W/O BDR	1/1/2004	MEDICARE	\$7.48	
A6210		FOAM DRG >16<=48 SQ IN W/O B	1/1/2004	MEDICARE	\$19.92	
A6211		FOAM DRG > 48 SQ IN W/O BRDR	1/1/2004	MEDICARE	\$29.37	
A6212		FOAM DRG <=16 SQ IN W/BORDER	1/1/2004	MEDICARE	\$9.70	
A6213		FOAM DRG >16<=48 SQ IN W/BDR	1/1/1997	BY REPORT	\$0.00	
A6214		FOAM DRG > 48 SQ IN W/BORDER	1/1/2004	MEDICARE	\$10.29	
A6215		FOAM DRESSING WOUND FILLER	1/1/2004	BY REPORT	\$0.00	
A6216		NON-STERILE GAUZE<=16 SQ IN	1/1/1997	MEDICARE	\$0.05	
A6217		NON-STERILE GAUZE>16<=48 SQ	1/1/2004	BY REPORT	\$0.00	
A6218		NON-STERILE GAUZE > 48 SQ IN	1/1/2004	BY REPORT	\$0.00	
A6219		GAUZE <= 16 SQ IN W/BORDER	1/1/2004	MEDICARE	\$0.95	
A6220		GAUZE >16 <=48 SQ IN W/BORDR	1/1/2004	MEDICARE	\$2.58	
A6221		GAUZE > 48 SQ IN W/BORDER	1/1/1997	BY REPORT	\$0.00	
A6222		GAUZE <=16 IN NO W/SAL W/O B	1/1/2004	MEDICARE	\$2.13	
A6223		GAUZE >16<=48 NO W/SAL W/O B	1/1/2004	MEDICARE	\$2.42	
A6224		GAUZE > 48 IN NO W/SAL W/O B	1/1/2004	MEDICARE	\$3.61	
A6228		GAUZE <= 16 SQ IN WATER/SAL	1/1/1997	BY REPORT	\$0.00	
A6229		GAUZE >16<=48 SQ IN WATR/SAL	1/1/2004	MEDICARE	\$3.61	
A6230		GAUZE > 48 SQ IN WATER/SALNE	1/1/1997	BY REPORT	\$0.00	
A6231		HYDROGEL DSG<=16 SQ IN	1/1/2004	MEDICARE	\$4.68	
A6232		HYDROGEL DSG>16<=48 SQ IN	1/1/2004	MEDICARE	\$6.88	
A6233		HYDROGEL DRESSING >48 SQ IN	1/1/2004	MEDICARE	\$19.19	
A6234		HYDROCOLLD DRG <=16 W/O BDR	1/1/2004	MEDICARE	\$6.54	
A6235		HYDROCOLLD DRG >16<=48 W/O B	1/1/2004	MEDICARE	\$16.82	
A6236		HYDROCOLLD DRG > 48 IN W/O B	1/1/2004	MEDICARE	\$27.25	
A6237		HYDROCOLLD DRG <=16 IN W/BDR	1/1/2004	MEDICARE	\$7.91	

Please see first page for a complete description of information contained in the fee schedules.

## Montana Medicaid - Fee Schedule Durable Medical Equipment

Proc	Modifier	Description	Effective	Method	Fee	PA
A6238		HYDROCOLLD DRG >16<=48 W/BDR	1/1/2004	MEDICARE	\$22.79	
A6239		HYDROCOLLD DRG > 48 IN W/BDR	1/1/2004	BY REPORT	\$0.00	
A6240		HYDROCOLLD DRG FILLER PASTE	1/1/2004	MEDICARE	\$12.24	
A6241		HYDROCOLLOID DRG FILLER DRY	1/1/2004	MEDICARE	\$2.57	
A6242		HYDROGEL DRG <=16 IN W/O BDR	1/1/2004	MEDICARE	\$6.07	
A6243		HYDROGEL DRG >16<=48 W/O BDR	1/1/2004	MEDICARE	\$12.31	
A6244		HYDROGEL DRG >48 IN W/O BDR	1/1/2004	MEDICARE	\$39.28	
A6245		HYDROGEL DRG <= 16 IN W/BDR	1/1/2004	MEDICARE	\$7.27	
A6246		HYDROGEL DRG >16<=48 IN W/B	1/1/2004	MEDICARE	\$9.92	
A6247		HYDROGEL DRG > 48 SQ IN W/B	1/1/2004	MEDICARE	\$23.78	
A6248		HYDROGEL DRSG GEL FILLER	1/1/2004	MEDICARE	\$16.24	
A6250		SKIN SEAL PROTECT MOISTURIZR	1/1/1997	BY REPORT	\$0.00	
A6251		ABSORPT DRG <=16 SQ IN W/O B	1/1/2004	MEDICARE	\$1.99	
A6252		ABSORPT DRG >16 <=48 W/O BDR	1/1/2004	MEDICARE	\$3.25	
A6253		ABSORPT DRG > 48 SQ IN W/O B	1/1/2004	MEDICARE	\$6.34	
A6254		ABSORPT DRG <=16 SQ IN W/BDR	1/1/2004	MEDICARE	\$1.21	
A6255		ABSORPT DRG >16<=48 IN W/BDR	1/1/2004	MEDICARE	\$3.03	
A6256		ABSORPT DRG > 48 SQ IN W/BDR	1/1/1997	BY REPORT	\$0.00	
A6257		TRANSPARENT FILM <= 16 SQ IN	1/1/2004	MEDICARE	\$1.53	
A6258		TRANSPARENT FILM >16<=48 IN	1/1/2004	MEDICARE	\$4.30	
A6259		TRANSPARENT FILM > 48 SQ IN	1/1/2004	MEDICARE	\$10.94	
A6260		WOUND CLEANSER ANY TYPE/SIZE	1/1/1997	BY REPORT	\$0.00	
A6261		WOUND FILLER GEL/PASTE /OZ	1/1/1997	BY REPORT	\$0.00	
A6262		WOUND FILLER DRY FORM / GRAM	1/1/1997	BY REPORT	\$0.00	
A6266		IMPREG GAUZE NO H2O/SAL/YARD	1/1/2004	MEDICARE	\$1.92	
A6402		STERILE GAUZE <= 16 SQ IN	7/1/2003	MEDICARE	\$0.12	
A6403		STERILE GAUZE>16 <= 48 SQ IN	1/1/2004	MEDICARE	\$0.43	
A6404		STERILE GAUZE > 48 SQ IN	1/1/1997	BY REPORT	\$0.00	
A6407		PACKING STRIPS NON-IMPREG	1/1/2006	MEDICARE	\$1.88	
A6410		STERILE EYE PAD	1/1/2003	MEDICARE	\$0.39	
A6411		NON-STERILE EYE PAD	1/1/2003	BY REPORT	\$0.00	
A6412		OCCLUSIVE EYE PATCH	1/1/2003	BY REPORT	\$0.00	
A6441		PAD BAND W>=3" <5"/YD	1/1/2004	MEDICARE	\$0.67	
A6442		CONFORM BAND N/S W<3"/YD	1/1/2004	MEDICARE	\$0.17	
A6443		CONFORM BAND N/S W>=3"<5"/YD	1/1/2004	MEDICARE	\$0.29	
A6444		CONFORM BAND N/S W>=5"/YD	1/1/2004	MEDICARE	\$0.56	
A6445		CONFORM BAND S W <3"/YD	1/1/2004	MEDICARE	\$0.32	
A6446		CONFORM BAND S W>=3" <5"/YD	1/1/2004	MEDICARE	\$0.41	
A6447		CONFORM BAND S W >=5"/YD	1/1/2004	MEDICARE	\$0.67	
A6448		LT COMPRES BAND <3"/YD	1/1/2004	MEDICARE	\$1.16	
A6449		LT COMPRES BAND >=3" <5"/YD	1/1/2004	MEDICARE	\$1.75	
A6450		LT COMPRES BAND >=5"/YD	1/1/2004	BY REPORT	\$0.00	

## Montana Medicaid - Fee Schedule Durable Medical Equipment

Proc	Modifier	Description	Effective	Method	Fee	PA
A6451		MOD COMPRES BAND W>=3"<5"/YD	1/1/2004	BY REPORT	\$0.00	
A6452		HIGH COMPRES BAND W>=3"<5"/YD	1/1/2006	MEDICARE	\$5.91	
A6453		SELF-ADHER BAND W <3"/YD	1/1/2004	MEDICARE	\$0.61	
A6454		SELF-ADHER BAND W>=3" <5"/YD	1/1/2004	MEDICARE	\$0.77	
A6455		SELF-ADHER BAND >=5"/YD	1/1/2006	MEDICARE	\$1.39	
A6456		ZINC PASTE BAND W >=3"<5"/YD	1/1/2004	MEDICARE	\$1.28	
A6457		TUBULAR DRESSING	1/1/2006	MEDICARE	\$1.14	
A6501		COMPRES BURNGARMENT BODYSUIT	1/1/2003	BY REPORT	\$0.00	
A6502		COMPRES BURNGARMENT CHINSTRP	1/1/2003	BY REPORT	\$0.00	
A6503		COMPRES BURNGARMENT FACEHOOD	1/1/2003	BY REPORT	\$0.00	
A6504		CMPRSBURNGARMENT GLOVE-WRIST	1/1/2003	BY REPORT	\$0.00	
A6505		CMPRSBURNGARMENT GLOVE-ELBOW	1/1/2003	BY REPORT	\$0.00	
A6506		CMPRSBURNGRMNT GLOVE-AXILLA	1/1/2003	BY REPORT	\$0.00	
A6507		CMPRS BURNGARMENT FOOT-KNEE	1/1/2003	BY REPORT	\$0.00	
A6508		CMPRS BURNGARMENT FOOT-THIGH	1/1/2003	BY REPORT	\$0.00	
A6509		COMPRES BURN GARMENT JACKET	1/1/2003	BY REPORT	\$0.00	
A6510		COMPRES BURN GARMENT LEOTARD	1/1/2003	BY REPORT	\$0.00	
A6511		COMPRES BURN GARMENT PANTY	1/1/2003	BY REPORT	\$0.00	
A6512		COMPRES BURN GARMENT NOC	1/1/2003	BY REPORT	\$0.00	
A6513		COMPRESS BURN MASK FACE/NECK	1/1/2006	BY REPORT	\$0.00	
A6530		COMPRESSION STOCKING BK18-30	1/1/2006	BY REPORT	\$0.00	
A6531		COMPRESSION STOCKING BK30-40	1/1/2006	MEDICARE	\$43.27	
A6532		COMPRESSION STOCKING BK40-50	1/1/2006	MEDICARE	\$60.96	
A6533		GC STOCKING THIGHLNGTH 18-30	1/1/2006	BY REPORT	\$0.00	
A6534		GC STOCKING THIGHLNGTH 30-40	1/1/2006	BY REPORT	\$0.00	
A6535		GC STOCKING THIGHLNGTH 40-50	1/1/2006	BY REPORT	\$0.00	
A6536		GC STOCKING FULL LNGTH 18-30	1/1/2006	BY REPORT	\$0.00	
A6537		GC STOCKING FULL LNGTH 30-40	1/1/2006	BY REPORT	\$0.00	
A6538		GC STOCKING FULL LNGTH 40-50	1/1/2006	BY REPORT	\$0.00	
A6539		GC STOCKING WAISTLNGTH 18-30	1/1/2006	BY REPORT	\$0.00	
A6540		GC STOCKING WAISTLNGTH 30-40	1/1/2006	BY REPORT	\$0.00	
A6541		GC STOCKING WAISTLNGTH 40-50	1/1/2006	BY REPORT	\$0.00	
A6542		GC STOCKING CUSTOM MADE	1/1/2006	BY REPORT	\$0.00	
A6543		GC STOCKING LYMPHEDEMA	1/1/2006	BY REPORT	\$0.00	
A6544		GC STOCKING GARTER BELT	1/1/2006	BY REPORT	\$0.00	
A6549		G COMPRESSION STOCKING	1/1/2006	BY REPORT	\$0.00	
A6550		NEG PRES WOUND THER DRSG SET	1/1/2004	MEDICARE	\$27.42	
A7000		DISPOSABLE CANISTER FOR PUMP	1/1/2004	MEDICARE	\$9.54	
A7001		NONDISPOSABLE PUMP CANISTER	1/1/2004	MEDICARE	\$33.08	
A7002		TUBING USED W SUCTION PUMP	1/1/2004	MEDICARE	\$3.83	
A7003		NEBULIZER ADMINISTRATION SET	1/1/2004	MEDICARE	\$2.74	
A7004		DISPOSABLE NEBULIZER SML VOL	1/1/2004	MEDICARE	\$1.80	

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## Montana Medicaid - Fee Schedule Durable Medical Equipment

Proc	Modifier	Description	Effective	Method	Fee	PA
A7005		NONDISPOSABLE NEBULIZER SET	1/1/2004	MEDICARE	\$30.83	
A7006		FILTERED NEBULIZER ADMIN SET	1/1/2004	MEDICARE	\$9.54	
A7007		LG VOL NEBULIZER DISPOSABLE	1/1/2004	MEDICARE	\$4.61	
A7008		DISPOSABLE NEBULIZER PREFILL	1/1/2004	MEDICARE	\$11.00	
A7009		NEBULIZER RESERVOIR BOTTLE	1/1/2004	MEDICARE	\$42.04	
A7010		DISPOSABLE CORRUGATED TUBING	1/1/2004	MEDICARE	\$23.59	
A7011		NONDISPOS CORRUGATED TUBING	1/1/2000	BY REPORT	\$0.00	
A7012		NEBULIZER WATER COLLEC DEVIC	1/1/2004	MEDICARE	\$3.78	
A7013		DISPOSABLE COMPRESSOR FILTER	1/1/2004	MEDICARE	\$0.83	
A7014		COMPRESSOR NONDISPOS FILTER	1/1/2004	MEDICARE	\$4.49	
A7015		AEROSOL MASK USED W NEBULIZE	1/1/2004	MEDICARE	\$1.88	
A7016		NEBULIZER DOME & MOUTHPIECE	1/1/2004	MEDICARE	\$7.25	
A7017		NEBULIZER NOT USED W OXYGEN	1/1/2004	MEDICARE	\$134.04	
A7017	RR	DURABLE NEB GLASS/AUTOCLAV PLAS BOTTLE TYPE NOT USED W/O2	1/1/2004	MEDICARE	\$13.40	
A7018		WATER DISTILLED W/NEBULIZER	1/1/2004	MEDICARE	\$0.38	
A7025		REPLACE CHEST COMPRESS VEST	1/1/2003	MEDICARE	\$434.94	
A7026		REPLACE CHST CMPRSS SYS HOSE	1/1/2003	MEDICARE	\$28.75	
A7030		CPAP FULL FACE MASK	1/1/2003	MEDICARE	\$188.64	
A7031		REPLACEMENT FACEMASK INTERFA	1/1/2003	MEDICARE	\$69.77	
A7032		REPLACEMENT NASAL CUSHION	1/1/2003	MEDICARE	\$40.53	
A7033		REPLACEMENT NASAL PILLOWS	1/1/2003	MEDICARE	\$28.41	
A7034		NASAL APPLICATION DEVICE	1/1/2003	MEDICARE	\$117.64	
A7035		POS AIRWAY PRESS HEADGEAR	1/1/2003	MEDICARE	\$39.75	
A7036		POS AIRWAY PRESS CHINSTRAP	1/1/2003	MEDICARE	\$18.20	
A7037		POS AIRWAY PRESSURE TUBING	1/1/2003	MEDICARE	\$41.02	
A7038		POS AIRWAY PRESSURE FILTER	1/1/2003	MEDICARE	\$5.39	
A7039		FILTER NON DISPOSABLE W PAP	1/1/2003	MEDICARE	\$15.33	
A7044		PAP ORAL INTERFACE	1/1/2003	MEDICARE	\$120.91	
A7046		REPL WATER CHAMBER PAP DEV	1/1/2004	MEDICARE	\$19.51	
A7501		TRACHEOSTOMA VALVE W DIAPHRA	1/1/2004	MEDICARE	\$105.03	
A7502		REPLACEMENT DIAPHRAGM/FPLATE	1/1/2004	MEDICARE	\$49.91	
A7503		HMES FILTER HOLDER OR CAP	1/1/2004	MEDICARE	\$11.33	
A7504		TRACHEOSTOMA HMES FILTER	1/1/2004	MEDICARE	\$0.67	
A7505		HMES OR TRACH VALVE HOUSING	1/1/2004	MEDICARE	\$4.68	
A7506		HMES/TRACHVALVE ADHESIVEDISK	1/1/2004	MEDICARE	\$0.33	
A7507		INTEGRATED FILTER & HOLDER	1/1/2004	MEDICARE	\$2.49	
A7508		HOUSING & INTEGRATED ADHESIV	1/1/2004	MEDICARE	\$2.87	
A7509		HEAT & MOISTURE EXCHANGE SYS	1/1/2004	MEDICARE	\$1.41	
A7520		TRACH/LARYN TUBE NON-CUFFED	1/1/2004	MEDICARE	\$47.48	
A7521		TRACH/LARYN TUBE CUFFED	1/1/2004	MEDICARE	\$47.05	
A7522		TRACH/LARYN TUBE STAINLESS	1/1/2004	MEDICARE	\$45.16	
A7523		TRACHEOSTOMY SHOWER PROTECT	1/1/2004	BY REPORT	\$0.00	

Please see first page for a complete description of information contained in the fee schedules.

## Montana Medicaid - Fee Schedule Durable Medical Equipment

Proc	Modifier	Description	Effective	Method	Fee	PA
A7524		TRACHEOSTOMA STENT/STUD/BTTN	1/1/2004	MEDICARE	\$77.40	
A7525		TRACHEOSTOMY MASK	1/1/2004	MEDICARE	\$2.07	
A7526		TRACHEOSTOMY TUBE COLLAR	1/1/2004	MEDICARE	\$3.37	
A7527		TRACH/LARYN TUBE PLUG/STOP	1/1/2006	MEDICARE	\$3.58	
A9275		DISP HOME GLUCOSE MONITOR	1/1/2006	BY REPORT	\$0.00	
A9282		WIG ANY TYPE	1/1/2006	BY REPORT	\$0.00	
A9999		DME SUPPLY OR ACCESSORY NOS	1/1/2004	BY REPORT	\$0.00	
B4034		ENTERAL FEEDING SUPPLY KIT; SYRINGE PER DAY	7/1/2003	FEE SCHED	\$5.78	
B4035		ENTERAL FEEDING SUPPLY KIT; PUMP FED PER DAY	1/1/2004	MEDICARE	\$11.02	
B4036		ENTERAL FEEDING SUPPLY KIT; GRAVITY FED PER DAY	1/1/2004	MEDICARE	\$7.55	
B4081		NASOGASTRIC TUBING WITH STYLET	1/1/2004	MEDICARE	\$20.42	
B4082		NASOGASTRIC TUBING WITHOUT STYLET	1/1/2004	MEDICARE	\$15.20	
B4083		STOMACH TUBE - LEVINE TYPE	1/1/2004	MEDICARE	\$2.32	
B4086		GASTROSTOMY/JEJUNOSTOMY TUBE	1/1/2002	BY REPORT	\$0.00	
B4100	BO	FOOD THICKENER ORAL	1/1/2003	BY REPORT	\$0.00	
B4102		EF ADULT FLUIDS AND ELECTRO	1/1/2005	BY REPORT	\$0.00	
B4103		EF PED FLUID AND ELECTROLYTE	1/1/2005	BY REPORT	\$0.00	
B4103	BO	EF PED FLUID AND ELECTROLYTE	1/1/2005	BY REPORT	\$0.00	
B4104		ADDITIVE FOR ENTERAL FORMULA	1/1/2005	BY REPORT	\$0.00	
B4149		EF BLENDERIZED FOODS	1/1/2005	BY REPORT	\$0.00	
B4150		EF COMPLET W/INTACT NUTRIENT	1/1/2004	MEDICARE	\$0.63	
B4150	BO	ENTERAL FORMULAE CATEGORY I; SEMI-SYNTHETIC INTACT PROTEIN	1/1/2003	FEE SCHED	\$0.63	
B4152		EF CALORIE DENSE>=1.5KCAL	1/1/2004	MEDICARE	\$0.53	
B4152	BO	ENTERAL FORMULAE; CATEGORY II: INTACT PROTEIN/PROTEIN ISOLAT	1/1/2004	MEDICARE	\$0.53	
B4153		EF HYDROLYZED/AMINO ACIDS	1/1/2004	MEDICARE	\$1.80	
B4153	BO	ENTERAL FORMULAE; CATEGORY III: HYDROLIZED PROTEIN/AMINO ACI	1/1/2004	MEDICARE	\$1.80	
B4154		EF SPEC METABOLIC NONINHERIT	1/1/2004	MEDICARE	\$1.15	
B4154	BO	ENTERAL FORMULAE; CATEGORY IV: DEFINED FORM FOR SPECIAL NEED	1/1/2004	MEDICARE	\$1.15	
B4155		EF INCOMPLETE/MODULAR	1/1/2004	MEDICARE	\$0.90	
B4155	BO	ENTERAL FORMULAE;CATEGORY V:MODULAR COMPONENTS 100 CAL= 1 UN	1/1/2004	MEDICARE	\$0.90	
B4157		ENTERAL FORMULAE; PREPACKAGED DELIVERY SYSTEM AND FORMULA	1/1/2005	BY REPORT	\$0.00	
B4157	BO	EF SPECIAL METABOLIC INHERIT	1/1/2005	BY REPORT	\$0.00	
B4158		EF PED COMPLETE INTACT NUT	1/1/2005	BY REPORT	\$0.00	
B4158	BO	EF PED COMPLETE INTACT NUT	1/1/2001	BY REPORT	\$0.00	
B4159		EF PED COMPLETE SOY BASED	1/1/2005	BY REPORT	\$0.00	
B4159	BO	EF PED COMPLETE SOY BASED	1/1/2005	BY REPORT	\$0.00	
B4160		EF PED CALORIC DENSE>/=0.7KC	1/1/2005	BY REPORT	\$0.00	
B4160	BO	EF PED CALORIC DENSE >=0.7KC	1/1/2005	BY REPORT	\$0.00	
B4161		EF PED HYDROLYZED/AMINO ACID	1/1/2005	BY REPORT	\$0.00	
B4161	BO	EF PED HYDROLYZED/AMINO ACID	1/1/2005	BY REPORT	\$0.00	
B4162		EF PED SPECMETABOLIC INHERIT	1/1/2005	BY REPORT	\$0.00	
B4162	BO	EF PED SPECMETABOLIC INHERIT	1/1/2005	BY REPORT	\$0.00	

## Montana Medicaid - Fee Schedule Durable Medical Equipment

Proc	Modifier	Description	Effective	Method	Fee	PA
B4164		PARENTERAL NUTRITION SOLUTION: CARBOHYDRATES (DEXTROSE) 50	1/1/2006	MEDICARE	\$16.48	
B4168		PARENTERAL NUTRITION SOLUTION; AMINO ACID	1/1/2006	MEDICARE	\$24.01	
B4172		PARENTERAL NUTRITION SOLUTION; AMINO ACID	1/1/2004	BY REPORT	\$0.00	
B4176		PARENTERAL NUTRITION SOLUTION; AMINO ACID	1/1/2006	MEDICARE	\$46.46	
B4178		PARENTERAL NUTRITION SOLUTION: AMINO ACID GREATER THAN 8.5%	1/1/2006	MEDICARE	\$55.78	
B4180		PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE) GRE	1/1/2004	MEDICARE	\$22.31	
B4185		PARENTERAL SOL 10 GM LIPIDS	1/1/2006	MEDICARE	\$10.89	
B4189		PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR	1/1/2006	MEDICARE	\$172.31	
B4193		PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR	1/1/2006	MEDICARE	\$222.67	
B4197		PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR	1/1/2006	MEDICARE	\$271.08	
B4199		PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR	1/1/2006	MEDICARE	\$309.77	
B4216		PARENTERAL NUTRITION; ADDITIVES (VITAMINS TRACE ELEMENTS H	1/1/2004	MEDICARE	\$7.08	
B4220		PARENTERAL NUTRITION SUPPLY KIT; PREMIX PER DAY	1/1/2006	MEDICARE	\$7.76	
B4222		PARENTERAL NUTRITION SUPPLY KIT; HOME MIX PER DAY	1/1/2004	MEDICARE	\$9.04	
B4224		PARENTERAL NUTRITION ADMINISTRATION KIT PER DAY	1/1/2006	MEDICARE	\$24.25	
B5000		PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CA	1/1/2006	MEDICARE	\$11.52	
B5100		PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CAR	1/1/2006	MEDICARE	\$4.51	
B5200		PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CA	1/1/2004	BY REPORT	\$0.00	
B9000		ENTERAL NUTRITION INFUSION PUMP WITHOUT ALARM	1/1/2004	MEDICARE	\$1,158.13	Y
B9000	RR	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	1/1/2004	MEDICARE	\$106.42	
B9002		ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	1/1/2004	MEDICARE	\$1,158.13	Y
B9002	RR	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	1/1/2004	MEDICARE	\$112.17	
B9004		PARENTERAL NUTRITION INFUSION PUMP PORTABLE	1/1/2006	MEDICARE	\$2,446.04	Y
B9004	RR	PARENTERAL NUTRITION INFUSION PUMP - PORTABLE	1/1/2004	MEDICARE	\$365.72	
B9006		PARENTERAL NUTRITION INFUSION PUMP STATIONARY	1/1/2006	MEDICARE	\$2,446.04	Y
B9006	RR	PARENTERAL NUTRITION INFUSION PUMP STATIONARY	1/1/2006	MEDICARE	\$387.23	
B9998		NOC FOR ENTERAL SUPPLIES	10/1/1986	BY REPORT	\$0.00	
B9999		NOC FOR PARENTERAL SUPPLIES	10/1/1986	BY REPORT	\$0.00	
E0100		CANE INCLUDES CANES OF ALL MATERIALS ADJUSTABLE OR FIXED	1/1/2004	MEDICARE	\$21.07	
E0100	RR	CANE INCLUDES CANES OF ALL MATERIALS ADJUSTABLE OR FIXED	1/1/2004	MEDICARE	\$5.39	
E0105		CANE QUAD OR THREE PRONG INCLUDES CANES OF ALL MATERIALS	1/1/2004	MEDICARE	\$49.11	
E0105	RR	CANE QUAD OR THREE PRONG INCLUDES CANES OF ALL MATERIALS	1/1/2004	MEDICARE	\$8.86	
E0110		CRUTCHES FOREARM INCLUDES CRUTCHES OF VARIOUS MATERIALS	1/1/2004	MEDICARE	\$77.59	
E0110	RR	CRUTCHES FOREARM INCL CRUTCHES OF VARIOUS MATERIALS PAIR	1/1/2004	MEDICARE	\$13.59	
E0111		CRUTCH FOREARM INCLUDES CRUTCHES OF VARIOUS MATERIALS	1/1/2004	MEDICARE	\$53.26	
E0111	RR	CRUTCH FOREARM INCL CRUTCHES OF VARIOUS MATERIALS EACH	1/1/2004	MEDICARE	\$7.17	
E0112		CRUTCHES UNDERARM WOOD ADJUSTABLE OR FIXED PAIR WITH PA	1/1/2004	MEDICARE	\$37.00	
E0112	RR	CRUTCHES UNDERARM WOOD ADJUSTABLE OR FIXED PAIR WITH PA	1/1/2004	MEDICARE	\$9.85	
E0113		CRUTCH UNDERAR WOOD ADJ. OR FIXED EA. W/PAD TIP & GRIP	1/1/2004	MEDICARE	\$17.96	
E0113	RR	CRUTCH UNDERARM WOOD ADJUSTABLE OR FIXED EACH WITH PAD	1/1/2004	MEDICARE	\$5.15	
E0114		CRUTCHES UNDERARM ALUMINUM ADJUSTABLE OR FIXED PAIR WIT	1/1/2004	MEDICARE	\$47.19	
E0114	RR	CRUTCHES UNDERARM ALUMINUM ADJUSTABLE OR FIXED PAIR WIT	1/1/2004	MEDICARE	\$8.57	

**Montana Medicaid - Fee Schedule  
Durable Medical Equipment**

Proc	Modifier	Description	Effective	Method	Fee	PA
E0116		CRUTCH UNDERARM EACH NO WOOD	1/1/2004	MEDICARE	\$27.74	
E0116	RR	CRUTCH UNDERARM ALUMINUM ADJUSTABLE OR FIXED EACH WITH	1/1/2004	MEDICARE	\$5.40	
E0117		UNDERARM SPRINGASSIST CRUTCH	1/1/2003	MEDICARE	\$192.71	
E0117	RR	UNDERARM SPRINGASSIST CRUTCH	1/1/2004	MEDICARE	\$19.26	
E0130		WALKER RIGID (PICKUP) ADJUSTABLE OR FIXED HEIGHT	1/1/2004	BY REPORT	\$0.00	
E0130	RR	WALKER RIGID (PICKUP) ADJUSTABLE OR FIXED HEIGHT	1/1/2006	MEDICARE	\$16.82	
E0135		WALKER FOLDING (PICKUP) ADJUSTABLE OR FIXED HEIGHT	1/1/2004	BY REPORT	\$0.00	
E0135	RR	WALKER FOLDING (PICKUP) ADJUSTABLE OR FIXED HEIGHT	1/1/2004	BY REPORT	\$0.00	
E0140		WALKER W TRUNK SUPPORT	1/1/2006	MEDICARE	\$360.71	
E0140	RR	WALKER WHEELED WITH OR WITHOUT SEAT	1/1/2006	MEDICARE	\$36.08	
E0141		RIGID WHEELED WALKER ADJ/FIX	1/1/2004	BY REPORT	\$0.00	
E0141	RR	WALKER WHEELED WITHOUT SEAT	1/1/2006	MEDICARE	\$22.36	
E0143		WALKER FOLDING WHEELED W/O S	1/1/2004	BY REPORT	\$0.00	
E0143	RR	FOLDING WALKER WHEELED WITHOUT SEAT	1/1/2004	BY REPORT	\$0.00	
E0144		ENCLOSED WALKER W REAR SEAT	1/1/2000	BY REPORT	\$0.00	
E0144	RR	ENCLOSED FRAMED FOLDING WALKER WHEELED WITH POSTERIOR SEAT	1/1/2006	MEDICARE	\$31.86	
E0147		WALKER VARIABLE WHEEL RESIST	1/1/2006	MEDICARE	\$574.81	
E0147	RR	HEAVY DUTY MULTIPLE BREAKING SYSTEM VARIABLE WHEEL RESIST	1/1/2006	MEDICARE	\$57.48	
E0148		WALKER HEAVY DUTY W/O WHEELS RIGID OR FOLDING ANY EACH	1/1/2004	BY REPORT	\$0.00	
E0148	RR	WALKER HEAVY DUTY W/O WHEELS RIGID OR FOLDING ANY EACH	1/1/2004	BY REPORT	\$0.00	
E0149		HEAVY DUTY WHEELED WALKER	1/1/2004	BY REPORT	\$0.00	
E0149	RR	WALKER HEAVY DUTY WHEELED RIGID OR FOLDING ANY TYPE EACH	1/1/2004	BY REPORT	\$0.00	
E0153		PLATFORM ATTACHMENT FOREARM CRUTCH EACH	1/1/2006	MEDICARE	\$69.38	
E0153	RR	PLATFORM ATTACHMENT FOREARM CRUTCH EACH	1/1/2006	MEDICARE	\$7.84	
E0154		PLATFORM ATTACHMENT WALKER EACH	2/12/1990	BY REPORT	\$0.00	
E0154	RR	PLATFORM ATTACHMENT WALKER EACH	2/12/1990	BY REPORT	\$0.00	
E0155		WHEEL ATTACHMENT RIGID PICK-UP WALKER PER PAIR	10/1/1986	BY REPORT	\$0.00	
E0155	RR	WHEEL ATTACHMENT RIGID PICK-UP WALKER PER PAIR	11/1/1990	BY REPORT	\$0.00	
E0156		SEAT ATTACHMENT WALKER	10/1/1986	BY REPORT	\$0.00	
E0156	RR	SEAT ATTACHMENT WALKER	1/1/2006	MEDICARE	\$2.87	
E0157		CRUTCH ATTACHMENT WALKER EACH	1/1/2006	MEDICARE	\$81.92	
E0157	RR	CRUTCH ATTACHMENT WALKER EACH	1/1/2006	MEDICARE	\$8.99	
E0158		LEG EXTENSIONS FOR WALKER PER SET OF FOUR (4)	10/1/1986	BY REPORT	\$0.00	
E0158	RR	LEG EXTENSIONS FOR WALKER PER SET OF FOUR (4)	1/1/2006	MEDICARE	\$3.55	
E0159		BRAKE ATTACHMENT FOR WHEELED WALKER REPLACEMENT EACH	1/1/2006	MEDICARE	\$17.87	
E0160		SITZ TYPE BATH PORTABLE FITS OVER COMMODE SEAT	1/1/2004	BY REPORT	\$0.00	
E0160	RR	SITZ TYPE BATH PORTABLE FITS OVER COMMODE SEAT	1/1/2006	MEDICARE	\$4.33	
E0161		SITZ TYPE BATH PORTABLE FITS OVER COMMODE SEAT	1/1/2006	MEDICARE	\$25.32	
E0161	RR	SITZ TYPE BATH PORTABLE FITS OVER COMMODE SEAT	1/1/2006	MEDICARE	\$3.03	
E0162		SITZ BATH CHAIR	1/1/2006	MEDICARE	\$123.85	
E0162	RR	SITZ BATH CHAIR	1/1/2006	MEDICARE	\$13.00	
E0163		COMMODE CHAIR STATIONARY WITH FIXED ARMS	1/1/2003	BY REPORT	\$0.00	

## Montana Medicaid - Fee Schedule Durable Medical Equipment

Proc	Modifier	Description	Effective	Method	Fee	PA
E0163	RR	COMMODE CHAIR STATIONARY WITH FIXED ARMS	1/1/2003	BY REPORT	\$0.00	
E0164		COMMODE CHAIR MOBILE WITH FIXED ARMS	1/1/2003	BY REPORT	\$0.00	
E0164	RR	COMMODE CHAIR MOBILE FIXED ARMS	1/1/2006	MEDICARE	\$26.43	
E0165		COMMODE CHAIR STATIONARY WITH DETACHABLE ARMS	1/1/2003	BY REPORT	\$0.00	Y
E0165	RR	COMMODE CHAIR STATIONARY WITH DETACHABLE ARMS (CAPPED)	1/1/2003	BY REPORT	\$0.00	Y
E0166		COMMODE CHAIR MOBILE WITH DETACHABLE ARMS	1/1/2003	BY REPORT	\$0.00	
E0166	RR	COMMODE CHAIR MOBILE WITH DETACHABLE ARMS	1/1/2006	MEDICARE	\$31.14	
E0167		PAIL OR PAN FOR USE WITH COMMODE CHAIR	1/1/2003	BY REPORT	\$0.00	
E0168		COMMODE CHAIR EXTRA WIDE AND/OR HEAVY DUTY STATIONARY OR	1/1/2003	BY REPORT	\$0.00	
E0168	RR	COMMODE CHAIR EXTRA WIDE AND/OR HEAVY DUTY STATIONARY OR	1/1/2003	BY REPORT	\$0.00	
E0170		COMMODE CHAIR STATIONARY WITH PAIL OR PAN DETACHABLE ARMS	1/1/2006	BY REPORT	\$0.00	
E0170	RR	COMMODE CHAIR STATIONARY WITH PAIL OR PAN DETACHABLE ARMS	1/1/2006	BY REPORT	\$0.00	
E0171		COMMODE CHAIR NON-ELECTRIC	1/1/2006	BY REPORT	\$0.00	
E0171	RR	COMMODE CHAIR NON-ELECTRIC	1/1/2006	BY REPORT	\$0.00	
E0172		SEAT LIFT MECHANISM TOILET	1/1/2006	BY REPORT	\$0.00	
E0172	RR	SEAT LIFT MECHANISM TOILET	1/1/2006	BY REPORT	\$0.00	
E0175		FOOT REST FOR USE WITH COMMODE CHAIR EACH	1/1/2004	BY REPORT	\$0.00	
E0175	RR	FOOT REST FOR USE WITH COMMODE CHAIR EACH	1/1/2006	MEDICARE	\$6.47	
E0177	RR	WATER PRESSURE PAD OR CUSHION NON-POSITIONING	1/1/2004	BY REPORT	\$0.00	
E0178	RR	GEL PRESSURE PAD OR CUSHION NON-POSITIONING	1/1/2004	BY REPORT	\$0.00	
E0179	RR	DRY PRESSURE PAD OR CUSHION NON POSITIONING	10/1/1986	BY REPORT	\$0.00	
E0180		PRESSURE PAD ALTERNATING WITH PUMP	1/1/2004	BY REPORT	\$0.00	
E0180	RR	PRESSURE PAD ALTERNATING WITH PUMP	1/1/2004	BY REPORT	\$0.00	
E0181		PRESSURE PAD ALTERNATING WITH PUMP HEAVY DUTY	1/1/2004	BY REPORT	\$0.00	
E0181	RR	PRESSURE PAD ALTERNATING WITH PUMP HEAVY DUTY	1/1/2004	BY REPORT	\$0.00	
E0182		PUMP FOR ALTERNATING PRESSURE PAD	1/1/2004	BY REPORT	\$0.00	
E0182	RR	PUMP FOR ALTERNATING PRESSURE PAD	1/1/2006	MEDICARE	\$25.19	
E0184		PRESSURE MATTRESS DRY	10/1/1986	BY REPORT	\$0.00	
E0184	RR	PRESSURE MATTRESS DRY	1/1/2006	MEDICARE	\$20.88	
E0185		GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS STND LENGTH/WIDTH	1/1/2004	BY REPORT	\$0.00	
E0185	RR	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS STND LENGTH/WIDTH	1/1/2006	MEDICARE	\$38.20	
E0186		AIR PRESSURE MATTRESS	1/1/2004	BY REPORT	\$0.00	
E0186	RR	AIR PRESSURE MATTRESS	1/1/2006	MEDICARE	\$17.26	
E0187		WATER PRESSURE MATTRESS	1/1/2004	BY REPORT	\$0.00	
E0187	RR	WATER PRESSURE MATTRESS	1/1/2006	MEDICARE	\$19.73	
E0188		SYNTHETIC SHEEPSKIN PAD	10/1/1986	BY REPORT	\$0.00	
E0189		LAMBSWOOL SHEEPSKIN PAD ANY SIZE	10/1/1986	BY REPORT	\$0.00	
E0191		HEEL OR ELBOW PROTECTOR EACH	1/1/1996	BY REPORT	\$0.00	
E0193		POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	1/1/2004	BY REPORT	\$0.00	Y
E0193	RR	POWERED AIR FLOTATION BED(LOW AIR LOSS THERAPY)	1/1/2006	MEDICARE	\$825.10	Y
E0194	RR	AIR FLUIDIZED BED	1/1/2006	MEDICARE	\$3,254.34	Y
E0196		GEL PRESSURE MATTRESS	1/1/2004	BY REPORT	\$0.00	

## Montana Medicaid - Fee Schedule Durable Medical Equipment

Proc	Modifier	Description	Effective	Method	Fee	PA
E0196	RR	GEL PRESSURE MATTRESS	1/1/2006	MEDICARE	\$27.62	
E0197		AIR PRESSURE PAD FOR MATTRESS STND MATTRESS LENGTH/WIDTH	1/1/2004	BY REPORT	\$0.00	
E0197	RR	AIR PRESSURE PAD FOR MATTRESS	1/1/2006	MEDICARE	\$30.57	
E0198		WATER PRESSURE PAD FOR MATTRESS STND MATTRESS LENGTH/WIDTH	1/1/2006	MEDICARE	\$221.58	
E0198	RR	WATER PRESSURE PAD FOR MATTRESS	1/1/2006	MEDICARE	\$22.95	
E0199		DRY PRESSURE PAD FOR MATTRESS STANDARD MATTRESS LENGTH/WIDTH	1/17/1994	BY REPORT	\$0.00	
E0199	RR	DRY PRESSURE PAD FOR MATTRESS	1/1/2006	MEDICARE	\$3.19	
E0200		HEAT LAMP WITHOUT STAND (TABLE MODEL) INCLUDES BULB OR	1/1/2006	MEDICARE	\$67.39	
E0200	RR	HEAT LAMP WITHOUT STAND (TABLE MODEL) INCLUDES BULB OR	1/1/2006	MEDICARE	\$9.15	
E0202		PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	1/1/2004	BY REPORT	\$0.00	
E0202	RR	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	1/1/2004	BY REPORT	\$0.00	
E0203		THERAPEUTIC LIGHTBOX TABLET	1/1/2003	BY REPORT	\$0.00	
E0203	RR	THERAPEUTIC LIGHTBOX TABLET	1/1/2003	BY REPORT	\$0.00	
E0205		HEAT LAMP WITH STAND INCLUDES BULB OR INFRARED	1/1/2006	MEDICARE	\$168.68	
E0205	RR	HEAT LAMP WITH STAND INCLUDES BULB OR INFRARED	1/1/2006	MEDICARE	\$18.14	
E0210		ELECTRIC HEAT PAD STANDARD	1/1/2004	BY REPORT	\$0.00	
E0215		ELECTRIC HEAT PAD MOIST	1/1/2004	BY REPORT	\$0.00	
E0217		WATER CIRCULATING HEAT PAD WITH PUMP	1/1/2006	MEDICARE	\$429.03	
E0217	RR	WATER CIRCULATING HEAT PAD WITH PUMP	1/1/2006	MEDICARE	\$46.99	
E0218		WATER CIRCULATING COLD PAD WITH PUMP	8/1/1998	BY REPORT	\$0.00	
E0218	RR	WATER CIRCULATING COLD PAD WITH PUMP	8/1/1998	BY REPORT	\$0.00	
E0220		HOT WATER BOTTLE	1/1/2006	MEDICARE	\$7.66	
E0221		INFRARED HEATING PAD SYSTEM	1/1/2004	BY REPORT	\$0.00	Y
E0221	RR	INFRARED HEATING PAD SYSTEM	1/1/2004	BY REPORT	\$0.00	
E0225		HYDROCOLLATOR UNIT INCLUDING PADS	1/1/2006	MEDICARE	\$388.65	
E0225	RR	HYDROCOLLATOR UNIT INCLUDES PADS	1/1/2006	MEDICARE	\$38.31	
E0230		ICE CAP OR COLLAR	8/1/1998	BY REPORT	\$0.00	
E0231		WOUND WARMING DEVICE	1/1/2002	BY REPORT	\$0.00	
E0231	RR	WOUND WARMING DEVICE	1/1/2002	BY REPORT	\$0.00	
E0232		WARMING CARD FOR NWT	1/1/2002	BY REPORT	\$0.00	
E0235		PARAFFIN BATH UNIT PORTABLE (SEE MEDICAL SUPPLY CODE A4265	1/1/2004	BY REPORT	\$0.00	
E0235	RR	PARAFFIN BATH UNIT PORTABLE (SEE MEDICAL SUPPLY CODE A4265	1/1/2006	MEDICARE	\$14.67	
E0236		PUMP FOR WATER CIRCULATING PAD	2/12/1990	BY REPORT	\$0.00	
E0236	RR	PUMP FOR WATER CIRCULATING PAD	3/1/1989	BY REPORT	\$0.00	
E0238		NON-ELECTRIC HEAT PAD MOIST	2/12/1990	BY REPORT	\$0.00	
E0238	RR	NON-ELECTRIC HEAT PAD MOIST	1/1/2006	MEDICARE	\$2.31	
E0239		HYDROCOLLATOR UNIT PORTABLE	1/1/2006	MEDICARE	\$449.83	
E0239	RR	HYDROCOLLATOR UNIT PORTABLE	1/1/2006	MEDICARE	\$44.99	
E0240		BATH/SHOWER CHAIR	1/1/2004	BY REPORT	\$0.00	
E0240	RR	BATH/SHOWER CHAIR	1/1/2004	BY REPORT	\$0.00	
E0244		RAISED TOILET SEAT	1/1/2004	BY REPORT	\$0.00	
E0245		TUB STOOL OR BENCH	1/1/2003	BY REPORT	\$0.00	

Please see first page for a complete description of information contained in the fee schedules.

## Montana Medicaid - Fee Schedule Durable Medical Equipment

Proc	Modifier	Description	Effective	Method	Fee	PA
E0245	RR	TUB STOOL OR BENCH	1/1/2003	BY REPORT	\$0.00	
E0247		TRANS BENCH W/WO COMM OPEN	1/1/2004	BY REPORT	\$0.00	
E0247	RR	TRANS BENCH W/WO COMM OPEN	1/1/2004	BY REPORT	\$0.00	
E0248		HDTRANS BENCH W/WO COMM OPEN	1/1/2004	BY REPORT	\$0.00	
E0248	RR	HDTRANS BENCH W/WO COMM OPEN	1/1/2004	BY REPORT	\$0.00	
E0249		PAD FOR WATER CIRCULATING HEAT UNIT	2/12/1990	BY REPORT	\$0.00	
E0249	RR	PAD FOR WATER CIRCULATING HEAT UNIT	1/1/2006	MEDICARE	\$9.31	
E0250		HOSPITAL BED W/ 2 SIDE RAILS FIXED HEIGHT WITH MATTRESS	1/1/2004	BY REPORT	\$0.00	
E0250	RR	HOSPITAL BED WITH SIDE RAILS FIXED HEIGHT WITH MATTRESS	1/1/2006	MEDICARE	\$86.33	
E0251		HOSPITAL BED WITH SIDE RAILS FIXED HEIGHT W/OUT MATTRESS	1/1/2004	BY REPORT	\$0.00	
E0251	RR	HOSPITAL BED WITH SIDE RAILS FIXED HEIGHT WITHOUT MATTRE	1/1/2006	MEDICARE	\$66.26	
E0255		HOSP BED W/ 2 SIDE RAILS VARIABLE HEIGHT HI-LO W/MATTRESS	1/1/2004	BY REPORT	\$0.00	
E0255	RR	HOSPITAL BED W SIDE RAILS VARIABLE HEIGHT HI-LO W MATRES	1/1/2006	MEDICARE	\$115.82	
E0256		HOSP BED VAR HT HI-LO W/ANY TYPE SIDE RAILS W/OUT MATTRE	1/1/2004	BY REPORT	\$0.00	
E0256	RR	HOSP BED VARIABLE HGT HI-LO WITH SIDE RAILS W/O MATTRESS	1/1/2006	MEDICARE	\$83.35	
E0260		HOSP BED W/ 2 SIDE RAILS SEMI-ELECTRIC W/ MATTRESS	1/1/2004	BY REPORT	\$0.00	
E0260	RR	HOSPITAL BED W SIDE RAILS SEMI ELECTRIC HEAD & FOOT ADJUS	1/1/2004	BY REPORT	\$0.00	
E0261		HOSP BED SEMI-ELECTRIC W/ANY TYPE SIDE RAILS W/OUT MATTRE	1/1/2004	BY REPORT	\$0.00	
E0261	RR	HOSP BED SEMIELECT(HEAD & FOOT ADJ) WITH SIDE RAILS W/O MAT	1/1/2006	MEDICARE	\$136.94	
E0265		HOSPITAL BED TOTAL ELECTRIC WITH 2 SIDERAILS	1/1/2004	BY REPORT	\$0.00	
E0265	RR	HOSPITAL BED TOTAL ELECTRIC WITH SIDERAILS WITH MATTRESS	1/1/2004	BY REPORT	\$0.00	
E0266		HOSP BED W/SIDE RAILS TOTAL ELECTRIC W/OUT MATTRESS	1/1/2004	BY REPORT	\$0.00	
E0266	RR	HOSPITAL BED WITH SIDE RAILS TOTAL ELECTRIC HEAD FOOT A	1/1/2006	MEDICARE	\$177.59	
E0271		MATTRESS INNERSPRING	1/1/2004	BY REPORT	\$0.00	
E0272		MATTRESS FOAM RUBBER	7/1/1997	BY REPORT	\$0.00	
E0273		BED BOARD	10/1/1986	BY REPORT	\$0.00	
E0275		BED PAN STANDARD METAL OR PLASTIC	1/1/2004	BY REPORT	\$0.00	
E0276		BED PAN FRACTURE METAL OR PLASTIC	1/1/2004	BY REPORT	\$0.00	
E0277		POWERED PRESSURE-REDUCING AIR MATTRESS	1/1/2004	BY REPORT	\$0.00	Y
E0277	RR	ALTERNATING PRESSURE MATTRESS	1/1/2004	BY REPORT	\$0.00	Y
E0280		BED CRADLE ANY TYPE	11/1/1990	BY REPORT	\$0.00	
E0280	RR	BED CRADLE ANY TYPE	1/1/2006	MEDICARE	\$4.11	
E0290		HOSP BED FIXED HEIGHT WITHOUT SIDE RAILS WITH MATTRESS	1/1/2004	BY REPORT	\$0.00	
E0290	RR	HOSP BED FIXED HEIGHT W/O SIDE RAILS WITH MATTRESS	1/1/2006	MEDICARE	\$73.06	
E0291		HOSPITAL BED FIXED HEIGHT W/OUT SIDE RAILS W/OUT MATTRESS	1/1/2004	BY REPORT	\$0.00	
E0291	RR	HOSP BED FIXED HEIGHT WITHOUT SIDE RAILS OR MATTRESS	1/1/2006	MEDICARE	\$52.24	
E0292		HOSPITAL BED VAR HT HI-LO W/OUT SIDE RAILS W/MATTRESS	1/1/2004	BY REPORT	\$0.00	
E0292	RR	HOSP BED VARIABLE HGT HI-LO W/O WIDE RAILS WITH MATTRESS	1/1/2006	MEDICARE	\$84.04	
E0293		HOSP BED VARIABLE HT HI-LO W/OUT SIDE RAILS OR MATTRESS	1/1/2004	BY REPORT	\$0.00	
E0293	RR	HOSP BED VARIABLE HEIGHT HI-LO W/O SIDE RAILS OR MATTRESS	1/1/2006	MEDICARE	\$71.51	
E0294		HOSP BED SEMI-ELECTRIC W/OUT SIDE RAILS W/MATTRESS	1/1/2004	BY REPORT	\$0.00	
E0294	RR	HOSP BED SEMI ELECT(HEAD /FOOT) W/O SIDE RAILS WITH MATTRE	1/1/2006	MEDICARE	\$130.65	

## Montana Medicaid - Fee Schedule Durable Medical Equipment

Proc	Modifier	Description	Effective	Method	Fee	PA
E0295		HOSP BED SEMI-ELECTRIC W/OUT SIDE RAILS W/OUT MATTRESS	1/1/2004	BY REPORT	\$0.00	
E0295	RR	HOSPITAL BED SEMI-ELEC(HEAD/FOOT) W/O SIDE RAILS OR MATTRES	1/1/2006	MEDICARE	\$127.35	
E0296		HOSP BED TOTAL ELECTRIC W/O SIDE RAILS WITH MATTRESS	1/1/2004	BY REPORT	\$0.00	
E0296	RR	HOSP BED TOTAL ELEC WITHOUT SIDE RAILS WITH MATTRESS	1/1/2004	BY REPORT	\$0.00	
E0297		HOSP BED TOTAL ELECTRIC W/OUT SIDE RAILS W/OUT MATTRESS	1/1/2004	BY REPORT	\$0.00	
E0297	RR	HOSP BED TOOTAL ELECTRIC W/O SIDE RAILS OR MATTRESS	1/1/2006	MEDICARE	\$140.67	
E0300		ENCLOSED PED CRIB HOSP GRADE	1/1/2006	MEDICARE	\$2,838.62	Y
E0300	RR	ENCLOSED PED CRIB HOSP GRADE	1/1/2006	MEDICARE	\$283.86	
E0301		HD HOSP BED 350-600 LBS	1/1/2004	BY REPORT	\$0.00	
E0301	RR	HD HOSP BED 350-600 LBS	1/1/2004	BY REPORT	\$0.00	
E0302		EX HD HOSP BED > 600 LBS	1/1/2004	BY REPORT	\$0.00	
E0302	RR	EX HD HOSP BED > 600 LBS	1/1/2006	MEDICARE	\$715.44	
E0303		HOSP BED HVY DTY XTRA WIDE	1/1/2004	BY REPORT	\$0.00	
E0303	RR	HOSP BED HVY DTY XTRA WIDE	1/1/2006	MEDICARE	\$274.65	
E0304		HOSP BED XTRA HVY DTY X WIDE	1/1/2004	BY REPORT	\$0.00	
E0304	RR	HOSP BED XTRA HVY DTY X WIDE	1/1/2006	MEDICARE	\$770.67	
E0305		BED SIDE RAILS HALF LENGTH EACH	1/1/2004	BY REPORT	\$0.00	
E0305	RR	HOSPITAL BED SIDE RAILS HALF LENGTH (EACH)	1/1/2004	BY REPORT	\$0.00	
E0310		BEDSIDE RAILS FULL-LENGTH	1/1/2004	BY REPORT	\$0.00	
E0310	RR	HOSPITAL BED SIDE RAILS FULL LENGTH (EACH)	1/1/2006	MEDICARE	\$22.76	
E0315		BED ACCESSORIES: BOARDS OR TABLES ANY TYPE	2/12/1990	BY REPORT	\$0.00	
E0315	RR	BED ACCESSORIES: BOARDS OR TABLES ANY TYPE	2/12/1990	BY REPORT	\$0.00	
E0316		BED SAFETY ENCLOSURE	1/1/2004	BY REPORT	\$0.00	
E0316	RR	BED SAFETY ENCLOSURE	1/1/2006	MEDICARE	\$191.94	
E0325		URINAL MALE ANY MATERIAL	1/1/2004	MEDICARE	\$10.11	
E0326		URINAL FEMALE ANY MATERIAL	1/1/2004	MEDICARE	\$8.93	
E0350		CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/EVACUATION SYST	8/1/1998	BY REPORT	\$0.00	
E0350	RR	CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/EVACUATION SYST	8/1/1998	BY REPORT	\$0.00	
E0352		DISPOSABLE PACK FOR USE W/ELECTRONIC BOWEL EVAC/IRRIG SYSTEM	8/1/1998	BY REPORT	\$0.00	
E0370		AIR PRESSURE ELEVATOR FOR HEEL	8/1/1998	BY REPORT	\$0.00	
E0371		NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS	1/1/2004	BY REPORT	\$0.00	Y
E0371	RR	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS	1/1/2006	MEDICARE	\$400.76	Y
E0372		POWERED AIR OVERLAY FOR MATTRESS STD MATTRESS LGTH & WIDTH	1/1/2004	BY REPORT	\$0.00	Y
E0372	RR	POWERED AIR OVERLAY FOR MATTRESS STANDARD LENGTH/WIDTH	1/1/2006	MEDICARE	\$486.31	Y
E0373		NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	1/1/2004	BY REPORT	\$0.00	Y
E0373	RR	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	1/1/2006	MEDICARE	\$557.07	Y
E0424	RR	STN O2 COMP GAS SYS RENT CONTENT AND SUPPLIES UNIT=50CF.	1/1/2004	MEDICARE	\$228.80	
E0425		STN O2 COMP GAS SYS PURCHASE INCLUDES ALL SUPPLIES	7/1/2003	FEE SCHED	\$259.94	
E0431	RR	PORT GAS O2 SYS RENTAL MC REG FLOW HUMID CANNULA MASK TUBING	1/1/2004	MEDICARE	\$30.57	
E0434	RR	PORT O2 LIQ SYS RENT INC PORT CONTAINER AND ALL SUPPLIES	1/1/2004	MEDICARE	\$30.57	
E0439	RR	STN O2 COMP LIQ SYS RENT RESERVOIR AND SUPPLIES UNIT=10LB	1/1/2004	MEDICARE	\$228.80	
E0441		OXYGEN CONTENTS GASEOUS	1/1/2004	MEDICARE	\$162.98	

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Proc	Modifier	Description	Effective	Method	Fee	PA
E0442		OXYGEN CONTENTS LIQUID	1/1/2004	MEDICARE	\$162.98	
E0443		PORTABLE O2 CONTENTS GAS	1/1/2004	MEDICARE	\$21.41	
E0444		PORTABLE O2 CONTENTS LIQUID	1/1/2004	MEDICARE	\$21.41	
E0445		OXIMETER DEVICE FOR MEASURING BLOOD O2 LEVELS NON-INVASIVELY	1/1/2004	BY REPORT	\$0.00	Y
E0445	RR	OXIMETER DEVICE FOR MEASURING BLOOD O2 LEVELS NON-INVASIVELY	1/1/2004	BY REPORT	\$0.00	Y
E0450	RR	VOLUME VENTILATOR STATIONARY OR PORTABLE W/BACKUP RATE	1/1/2004	MEDICARE	\$833.79	Y
E0454	RR	PRESSURE VENTILATOR	1/1/2003	MEDICARE	\$1,400.14	Y
E0457		CHEST SHELL (CUIRASS)	1/1/2004	MEDICARE	\$614.51	
E0457	RR	CHEST SHELL (CUIRASS)	1/1/2004	MEDICARE	\$61.45	
E0459		CHEST WRAP	1/1/2004	MEDICARE	\$470.50	
E0459	RR	CHEST WRAP	1/1/2004	MEDICARE	\$47.05	
E0460	RR	NEGATIVE PRESSURE PUMP	1/1/2004	MEDICARE	\$733.57	
E0461	RR	VOL VENT NONINVASIVE INTERFACE	1/1/2003	MEDICARE	\$1,002.05	Y
E0462		ROCKING BED WITH OR WITHOUT SIDE RAILS	1/1/2004	MEDICARE	\$2,476.90	Y
E0462	RR	ROCKING BED WITH OR WITHOUT SIDERAILS	1/1/2004	MEDICARE	\$247.69	
E0463		PRESS SUPP VENT INVASIVE INT	1/1/2005	BY REPORT	\$0.00	
E0463	RR	PRESS SUPP VENT INVASIVE INT	1/1/2005	BY REPORT	\$0.00	
E0464		PRESS SUPP VENT NONINV INT	1/1/2005	BY REPORT	\$0.00	
E0464	RR	PRESS SUPP VENT NONINV INT	1/1/2006	MEDICARE	\$1,406.38	Y
E0470		RAD W/O BACKUP NON-INV INTFC	1/1/2004	MEDICARE	\$2,198.80	Y
E0470	RR	RAD W/O BACKUP NON-INV INTFC	1/1/2004	MEDICARE	\$219.88	Y
E0471	RR	RAD W/BACKUP NON INV INTRFC	1/1/2004	MEDICARE	\$545.84	Y
E0472	RR	RAD W BACKUP INVASIVE INTRFC	1/1/2004	MEDICARE	\$545.84	Y
E0480		PERCUSSOR ELECTRIC OR PNEUMATIC HOME MODEL	1/1/2004	MEDICARE	\$418.80	
E0480	RR	PERCUSSOR ELECTRIC OR PNEUMATIC HOME MODEL	1/1/2004	MEDICARE	\$41.88	
E0481		INTRPULMNRY PERCUSS VENT SYS	1/1/2002	BY REPORT	\$0.00	
E0481	RR	INTRPULMNRY PERCUSS VENT SYS	1/1/2002	BY REPORT	\$0.00	
E0482		COUGH STIMULATING DEVICE	1/1/2004	MEDICARE	\$3,877.50	Y
E0482	RR	COUGH STIMULATING DEVICE	1/1/2004	MEDICARE	\$387.75	Y
E0483		CHEST COMPRESSION GEN SYSTEM	1/1/2003	MEDICARE	#####	Y
E0483	RR	CHEST COMPRESSION GEN SYSTEM	1/1/2003	MEDICARE	\$1,063.13	Y
E0484		NON-ELEC OSCILLATORY PEP DVC	1/1/2003	MEDICARE	\$36.92	
E0485		ORAL DEVICE/APPLIANCE PREFAB	1/1/2006	BY REPORT	\$0.00	Y
E0486		ORAL DEVICE/APPLIANCE CUSFAB	1/1/2006	BY REPORT	\$0.00	Y
E0500		IPPB MACHINES WITH MANUAL VALVES EXTERNAL POWER SOURCE INCL	7/1/2003	FEE SCHED	\$860.14	
E0500	RR	IPPB MACHINES WITH MANUAL VALVES EXTERNAL POWER SOURCE INCL	1/1/2004	MEDICARE	\$98.79	
E0550		HUMIDIF EXTENS SUPPLE W IPPB	1/1/2004	MEDICARE	\$501.30	
E0550	RR	HUMIDIFIER DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATIO	1/1/2004	MEDICARE	\$50.13	
E0555		HUMIDIFIER DURABLE GLASS OR AUTOCLAVABLE PLASTIC BOTTLE	1/1/2004	BY REPORT	\$0.00	
E0555	RR	HUMIDIFIER DURABLE GLASS OR AUTOCLAVABLE PLASTIC BOTTLE	1/1/2004	BY REPORT	\$0.00	
E0560		HUMIDIFIER SUPPLEMENTAL W/ I	1/1/2004	MEDICARE	\$145.79	
E0560	RR	HUMIDIFIER DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING	1/1/2004	MEDICARE	\$17.09	

## Montana Medicaid - Fee Schedule Durable Medical Equipment

Proc	Modifier	Description	Effective	Method	Fee	PA
E0561		HUMIDIFIER NONHEATED W PAP	1/1/2004	MEDICARE	\$107.00	
E0561	RR	HUMIDIFIER NONHEATED W PAP	1/1/2004	MEDICARE	\$10.69	
E0562		HUMIDIFIER HEATED USED W PAP	1/1/2004	MEDICARE	\$301.22	
E0562	RR	HUMIDIFIER HEATED USED W PAP	1/1/2004	MEDICARE	\$30.11	
E0565		COMPRESSOR AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF	1/1/2004	MEDICARE	\$518.60	
E0565	RR	COMPRESSOR AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF	1/1/2004	MEDICARE	\$51.86	
E0570		NEBULIZER WITH COMPRESSOR E.G. DEVILBISS PULMO-AID	1/1/2005	FEE SCHED	\$161.00	
E0570	RR	NEBULIZER WITH COMPRESSOR E.G. DEVILBISS PULMO-AID	1/1/2005	MEDICARE	\$16.10	
E0571		AEROSOL COMPRESSOR BATTERY POWERED FOR SM VOL NEBULIZER	1/1/2004	MEDICARE	\$271.80	
E0571	RR	AEROSOL COMPRESSOR BATTERY POWERED FOR SM VOL NEBULIZER	1/1/2004	MEDICARE	\$27.18	
E0572		AEROSOL COMPRESSOR ADJUSTABLE PRESSURE LIGHT DUTY FOR	1/1/2004	MEDICARE	\$345.40	
E0572	RR	AEROSOL COMPRESSOR ADJUSTABLE PRESSURE LIGHT DUTY FOR	1/1/2004	MEDICARE	\$34.54	
E0574		ULTRASONIC GENERATOR W SVNEB	1/1/2004	MEDICARE	\$365.10	
E0574	RR	ULTRASONIC GENERATOR WITH SM VOLUME ULTRASONIC NEBULIZER	1/1/2004	MEDICARE	\$36.51	
E0575		NEBULIZER ULTRASONIC LARGE VOLUME	7/1/2003	FEE SCHED	\$475.30	
E0575	RR	NEBULIZER SELF-CONTAINED ULTRASONIC	1/1/2004	MEDICARE	\$87.36	
E0580		NEBULIZER DURABLE GLASS OR AUTOCLAVABLE PLASTIC BOTTLE	1/1/2006	MEDICARE	\$134.04	
E0580	RR	NEBULIZER DURABLE GLASS OR AUTOCLAVABLE PLASTIC BOTTLE	1/1/2006	MEDICARE	\$13.40	
E0585		NEBULIZER WITH COMPRESSOR AND HEATER	1/1/2004	MEDICARE	\$350.70	
E0585	RR	NEBULIZER WITH COMPRESSOR AND HEATER	1/1/2004	MEDICARE	\$35.07	
E0600		SUCTION PUMP PORTAB HOM MODL	1/1/2004	MEDICARE	\$457.90	
E0600	RR	SUCTION PUMP HOME MODEL PORTABLE	1/1/2004	MEDICARE	\$45.79	
E0601		NASAL CONTINUOUS AIRWAY PRESSURE (CPAP) DEVISE	1/1/2004	MEDICARE	\$949.50	
E0601	RR	NASAL CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	1/1/2004	MEDICARE	\$94.95	
E0603	RR	ELECTRIC BREAST PUMP	1/1/2004	BY REPORT	\$0.00	
E0605		VAPORIZER ROOM TYPE	1/1/2004	MEDICARE	\$26.43	
E0606	RR	POSTURAL DRAINAGE BOARD	1/1/2006	MEDICARE	\$20.39	
E0607		HOME BLOOD GLUCOSE MONITOR	1/1/2004	MEDICARE	\$66.82	
E0610		PACEMAKER MONITOR SELF-CONTAINED (CHECKS BATTERY DEPLETIO	1/1/2004	MEDICARE	\$237.86	Y
E0615		PACEMAKER MONITOR SELF CONTAINED CHECKS BATTERY DEPLETION	1/1/2004	MEDICARE	\$478.82	Y
E0618		APNEA MONITOR	1/1/2003	MEDICARE	\$2,383.00	Y
E0618	RR	APNEA MONITOR	1/1/2003	MEDICARE	\$238.30	
E0619		APNEA MONITOR W RECORDER	1/1/2003	MEDICARE	\$2,383.00	Y
E0619	RR	APNEA MONITOR W RECORDER	1/1/2003	MEDICARE	\$238.30	
E0620		CAP BLD SKIN PIERCING LASER	1/1/2004	MEDICARE	\$874.39	
E0621		SLING OR SEAT PATIENT LIFT CANVAS OR NYLON	10/1/1986	BY REPORT	\$0.00	
E0625		PATIENT LIFT BATHROOM OR TOI	10/1/1986	BY REPORT	\$0.00	
E0625	RR	PATIENT LIFT KARTOP BATHROOM OR TOILET	11/1/1990	BY REPORT	\$0.00	
E0627		SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHA	1/1/2004	BY REPORT	\$0.00	
E0628		SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURN	1/1/2006	MEDICARE	\$337.32	
E0628	RR	SEPARATE SEAT LFT MECH FOR USE WITH PATIENT OWNER FURN-ELEC	1/1/2006	MEDICARE	\$33.74	
E0629		SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED	1/1/2004	BY REPORT	\$0.00	

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Proc	Modifier	Description	Effective	Method	Fee	PA
E0629	RR	SEPARATE SEAT LIFT MECH FOR USE WITH PAT OWNED FURN-NON-ELEC	1/1/2006	MEDICARE	\$33.08	
E0630		PATIENT LIFT HYDRAULIC WITH SEAT OR SLING	1/1/2004	BY REPORT	\$0.00	
E0630	RR	PATIENT LIFT HYDRAULIC WITH SEAT OR SLING	1/1/2004	BY REPORT	\$0.00	
E0635		PATIENT LIFT ELECTRIC WITH SEAT OR SLING	1/1/2004	BY REPORT	\$0.00	
E0635	RR	PATIENT LIFT CHAIR ELECTRIC WITH SEAT OR SLING	1/1/2006	MEDICARE	\$122.36	
E0636		PT SUPPORT & POSITIONING SYS	1/1/2003	BY REPORT	\$0.00	
E0636	RR	PT SUPPORT & POSITIONING SYS	1/1/2006	MEDICARE	\$1,054.56	Y
E0637		COMBINATION SIT TO STAND SYS	1/1/2004	BY REPORT	\$0.00	
E0637	RR	SIT-STAND W SEATLIFT	1/1/2004	BY REPORT	\$0.00	
E0638		STANDING FRAME SYS	1/1/2004	BY REPORT	\$0.00	
E0638	RR	STANDING FRAME SYS	1/1/2004	BY REPORT	\$0.00	
E0639		MOVEABLE PATIENT LIFT SYSTEM	1/1/2005	BY REPORT	\$0.00	
E0641		MULTI-POSITION STND FRAM SYS	1/1/2006	BY REPORT	\$0.00	Y
E0642		DYNAMIC STANDING FRAME	1/1/2006	BY REPORT	\$0.00	Y
E0650		PNEUMATIC COMPRESSOR NON-SEGMENTAL HOME MODEL	1/1/2004	MEDICARE	\$698.54	Y
E0650	RR	PNEUMATIC COMPRESSOR NON-SEGMENTAL HOME MODEL	1/1/2004	MEDICARE	\$87.35	
E0651		PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL W/O CALIBRATED	1/1/2004	MEDICARE	\$918.42	Y
E0651	RR	PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL W/O CALIBRATED	1/1/2004	MEDICARE	\$93.82	
E0652		PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL WITH CALIBRATED	1/1/2004	MEDICARE	\$4,506.23	Y
E0652	RR	PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL W/CALIBRATED GRAD	1/1/2004	MEDICARE	\$445.36	
E0655		PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR HALF	1/1/2004	MEDICARE	\$106.88	Y
E0655	RR	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR HALF	1/1/2004	MEDICARE	\$10.78	
E0660		PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR FULL	1/1/2004	MEDICARE	\$159.75	Y
E0660	RR	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR FULL	1/1/2004	MEDICARE	\$16.63	
E0665		PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR FULL	1/1/2004	MEDICARE	\$136.99	Y
E0665	RR	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR FULL	1/1/2004	MEDICARE	\$14.07	
E0666		PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR HALF	1/1/2004	MEDICARE	\$138.08	Y
E0666	RR	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR HALF	1/1/2004	MEDICARE	\$14.23	
E0667		PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR LEG	1/1/2004	MEDICARE	\$275.20	Y
E0667	RR	PNEUMATIC APPLIANCE FOR USE W/COMPRESSPR LEG	1/1/2004	MEDICARE	\$31.08	
E0668		PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR ARM	1/1/2004	MEDICARE	\$375.60	Y
E0668	RR	PNEUMATIC APPLIANCE FOR USE W/COMPRESSOR ARM	1/1/2004	MEDICARE	\$37.07	
E0669		PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR HALF LEG	1/1/2004	MEDICARE	\$183.31	Y
E0669	RR	PNEUMATIC APPLIANCE FOR USE W/COMPRESSOR HALF LEG	1/1/2004	MEDICARE	\$18.34	
E0671		SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE FULL LEG	1/1/2004	MEDICARE	\$415.35	Y
E0671	RR	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE FULL LEG	1/1/2004	MEDICARE	\$41.54	
E0672		SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE FULL ARM	1/1/2004	MEDICARE	\$322.73	Y
E0672	RR	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE FULL ARM	1/1/2004	MEDICARE	\$32.28	
E0673		SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE HALF LEG	1/1/2004	MEDICARE	\$268.17	Y
E0673	RR	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE HALF LEG	1/1/2004	MEDICARE	\$26.82	
E0675		PNEUMATIC COMPRESSION DEVICE	1/1/2005	FEE SCHED	\$3,845.50	Y
E0675	RR	PNEUMATIC COMPRESSION DEVICE	1/1/2005	MEDICARE	\$384.55	

**Montana Medicaid - Fee Schedule  
Durable Medical Equipment**

Proc	Modifier	Description	Effective	Method	Fee	PA
E0691		UVL PNL 2 SQ FT OR LESS	1/1/2006	MEDICARE	\$898.59	
E0691	RR	UVL PNL 2 SQ FT OR LESS	1/1/2006	MEDICARE	\$89.86	
E0692		UVL SYS PANEL 4 FT	1/1/2006	MEDICARE	\$1,128.37	Y
E0692	RR	UVL SYS PANEL 4 FT	1/1/2006	MEDICARE	\$112.83	
E0693		UVL SYS PANEL 6 FT	1/1/2006	MEDICARE	\$1,390.98	Y
E0693	RR	UVL SYS PANEL 6 FT	1/1/2006	MEDICARE	\$139.10	
E0694		UVL MD CABINET SYS 6 FT	1/1/2005	FEE SCHED	\$4,669.48	Y
E0694	RR	UVL MD CABINET SYS 6 FT	1/1/2006	MEDICARE	\$442.73	
E0700		SAFETY EQUIPMENT (E.G. BELT HARNESS OR VEST)	10/1/1986	BY REPORT	\$0.00	
E0700	RR	SAFETY EQUIPMENT (E.G. BELT HARNESS OR VEST)	11/1/1990	BY REPORT	\$0.00	
E0701		HELMET W FACE GUARD PREFAB	1/1/2003	MEDICARE	\$153.35	
E0705		TRANSFER BOARD OR DEVICE	1/1/2006	BY REPORT	\$0.00	
E0710		RESTRAINTS ANY TYPE (BODY CHEST WRIST OR ANKLE)	10/1/1986	BY REPORT	\$0.00	
E0710	RR	RESTRAINTS ANY TYPE (BODY CHEST WRIST OR ANKLE)	11/1/1990	BY REPORT	\$0.00	
E0720		TENS TWO LEAD LOCALIZED STIMULATION	1/1/2004	MEDICARE	\$342.40	
E0720	RR	TENS TWO LEAD LOCALIZED STIMULATION	1/1/2004	MEDICARE	\$34.24	
E0730		TENS FOUR LEAD	1/1/2004	MEDICARE	\$370.56	
E0730	RR	TENS FOUR LEAD LARGER AREA/MULTIPLE NERVE STIMULATION	1/1/2004	MEDICARE	\$37.06	
E0731		FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS	1/1/2004	MEDICARE	\$356.69	
E0731	RR	FORMFITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS	1/1/2004	MEDICARE	\$35.67	
E0740		INCONTINENCE TREATMENT SYSTM	1/1/2004	MEDICARE	\$522.87	
E0740	RR	REPLACEMENT BATTERIES FOR MEDICALLY NECESSARY TENS OWNED	1/1/2004	MEDICARE	\$52.29	
E0744		NEUROMUSCULAR STIMULATOR FOR SCOLOSIS	1/1/2004	MEDICARE	\$778.30	
E0744	RR	NEUROMUSCULAR STIMULATOR FOR SCOLOSIS	1/1/2004	MEDICARE	\$77.83	
E0745		NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT NON-CLINIC	1/1/2004	MEDICARE	\$895.10	
E0745	RR	NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT NON-CLINIC	1/1/2004	MEDICARE	\$89.51	
E0746	RR	ELECTROMYOGRAPHY (EMG) BIOFEEDBACK DEVICE	1/17/1994	BY REPORT	\$0.00	
E0747		OSTEOGENESIS STIMULATOR (NON-INVASIVE)	1/1/2005	FEE SCHED	\$3,720.12	Y
E0747	RR	OSTEOGENESIS STIMULATOR (NON-INVASIVE)	1/1/2006	MEDICARE	\$378.92	
E0748		OSTEOGENIC STIMULATOR NONINVASIVE SPINAL APPLICATONS	1/1/2005	FEE SCHED	\$3,696.01	Y
E0748	RR	OSTEOGENIC STIMULATOR NONINVASIVE SPINAL APPLICATIONS	1/1/2006	MEDICARE	\$378.84	
E0749		OSTEOGENESIS STIMULATOR (SURGICALLY IMPLANTED)	7/1/2003	FEE SCHED	\$2,331.91	Y
E0749	RR	OSTEOGENESIS STIMULATOR (SURGICALLY IMPLANTED)	7/1/2003	FEE SCHED	\$233.20	
E0755		ELECTRONIC SALIVARY REFLEX STIMULATOR(INTRAORAL/NONINVASIVE)	8/1/1998	BY REPORT	\$0.00	Y
E0760		OSTEOGEN ULTRASOUND STIMLTOR	1/1/2006	MEDICARE	\$3,148.10	Y
E0760	RR	OSTEOGEN ULTRASOUND STIMLTOR	1/1/2006	MEDICARE	\$314.82	
E0762		TRANS ELEC JT STIM DEV SYS	1/1/2006	BY REPORT	\$0.00	Y
E0764		FUNCTIONAL NEUROMUSCULARSTIM	1/1/2006	MEDICARE	#####	Y
E0765		FDA APPROVED NERVE STIMULATOR WITH REPLACEMENT BATTERIES	1/1/2004	MEDICARE	\$84.13	
E0765	RR	FDA APPROVED NERVE STIMULATOR WITH REPLACEMENT BATTERIES	1/1/2004	MEDICARE	\$8.43	
E0769		ELECTRIC WOUND TREATMENT DEV	1/1/2005	BY REPORT	\$0.00	
E0776		IV POLE	1/1/2004	MEDICARE	\$143.16	

## Montana Medicaid - Fee Schedule Durable Medical Equipment

Proc	Modifier	Description	Effective	Method	Fee	PA
E0776	RR	IV POLE RENTAL	1/1/2005	FEE SCHED	\$14.32	
E0779		AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION => 8 HRS.	1/1/2004	MEDICARE	\$151.80	
E0779	RR	AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION => 8 HRS.	1/1/2004	MEDICARE	\$15.18	
E0780		AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION < 8 HRS.	1/1/2004	MEDICARE	\$103.70	
E0780	RR	AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION < 8 HRS.	1/1/2004	MEDICARE	\$10.37	
E0781		AMBULATORY INFUSION PUMP SING OR MULT CHAN W/ADMIN EQUIPMNT	1/1/2004	MEDICARE	\$2,406.50	Y
E0781	RR	AMBULATORY INFUSION PUMP SING OR MULT CHAN W/ADMIN EQUIPMNT	1/1/2004	MEDICARE	\$240.65	
E0782		NON-PROGRAMBLE INFUSION PUMP	7/1/2003	FEE SCHED	\$3,079.24	Y
E0782	RR	INFUSION PUMP IMPLANTABLE	7/1/2003	FEE SCHED	\$307.93	
E0783		INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE (INC COMPONE	8/1/1998	BY REPORT	\$0.00	Y
E0783	RR	INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE (INC COMPONE	8/1/1998	BY REPORT	\$0.00	
E0784		EXTERNAL AMBULATORY INFUSION PUMP INSULIN	7/1/2003	MEDICARE	\$4,174.90	Y
E0784	RR	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	1/1/2004	MEDICARE	\$417.49	
E0785		IMPLANTABLE INTRASPINAL CATH USED W/INFUSION PUMP REPLACEMT	7/1/2003	FEE SCHED	\$414.09	Y
E0791		PARENTERAL INFUSION PUMP STATIONARY	1/1/2004	MEDICARE	\$2,687.70	Y
E0791	RR	PARENTERAL INFUSION PUMP STATIONARY	1/1/2004	MEDICARE	\$268.77	
E0830		AMBULATORY TRACTION DEVICE ALL TYPES EACH	1/1/2001	BY REPORT	\$0.00	
E0830	RR	AMBULATORY TRACTION DEVICE ALL TYPES EACH	1/1/2001	BY REPORT	\$0.00	
E0840		TRACTION FRAME ATTACHED TO HEADBOARD SIMPLE CERVICAL	1/1/2004	MEDICARE	\$62.29	
E0840	RR	TRACTION FRAME ATTACHED TO HEADBOARD SIMPLE CERVICAL TRACT	1/1/2004	MEDICARE	\$13.87	
E0849		CERVICAL PNEUM TRAC EQUIP	1/1/2006	MEDICARE	\$515.31	
E0850		TRACTION STAND FREE STANDING SIMPLE CERVICAL TRACTION	1/1/2004	MEDICARE	\$89.30	
E0850	RR	TRACTION STAND FREE STANDING SIMPLE CERVICAL TRACTION	1/1/2004	MEDICARE	\$12.27	
E0855		CERVICAL TRACTION EQUIP. NOT REQUIRING ADD'L STAND OR FRAME	1/1/2004	MEDICARE	\$494.22	
E0855	RR	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADD'L STAND/FRAME	1/1/2004	MEDICARE	\$49.44	
E0860		TRACTION EQUIPMENT OVERDOOR CERVICAL	1/1/2004	MEDICARE	\$38.53	
E0860	RR	TRACTION EQUIPMENT OVERDOOR CERVICAL	1/1/2004	MEDICARE	\$6.51	
E0870		TRACTION FRAME ATTACHED TO FOOTBOARD SIMPLE EXTREMITY	1/1/2004	MEDICARE	\$98.86	
E0870	RR	TRACTION FRAME ATTACHED TO FOOTBOARD SIMPLE EXTREMITY	1/1/2004	MEDICARE	\$13.40	
E0880		TRACTION STAND FREE STANDING SIMPLE EXTREMITY TRACTION	1/1/2004	MEDICARE	\$125.54	
E0880	RR	TRACTION STAND FREE STANDING SIMPLE EXTREMITY TRACTION	1/1/2004	MEDICARE	\$19.71	
E0890		TRACTION FRAME ATTACHED TO FOOTBOARD PELVIC TRACTION	1/1/2004	MEDICARE	\$120.41	
E0890	RR	TRACTION FRAME ATTACHED TO FOOTBOARD SIMPLE PELVIC TRACTIO	1/1/2004	MEDICARE	\$27.91	
E0900		TRACTION STAND FREE STANDING SIMPLE PELVIC TRACTION (E.G	1/1/2004	MEDICARE	\$128.12	
E0900	RR	TRACTION STANDARD FREESTANDING SIMPLE PELVIC (BUCKS)	1/1/2004	MEDICARE	\$27.62	
E0910		TRAPEZE BARS A/K/A PATIENT HELPER ATTACHED TO BED WITH G	1/1/2004	MEDICARE	\$200.00	
E0910	RR	TRAPEZE BAR	1/1/2004	MEDICARE	\$20.00	
E0911		HD TRAPEZE BAR ATTACH TO BED	1/1/2006	BY REPORT	\$0.00	
E0912		HD TRAPEZE BAR FREE STANDING	1/1/2006	BY REPORT	\$0.00	
E0920		FRACTURE FRAME ATTACHED TO BED INCLUDES WEIGHTS	1/1/2004	MEDICARE	\$392.20	
E0920	RR	FRACTURE FRAME ATTACHED TO BED INCLUDES WEIGHTS	1/1/2004	MEDICARE	\$39.22	
E0930		FRACTURE FRAME FREE STANDING INCLUDES WEIGHTS	1/1/2004	MEDICARE	\$456.90	

## Montana Medicaid - Fee Schedule Durable Medical Equipment

Proc	Modifier	Description	Effective	Method	Fee	PA
E0930	RR	FRACTURE FRAME FREE STANDING INCLUDES WEIGHTS	1/1/2004	MEDICARE	\$45.69	
E0935	RR	PASSIVE MOTION EXERCISE DEVICE	1/1/2004	MEDICARE	\$19.32	
E0940		TRAPEZE BAR FREE STANDING COMPLETE WITH GRAB BAR	1/1/2004	MEDICARE	\$347.70	
E0940	RR	TRAPEZE BAR FREE STANDING WITH GRAB BAR	1/1/2004	MEDICARE	\$34.77	
E0941		GRAVITY ASSISTED TRACTION DEVICE ANY TYPE	1/1/2004	MEDICARE	\$369.00	
E0941	RR	GRAVITY ASSISTED TRACTION DEVICE ANY TYPE	1/1/2004	MEDICARE	\$36.90	
E0942		CERVICAL HEAD HARNESS/HALTER	1/1/2004	MEDICARE	\$19.85	
E0942	RR	CERVICAL HEAD HARNESS/HALTER	1/1/2004	MEDICARE	\$2.34	
E0944		PELVIC BELT/HARNESS/BOOT	1/1/2004	MEDICARE	\$39.00	
E0944	RR	PELVIC BELT/HARNESS/BOOT	1/1/2004	MEDICARE	\$3.91	
E0945		EXTREMITY BELT/HARNESS	1/1/2004	MEDICARE	\$44.32	
E0945	RR	EXTREMITY BELT/HARNESS	1/1/2004	MEDICARE	\$4.44	
E0946		FRACTURE FRAME DUAL WITH CROSS BARS ATTACHED TO BED (E.	1/1/2004	MEDICARE	\$502.90	
E0946	RR	FRACTURE FRAME DUAL WITH CROSS BARS ATTACHED TO BED (E.	1/1/2004	MEDICARE	\$50.29	
E0947		FRACTURE FRAME ATTACHMENTS FOR COMPLEX PELVIC TRACTION	1/1/2004	MEDICARE	\$606.46	
E0947	RR	FRACTURE FRAME ATTACHMENTS FOR COMPLEX PELVIC TRACTION	1/1/2004	MEDICARE	\$62.89	
E0948		FRACTURE FRAME ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	1/1/2004	MEDICARE	\$548.92	
E0948	RR	FRACTURE FRAME ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	1/1/2004	MEDICARE	\$54.89	
E0950		TRAY	10/1/1986	BY REPORT	\$0.00	
E0951		LOOP HEEL	10/1/1986	BY REPORT	\$0.00	
E0952		TOE LOOP/HOLDER EACH	10/1/1986	BY REPORT	\$0.00	
E0955		CUSHIONED HEADREST	1/1/2004	BY REPORT	\$0.00	
E0955	RR	CUSHIONED HEADREST	1/1/2004	BY REPORT	\$0.00	
E0956		W/C LATERAL TRUNK/HIP SUPPOR	1/1/2004	BY REPORT	\$0.00	
E0956	RR	W/C LATERAL TRUNK/HIP SUPPOR	1/1/2004	BY REPORT	\$0.00	
E0957		W/C MEDIAL THIGH SUPPORT	1/1/2004	BY REPORT	\$0.00	
E0957	RR	W/C MEDIAL THIGH SUPPORT	1/1/2004	BY REPORT	\$0.00	
E0958		WHLCHR ATT- CONV 1 ARM DRIVE	10/1/1986	BY REPORT	\$0.00	
E0958	RR	WHEELCHAIR ATTACHMENT TO CONVERT ANY WHEELCHAIR	3/1/1989	BY REPORT	\$0.00	
E0959		AMPUTEE ADAPTER	10/1/1986	BY REPORT	\$0.00	
E0960		W/C SHOULDER HARNESS/STRAPS	1/1/2004	BY REPORT	\$0.00	
E0961		WHEELCHAIR BRAKE EXTENSION	10/1/1986	BY REPORT	\$0.00	
E0966		WHEELCHAIR HEAD REST EXTENSI	10/1/1986	BY REPORT	\$0.00	
E0967		WHEELCHAIR HAND RIMS	10/1/1986	BY REPORT	\$0.00	
E0968		COMMODE SEAT WHEELCHAIR	10/1/1986	BY REPORT	\$0.00	
E0968	RR	COMMODE SEAT WHEELCHAIR	3/1/1989	BY REPORT	\$0.00	
E0969		NARROWING DEVICE WHEELCHAIR	2/12/1990	BY REPORT	\$0.00	
E0969	RR	NARROWING DEVICE WHEELCHAIR	2/12/1990	BY REPORT	\$0.00	
E0970		WHEELCHAIR NO. 2 FOOTPLATES	10/1/1986	BY REPORT	\$0.00	
E0971		WHEELCHAIR ANTI-TIPPING DEVI	10/1/1986	BY REPORT	\$0.00	
E0973		W/CH ACCESS DET ADJ ARMREST	10/1/1986	BY REPORT	\$0.00	
E0974		W/CH ACCESS ANTI-ROLLBACK	10/1/1986	BY REPORT	\$0.00	

## Montana Medicaid - Fee Schedule Durable Medical Equipment

Proc	Modifier	Description	Effective	Method	Fee	PA
E0977		WEDGE CUSHION WHEELCHAIR	10/1/1986	BY REPORT	\$0.00	
E0978		W/C ACC SAF BELT PELV STRAP	7/1/1999	BY REPORT	\$0.00	
E0980		SAFETY VEST WHEELCHAIR	10/1/1986	BY REPORT	\$0.00	
E0981		SEAT UPHOLSTERY REPLACEMENT	1/1/2004	BY REPORT	\$0.00	
E0982		BACK UPHOLSTERY REPLACEMENT	1/1/2004	BY REPORT	\$0.00	
E0983		ADD PWR JOYSTICK	1/1/2004	BY REPORT	\$0.00	
E0984		ADD PWR TILLER	1/1/2004	BY REPORT	\$0.00	
E0985		W/C SEAT LIFT MECHANISM	1/1/2004	BY REPORT	\$0.00	
E0986		MAN W/C PUSH-RIM POW ASSIST	1/1/2004	BY REPORT	\$0.00	
E0990		WHELLCHAIR ELEVATING LEG RES	10/1/1986	BY REPORT	\$0.00	
E0990	RR	ELEVATING LEG REST EACH	1/1/1993	BY REPORT	\$0.00	
E0992		WHEELCHAIR SOLID SEAT INSERT	10/1/1986	BY REPORT	\$0.00	
E0994		ARMREST EACH	7/1/1999	BY REPORT	\$0.00	
E0995		WHEELCHAIR CALF REST	10/1/1986	BY REPORT	\$0.00	
E0997		CASTER WITH A FORK	10/1/1986	BY REPORT	\$0.00	
E0998		CASTER WITHOUT FORK	10/1/1986	BY REPORT	\$0.00	
E0999		PNEUMATIC TIRE WITH WHEEL	10/1/1986	BY REPORT	\$0.00	
E1002		PWR SEAT TILT	1/1/2004	BY REPORT	\$0.00	
E1003		PWR SEAT RECLINE	1/1/2004	BY REPORT	\$0.00	
E1004		PWR SEAT RECLINE MECH	1/1/2004	BY REPORT	\$0.00	
E1005		REPLACEMENT BATTERIES FOR MEDICALLY NECESSARY ELECTRIC	1/1/2004	BY REPORT	\$0.00	
E1006		PWR SEAT COMBO W/O SHEAR	1/1/2004	BY REPORT	\$0.00	
E1007		PWR SEAT COMBO W/SHEAR	1/1/2004	BY REPORT	\$0.00	
E1008		PWR SEAT COMBO PWR SHEAR	1/1/2004	BY REPORT	\$0.00	
E1009		ADD MECH LEG ELEVATION	1/1/2004	BY REPORT	\$0.00	
E1010		ADD PWR LEG ELEVATION	1/1/2004	BY REPORT	\$0.00	Y
E1011		PED WC MODIFY WIDTH ADJUSTM	1/1/2003	BY REPORT	\$0.00	
E1012	RR	INT SEAT SYS PLANAR PED W/C	1/1/2003	BY REPORT	\$0.00	
E1013	RR	INT SEAT SYS CONTOUR PED W/C	1/1/2003	BY REPORT	\$0.00	
E1014		RECLINING BACK ADD PED W/C	1/1/2003	BY REPORT	\$0.00	
E1014	RR	RECLINING BACK ADD PED W/C	1/1/2003	BY REPORT	\$0.00	
E1015		SHOCK ABSORBER FOR MAN W/C	1/1/2003	BY REPORT	\$0.00	
E1016		SHOCK ABSORBER FOR POWER W/C	1/1/2003	BY REPORT	\$0.00	
E1017		HD SHCK ABSRBR FOR HD MAN WC	1/1/2003	BY REPORT	\$0.00	
E1018		HD SHCK ABSRBER FOR HD POWWC	1/1/2003	BY REPORT	\$0.00	
E1020		RESIDUAL LIMB SUPPORT SYSTEM	1/1/2003	BY REPORT	\$0.00	
E1020	RR	ECONOMY WHEELCHAIR FIXED FULL LENGTH ARMS BOLT ON ELEVATIN	1/1/2003	BY REPORT	\$0.00	
E1028		W/C MANUAL SWINGAWAY	1/1/2004	BY REPORT	\$0.00	
E1029		W/C VENT TRAY FIXED	1/1/2004	BY REPORT	\$0.00	
E1030		W/C VENT TRAY GIMBALED	1/1/2004	BY REPORT	\$0.00	
E1031		ROLLABOUT CHAIR ANY AND ALL TYPES W/CASTORS 5" OR GREATER	7/1/1999	BY REPORT	\$0.00	
E1031	RR	ROLLABOUT CHAIR ANY AND ALL TYPES W/CASTORS 5" OR GREATER	7/1/1999	BY REPORT	\$0.00	

**Montana Medicaid - Fee Schedule  
Durable Medical Equipment**

Proc	Modifier	Description	Effective	Method	Fee	PA
E1035		PATIENT TRANSFER SYSTEM	1/1/2001	BY REPORT	\$0.00	
E1035	RR	GERIATRIC CHAIR RENTAL	1/1/2001	BY REPORT	\$0.00	
E1037		TRANSPORT CHAIR PED SIZE	1/1/2003	BY REPORT	\$0.00	
E1037	RR	TRANSPORT CHAIR PED SIZE	1/1/2003	BY REPORT	\$0.00	
E1038		TRANSPORT CHAIR PT WT<=300LB	1/1/2003	BY REPORT	\$0.00	
E1038	RR	TRANSPORT CHAIR ADULT SIZE	1/1/2003	BY REPORT	\$0.00	
E1039		TRANSPORT CHAIR PT WT >300LB	1/1/2005	BY REPORT	\$0.00	
E1050		FULLY-RECLINING WHEELCH FULL ARMS SWING AWAY DET LEGREST	7/1/1999	BY REPORT	\$0.00	
E1050	RR	FULLY-RECLINING WHEELCH FULL ARMS SWING AWAY DET LEGREST	1/1/2003	BY REPORT	\$0.00	
E1060		FULLY-RECLINING WHEELCH DET ARMS DESK OR FULL DET LEGREST	7/1/1999	BY REPORT	\$0.00	
E1060	RR	FULLY-RECLINING WHEELCH DET ARMS DESK OR FULL DET LEGREST	1/1/2003	BY REPORT	\$0.00	
E1070		FULLY-RECLINING WHEELCH DET ARMS DESK OR FULL DET FOOTREST	7/1/1999	BY REPORT	\$0.00	
E1070	RR	FULLY-RECLINING WHEELCH DET ARMS DESK OR FULL DET FOOTREST	1/1/2003	BY REPORT	\$0.00	
E1083		HEMI-WHEELCHAIR FULL ARMS SWING AWAY DET ELEVATE LEGRESTS	7/1/1999	BY REPORT	\$0.00	
E1083	RR	HEMI-WHEELCHAIR FULL ARMS SWING AWAY DET ELEVATE LEGRESTS	1/1/2003	BY REPORT	\$0.00	
E1084		HEMI-WHEELCHAIR DET ARMS DESK OR FULL DET ELEVATE LEGREST	7/1/1999	BY REPORT	\$0.00	
E1084	RR	HEMI-WHEELCHAIR DET ARMS DESK OR FULL DET ELEVATE LEGREST	1/1/2003	BY REPORT	\$0.00	
E1085		HEMI-WHEELCHAIR FIXED ARMS	7/1/1999	BY REPORT	\$0.00	
E1085	RR	HEMI-WHEELCHAIR FULL ARMS SWING AWAY DETACH FOOTRESTS	1/1/2003	BY REPORT	\$0.00	
E1086		HEMI-WHEELCHAIR DET ARMS DESK OR FULL DETACH FOOTRESTS	7/1/1999	BY REPORT	\$0.00	
E1086	RR	HEMI-WHEELCHAIR DET ARMS DESK OR FULL DETACH FOOTRESTS	1/1/2003	BY REPORT	\$0.00	
E1087		HIGH-STREN LIGHTWT WHEELCH FULL ARMS SWING-AWAY DET LEGRE	7/1/1999	BY REPORT	\$0.00	
E1087	RR	HIGH-STREN LIGHTWT WHEELCH FULL ARMS SWING-AWAY DET LEGRE	1/1/2003	BY REPORT	\$0.00	
E1088		HIGH-STREN LIGHTWT WHEELCH DET ARMS DESK OR FULL DET LEGRES	7/1/1999	BY REPORT	\$0.00	
E1088	RR	HIGH-STREN LIGHTWT WHEELCH DET ARMS DESK OR FULL DET LEGRES	1/1/2003	BY REPORT	\$0.00	
E1089		WHEELCHAIR LIGHTWT FIXED ARM	7/1/1999	BY REPORT	\$0.00	
E1089	RR	HIGH-STREN LIGHTWT WHEELCH FIXED ARMS SWING-AWAY DET FOOTR	1/1/2003	BY REPORT	\$0.00	
E1090		HIGH-STREN LIGHTWT WHEELCH DET ARMS DESK OR FULL DET FOOTRE	7/1/1999	BY REPORT	\$0.00	
E1090	RR	HIGH-STREN LIGHTWT WHEELCH DET ARMS DESK OR FULL DET FOOTRE	1/1/2003	BY REPORT	\$0.00	
E1092		WIDE HEAVY-DUTY WHEELCH DET ARMS DESK OR FULL DET LEGRESTS	7/1/1999	BY REPORT	\$0.00	
E1092	RR	WIDE HEAVY-DUTY WHEELCH DET ARMS DESK OR FULL DET LEGRESTS	1/1/2003	BY REPORT	\$0.00	
E1093		WIDE HEAVY-DUTY WHEELCH DET ARMS DESK OR FULL DET FOOTREST	7/1/1999	BY REPORT	\$0.00	
E1093	RR	WIDE HEAVY-DUTY WHEELCH DET ARMS DESK OR FULL DET FOOTREST	1/1/2003	BY REPORT	\$0.00	
E1100		SEMI-RECLIN WHEELCH FULL ARMS SWING-AWAY DET LEGRESTS	7/1/1999	BY REPORT	\$0.00	
E1100	RR	SEMI-RECLIN WHEELCH FULL ARMS SWING-AWAY DET LEGRESTS	1/1/2003	BY REPORT	\$0.00	
E1110		SEMI-RECLIN WHEELCH DET ARMS DESK OR FULL ELEV LEGREST	7/1/1999	BY REPORT	\$0.00	
E1110	RR	SEMI-RECLIN WHEELCH DET ARMS DESK OR FULL ELEV LEGREST	1/1/2003	BY REPORT	\$0.00	
E1130		WHLCHR STAND FXD ARM FT REST	7/1/1999	BY REPORT	\$0.00	
E1130	RR	STAND WHEELCH FULL ARMS FIXED OR SWING-AWAY DET FOOTRESTS	1/1/2003	BY REPORT	\$0.00	
E1140		WHEELCHAIR DET ARMS DESK OR FULL SWING-AWAY DET FOOTREST	7/1/1999	BY REPORT	\$0.00	
E1140	RR	WHEELCHAIR DET ARMS DESK OR FULL SWING-AWAY DET FOOTREST	1/1/2003	BY REPORT	\$0.00	
E1150		WHEELCHAIR DET ARMS DESK OR FULL SWING-AWAY DET LEGREST	7/1/1999	BY REPORT	\$0.00	

**Montana Medicaid - Fee Schedule  
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Proc	Modifier	Description	Effective	Method	Fee	PA
E1150	RR	WHEELCHAIR DET ARMS DESK OR FULL SWING-AWAY DET LEGREST	1/1/2003	BY REPORT	\$0.00	
E1160		WHEELCHAIR FIXED ARMS SWING-AWAY DETACH ELEVATING LEGREST	7/1/1999	BY REPORT	\$0.00	
E1160	RR	WHEELCHAIR FIXED ARMS SWING-AWAY DETACH ELEVATING LEGREST	1/1/2003	BY REPORT	\$0.00	
E1161		3ANUAL ADULT WC W TILTINSPAC	1/1/2003	BY REPORT	\$0.00	
E1161	RR	MANUAL ADULT WC W TILTINSPAC	1/1/2003	BY REPORT	\$0.00	
E1170		AMPUTEE WHEELCH FIXED FULL ARMS SWING-AWAY DET LEGRESTS	7/1/1999	BY REPORT	\$0.00	
E1170	RR	AMPUTEE WHEELCH FIXED FULL ARMS SWING-AWAY DET LEGRESTS	1/1/2003	BY REPORT	\$0.00	
E1171		AMPUTEE WHEELCH FULL ARMS WITHOUT FOOTRESTS OR LEGRESTS	7/1/1999	BY REPORT	\$0.00	
E1171	RR	AMPUTEE WHEELCH FULL ARMS WITHOUT FOOTRESTS OR LEGRESTS	1/1/2003	BY REPORT	\$0.00	
E1172		AMPUTEE WHEELCH DET ARMS DESK OR FULL W/OUT FOOT OR LEGRES	7/1/1999	BY REPORT	\$0.00	
E1172	RR	AMPUTEE WHEELCH DET ARMS DESK OR FULL W/OUT FOOT OR LEGRES	1/1/2003	BY REPORT	\$0.00	
E1180		AMPUTEE WHEELCH DET ARMS DESK OR FULL SWING-AWAY DET FOOTR	1/1/2003	BY REPORT	\$0.00	
E1180	RR	AMPUTEE WHEELCH DET ARMS DESK OR FULL SWING-AWAY DET FOOTR	1/1/2003	BY REPORT	\$0.00	
E1190		AMPUTEE WHEELCH DET ARMS DESK OR FULL SWING-AWAY DET LEGRES	7/1/1999	BY REPORT	\$0.00	
E1190	RR	AMPUTEE WHEELCH DET ARMS DESK OR FULL SWING-AWAY DET LEGRES	1/1/2003	BY REPORT	\$0.00	
E1195		HEAVY DUTY WHEELCH FIXED ARMS SWING-AWAYDET ELEV LEGREST	7/1/1999	BY REPORT	\$0.00	
E1195	RR	HEAVY DUTY WHEELCH FIXED ARMS SWING-AWAYDET ELEV LEGREST	1/1/2003	BY REPORT	\$0.00	
E1200		AMPUTEE WHEELCH FIXED ARMS SWING-AWAY DETACH FOOTRESTS	7/1/1999	BY REPORT	\$0.00	
E1200	RR	AMPUTEE WHEELCH FIXED ARMS SWING-AWAY DETACH FOOTRESTS	1/1/2003	BY REPORT	\$0.00	
E1220		WHEELCHAIR SPECIALLY SIZED OR CONSTRUCTED	7/1/1999	BY REPORT	\$0.00	
E1220	RR	WHEELCHAIR SPECIALLY SIZED OR CONSTRUCTED	1/1/2003	BY REPORT	\$0.00	
E1221		WHEELCHAIR WITH FIXED ARM FOOTRESTS	7/1/1999	BY REPORT	\$0.00	
E1221	RR	WHEELCHAIR WITH FIXED ARM FOOTRESTS	1/1/2003	BY REPORT	\$0.00	
E1222		WHEELCHAIR WITH FIXED ARM ELEVATING LEGRESTS	7/1/1999	BY REPORT	\$0.00	
E1222	RR	WHEELCHAIR WITH FIXED ARM ELEVATING LEGRESTS	1/1/2003	BY REPORT	\$0.00	
E1223		WHEELCHAIR WITH DETACHABLE ARMS FOOTRESTS	7/1/1999	BY REPORT	\$0.00	
E1223	RR	WHEELCHAIR WITH DETACHABLE ARMS FOOTRESTS	1/1/2003	BY REPORT	\$0.00	
E1224		WHEELCHAIR WITH DETACHABLE ARMS ELEVATING LEGRESTS	7/1/1999	BY REPORT	\$0.00	
E1224	RR	WHEELCHAIR WITH DETACHABLE ARMS ELEVATING LEGRESTS	1/1/2003	BY REPORT	\$0.00	
E1225		MANUAL SEMI-RECLINING BACK	7/1/1999	BY REPORT	\$0.00	
E1225	RR	SEMI-RECLINING BACK FOR CUSTOMIZED WHEELCHAIR	7/1/1999	BY REPORT	\$0.00	
E1226		MANUAL FULLY RECLINING BACK	10/1/1986	BY REPORT	\$0.00	
E1227		SPECIAL HEIGHT ARMS FOR WHEELCHAIR	10/1/1986	BY REPORT	\$0.00	Y
E1228		SPECIAL BACK HEIGHT FOR WHEELCHAIR	7/1/1999	BY REPORT	\$0.00	Y
E1228	RR	SPECIAL BACK HEIGHT FOR WHEELCHAIR	7/1/1999	BY REPORT	\$0.00	
E1229		PEDIATRIC WHEELCHAIR NOS	1/1/2005	BY REPORT	\$0.00	
E1230		POWER OPERATED VEHICLE (3- OR 4-WHEEL NONHIGHWAY) SPECIFY	7/1/1999	BY REPORT	\$0.00	
E1230	RR	POWER OPERATED VEHICLE (3- OR 4-WHEEL NONHIGHWAY) SPECIFY	1/1/2003	BY REPORT	\$0.00	
E1231		RIGID PED W/C TILT-IN-SPACE	1/1/2003	BY REPORT	\$0.00	
E1231	RR	RIGID PED W/C TILT-IN-SPACE	1/1/2003	BY REPORT	\$0.00	
E1232		FOLDING PED WC TILT-IN-SPACE	1/1/2003	BY REPORT	\$0.00	
E1232	RR	FOLDING PED WC TILT-IN-SPACE	1/1/2003	BY REPORT	\$0.00	

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Proc	Modifier	Description	Effective	Method	Fee	PA
E1233		RIG PED WC TLTNPC W/O SEAT	1/1/2003	BY REPORT	\$0.00	
E1233	RR	RIG PED WC TLTNPC W/O SEAT	1/1/2003	BY REPORT	\$0.00	
E1234		FLD PED WC TLTNPC W/O SEAT	1/1/2003	BY REPORT	\$0.00	
E1234	RR	FLD PED WC TLTNPC W/O SEAT	1/1/2003	BY REPORT	\$0.00	
E1235		RIGID PED WC ADJUSTABLE	1/1/2003	BY REPORT	\$0.00	
E1235	RR	RIGID PED WC ADJUSTABLE	1/1/2003	BY REPORT	\$0.00	
E1236		FOLDING PED WC ADJUSTABLE	1/1/2003	BY REPORT	\$0.00	
E1236	RR	FOLDING PED WC ADJUSTABLE	1/1/2003	BY REPORT	\$0.00	
E1237		RGD PED WC ADJUSTABL W/O SEAT	1/1/2003	BY REPORT	\$0.00	
E1237	RR	RGD PED WC ADJUSTABL W/O SEAT	1/1/2003	BY REPORT	\$0.00	
E1238		FLD PED WC ADJUSTABL W/O SEAT	1/1/2003	BY REPORT	\$0.00	
E1238	RR	FLD PED WC ADJUSTABL W/O SEAT	1/1/2003	BY REPORT	\$0.00	
E1239		PED POWER WHEELCHAIR NOS	1/1/2005	BY REPORT	\$0.00	
E1240		LIGHTWT WHEELCH DET ARMS DESK/FULL SWING-AWAY DET LEGREST	7/1/1999	BY REPORT	\$0.00	
E1240	RR	LIGHTWT WHEELCH DET ARMS DESK/FULL SWING-AWAY DET LEGREST	1/1/2003	BY REPORT	\$0.00	
E1250		WHEELCHAIR LIGHTWT FIXED ARM	7/1/1999	BY REPORT	\$0.00	
E1250	RR	LIGHTWT WHEELCH FIXED ARMS SWING-AWAY DETACH FOOTRESTS	1/1/2003	BY REPORT	\$0.00	
E1260		LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS(DESK OR FULL LENGTH)	7/1/1999	BY REPORT	\$0.00	
E1260	RR	LIGHTWT WHEELCH DET ARMS DESK/FULL SWING-AWAY DET FOOTREST	1/1/2003	BY REPORT	\$0.00	
E1270		LIGHTWT WHEELCH FIXED ARMS SWING-AWAY DET ELEV LEGRESTS	7/1/1999	BY REPORT	\$0.00	
E1270	RR	LIGHTWT WHEELCH FIXED ARMS SWING-AWAY DET ELEV LEGRESTS	1/1/2003	BY REPORT	\$0.00	
E1280		HEAVY-DUTY WHEELCH DETACH ARMS DESK/FULL ELEV LEGRESTS	7/1/1999	BY REPORT	\$0.00	
E1280	RR	HEAVY-DUTY WHEELCH DETACH ARMS DESK/FULL ELEV LEGRESTS	1/1/2003	BY REPORT	\$0.00	
E1285		WHEELCHAIR HEAVY DUTY FIXED	7/1/1999	BY REPORT	\$0.00	
E1285	RR	HEAVY-DUTY WHEELCH FIXED ARMS SWING-AWAY DET FOOTRESTS	1/1/2003	BY REPORT	\$0.00	
E1290		HEAVY-DUTY WHEELCH DET ARMS DESK/FULL SWING-AWAY DET FOOT	7/1/1999	BY REPORT	\$0.00	
E1290	RR	HEAVY-DUTY WHEELCH DET ARMS DESK/FULL SWING-AWAY DET FOOT	1/1/2003	BY REPORT	\$0.00	
E1295		HEAVY-DUTY WHEELCH FIXED ARMS ELEVATING LEGRESTS	7/1/1999	BY REPORT	\$0.00	
E1295	RR	HEAVY-DUTY WHEELCH FIXED ARMS ELEVATING LEGRESTS	1/1/2003	BY REPORT	\$0.00	
E1296		SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	10/1/1986	BY REPORT	\$0.00	
E1297		SPECIAL WHEELCHAIR SEAT DEPTH BY UPHOLSTERY	10/1/1986	BY REPORT	\$0.00	
E1298		SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH BY CONSTRUCTION	7/1/1999	BY REPORT	\$0.00	
E1298	RR	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH BY CONSTRUCTION	7/1/1999	BY REPORT	\$0.00	
E1300		WHIRLPOOL PORTABLE (OVERTUB TYPE)	1/1/2004	BY REPORT	\$0.00	
E1300	RR	WHIRLPOOL PORTABLE (OVERTUB TYPE)	1/1/2004	BY REPORT	\$0.00	
E1310		WHIRLPOOL NON-PORTABLE (BUILT-IN TYPE)	1/1/2006	MEDICARE	\$2,147.40 Y	
E1340		REPAIR OR NONROUTINE SVC FOR DME REQUIRING SKILL OF TECHNICI	1/1/2004	BY REPORT	\$0.00	
E1372		IMMERSION EXTERNAL HEATER FOR NEBULIZER	1/1/2004	MEDICARE	\$163.03	
E1372	RR	IMMERSION EXTERNAL HEATER FOR NEBULIZER	1/1/2004	MEDICARE	\$23.69	
E1390	RR	OXYGEN CONCENTRATOR CAPABLE OF 85% OR > O2 CONCENTRATION	1/1/2004	MEDICARE	\$228.80	
E1392		PORTABLE OXYGEN CONCENTRATOR	1/1/2006	BY REPORT	\$0.00	
E1399		MISC SUPP & EQUIP. NOC (OR WHEELCHAIR REPAIRS/CROSSOVERS)	7/1/1996	BY REPORT	\$0.00	

## Montana Medicaid - Fee Schedule Durable Medical Equipment

Proc	Modifier	Description	Effective	Method	Fee	PA
E1399	SF	MISC SUPP & EQUIP. NOC (OR WHEELCHAIR REPAIRS/CROSSOVERS)	1/1/2003	FEE SCHED	\$30.00	Y
E1405	RR	O2 AND H2O VAPOR ENRICHING SYS W/HEATED DELIVERY	1/1/2006	MEDICARE	\$235.48	
E1406	RR	O2 AND H2O VAPOR ENRICHING SYS W/OUT HEATED DELIVERY	1/1/2006	MEDICARE	\$216.51	
E1500		CENTRIFUGE	1/1/2002	BY REPORT	\$0.00	
E1510		KIDNEY DIALYSATE DELIVERY SYST. KIDNEY MACHINE PUMP RECIRC	10/1/1986	BY REPORT	\$0.00	Y
E1520		HEPARIN INFUSION PUMP	10/1/1986	BY REPORT	\$0.00	Y
E1530		AIR BUBBLE DETECTOR FOR DIALYSIS	10/1/1986	BY REPORT	\$0.00	Y
E1540		REPLACEMENT PRESSURE ALARM	10/1/1986	BY REPORT	\$0.00	Y
E1550		BATH CONDUCTIVITY METER FOR DIALYSIS	10/1/1986	BY REPORT	\$0.00	Y
E1560		REPLACE BLOOD LEAK DETECTOR	10/1/1986	BY REPORT	\$0.00	Y
E1570		ADJUSTABLE CHAIR FOR ESRD PATIENTS	10/1/1986	BY REPORT	\$0.00	Y
E1575		TRANSDUCER PROTECT/FLD BAR	10/1/1986	BY REPORT	\$0.00	Y
E1580		UNIPUNCTURE CONTROL SYSTEM FOR DIALYSIS	10/1/1986	BY REPORT	\$0.00	Y
E1590		HEMODIALYSIS MACHINE	10/1/1986	BY REPORT	\$0.00	Y
E1592		AUTOMATIC INTERMITTENT PERITONEAL DIALYSIS SYSTEM	10/1/1986	BY REPORT	\$0.00	Y
E1594		CYCLER DIALYSIS MACHINE	10/1/1986	BY REPORT	\$0.00	Y
E1600		DELIVERY AND/OR INSTALLATION CHARGES FOR RENAL DIALYSIS	10/1/1986	BY REPORT	\$0.00	Y
E1610		REVERSE OSMOSIS H2O PURI SYS	10/1/1986	BY REPORT	\$0.00	Y
E1610	RR	REVERSE OSMOSIS WATER PURIFICATION SYSTEM	10/1/1986	BY REPORT	\$0.00	Y
E1615		DEIONIZER WATER PURIFICATION SYSTEM	10/1/1986	BY REPORT	\$0.00	Y
E1620		REPLACEMENT BLOOD PUMP	10/1/1986	BY REPORT	\$0.00	Y
E1625		WATER SOFTENING SYSTEM	10/1/1986	BY REPORT	\$0.00	Y
E1630		RECIPROCATING PERITONEAL DIA	10/1/1986	BY REPORT	\$0.00	Y
E1632		WEARABLE ARTIFICIAL KIDNEY	10/1/1986	BY REPORT	\$0.00	Y
E1635		COMPACT TRAVEL HEMODIALYZER	10/1/1986	BY REPORT	\$0.00	Y
E1636		SORBENT CARTRIDGES PER CASE	10/1/1986	BY REPORT	\$0.00	
E1637		HEMOSTATS FOR DIALYSIS EACH	1/1/2002	BY REPORT	\$0.00	
E1639		DIALYSIS SCALE	1/1/2002	BY REPORT	\$0.00	
E1699		DIALYSIS EQUIPMENT NOC	10/1/1986	BY REPORT	\$0.00	Y
E1800		ADJUST ELBOW EXT/FLEX DEVICE	1/1/2004	MEDICARE	\$1,225.00	Y
E1800	RR	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE	1/1/2004	MEDICARE	\$122.50	
E1801		SPS ELBOW DEVICE	1/1/2004	MEDICARE	\$1,163.40	Y
E1801	RR	SPS ELBOW DEVICE	1/1/2004	MEDICARE	\$116.34	
E1802		ADJST FOREARM PRO/SUP DEVICE	1/1/2003	MEDICARE	\$3,268.00	Y
E1802	RR	ADJST FOREARM PRO/SUP DEVICE	1/1/2003	MEDICARE	\$326.80	
E1805		ADJUST WRIST EXT/FLEX DEVICE	1/1/2004	MEDICARE	\$1,226.80	Y
E1805	RR	DYNAMIC ADJUSTABLE WRIST EXTENSION/FLEXION DEVICE	1/1/2004	MEDICARE	\$122.68	
E1806		SPS WRIST DEVICE	1/1/2004	MEDICARE	\$954.90	
E1806	RR	SPS WRIST DEVICE	1/1/2004	MEDICARE	\$95.49	
E1810		ADJUST KNEE EXT/FLEX DEVICE	1/1/2004	MEDICARE	\$1,226.80	Y
E1810	RR	DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE	1/1/2004	MEDICARE	\$122.68	
E1811		SPS KNEE DEVICE	1/1/2004	MEDICARE	\$1,209.50	Y

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Proc	Modifier	Description	Effective	Method	Fee	PA
E1811	RR	SPS KNEE DEVICE	1/1/2004	MEDICARE	\$120.95	
E1812		KNEE EXT/FLEX W ACT RES CTRL	1/1/2006	BY REPORT	\$0.00	
E1815		ADJUST ANKLE EXT/FLEX DEVICE	1/1/2004	MEDICARE	\$1,226.80	Y
E1815	RR	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE	1/1/2004	MEDICARE	\$122.68	
E1816		SPS ANKLE DEVICE	1/1/2004	MEDICARE	\$1,228.50	Y
E1816	RR	SPS ANKLE DEVICE	1/1/2004	MEDICARE	\$122.85	
E1818		SPS FOREARM DEVICE	1/1/2004	MEDICARE	\$1,254.20	Y
E1818	RR	SPS FOREARM DEVICE	1/1/2004	MEDICARE	\$125.42	
E1820		SOFT INTERFACE MATERIAL FOR DYNAMIC ADJ EXT/FLEXION DEVICE	1/1/2004	MEDICARE	\$77.11	
E1821		REPLACEMENT INTERFACE SPSD	1/1/2004	MEDICARE	\$105.25	
E1825		DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE OR =	1/1/2004	MEDICARE	\$1,226.80	Y
E1825	RR	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE	1/1/2004	MEDICARE	\$122.68	
E1830		ADJUST TOE EXT/FLEX DEVICE	1/1/2004	MEDICARE	\$1,226.80	Y
E1830	RR	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE	1/1/2004	MEDICARE	\$122.68	
E1840		ADJ SHOULDER EXT/FLEX DEVICE	1/1/2004	MEDICARE	\$3,559.00	Y
E1840	RR	ADJ SHOULDER EXT/FLEX DEVICE	1/1/2004	MEDICARE	\$355.90	
E1841		STATIC STR SHLDR DEV ROM ADJ	1/1/2006	MEDICARE	\$4,530.00	Y
E1841	RR	STATIC STR SHLDR DEV ROM ADJ	1/1/2006	MEDICARE	\$453.00	
E1902		AAC NON-ELECTRONIC BOARD	1/1/2002	BY REPORT	\$0.00	Y
E1902	RR	AAC NON-ELECTRONIC BOARD	1/1/2002	BY REPORT	\$0.00	Y
E2000		GASTRIC SUCTION PUMP HME MDL	1/1/2004	MEDICARE	\$467.30	
E2000	RR	GASTRIC SUCTION PUMP HME MDL	1/1/2004	MEDICARE	\$46.73	
E2100		BLD GLUCOSE MONITOR W VOICE	1/1/2004	MEDICARE	\$629.24	
E2101		BLD GLUCOSE MONITOR W LANCE	1/1/2004	MEDICARE	\$188.56	
E2201		MAN W/CH ACC SEAT W>=20"<24"	1/1/2004	BY REPORT	\$0.00	
E2202		SEAT WIDTH 24-27 IN	1/1/2004	BY REPORT	\$0.00	
E2203		FRAME DEPTH LESS THAN 22 IN	1/1/2004	BY REPORT	\$0.00	
E2204		FRAME DEPTH 22 TO 25 IN	1/1/2004	BY REPORT	\$0.00	
E2205		MANUAL WC ACCESSORY HANDRIM	1/1/2005	BY REPORT	\$0.00	
E2206		COMPLETE WHEEL LOCK ASSEMBLY	1/1/2005	BY REPORT	\$0.00	
E2207		CRUTCH AND CANE HOLDER	1/1/2006	BY REPORT	\$0.00	
E2208		CYLINDER TANK CARRIER	1/1/2006	BY REPORT	\$0.00	
E2209		ARM TROUGH EACH	1/1/2006	BY REPORT	\$0.00	
E2210		WHEELCHAIR BEARINGS	1/1/2006	BY REPORT	\$0.00	
E2211		PNEUMATIC PROPULSION TIRE	1/1/2006	BY REPORT	\$0.00	
E2212		PNEUMATIC PROP TIRE TUBE	1/1/2006	BY REPORT	\$0.00	
E2213		PNEUMATIC PROP TIRE INSERT	1/1/2006	BY REPORT	\$0.00	
E2214		PNEUMATIC CASTER TIRE EACH	1/1/2006	BY REPORT	\$0.00	
E2215		PNEUMATIC CASTER TIRE TUBE	1/1/2006	BY REPORT	\$0.00	
E2216		FOAM FILLED PROPULSION TIRE	1/1/2006	BY REPORT	\$0.00	
E2217		FOAM FILLED CASTER TIRE EACH	1/1/2006	BY REPORT	\$0.00	
E2218		FOAM PROPULSION TIRE EACH	1/1/2006	BY REPORT	\$0.00	

Please see first page for a complete description of information contained in the fee schedules.

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Proc	Modifier	Description	Effective	Method	Fee	PA
E2219		FOAM CASTER TIRE ANY SIZE EA	1/1/2006	BY REPORT	\$0.00	
E2220		SOLID PROPULSION TIRE EACH	1/1/2006	BY REPORT	\$0.00	
E2221		SOLID CASTER TIRE EACH	1/1/2006	BY REPORT	\$0.00	
E2222		SOLID CASTER INTEGRATED WHL	1/1/2006	BY REPORT	\$0.00	
E2223		VALVE REPLACEMENT ONLY EACH	1/1/2006	BY REPORT	\$0.00	
E2224		PROPULSION WHL EXCLUDES TIRE	1/1/2006	BY REPORT	\$0.00	
E2225		CASTER WHEEL EXCLUDES TIRE	1/1/2006	BY REPORT	\$0.00	
E2226		CASTER FORK REPLACEMENT ONLY	1/1/2006	BY REPORT	\$0.00	
E2291		PLANAR BACK FOR PED SIZE WC	1/1/2005	BY REPORT	\$0.00	
E2292		PLANAR SEAT FOR PED SIZE WC	1/1/2005	BY REPORT	\$0.00	
E2293		CONTOUR BACK FOR PED SIZE WC	1/1/2005	BY REPORT	\$0.00	
E2294		CONTOUR SEAT FOR PED SIZE WC	1/1/2005	BY REPORT	\$0.00	
E2300		PWR SEAT ELEVATION SYS	1/1/2004	BY REPORT	\$0.00	
E2301		PWR STANDING	1/1/2004	BY REPORT	\$0.00	
E2310		ELECTRO CONNECT BTW CONTROL	1/1/2004	BY REPORT	\$0.00	
E2311		ELECTRO CONNECT BTW 2 SYS	1/1/2004	BY REPORT	\$0.00	
E2320		HAND CHIN CONTROL	1/1/2004	BY REPORT	\$0.00	
E2321		HAND INTERFACE JOYSTICK	1/1/2004	BY REPORT	\$0.00	
E2322		MULT MECH SWITCHES	1/1/2004	BY REPORT	\$0.00	
E2323		SPECIAL JOYSTICK HANDLE	1/1/2004	BY REPORT	\$0.00	
E2324		CHIN CUP INTERFACE	1/1/2004	BY REPORT	\$0.00	
E2325		SIP AND PUFF INTERFACE	1/1/2004	BY REPORT	\$0.00	
E2326		BREATH TUBE KIT	1/1/2004	BY REPORT	\$0.00	
E2327		HEAD CONTROL INTERFACE MECH	1/1/2004	BY REPORT	\$0.00	
E2328		HEAD/EXTREMITY CONTROL INTER	1/1/2004	BY REPORT	\$0.00	
E2329		HEAD CONTROL NONPROPORTIONAL	1/1/2004	BY REPORT	\$0.00	
E2330		HEAD CONTROL PROXIMITY SWITC	1/1/2004	BY REPORT	\$0.00	
E2331		ATTENDANT CONTROL	1/1/2004	BY REPORT	\$0.00	
E2340		W/C WIDTH 20-23 IN SEAT FRAME	1/1/2004	BY REPORT	\$0.00	
E2341		W/C WIDTH 24-27 IN SEAT FRAME	1/1/2004	BY REPORT	\$0.00	
E2342		W/C DPTH 20-21 IN SEAT FRAME	1/1/2004	BY REPORT	\$0.00	
E2343		W/C DPTH 22-25 IN SEAT FRAME	1/1/2004	BY REPORT	\$0.00	
E2351		ELECTRONIC SGD INTERFACE	1/1/2004	BY REPORT	\$0.00	
E2360		22NF NONSEALED LEADACID	1/1/2004	BY REPORT	\$0.00	
E2361		22NF SEALED LEADACID BATTERY	1/1/2004	BY REPORT	\$0.00	
E2362		GR24 NONSEALED LEADACID	1/1/2004	BY REPORT	\$0.00	
E2363		GR24 SEALED LEADACID BATTERY	1/1/2004	BY REPORT	\$0.00	
E2364		U1NONSEALED LEADACID BATTERY	1/1/2004	BY REPORT	\$0.00	
E2365		U1 SEALED LEADACID BATTERY	1/1/2004	BY REPORT	\$0.00	
E2366		BATTERY CHARGER SINGLE MODE	1/1/2004	BY REPORT	\$0.00	
E2367		BATTERY CHARGER DUAL MODE	1/1/2004	BY REPORT	\$0.00	
E2368		POWER WC MOTOR REPLACEMENT	1/1/2005	BY REPORT	\$0.00	

## Montana Medicaid - Fee Schedule Durable Medical Equipment

Proc	Modifier	Description	Effective	Method	Fee	PA
E2369		PWR WC GEAR BOX REPLACEMENT	1/1/2005	BY REPORT	\$0.00	
E2370		PWR WC MOTOR/GEAR BOX COMBO	1/1/2005	BY REPORT	\$0.00	
E2371		GR27 SEALED LEADACID BATTERY	1/1/2006	BY REPORT	\$0.00	
E2372		GR27 NON-SEALED LEADACID	1/1/2006	BY REPORT	\$0.00	
E2399		NOC INTERFACE	1/1/2004	BY REPORT	\$0.00	
E2402		NEG PRESS WOUND THERAPY PUMP	1/1/2004	MEDICARE	##### Y	
E2402	RR	NEG PRESS WOUND THERAPY PUMP	1/1/2004	MEDICARE	\$1,716.46 Y	
E2500		SGD DIGITIZED PRE-REC <=8MIN	1/1/2004	MEDICARE	\$391.06 Y	
E2500	RR	SGD DIGITIZED PRE-REC <=8MIN	1/1/2004	MEDICARE	\$39.11 Y	
E2502		SGD PREREC MSG >8MIN <=20MIN	1/1/2004	MEDICARE	\$1,195.80 Y	
E2502	RR	SGD PREREC MSG >8MIN <=20MIN	1/1/2004	MEDICARE	\$119.59 Y	
E2504		SGD PREREC MSG>20MIN <=40MIN	1/1/2004	MEDICARE	\$1,577.42 Y	
E2504	RR	SGD PREREC MSG>20MIN <=40MIN	1/1/2004	MEDICARE	\$157.76 Y	
E2506		SGD PREREC MSG > 40 MIN	1/1/2004	MEDICARE	\$2,312.96 Y	
E2506	RR	SGD PREREC MSG > 40 MIN	1/1/2004	MEDICARE	\$231.29 Y	
E2508		SGD SPELLING PHYS CONTACT	1/1/2004	MEDICARE	\$3,576.61 Y	
E2508	RR	SGD SPELLING PHYS CONTACT	1/1/2004	MEDICARE	\$357.67 Y	
E2510		SGD W MULTI METHODS MSG/ACCS	1/1/2004	MEDICARE	\$6,768.25 Y	
E2510	RR	SGD W MULTI METHODS MSG/ACCS	1/1/2006	MEDICARE	\$676.82 Y	
E2511		SGD SFTWRE PRGRM FOR PC/PDA	1/1/2004	BY REPORT	\$0.00 Y	
E2512		SGD ACCESSORY MOUNTING SYS	1/1/2004	BY REPORT	\$0.00 Y	
E2599		SGD ACCESSORY NOC	1/1/2004	BY REPORT	\$0.00 Y	
E2601		GEN W/C CUSHION WIDTH < 22 IN	1/1/2005	BY REPORT	\$0.00	
E2602		GEN W/C CUSHION WIDTH >=22 IN	1/1/2005	BY REPORT	\$0.00	
E2603		SKIN PROTECT WC CUS WD <22IN	1/1/2005	BY REPORT	\$0.00	
E2604		SKIN PROTECT WC CUS WD>=22IN	1/1/2005	BY REPORT	\$0.00	
E2605		POSITION WC CUSH WIDTH <22 IN	1/1/2005	BY REPORT	\$0.00	
E2606		POSITION WC CUSH WIDTH>=22 IN	1/1/2005	BY REPORT	\$0.00	
E2607		SKIN PRO/POS WC CUS WD <22IN	1/1/2005	BY REPORT	\$0.00	
E2608		SKIN PRO/POS WC CUS WD>=22IN	1/1/2005	BY REPORT	\$0.00	
E2609		CUSTOM FABRICATE W/C CUSHION	1/1/2005	BY REPORT	\$0.00	
E2610		POWERED W/C CUSHION	1/1/2005	BY REPORT	\$0.00	
E2611		GEN USE BACK CUSH WIDTH <22IN	1/1/2005	BY REPORT	\$0.00	
E2612		GEN USE BACK CUSH WIDTH>=22IN	1/1/2005	BY REPORT	\$0.00	
E2613		POSITION BACK CUSH WD <22IN	1/1/2005	BY REPORT	\$0.00	
E2614		POSITION BACK CUSH WD>=22IN	1/1/2005	BY REPORT	\$0.00	
E2615		POS BACK POST/LAT WIDTH <22IN	1/1/2005	BY REPORT	\$0.00	
E2616		POS BACK POST/LAT WIDTH>=22IN	1/1/2005	BY REPORT	\$0.00	
E2617		CUSTOM FAB W/C BACK CUSHION	1/1/2005	BY REPORT	\$0.00	
E2618		WC ACC SOLID SEAT SUPP BASE	1/1/2005	BY REPORT	\$0.00	
E2619		REPLACE COVER W/C SEAT CUSH	1/1/2005	BY REPORT	\$0.00	
E2620		WC PLANAR BACK CUSH WD <22IN	1/1/2005	BY REPORT	\$0.00	

**Montana Medicaid - Fee Schedule  
Durable Medical Equipment**

Proc	Modifier	Description	Effective	Method	Fee	PA
E2621		WC PLANAR BACK CUSH WD>=22IN	1/1/2005	BY REPORT	\$0.00	
E8000		POSTERIOR GAIT TRAINER	1/1/2005	BY REPORT	\$0.00	
E8001		UPRIGHT GAIT TRAINER	1/1/2005	BY REPORT	\$0.00	
E8002		ANTERIOR GAIT TRAINER	1/1/2005	BY REPORT	\$0.00	
K0001		STANDARD WHEELCHAIR	7/1/1999	BY REPORT	\$0.00	
K0001	RR	STANDARD WHEELCHAIR	1/1/2003	BY REPORT	\$0.00	
K0002		STANDARD HEMI (LOW SEAT) WHEELCHAIR	11/1/1993	BY REPORT	\$0.00	
K0002	RR	STANDARD HEMI (LOW SEAT) WHEELCHAIR	1/1/2003	BY REPORT	\$0.00	
K0003		LIGHTWEIGHT WHEELCHAIR	7/2/1998	BY REPORT	\$0.00	
K0003	RR	LIGHTWEIGHT WHEELCHAIR	1/1/2003	BY REPORT	\$0.00	
K0004		HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR	11/1/1993	BY REPORT	\$0.00	
K0004	RR	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR	1/1/2003	BY REPORT	\$0.00	
K0005		ULTRALIGHTWEIGHT WHEELCHAIR	11/1/1993	BY REPORT	\$0.00	
K0005	RR	ULTRAWEIGHT WHEELCHAIR	1/1/2003	BY REPORT	\$0.00	
K0006		HEAVY DUTY WHEELCHAIR	11/1/1993	BY REPORT	\$0.00	
K0006	RR	HEAVY DUTY WHEELCHAIR	1/1/2003	BY REPORT	\$0.00	
K0007		EXTRA HEAVY DUTY WHEELCHAIR	11/1/1993	BY REPORT	\$0.00	
K0007	RR	EXTRA HEAVY DUTY WHEELCHAIR	1/1/2003	BY REPORT	\$0.00	
K0009		OTHER MANUAL WHEELCHAIR/BASE	11/1/1993	BY REPORT	\$0.00	
K0009	RR	OTHER MANUAL WHEELCHAIR/BASE	1/1/2003	BY REPORT	\$0.00	
K0010		STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	11/1/1993	BY REPORT	\$0.00	
K0010	RR	STANDARD-WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	1/1/2003	BY REPORT	\$0.00	
K0011		STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROG	11/1/1993	BY REPORT	\$0.00	
K0011	RR	STANDARD WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR W/PROG	1/1/2003	BY REPORT	\$0.00	
K0012		LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	11/1/1993	BY REPORT	\$0.00	
K0012	RR	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	1/1/2003	BY REPORT	\$0.00	
K0014		OTHER MOTORIZED/POWER WHEELCHAIR BASE	11/1/1993	BY REPORT	\$0.00	
K0014	RR	OTHER MOTORIZED/POWER WHEELCHAIR BASE	1/1/2003	BY REPORT	\$0.00	
K0015		DETACHABLE NON-ADJUSTABLE HEIGHT ARMREST EACH	11/1/1993	BY REPORT	\$0.00	
K0015	RR	DETACHABLE NON-ADJUSTABLE HEIGHT ARMREST EACH	9/1/1994	BY REPORT	\$0.00	
K0017		DETACHABLE ADJUSTABLE HEIGHT ARMREST BASE EACH	11/1/1993	BY REPORT	\$0.00	
K0017	RR	DETACHABLE ADJUSTABLE HEIGHT ARMREST BASE EACH	9/1/1994	BY REPORT	\$0.00	
K0018		DETACHABLE ADJUSTABLE HEIGHT ARMREST UPPER PORTION EACH	11/1/1993	BY REPORT	\$0.00	
K0018	RR	DETACHABLE ADJUSTABLE HEIGHT ARMREST UPPER PORTION EACH	9/1/1994	BY REPORT	\$0.00	
K0019		ARM PAD EACH	11/1/1993	BY REPORT	\$0.00	
K0019	RR	ARM PAD EACH	9/1/1994	BY REPORT	\$0.00	
K0020		FIXED ADJUSTABLE HEIGHT ARMREST PAIR	11/1/1993	BY REPORT	\$0.00	
K0020	RR	FIXED ADJUSTABLE HEIGHT ARMREST PAIR	9/1/1994	BY REPORT	\$0.00	
K0023	RR	SOLID BACK INSERT PLANAR BACK SINGLE DENSITY FOAM ATTACH	9/1/1994	BY REPORT	\$0.00	
K0024	RR	SOLID BACK INSERT PLANAR BACK SINGLE DENSITY FORM WITH AD	9/1/1994	BY REPORT	\$0.00	
K0037		HIGH MOUNT FLIP-UP FOOTREST EACH	11/1/1993	BY REPORT	\$0.00	
K0037	RR	HIGH MOUNT FLIP-UP FOOTREST EACH	9/1/1994	BY REPORT	\$0.00	

**Montana Medicaid - Fee Schedule  
Durable Medical Equipment**

Proc	Modifier	Description	Effective	Method	Fee	PA
K0038		LEG STRAP EACH	11/1/1993	BY REPORT	\$0.00	
K0038	RR	LEG STRAP EACH	9/1/1994	BY REPORT	\$0.00	
K0039		LEG STRAP H STYLE EACH	11/1/1993	BY REPORT	\$0.00	
K0039	RR	LEG STRAP H STYLE EACH	9/1/1994	BY REPORT	\$0.00	
K0040		ADJUSTABLE ANGLE FOOTPLATE EACH	11/1/1993	BY REPORT	\$0.00	
K0040	RR	ADJUSTABLE ANGLE FOOTPLATE EACH	9/1/1994	BY REPORT	\$0.00	
K0041		LARGE SIZE FOOTPLATE EACH	11/1/1993	BY REPORT	\$0.00	
K0041	RR	LARGE SIZE FOOTPLATE EACH	9/1/1994	BY REPORT	\$0.00	
K0042		STANDARD SIZE FOOTPLATE EACH	11/1/1993	BY REPORT	\$0.00	
K0042	RR	STANDARD SIZE FOOTPLATE EACH	9/1/1994	BY REPORT	\$0.00	
K0043		FOOTREST LOWER EXTENSION TUBE EACH	11/1/1993	BY REPORT	\$0.00	
K0043	RR	FOOTREST LOWER EXTENSION TUBE EACH	9/1/1994	BY REPORT	\$0.00	
K0044		FOOTREST UPPER HANGER BRACKET EACH	11/1/1993	BY REPORT	\$0.00	
K0044	RR	FOOTREST UPPER HANGER BRACKET EACH	9/1/1994	BY REPORT	\$0.00	
K0045		FOOTREST COMPLETE ASSEMBLY	11/1/1993	BY REPORT	\$0.00	
K0045	RR	FOOTREST COMPLETE ASSEMBLY	9/1/1994	BY REPORT	\$0.00	
K0046		ELEVATING LEGREST LOWER EXTENSION TUBE EACH	11/1/1993	BY REPORT	\$0.00	
K0046	RR	ELEVATING LEGREST LOWER EXTENSION TUBE EACH	9/1/1994	BY REPORT	\$0.00	
K0047		ELEVATING LEGREST UPPER HANGER BRACKET EACH	11/1/1993	BY REPORT	\$0.00	
K0047	RR	ELEVATING LEGREST UPPER HANGER BRACKET EACH	9/1/1994	BY REPORT	\$0.00	
K0050		RATCHET ASSEMBLY	11/1/1993	BY REPORT	\$0.00	
K0050	RR	RATCHET ASSEMBLY	9/1/1994	BY REPORT	\$0.00	
K0051		CAM RELEASE ASSEMBLY FOOTREST OR LEGREST EACH	11/1/1993	BY REPORT	\$0.00	
K0051	RR	CAM RELEASE ASSEMBLY FOOTREST OR LEGREST EACH	9/1/1994	BY REPORT	\$0.00	
K0052		SWINGAWAY DETACHABLE FOOTRESTS EACH	11/1/1993	BY REPORT	\$0.00	
K0052	RR	SWINGAWAY DETACHABLE FOOTRESTS EACH	9/1/1994	BY REPORT	\$0.00	
K0053		ELEVATING FOOTRESTS ARTICULATING (TELESCOPING) EACH	11/1/1993	BY REPORT	\$0.00	
K0053	RR	ELEVATING FOOTRESTS ARTICULATING (TELESCOPING) EACH	9/1/1994	BY REPORT	\$0.00	
K0056		SEAT HEIGHT < 17" OR <= 21" HIGH STRENGTH LTWT WHEELCHAIR	11/1/1993	BY REPORT	\$0.00	
K0056	RR	SEAT HEIGHT < 17" OR < OR EQUAL TO 21" FOR A HIGH STRENGTH	9/1/1994	BY REPORT	\$0.00	
K0059	RR	PLASTIC COATED HANDRIM EACH	9/1/1994	BY REPORT	\$0.00	
K0060	RR	STEEL HANDRIM EACH	9/1/1994	BY REPORT	\$0.00	
K0061	RR	ALUMINUM HANDRIM EACH	9/1/1994	BY REPORT	\$0.00	
K0065		SPOKE PROTECTORS EACH	11/1/1993	BY REPORT	\$0.00	
K0065	RR	SPOKE PROTECTORS EACH	9/1/1994	BY REPORT	\$0.00	
K0069		REAR WHEEL ASSEMBLY COMPLETE WITH SOLID TIRE SPOKES OR MO	11/1/1993	BY REPORT	\$0.00	
K0069	RR	REAR WHEEL ASSEMBLY COMPLETE WITH SOLID TIRE SPOKES OR MO	9/1/1994	BY REPORT	\$0.00	
K0070		REAR WHEEL ASSEMBLY COMPLETE WITH PNEUMATIC TIRE SPOKES O	11/1/1993	BY REPORT	\$0.00	
K0070	RR	REAR WHEEL ASSEMBLY COMPLETE WITH PNEUMATIC TIRE SPOKES	9/1/1994	BY REPORT	\$0.00	
K0071		FRONT CASTER ASSEMBLY COMPLETE WITH PNEUMATIC TIRE EACH	11/1/1993	BY REPORT	\$0.00	
K0071	RR	FRONT CASTER ASSEMBLY COMPLETE WITH PNEUMATIC TIRE EACH	9/1/1994	BY REPORT	\$0.00	
K0072		FRONT CASTER ASSEMBLY COMPLETE WITH SEMI-PNEUMATIC TIRE E	11/1/1993	BY REPORT	\$0.00	

**Montana Medicaid - Fee Schedule  
Durable Medical Equipment**

Proc	Modifier	Description	Effective	Method	Fee	PA
K0072	RR	FRONT CASTER ASSEMBLY COMPLETE WITH SEMI-PNEUMATIC TIRE	9/1/1994	BY REPORT	\$0.00	
K0073		CASTER PIN LOCK EACH	11/1/1993	BY REPORT	\$0.00	
K0073	RR	CASTER PIN LOCK EACH	9/1/1994	BY REPORT	\$0.00	
K0077		FRONT CASTER ASSEMBLY COMPLETE WITH SOLID TIRE EACH	11/1/1993	BY REPORT	\$0.00	
K0077	RR	FRONT CASTER ASSEMBLY COMPLETE WITH SOLID TIRE EACH	9/1/1994	BY REPORT	\$0.00	
K0081	RR	WHEEL LOCK ASSEMBLY COMPLETE EACH	9/1/1994	BY REPORT	\$0.00	
K0090		REAR WHEEL TIRE FOR POWER WHEELCHAIR ANY SIZE EACH	11/1/1993	BY REPORT	\$0.00	
K0090	RR	REAR WHEEL TIRE OR POWER WHEELCHAIR ANY SIZE EACH	9/1/1994	BY REPORT	\$0.00	
K0091		REAR WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR POWER WHEE	11/1/1993	BY REPORT	\$0.00	
K0091	RR	REAR WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR POWER WHEE	9/1/1994	BY REPORT	\$0.00	
K0092		REAR WHEEL ASSEMBLY FOR POWER WHEELCHAIR COMPLETE EACH	11/1/1993	BY REPORT	\$0.00	
K0092	RR	REAR WHEEL ASSEMBLY FOR POWER WHEELCHAIR COMPLETE EACH	9/1/1994	BY REPORT	\$0.00	
K0093		REAR WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR P	11/1/1993	BY REPORT	\$0.00	
K0093	RR	REAR WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR	9/1/1994	BY REPORT	\$0.00	
K0094		WHEEL TIRE FOR POWER BASE ANY SIZE EACH	11/1/1993	BY REPORT	\$0.00	
K0094	RR	WHEEL TIRE FOR POWER BASE ANY SIZE EACH	9/1/1994	BY REPORT	\$0.00	
K0095		WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR EACH BASE ANY	11/1/1993	BY REPORT	\$0.00	
K0095	RR	WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR EACH BASE ANY	9/1/1994	BY REPORT	\$0.00	
K0096		WHEEL ASSEMBLY FOR POWER BASE COMPLETE EACH	11/1/1993	BY REPORT	\$0.00	
K0096	RR	WHEEL ASSEMBLY FOR POWER BASE COMPLETE EACH	9/1/1994	BY REPORT	\$0.00	
K0097		WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR POWER B	11/1/1993	BY REPORT	\$0.00	
K0097	RR	WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR POWER	9/1/1994	BY REPORT	\$0.00	
K0098		DRIVE BELT FOR POWER WHEELCHAIR	11/1/1993	BY REPORT	\$0.00	
K0098	RR	DRIVE BELT FOR POWER WHEELCHAIR	9/1/1994	BY REPORT	\$0.00	
K0099		FRONT CASTER FOR POWER WHEELCHAIR EACH	11/1/1993	BY REPORT	\$0.00	
K0099	RR	FRONT CASTER FOR POWER WHEELCHAIR EACH	9/1/1994	BY REPORT	\$0.00	
K0105		IV HANGER EACH	11/1/1993	BY REPORT	\$0.00	
K0105	RR	IV HANGER EACH	9/1/1994	BY REPORT	\$0.00	
K0108		WHEELCHAIR COMPONENT OR ACCESSORY NOT OTHERWISE SPECIFIED	11/1/1993	BY REPORT	\$0.00	
K0108	RR	WHEELCHAIR COMPONENT OR ACCESSORY NOT OTHERWISE SPECIFIED	9/1/1994	BY REPORT	\$0.00	
K0195		ELEVATING LEG RESTS PAIR (WHEELCHAIR)	8/15/1995	BY REPORT	\$0.00	
K0195	RR	ELEVATING LEG RESTS PAIR (WHEELCHAIR)	8/15/1995	BY REPORT	\$0.00	
K0455		PUMP UNINTERRUPTED INFUSION	4/1/2003	FEE SCHED	\$2,406.50 Y	
K0455	RR	INFUSION PUMP FOR UNINTERRUPTED PARENTERAL MED ADMIN	1/1/2004	MEDICARE	\$240.65	
K0462		TEMPORARY REPLACEMENT FOR PATIENT OWNED EQUIP.BEING REPAIRED	1/1/2004	BY REPORT	\$0.00	
K0462	RR	TEMPORARY REPLACEMENT FOR PATIENT OWNED EQUIP.BEING REPAIRED	1/1/2004	BY REPORT	\$0.00	
K0552		SUPPLIES FOR EXT INFUS PUMP, SYRINGE TYPE, STERILE, EACH	1/1/2006	MEDICARE	\$2.61	
K0601		REPL BATT SILVER OXIDE 1.5V	1/1/2006	MEDICARE	\$1.10	
K0602		REPL BATT SILVER OXIDE 3 V	1/1/2006	MEDICARE	\$6.36	
K0603		REPL BATT ALKALINE 1.5 V	1/1/2006	MEDICARE	\$0.57	
K0604		REPL BATT LITHIUM 3.6 V	1/1/2006	MEDICARE	\$6.09	
K0605		REPL BATT LITHIUM 4.5 V	1/1/2006	MEDICARE	\$14.60	

## Montana Medicaid - Fee Schedule Durable Medical Equipment

Proc	Modifier	Description	Effective	Method	Fee	PA
K0606		AED GARMENT W ELEC ANALYSIS	1/1/2006	BY REPORT	\$0.00	
K0607		REPL BATT FOR AED	1/1/2006	MEDICARE	\$194.23	
K0607	RR	REPL BATT FOR AED	1/1/2006	MEDICARE	\$19.43	
K0608		REPL GARMENT FOR AED	1/1/2006	MEDICARE	\$121.21	
K0608	RR	REPL GARMENT FOR AED	1/1/2006	MEDICARE	\$12.14	
K0609		REPL ELECTRODE FOR AED	1/1/2006	MEDICARE	\$806.09	
L0100		CERVICAL CRANIOSTENOSIS HELMET MOLDED TO PATIENT MODEL	1/1/2004	MEDICARE	\$476.67	
L0110		CRANIAL ORTHOSIS/HELMET NONM	1/1/2004	MEDICARE	\$108.14	
L0112		CRANIAL CERVICAL ORTHOSIS	1/1/2004	MEDICARE	\$1,139.12 Y	
L0120		CERVICAL FLEXIBLE NON-ADJUSTABLE (FOAM COLLAR)	1/1/2004	MEDICARE	\$19.97	
L0130		CERVICAL FLEXIBLE THERMOPLASTIC COLLAR MOLDED TO PATIENT	1/1/2004	MEDICARE	\$122.81	
L0140		CERVICAL SEMI-RIGID ADJUSTABLE (PLASTIC COLLAR)	1/1/2004	MEDICARE	\$54.41	
L0150		CERVICAL SEMI-RIGID ADJUSTABLE MOLDED CHIN CUP (PLASTIC CO	1/1/2004	MEDICARE	\$81.35	
L0160		CERVICAL SEMI-RIGID WIRE FRAME OCCIPITAL/MANDIB. SUPPORT	1/1/2004	MEDICARE	\$117.90	
L0170		CERVICAL COLLAR MOLDED TO PATIENT MODEL	1/1/2004	MEDICARE	\$485.46	
L0172		CERVICAL COLLAR SEMI-RIGID THERMOPLASTIC FOAM TWO PIECE	1/1/2004	MEDICARE	\$99.28	
L0174		CERVICAL COLLAR SEMI-RIGID THERMOPLASTIC FOAM TWO PIECE	1/1/2004	MEDICARE	\$241.87	
L0180		CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIB. SUPPORTS	1/1/2004	MEDICARE	\$278.92	
L0190		CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIB. SUPPORTS	1/1/2004	MEDICARE	\$387.19	
L0200		CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIB. SUPPORTS	1/1/2004	MEDICARE	\$420.47	
L0210		THORACIC RIB BELT	1/1/2004	MEDICARE	\$33.33	
L0220		THORACIC RIB BELT CUSTOM FABRICATED	1/1/2004	MEDICARE	\$92.19	
L0450		TLSO FLEX PREFAB THORACIC	1/1/2003	MEDICARE	\$130.83	
L0452		TLSO FLEX CUSTOM FAB THORACI	1/1/2004	BY REPORT	\$0.00	
L0454		TLSO FLEX PREFAB SACROCOC-T9	1/1/2004	MEDICARE	\$282.27	
L0456		TLSO FLEX PREFAB	1/1/2004	MEDICARE	\$809.47	
L0458		TLSO 2MOD SYMPHIS-XIPHO PRE	1/1/2004	MEDICARE	\$725.85	
L0460		TLSO2MOD SYMPHYSIS-STERN PRE	1/1/2004	MEDICARE	\$817.01	
L0462		TLSO 3MOD SACRO-SCAP PRE	1/1/2004	MEDICARE	\$1,016.20 Y	
L0464		TLSO 4MOD SACRO-SCAP PRE	1/1/2004	MEDICARE	\$1,209.77 Y	
L0466		TLSO RIGID FRAME PRE SOFT AP	1/1/2003	MEDICARE	\$293.85	
L0468		TLSO RIGID FRAME PREFAB PELV	1/1/2003	MEDICARE	\$345.05	
L0470		TLSO RIGID FRAME PRE SUBCLAV	1/1/2003	MEDICARE	\$479.92	
L0472		TLSO RIGID FRAME HYPEREX PRE	1/1/2003	MEDICARE	\$304.37	
L0480		TLSO RIGID PLASTIC CUSTOM FA	1/1/2003	MEDICARE	\$1,331.96 Y	
L0482		TLSO RIGID LINED CUSTOM FAB	1/1/2003	MEDICARE	\$1,489.36 Y	
L0484		TLSO RIGID PLASTIC CUST FAB	1/1/2003	MEDICARE	\$1,607.44 Y	
L0486		TLSO RIGIDLINED CUST FAB TWO	1/1/2003	MEDICARE	\$1,628.69 Y	
L0488		TLSO RIGID LINED PRE ONE PIE	1/1/2004	MEDICARE	\$817.01 Y	
L0490		TLSO RIGID PLASTIC PRE ONE	1/1/2004	MEDICARE	\$230.20	
L0491		TLSO 2 PIECE RIGID SHELL	1/1/2006	BY REPORT	\$0.00	
L0492		TLSO 3 PIECE RIGID SHELL	1/1/2006	BY REPORT	\$0.00	

## Montana Medicaid - Fee Schedule Durable Medical Equipment

Proc	Modifier	Description	Effective	Method	Fee	PA
L0621		SIO FLEX PELVISACRAL PREFAB	1/1/2006	BY REPORT	\$0.00	
L0622		SIO FLEX PELVISACRAL CUSTOM	1/1/2006	BY REPORT	\$0.00	
L0623		SIO PANEL PREFAB	1/1/2006	BY REPORT	\$0.00	
L0624		SIO PANEL CUSTOM	1/1/2006	BY REPORT	\$0.00	
L0625		LO FLEXIBL L1-BELOW L5 PRE	1/1/2006	BY REPORT	\$0.00	
L0626		LO SAG STAYS/PANELS PRE-FAB	1/1/2006	BY REPORT	\$0.00	
L0627		LO SAGITT RIGID PANEL PREFAB	1/1/2006	BY REPORT	\$0.00	
L0628		LO FLEX W/O RIGID STAYS PRE	1/1/2006	BY REPORT	\$0.00	
L0629		LSO FLEX W/RIGID STAYS CUST	1/1/2006	BY REPORT	\$0.00	
L0630		LSO POST RIGID PANEL PRE	1/1/2006	BY REPORT	\$0.00	
L0631		LSO SAG-CORO RIGID FRAME PRE	1/1/2006	BY REPORT	\$0.00	
L0632		LSO SAG RIGID FRAME CUST	1/1/2006	BY REPORT	\$0.00	
L0633		LSO FLEXION CONTROL PREFAB	1/1/2006	BY REPORT	\$0.00	
L0634		LSO FLEXION CONTROL CUSTOM	1/1/2006	BY REPORT	\$0.00	
L0635		LSO SAGIT RIGID PANEL PREFAB	1/1/2006	BY REPORT	\$0.00	
L0636		LSO SAGITTAL RIGID PANEL CUS	1/1/2006	BY REPORT	\$0.00	Y
L0637		LSO SAG-CORONAL PANEL PREFAB	1/1/2006	BY REPORT	\$0.00	
L0638		LSO SAG-CORONAL PANEL CUSTOM	1/1/2006	BY REPORT	\$0.00	Y
L0639		LSO S/C SHELL/PANEL PREFAB	1/1/2006	BY REPORT	\$0.00	
L0640		LSO S/C SHELL/PANEL CUSTOM	1/1/2006	BY REPORT	\$0.00	
L0700		CTLSSO ANT.-POST.-LAT. CONTROL MOLDED TO PATIENT MODEL	1/1/2004	MEDICARE	\$1,539.55	Y
L0710		CTLSSO ANT.-POST.-LAT. CTRL. MOLDED TO PT. MODEL W/INTERFACE	1/1/2004	MEDICARE	\$1,796.53	Y
L0810		HALO PROCEDURE CERVICAL HALO INCORPORATED INTO JACKET VEST	1/1/2004	MEDICARE	\$2,028.51	Y
L0820		HALO PROCEDURE CERV. HALO INCORP. INTO PLASTER BODY JACKET	1/1/2004	MEDICARE	\$1,754.93	Y
L0830		HALO PROCEDURE CERV. HALO INCORP. INTO MILWAUKEE ORTHOSIS	1/1/2004	MEDICARE	\$2,360.48	Y
L0859		MRI COMPATIBLE SYSTEM	1/1/2006	MEDICARE	\$1,222.71	Y
L0861		HALO REPL LINER/INTERFACE	1/1/2004	MEDICARE	\$175.43	
L0960		TORSO SUPPORT POSTSURGICAL SUPPORT PADS FOR SUPPORT	1/1/2004	MEDICARE	\$52.00	
L0970		TLSSO CORSET FRONT	1/1/2004	MEDICARE	\$114.71	
L0972		LSO CORSET FRONT	1/1/2004	MEDICARE	\$83.33	
L0974		TLSSO FULL CORSET	1/1/2004	MEDICARE	\$134.77	
L0976		LSO FULL CORSET	1/1/2004	MEDICARE	\$152.71	
L0978		AXILLARY CRUTCH EXTENSION	1/1/2004	MEDICARE	\$144.90	
L0980		PERONEAL STRAPS PAIR	1/1/2004	MEDICARE	\$13.14	
L0982		STOCKING SUPPORTER GRIPS SET OF FOUR (4)	1/1/2004	MEDICARE	\$12.25	
L0984		PROTECTIVE BODY SOCK EACH	1/1/2004	MEDICARE	\$50.16	
L0999		ADDITION TO SPINAL ORTHOSIS NOT OTHERWISE SPECIFIED	1/1/1998	BY REPORT	\$0.00	
L1000		CTLSSO (MILWAUKEE) INCLUS. OF INITIAL ORTHOSIS INCL. MODEL	1/1/2004	MEDICARE	\$1,780.89	Y
L1005		TENSION BASED SCOLIOSIS ORTH	1/1/2004	MEDICARE	\$2,604.96	Y
L1010		ADDITION TO CTLSSO OR SCOLIOSIS ORTHOSIS AXILLA SLING	1/1/2004	MEDICARE	\$50.52	
L1020		ADDITION TO CTLSSO OR SCOLIOSIS ORTHOSIS KYPHOSIS PAD	1/1/2004	MEDICARE	\$65.06	
L1025		ADDITION TO CTLSSO OR SCOLIOSIS ORTHOSIS KYPH. PAD FLOATING	1/1/2004	MEDICARE	\$93.87	

## Montana Medicaid - Fee Schedule Durable Medical Equipment

Proc	Modifier	Description	Effective	Method	Fee	PA
L1030		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS LUMBAR BOLSTER PAD	1/1/2004	MEDICARE	\$47.89	
L1040		ADD'N TO CTLSO OR SCOLIOSIS ORTHO. LUMBAR OR LUMBAR RIB PAD	1/1/2004	MEDICARE	\$58.73	
L1050		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS STERNAL PAD	1/1/2004	MEDICARE	\$62.67	
L1060		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS THORACIC PAD	1/1/2004	MEDICARE	\$71.99	
L1070		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS TRAPEZIUS SLING	1/1/2004	MEDICARE	\$67.73	
L1080		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS OUTRIGGER	1/1/2004	MEDICARE	\$53.54	
L1085		ADD'N TO CTLSO OR SCOLIOSIS ORTHO. OUTRIGGER BILAT. W/EXTE	1/1/2004	MEDICARE	\$115.87	
L1090		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS LUMBAR SLING	1/1/2004	MEDICARE	\$74.51	
L1100		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS RING FLANGE	1/1/2004	MEDICARE	\$119.71	
L1110		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS RING FLANGE MOLDED	1/1/2004	MEDICARE	\$192.25	
L1120		ADD'N TO CTLSO SCOLIOSIS ORTHO. COVER FOR UPRIGHT EACH	1/1/2006	MEDICARE	\$32.32	
L1200		TLSO INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY	1/1/2004	MEDICARE	\$1,414.39	Y
L1210		ADDITION TO TLSO (LOW PROFILE) LATERAL THORACIC EXTENSION	1/1/2004	MEDICARE	\$262.62	
L1220		ADDITION TO TLSO (LOW PROFILE) ANTERIOR THORACIC EXTENSION	1/1/2004	MEDICARE	\$173.88	
L1230		ADDITION TO TLSO (LOW PROFILE) MILWAUKEE TYPE SUPERSTRUC.	1/1/2004	MEDICARE	\$568.77	
L1240		ADDITION TO TLSO (LOW PROFILE) LUMBAR DEROTATION PAD	1/1/2004	MEDICARE	\$58.45	
L1250		ADDITION TO TLSO (LOW PROFILE) ANTERIOR ASIS PAD	1/1/2004	MEDICARE	\$54.38	
L1260		ADDITION TO TLSO (LOW PROFILE) ANT. THOR. DEROTATION PAD	1/1/2004	MEDICARE	\$56.95	
L1270		ADDITION TO TLSO (LOW PROFILE) ABDOMINAL PAD	1/1/2004	MEDICARE	\$58.32	
L1280		ADDITION TO TLSO (LOW PROFILE) RIB GUSSET (ELASTIC) EACH	1/1/2004	MEDICARE	\$64.94	
L1290		ADDITION TO TLSO (LOW PROFILE) LATERAL TROCHANTERIC PAD	1/1/2004	MEDICARE	\$59.17	
L1300		OTHER SCOLIOSIS PROCEDURE BODY JACKET MOLDED TO PATIENT	1/1/2004	MEDICARE	\$1,562.65	Y
L1310		OTHER SCOLIOSIS PROCEDURE POSTOPERATIVE BODY JACKET	1/1/2004	MEDICARE	\$1,654.74	Y
L1499		SPINAL ORTHOSIS NOT OTHERWISE SPECIFIED	7/1/1991	BY REPORT	\$0.00	
L1500		THKAO MOBILITY FRAME (NEWINGTON PARAPODIUM TYPES)	1/1/2004	MEDICARE	\$1,566.65	Y
L1510		THKAO STANDING FRAME	7/1/1991	BY REPORT	\$0.00	
L1520		THKAO SWIVEL WALKER	7/1/1991	BY REPORT	\$0.00	
L1600		HO ABDUCTION CONTROL OF HIP JOINTS FLEX. FREJKA TYPE W/COV	1/1/2004	MEDICARE	\$99.21	
L1610		HO ABDUCTION CONTROL OF HIP JOINTS FLEX.(FREJKA COVER ONLY)	1/1/2004	MEDICARE	\$33.05	
L1620		HO ABDUCTION CONTROL OF HIP JOINTS FLEX. (PAVLIK HARNESS)	1/1/2004	MEDICARE	\$100.86	
L1630		HO ABDUCTION CONTROL OF HIP JOINTS SEMI-FLEX. (VON ROSEN)	1/1/2004	MEDICARE	\$127.56	
L1640		HO ABDUCTION CONTROL OF HIP JOINTS STATIC PELVIC	1/1/2004	MEDICARE	\$426.17	
L1650		HO ABDUCTION CONTROL OF HIP JOINTS STATIC ADJUSTABLE	1/1/2004	MEDICARE	\$196.38	
L1652		HO BI THIGHCUFFS W SPRDR BAR	1/1/2003	MEDICARE	\$290.13	
L1660		HO ABDUCTION CONTROL OF HIP JOINTS STATIC PLASTIC	1/1/2004	MEDICARE	\$128.82	
L1670		HO ABDUCTION CONTROL OF HIP JOINTS DYNAMIC ATTACHED TO	10/1/1986	BY REPORT	\$0.00	
L1680		HO ABDUCTION CONTROL OF HIP JOINTS DYNAMIC PELVIC	1/1/2004	MEDICARE	\$917.18	
L1685		HO ABDUC. CTRL. OF HIP JOINT POSTOP HIP ABDUC. CUSTOM FAB	1/1/2004	MEDICARE	\$895.39	
L1686		HO ABDUCTION CONTROL OF HIP JOINT POSTOP HIP ABDUC. TYPE	1/1/2004	MEDICARE	\$773.92	
L1690		COMBO BILAT/L-S/HIP/FEMUR ORTHOSIS ADDUC/INT ROTATION CTRL	1/1/2004	MEDICARE	\$1,573.83	Y
L1700		LEGG PERTHES ORTHOSIS (TORONTO TYPE) CUSTOM-FABRICATED	1/1/2004	MEDICARE	\$1,149.54	Y
L1710		LEGG PERTHES ORTHOSIS (NEWINGTON TYPE) CUSTOM-FABRICATED	1/1/2004	MEDICARE	\$1,345.66	Y

## Montana Medicaid - Fee Schedule Durable Medical Equipment

Proc	Modifier	Description	Effective	Method	Fee	PA
L1720		LEGG PERTHES ORTHOSIS TRILATERAL (TACHDIJAN TYPE) CUSTOM	1/1/2004	MEDICARE	\$991.92	
L1730		LEGG PERTHES ORTHOSIS (SCOTTISH RITE TYPE) CUSTOM FABRICA	1/1/2004	MEDICARE	\$853.39	
L1755		LEGG PERTHES ORTHOSIS (PATTEN BOTTOM TYPE) CUSTOM-FABRICA	1/1/2004	MEDICARE	\$1,191.80	Y
L1800		KNEE ORTHOSIS (KO) ELASTIC WITH STAYS PREFAB W/ FITTING	1/1/2004	MEDICARE	\$50.07	
L1810		KO ELASTIC WITH JOINTS PREFABRICATED INCL FITTING/ADJUST	1/1/2004	MEDICARE	\$76.00	
L1815		KO ELASTIC OR OTHER ELASTIC TYPE MAT. W/CONDYLAR PAD(S)	1/1/2004	MEDICARE	\$72.92	
L1820		KO ELAS W/ CONDYLE PADS & JO	1/1/2004	MEDICARE	\$106.74	
L1825		KO ELASTIC KNEE CAP PREFABRICATED INCL FIT AND ADJUST	1/1/2004	MEDICARE	\$41.39	
L1830		KO IMMOBILIZER CANVAS LONGITUDINAL PREFAB INCL FITTING	1/1/2004	MEDICARE	\$69.54	
L1832		KO ADJ JNT POS RIGID SUPPORT	1/1/2004	MEDICARE	\$457.65	
L1834		KO WITHOUT KNEE JOINT RIGID CUSTOM FABRICATED	1/1/2004	MEDICARE	\$617.25	
L1836		RIGID KO WO JOINTS	1/1/2003	MEDICARE	\$108.61	
L1840		KO DEROTATION MED.-LAT. AC LIGAMENT CUSTOM FABRICATED	1/1/2004	MEDICARE	\$692.14	
L1843		KO SINGLE UPRIGHT CUSTOM FIT	1/1/2004	MEDICARE	\$730.28	
L1844		KO W/ADJ JT ROT CNTRL MOLDED	1/1/2004	MEDICARE	\$1,351.18	Y
L1845		KO W/ ADJ FLEX/EXT ROTAT CUS	1/1/2004	MEDICARE	\$635.45	
L1846		KO W ADJ FLEX/EXT ROTAT MOLD	1/1/2004	MEDICARE	\$799.20	
L1847		KNEE ORTHOSIS DOUBLE UPRIGHT W/ADJ JOINT INFL. AIR CHAMBER	1/1/2004	MEDICARE	\$468.12	
L1850		KO SWEDISH TYPE PREFABRICATED INCL FITTING AND ADJUSTMNT	1/1/2004	MEDICARE	\$246.75	
L1855		KO MOLDED PLASTIC THIGH AND CALF SECTIONS CUSTOM-FAB	1/1/2004	MEDICARE	\$827.19	
L1858		KO MOLDED PLASTIC POLYCENTRIC KNEE JTS. PNEUMATIC KNEE PAD	1/1/2004	MEDICARE	\$996.41	
L1860		KO MODIF. OF SUPRACONDYLAR PROSTHETIC SOCKET CUSTOM FABR	1/1/2004	MEDICARE	\$807.75	
L1870		KO DBL.UPRIGHT THIGH & CALF LACERS CUSTOM FABRICATED	1/1/2004	MEDICARE	\$787.77	
L1880		KO DBL. UPRIGHT NON-MOLDED THIGH&CALF CUFFS/LACERS W/KNEE JT	1/1/2004	MEDICARE	\$538.49	
L1900		AFO SPRING WIRE DORSIFLEXION ASSIST CALF BAND CUSTOM FAB	1/1/2004	MEDICARE	\$221.45	
L1901		PREFAB ANKLE ORTHOSIS	1/1/2003	MEDICARE	\$14.38	
L1902		AFO ANKLE GAUNTLET PREFABRICATED INCL FIT AND ADJUST	1/1/2004	MEDICARE	\$60.09	
L1904		AFO MOLDED ANKLE GAUNTLET CUSTOM FABRICATED	1/1/2004	MEDICARE	\$353.98	
L1906		AFO MULTILIGAMENTUS ANKLE SUPPORT PREFAB INCL FIT & ADJU	1/1/2004	MEDICARE	\$120.70	
L1907		AFO SUPRAMALLEOLAR CUSTOM	1/1/2006	MEDICARE	\$457.95	
L1910		AFO POSTERIOR SINGLE BAR CLASP ATTACHMENT TO SHOE COUNTER	1/1/2004	MEDICARE	\$203.52	
L1920		AFO SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP CUSTOM	1/1/2004	MEDICARE	\$330.98	
L1930		AFO PLASTIC	1/1/2004	MEDICARE	\$194.36	
L1932		AFO RIG ANT TIB PREFAB TCF/=	1/1/2005	BY REPORT	\$0.00	
L1940		AFO MOLDED TO PATIENT MODEL PLASTIC CUSTOM FABRICATED	1/1/2004	MEDICARE	\$372.27	
L1945		AFO PLASTIC RIGID ANTERIOR TIBIAL SEC CUSTOM FABRICATED	1/1/2004	MEDICARE	\$716.99	
L1950		AFO SPIRAL MOLDED TO PT PLAS	1/1/2004	MEDICARE	\$606.62	
L1951		AFO SPIRAL PREFABRICATED	1/1/2004	MEDICARE	\$683.52	
L1960		AFO POSTERIOR SOLID ANKLE PLASTIC CUSTOM FABRICATED	1/1/2004	MEDICARE	\$417.24	
L1970		AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED	1/1/2004	MEDICARE	\$562.72	
L1980		AFO SNGL. UPRIGHT FREE PLANTAR DORSIFLEX. (SNGL BAR "BK")	1/1/2004	MEDICARE	\$297.89	
L1990		AFO DBL. UPRIGHT FREE PLANTAR DORSIFLEX. (DBL. BAR "BK")	1/1/2004	MEDICARE	\$335.54	

## Montana Medicaid - Fee Schedule Durable Medical Equipment

Proc	Modifier	Description	Effective	Method	Fee	PA
L2000		KAFO SINGLE UPRIGHT FREE KNEE/ANKLE SOLID CUSTOM FAB	1/1/2004	MEDICARE	\$791.06	
L2005		KAFO SNG/DBL MECHANICAL ACT	1/1/2005	BY REPORT	\$0.00	
L2010		KAFO SINGLE UPRIGHT FREE ANKLE SOLID W/OUT KNEE JOINT	1/1/2004	MEDICARE	\$814.36	
L2020		KAFO DOUBLE UPRIGHT FREE KNEE/ANKLE SOLID CUSTOM FAB	1/1/2004	MEDICARE	\$878.96	
L2030		KAFO DOUBLE UPRIGHT FREE ANKLE SOLID W/OUT KNEE JOINT	1/1/2004	MEDICARE	\$762.57	
L2034		KAFO PLA SIN UP W/WO K/A CUS	1/1/2006	BY REPORT	\$0.00	
L2035		KAFO PLASTIC PEDIATRIC SIZE	1/1/2004	MEDICARE	\$140.99	
L2036		KAFO PLAS DOUB FREE KNEE MOL	1/1/2004	MEDICARE	\$1,533.06 Y	
L2037		KAFO PLAS SING FREE KNEE MOL	1/1/2004	MEDICARE	\$1,253.79 Y	
L2038		KAFO W/O JOINT MULTI-AXIS AN	1/1/2004	MEDICARE	\$1,076.24 Y	
L2040		HKAFO TORSION CTRL. BILAT. ROTATION STRAPS PELVIC BAND/BELT	1/1/2004	MEDICARE	\$173.67	
L2050		HKAFO TORSION CTRL. BILAT. TORSION CABLES HIP JT. PELVIC	1/1/2004	MEDICARE	\$396.76	
L2060		HKAFO TORSION CTRL. BILAT. TORSION CABLES BALL BEAR HIP JT.	1/1/2004	MEDICARE	\$445.52	
L2070		HKAFO TORSION CTRL. UNILAT. ROTATION STRAPS PELVIC BAND/BELT	1/1/2004	MEDICARE	\$101.23	
L2080		HKAFO TORSION CTRL. UNILAT. TORSION CABLES HIP JT. PELVIC	1/1/2004	MEDICARE	\$270.75	
L2090		HKAFO TORSION CTRL. UNILAT. TORSION CABLES BALL BEAR HIP JT	1/1/2004	MEDICARE	\$366.95	
L2106		AFO FX ORTHO. TIBIAL FX CAST ORTHOSIS THERMOPLAS CUSTOM	1/1/2004	MEDICARE	\$511.81	
L2108		AFO FX ORTHOSIS TIBIAL FX CAST ORTHOSIS CUSTOM FABRICATED	1/1/2004	MEDICARE	\$915.89	
L2112		AFO FX ORTHOSIS TIBIAL FX ORTHOSIS SOFT PREFABRICATED	1/1/2004	MEDICARE	\$351.20	
L2114		AFO FX ORTHOSIS TIBIAL FX ORTHOSIS SEMI-RIGID PREFAB	1/1/2004	MEDICARE	\$440.51	
L2116		AFO FX ORTHOSIS TIBIAL FX ORTHOSIS RIGID PREFABRICATED	1/1/2004	MEDICARE	\$535.89	
L2126		KAFO FX ORTHO. FEMORAL FX CAST ORTHO. THERMOPLASTIC CUSTOM	1/1/2004	MEDICARE	\$1,012.22 Y	
L2128		KAFO FX ORTHO. FEMORAL FX CAST ORTHOSIS CUSTOM FABRICATED	1/1/2004	MEDICARE	\$1,290.77 Y	
L2132		KAFO FX ORTHOSIS FEMORAL FX CAST ORTHOSIS SOFT PREFABRIC	1/1/2004	MEDICARE	\$785.16	
L2134		KAFO FX ORTHOSIS FEMORAL FX CAST ORTHOSIS SEMI-RIGID	1/1/2004	MEDICARE	\$728.05	
L2136		KAFO FX ORTHOSIS FEMORAL FX CAST ORTHOSIS RIGID PREFABRI	1/1/2004	MEDICARE	\$1,000.59 Y	
L2180		ADD'N TO LOWER EXTREMITY FX ORTHOSIS PLASTIC SHOE INSERT	1/1/2004	MEDICARE	\$114.79	
L2182		ADD'N TO LOWER EXTREMITY FX ORTHOSIS DROP LOCK KNEE JOINT	1/1/2004	MEDICARE	\$73.46	
L2184		ADD'N TO LOWER EXTREMITY FX ORTHOSIS LMTD MOTION KNEE JOINT	1/1/2004	MEDICARE	\$102.16	
L2186		ADD'N TO LOWER EXTREMITY FX ORTHOSIS ADJUS. MOTION KNEE JT.	1/1/2004	MEDICARE	\$135.70	
L2188		ADD'N TO LOWER EXTREMITY FX ORTHOSIS QUADRILATERAL BRIM	1/1/2004	MEDICARE	\$225.44	
L2190		ADD'N TO LOWER EXTREMITY FX ORTHOSIS WAIST BELT	1/1/2004	MEDICARE	\$68.07	
L2192		ADD'N TO LOWER EXTREM. FX ORTHO. HIP JT./PELVIC BAND/THIGH	1/1/2004	MEDICARE	\$268.40	
L2200		ADD'N TO LOWER EXTREMITY LIMITED ANKLE MOTION EACH JOINT	1/1/2004	MEDICARE	\$47.72	
L2210		ADD'N TO LOWER EXTREMITY DORSIFLEXION ASSIST EACH JOINT	1/1/2004	MEDICARE	\$67.47	
L2220		ADD'N TO LOWER EXTREMITY DORSIFLEX/PLANTAR FLEX EACH JOINT	1/1/2004	MEDICARE	\$79.87	
L2230		ADD'N TO LOWER EXTREM. SPLIT FLAT CALIPER STIRRUPS/PLATE AT	1/1/2004	MEDICARE	\$63.01	
L2232		ROCKER BOTTOM CONTACT AFO	1/1/2005	BY REPORT	\$0.00	
L2240		ADD'N TO LOWER EXTREMITY ROUND CALIPER AND PLATE ATTACHMENT	1/1/2004	MEDICARE	\$62.95	
L2250		ADD'N TO LOWER EXTREMITY FOOT PLATE MOLDED STIRRUP ATTACH	1/1/2004	MEDICARE	\$316.65	
L2260		ADD'N TO LOWER EXTREMITY REINFORCED SOLID STIRRUP	1/1/2004	MEDICARE	\$172.56	
L2265		ADD'N TO LOWER EXTREMITY LONG TONGUE STIRRUP	1/1/2004	MEDICARE	\$88.65	

## Montana Medicaid - Fee Schedule Durable Medical Equipment

Proc	Modifier	Description	Effective	Method	Fee	PA
L2270		ADD'N TO LOWER EXTREMITY "T" STRAP PADDED/LINED OR MALLEOL	1/1/2004	MEDICARE	\$44.39	
L2275		ADD'N TO LOWER EXTREMITY VARUS/VALGUS CORREC. PLASTIC MODIF	1/1/2004	MEDICARE	\$112.14	
L2280		ADD'N TO LOWER EXTREMITY MOLDED INNER BOOT	1/1/2004	MEDICARE	\$340.86	
L2300		ADD'N TO LOWER EXTREMITY ABDUC. BAR JOINTED ADJUSTABLE	1/1/2004	MEDICARE	\$202.67	
L2310		ADD'N TO LOWER EXTREMITY ABDUCTION BAR STRAIGHT	1/1/2004	MEDICARE	\$100.50	
L2320		NON-MOLDED LACER	1/1/2004	MEDICARE	\$197.65	
L2330		LACER MOLDED TO PATIENT MODE	1/1/2004	MEDICARE	\$325.79	
L2335		ADD'N TO LOWER EXTREMITY ANTERIOR SWING BAND	1/1/2004	MEDICARE	\$179.44	
L2340		ADD'N TO LOWER EXTREMITY PRETIBIAL SHELL MOLDED TO PT. MOD	1/1/2004	MEDICARE	\$336.43	
L2350		ADD'N TO LOWER EXTREMITY PROSTHETIC TYPE (BK) SOCKET MOLDED	1/1/2004	MEDICARE	\$783.42	
L2360		ADD'N TO LOWER EXTREMITY EXTENDED STEEL SHANK	1/1/2004	MEDICARE	\$43.28	
L2370		ADD'N TO LOWER EXTREMITY PATTEN BOTTOM	1/1/2004	MEDICARE	\$193.24	
L2375		ADD'N TO LOWER EXTREM. TORSION CTRL. ANKLE JT.& HALF SOLID	1/1/2004	MEDICARE	\$85.05	
L2380		ADD'N TO LOWER EXTREM. TORSION CTRL. STRAIGHT KNEE JT. EA JT	1/1/2004	MEDICARE	\$123.56	
L2385		ADD'N TO LOWER EXTREM. STRAIGHT KNEE JT. HEAVY DUTY EA JT.	1/1/2004	MEDICARE	\$134.43	
L2387		ADD LE POLY KNEE CUSTOM KAFO	1/1/2006	BY REPORT	\$0.00	
L2390		ADD'N TO LOWER EXTREMITY OFFSET KNEE JOINT EACH JOINT	1/1/2004	MEDICARE	\$109.86	
L2395		ADD'N TO LOWER EXTREMITY OFFSET KNEE JT. HEAVY DUTY EA JT.	1/1/2004	MEDICARE	\$139.94	
L2397		ADD'N TO LOWER EXTREMITY ORTHOSIS SUSPENSION SLEEVE	1/1/2004	MEDICARE	\$96.95	
L2405		KNEE JOINT DROP LOCK EA JNT	1/1/2004	MEDICARE	\$70.95	
L2410		ADDITIONS TO LOWER EXTREMITY KNEE STRAIGHT KNEE JOINT CAM	2/12/1990	BY REPORT	\$0.00	
L2415		KNEE JOINT CAM LOCK EACH JOI	1/1/2004	MEDICARE	\$98.89	
L2425		ADD'N TO KNEE JT. DISC OR DIAL LOCK FOR ADJ. KNEE FLEX EA JT	1/1/2004	MEDICARE	\$116.67	
L2430		ADD'N TO KNEE JOINT RATCHET LOCK FOR KNEE EXTENSION EA. JT.	1/1/2004	MEDICARE	\$116.67	
L2492		ADD'N TO KNEE JOINT LIFT LOOP FOR DROP LOCK RING	1/1/2004	MEDICARE	\$96.12	
L2500		ADD'N TO LOWER EXTREM. THIGH/WEIGHT BEARING GLUT/ISCH RING	1/1/2004	MEDICARE	\$237.47	
L2510		ADD'N TO LOWER EXTREM. THIGH/WT. BEARING QUADRILAT BRIM MOLD	1/1/2004	MEDICARE	\$546.79	
L2520		ADD'N TO LOWER EXTREM. THIGH/WT. BEARING QUADRILAT BRIM CUST	1/1/2004	MEDICARE	\$371.14	
L2525		ADD'N TO LOWER EXTREM. THIGH/WT. BEAR ISCHIAL/NAR. BRIM MOLD	1/1/2004	MEDICARE	\$1,031.72 Y	
L2526		ADD'N TO LOWER EXTREM. THIGH/WT. BEAR ISCHIAL/NAR. BRIM CUST	1/1/2004	MEDICARE	\$667.85	
L2530		ADD'N TO LOWER EXTREM. THIGH/WT. BEARING LACER NONMOLDED	1/1/2004	MEDICARE	\$235.82	
L2540		ADD'N TO LOWER EXTREM. THIGH/WT. BEARING LACER MOLDED	1/1/2004	MEDICARE	\$361.23	
L2550		ADD'N TO LOWER EXTREM. THIGH/WT. BEARING HIGH ROLL CUFF	1/1/2004	MEDICARE	\$288.26	
L2570		ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT 2 POSITION EA.	1/1/2004	MEDICARE	\$358.55	
L2580		ADD'N TO LOWER EXTREMITY PELVIC CONTROL PELVIC SLING	1/1/2004	MEDICARE	\$456.95	
L2600		ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT FREE EACH	1/1/2004	MEDICARE	\$167.87	
L2610		ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT LOCK EACH	1/1/2004	MEDICARE	\$191.37	
L2620		ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT HEAVY-DUTY EA.	1/1/2004	MEDICARE	\$201.27	
L2622		ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT ADJUS FLEX EA.	1/1/2004	MEDICARE	\$230.84	
L2624		ADD'N TO LOWER EXTREM. PELVIC CTRL. HIP JT ADJUS F/E/A EA.	1/1/2004	MEDICARE	\$249.27	
L2627		ADD'N TO LOWER EXTREM. PELVIC CONTROL PLASTIC MOLDED	1/1/2004	MEDICARE	\$1,720.59 Y	
L2628		ADD'N TO LOWER EXTREM. PELVIC CONTROL METAL FRAME	1/1/2004	MEDICARE	\$1,681.54 Y	

## Montana Medicaid - Fee Schedule Durable Medical Equipment

Proc	Modifier	Description	Effective	Method	Fee	PA
L2630		ADD'N TO LOWER EXTREM. PELVIC CONTROL BAND AND BELT UNILAT	1/1/2004	MEDICARE	\$248.53	
L2640		ADD'N TO LOWER EXTREM. PELVIC CONTROL BAND AND BELT BILAT.	1/1/2004	MEDICARE	\$252.97	
L2650		ADD'N TO LOWER EXTREM. PELV.&THORACIC CTRL. GLUTEAL PAD EA.	1/1/2004	MEDICARE	\$90.34	
L2660		ADD'N TO LOWER EXTREM. THORACIC CONTROL THORACIC BAND	1/1/2004	MEDICARE	\$187.06	
L2670		ADD'N TO LOWER EXTREM. THORACIC CONTROL PARASPINAL UPRIGHTS	1/1/2004	MEDICARE	\$171.21	
L2680		ADD'N TO LOWER EXTREM. THORACIC CTRL. LATERAL SUPPORT UPRIG	1/1/2004	MEDICARE	\$157.06	
L2750		ADD'N TO LOWER EXTREM. ORTHO. PLATING CHROME/NICKEL PER BAR	1/1/2004	MEDICARE	\$62.92	
L2755		CARBON GRAPHITE LAMINATION	1/1/2004	MEDICARE	\$106.33	
L2760		ADD'N TO LOWER EXTREM. ORTHO. EXTENSION PER EXTEN. PER BAR	1/1/2004	MEDICARE	\$60.98	
L2768		ORTHO SIDEBAR DISCONNECT	1/1/2004	MEDICARE	\$106.04	
L2770		ADD'N TO LOWER EXTREM. ORTHO. ANY MATERIAL PER BAR OR JOINT	1/1/2004	MEDICARE	\$61.97	
L2780		ADD'N TO LOWER EXTREM. ORTHO. NONCORROSIVE FINISH PER BAR	1/1/2004	MEDICARE	\$50.94	
L2785		ADD'N TO LOWER EXTREM. ORTHOSIS DROP LOCK RETAINER EACH	1/1/2004	MEDICARE	\$23.86	
L2795		ADD'N TO LOWER EXTREM. ORTHOSIS KNEE CONTROL FULL KNEECAP	1/1/2004	MEDICARE	\$63.96	
L2800		KNEE CAP MEDIAL OR LATERAL P	1/1/2004	MEDICARE	\$88.06	
L2810		ADD'N TO LOWER EXTREM. ORTHOSIS KNEE CONTROL CONDYLAR PAD	1/1/2004	MEDICARE	\$58.79	
L2820		ADD'N TO LOWER EXTREM. ORTHO. SOFT INTER. MOLDED BELOW KNEE	1/1/2004	MEDICARE	\$87.16	
L2830		ADD'N TO LOWER EXTREM. ORTHO. SOFT INTER. MOLDED ABOVE KNEE	1/1/2004	MEDICARE	\$94.30	
L2840		ADD'N TO LOWER EXTREM. ORTHO. TIBIAL LENGTH SOCK FX OR = EA	1/1/2004	MEDICARE	\$32.89	
L2850		ADD'N TO LOWER EXTREM. ORTHO. FEM. LENGTH SOCK FX OR = EACH	1/1/2004	MEDICARE	\$59.85	
L2860		ADD'N TO LOWER EXTREM. JT./KNEE/ANKLE TORSION MECHANISM EACH	1/1/1995	BY REPORT	\$0.00	
L2999		LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED	7/1/1991	BY REPORT	\$0.00	
L3000		FOOT INSERT REMOVABLE MOLDED TO PT. MODEL "UCB" TYPE EACH	7/1/1991	BY REPORT	\$0.00	
L3001		FOOT INSERT REMOVABLE MOLDED TO PT. MODEL SPENCO EACH	7/1/1991	BY REPORT	\$0.00	
L3002		FOOT INSERT REMOVABLE MOLDED TO PT. MODEL PLASTAZOTE EAC	7/1/1991	BY REPORT	\$0.00	
L3003		FOOT INSERT REMOVABLE MOLDED TO PT. MODEL SILICONE GEL EA	7/1/1991	BY REPORT	\$0.00	
L3010		FOOT INSERT REMOVABLE MOLDED TO PT. MODEL ARCH SUPPORT EA	7/1/1991	BY REPORT	\$0.00	
L3020		FOOT INSERT REMOVABLE MOLDED TO PT. MODEL MT SUPPORT EAC	7/1/1991	BY REPORT	\$0.00	
L3030		FOOT INSERT REMOVABLE FORMED TO PATIENT FOOT EACH	7/1/1991	BY REPORT	\$0.00	
L3040		FOOT ARCH SUPPORT REMOVABLE PREMOLDED LONGITUDINAL EACH	1/1/1992	BY REPORT	\$0.00	
L3050		FOOT ARCH SUPPORT REMOVABLE PREMOLDED METATARSAL EACH	1/1/2004	BY REPORT	\$0.00	
L3060		FOOT ARCH SUPPORT REMOVABLE PREMOLDED LONGITUD./METARS. EA	1/1/1992	BY REPORT	\$0.00	
L3070		FOOT ARCH SUPPORT NONREMOVABLE ATTACHED TO SHOE LONGI. EAC	1/1/1992	BY REPORT	\$0.00	
L3080		FOOT ARCH SUPPORT NONREMOVABLE ATTACHED TO SHOE MT EACH	1/1/1992	BY REPORT	\$0.00	
L3090		FOOT ARCH SUPPORT NONREMOV. ATTACHED TO SHOE LONG/MT EAC	7/1/1991	BY REPORT	\$0.00	
L3100		HALLUS-VALGUS NIGHT DYNAMIC SPLINT	7/1/1991	BY REPORT	\$0.00	
L3140		FOOT ABDUCTION ROTATION BAR INCLUDING SHOES	7/1/1991	BY REPORT	\$0.00	
L3150		FOOT ABDUCTION ROTATION BAR WITHOUT SHOES	7/1/1991	BY REPORT	\$0.00	
L3160		FOOT ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	1/1/1995	BY REPORT	\$0.00	
L3170		FOOT PLASTIC HEEL STABILIZER	7/1/1991	BY REPORT	\$0.00	
L3201		ORTHOPEDIC SHOE OXFORD WITH SUPINATOR OR PRONATOR INFANT	1/1/2004	BY REPORT	\$0.00	
L3202		ORTHOPEDIC SHOE OXFORD WITH SUPINATOR OR PRONATOR CHILD	1/1/2004	BY REPORT	\$0.00	

**Montana Medicaid - Fee Schedule  
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Proc	Modifier	Description	Effective	Method	Fee	PA
L3203		ORTHOPEDIC SHOE OXFORD WITH SUPINATOR OR PRONATOR JUNIOR	1/1/2004	BY REPORT	\$0.00	
L3204		ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATOR INFANT	1/1/2004	BY REPORT	\$0.00	
L3206		ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATOR CHILD	1/1/2004	BY REPORT	\$0.00	
L3207		ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATOR JUNIOR	7/1/1991	BY REPORT	\$0.00	
L3208		SURGICAL BOOT EACH INFANT	7/1/1991	BY REPORT	\$0.00	
L3209		SURGICAL BOOT EACH CHILD	7/1/1991	BY REPORT	\$0.00	
L3211		SURGICAL BOOT EACH JUNIOR	7/1/1991	BY REPORT	\$0.00	
L3212		BENESCH BOOT PAIR INFANT	7/1/1991	BY REPORT	\$0.00	
L3213		BENESCH BOOT PAIR CHILD	7/1/1991	BY REPORT	\$0.00	
L3214		BENESCH BOOT PAIR JUNIOR	7/1/1991	BY REPORT	\$0.00	
L3215		ORTHOPEDIC FTWEAR LADIES OXF	1/1/2004	BY REPORT	\$0.00	
L3216		ORTHOPED LADIES SHOES DPTH I	1/1/2004	BY REPORT	\$0.00	
L3217		LADIES SHOES HIGHTOP DEPTH I	1/1/2004	BY REPORT	\$0.00	
L3224		ORTH FOOTWEAR WOMAN'S OXFORD SHOE AS INTEGRAL PART OF BRACE	1/1/2004	MEDICARE	\$46.03	
L3225		ORTH FOOTWEAR MAN'S OXFORD SHOE AS INTEGRAL PART OF BRACE	1/1/2004	MEDICARE	\$61.42	
L3230		CUSTOM SHOES DEPTH INLAY	1/1/2004	BY REPORT	\$0.00	
L3250		ORTHOPEDIC FOOTWEAR CUSTOM MOLDED SHOE EACH	7/1/1997	BY REPORT	\$0.00	
L3253		FOOT MOLDED SHOE PLASTAZOTE(OR SIMILAR) CUSTOM FITTED EACH	1/1/1992	BY REPORT	\$0.00	
L3257		ORTHOPEDIC FOOTWEAR ADDITIONAL CHARGE FOR SPLIT SIZE	4/1/1988	BY REPORT	\$0.00	
L3260		AMBULATORY SURGICAL BOOT EAC	7/1/1991	BY REPORT	\$0.00	
L3265		PLASTAZOTE SANDAL EACH	1/1/1992	BY REPORT	\$0.00	
L3300		LIFT ELEVATION HEEL TAPERED TO METATARSALS PER INCH	7/1/1991	BY REPORT	\$0.00	
L3310		LIFT ELEVATION HEEL AND SOLE NEOPRENE PER INCH	7/1/1991	BY REPORT	\$0.00	
L3320		LIFT ELEVATION HEEL AND SOLE CORK PER INCH	7/1/1991	BY REPORT	\$0.00	
L3330		LIFT ELEVATION METAL EXTENSION (SKATE)	7/1/1991	BY REPORT	\$0.00	
L3332		LIFT ELEVATION INSIDE SHOE TAPERED UP TO ONE-HALF INCH	7/1/1991	BY REPORT	\$0.00	
L3334		LIFT ELEVATION HEEL PER INCH	7/1/1991	BY REPORT	\$0.00	
L3340		HEEL WEDGE SACH	7/1/1991	BY REPORT	\$0.00	
L3350		HEEL WEDGE	7/1/1991	BY REPORT	\$0.00	
L3360		SOLE WEDGE OUTSIDE SOLE	7/1/1991	BY REPORT	\$0.00	
L3370		SOLE WEDGE BETWEEN SOLE	7/1/1991	BY REPORT	\$0.00	
L3380		CLUBFOOT WEDGE	7/1/1991	BY REPORT	\$0.00	
L3390		OUTFLARE WEDGE	7/1/1991	BY REPORT	\$0.00	
L3400		METATARSAL BAR WEDGE ROCKER	7/1/1991	BY REPORT	\$0.00	
L3410		METATARSAL BAR WEDGE BETWEEN SOLE	7/1/1991	BY REPORT	\$0.00	
L3420		FULL SOLE AND HEEL WEDGE BETWEEN SOLE	7/1/1991	BY REPORT	\$0.00	
L3430		HEEL COUNTER PLASTIC REINFORCED	7/1/1991	BY REPORT	\$0.00	
L3440		HEEL COUNTER LEATHER REINFORCED	7/1/1991	BY REPORT	\$0.00	
L3450		HEEL SACH CUSHION TYPE	7/1/1991	BY REPORT	\$0.00	
L3455		HEEL NEW LEATHER STANDARD	7/1/1991	BY REPORT	\$0.00	
L3460		HEEL NEW RUBBER STANDARD	7/1/1991	BY REPORT	\$0.00	
L3465		HEEL THOMAS WITH WEDGE	7/1/1991	BY REPORT	\$0.00	

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Proc	Modifier	Description	Effective	Method	Fee	PA
L3470		HEEL THOMAS EXTENDED TO BALL	7/1/1991	BY REPORT	\$0.00	
L3480		HEEL PAD AND DEPRESSION FOR SPUR	7/1/1991	BY REPORT	\$0.00	
L3485		HEEL PAD REMOVABLE FOR SPUR	7/1/1991	BY REPORT	\$0.00	
L3500		ORTHOPEDIC SHOE ADDITION INSOLE LEATHER	1/1/1992	BY REPORT	\$0.00	
L3510		ORTHOPEDIC SHOE ADDITION INSOLE RUBBER	1/1/1992	BY REPORT	\$0.00	
L3520		ORTHOPEDIC SHOE ADDITION INSOLE FELT COVERED WITH LEATHER	1/1/1992	BY REPORT	\$0.00	
L3530		ORTHOPEDIC SHOE ADDITION SOLE HALF	1/1/1992	BY REPORT	\$0.00	
L3540		ORTHOPEDIC SHOE ADDITION SOLE FULL	1/1/1992	BY REPORT	\$0.00	
L3550		ORTHOPEDIC SHOE ADDITION TOE TAP STANDARD	1/1/1992	BY REPORT	\$0.00	
L3560		ORTHOPEDIC SHOE ADDITION TOE TAP HORSESHOE	1/1/1992	BY REPORT	\$0.00	
L3570		ORTHOPEDIC SHOE ADDITION SPECIAL EXTENSION TO INSTEP	1/1/1992	BY REPORT	\$0.00	
L3580		ORTHOPEDIC SHOE ADDITION CONVERT INSTEP TO VELCRO CLOSURE	1/1/1992	BY REPORT	\$0.00	
L3590		ORTHOPEDIC SHOE ADDITION CONVERT FIRM TO SOFT SHOE COUNTER	1/1/1992	BY REPORT	\$0.00	
L3595		ORTHOPEDIC SHOE ADDITION MARCH BAR	1/1/1992	BY REPORT	\$0.00	
L3600		TRANSFER ORTHOSIS TO ANOTHER SHOE CALIPER PLATE EXISTING	7/1/1991	BY REPORT	\$0.00	
L3610		TRANSFER ORTHOSIS TO ANOTHER SHOE CALIPER PLATE NEW	7/1/1991	BY REPORT	\$0.00	
L3620		TRANSFER ORTHOSIS TO ANOTHER SHOE SOLID STIRRUP EXISTING	7/1/1991	BY REPORT	\$0.00	
L3630		TRANSFER ORTHOSIS TO ANOTHER SHOE SOLIC STIRRUP NEW	7/1/1991	BY REPORT	\$0.00	
L3640		TRANS. ORTHO. TO ANOTHER SHOE DENNIS BROWNE SPLINT BOTH SH	7/1/1991	BY REPORT	\$0.00	
L3649		ORTHOPEDIC SHOE MODIFICATION ADDITION OR TRANSFER NOS	7/1/1991	BY REPORT	\$0.00	
L3650		SO FIGURE EIGHT DESIGN ABDUCTION RESTRAINER PREFABRICATE	1/1/2004	MEDICARE	\$43.68	
L3651		PREFAB SHOULDER ORTHOSIS	1/1/2003	MEDICARE	\$48.78	
L3652		PREFAB DBL SHOULDER ORTHOSIS	1/1/2003	MEDICARE	\$146.99	
L3660		SO FIGURE OF 8 DESIGN ABDUCTION RESTRAINER CANVAS & WEBBING	1/1/2004	MEDICARE	\$98.81	
L3670		SO ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE) PREFAB	1/1/2004	MEDICARE	\$83.30	
L3671		SO CAP DESIGN W/O JNTS CF	1/1/2006	BY REPORT	\$0.00	
L3672		SO AIRPLANE W/O JNTS CF	1/1/2006	BY REPORT	\$0.00	
L3673		SO AIRPLANE W/JOINT CF	1/1/2006	BY REPORT	\$0.00	
L3675		SO VEST TYPE ABDUCTION RESTRAINER CANVAS WEBBING TYPE	1/1/2004	MEDICARE	\$129.98	
L3677		SO HARD PLASTIC STABILIZER	1/1/2002	BY REPORT	\$0.00	
L3700		EO ELASTIC WITH STAYS PREFABRICATED INCL FIT AND ADJUST	1/1/2004	MEDICARE	\$51.42	
L3701		PREFAB ELBOW ORTHOSIS	1/1/2003	MEDICARE	\$15.09	
L3702		EO W/O JOINTS CF	1/1/2006	BY REPORT	\$0.00	
L3710		EO ELASTIC WITH METAL JOINTS PREFABRICATED	1/1/2004	MEDICARE	\$91.06	
L3720		EO DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS FREE MOTION CUSTM	1/1/2004	MEDICARE	\$481.80	
L3730		EO DBL. UPRIGHT W/ FOREARM/ARM CUFFS EXT./FLEX ASSIST	1/1/2004	MEDICARE	\$664.02	
L3740		EO DBL. UPRIGHT W/ FOREARM/ARM CUFFS ADJUSTABLE POS. LOCK	1/1/2004	MEDICARE	\$787.25	
L3760		ELBOW ORTHOSIS ADJUSTABLE POSITIONLOCKING JOINT PREFABRI	1/1/2004	MEDICARE	\$370.42	
L3762		RIGID EO WO JOINTS	1/1/2003	MEDICARE	\$79.64	
L3763		EWHO RIGID W/O JNTS CF	1/1/2006	BY REPORT	\$0.00	
L3764		EWHO W/JOINT(S) CF	1/1/2006	BY REPORT	\$0.00	
L3765		EWHFO RIGID W/O JNTS CF	1/1/2006	BY REPORT	\$0.00	

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Proc	Modifier	Description	Effective	Method	Fee	PA
L3766		EWHFO W/JOINT(S) CF	1/1/2006	BY REPORT	\$0.00	
L3800		WHFO SHORT OPPONENS NO ATTACHMENT CUSTOM FABRICATED	1/1/2004	MEDICARE	\$196.39	
L3805		WHFO LONG OPPONENS NO ATTACHMENT CUSTOM FABRICATED	1/1/2004	MEDICARE	\$278.39	
L3807		WHFO WITHOUT JOINT(S) PREFABRICATED INCL FIT AND ADJUST	1/1/2004	MEDICARE	\$185.19	
L3810		WHFO ADD'N TO SHORT & LONG OPPONENS THUMB ABDUC. ("C") BAR	1/1/2004	MEDICARE	\$63.65	
L3815		WHFO ADD'N TO SHORT & LONG OPPONENS 2ND M.P. ABDUC. ASSIST	1/1/2004	MEDICARE	\$59.09	
L3820		WHFO ADD'N TO SHORT & LONG OPPON. IP EXT.ASSIST W/ MP STOP	1/1/2004	MEDICARE	\$101.49	
L3825		WHFO ADD'N TO SHORT & LONG OPPONENS M.P. EXTENSION STOP	1/1/2004	MEDICARE	\$63.65	
L3830		WHFO ADD'N TO SHORT & LONG OPPONENS M.P. EXTENSION ASSIST	1/1/2004	MEDICARE	\$76.33	
L3835		WHFO ADD'N TO SHORT & LONG OPPONENS M.P. SPRING EXT. ASSIS	1/1/2004	MEDICARE	\$75.73	
L3840		WHFO ADD'N TO SHORT & LONG OPPONENS SPRING SWIVEL THUMB	1/1/2004	MEDICARE	\$57.12	
L3845		WHFO ADD'N TO SHORT & LONG OPPON. THUMB IP EXT ASSIST W/MP	1/1/2004	MEDICARE	\$79.03	
L3850		WHO ADD'N TO SHORT & LONG OPPON. ACTION WRIST W/ DORSIFLEX	1/1/2004	MEDICARE	\$98.47	
L3855		WHFO ADD'N TO SHORT & LONG OPPON. ADJ. M.P. FLEXION CTRL.	1/1/2004	MEDICARE	\$108.45	
L3860		WHFO ADD'N TO SHORT & LONG OPPON. ADJ. M.P. FLEX CTRL & I.P.	1/1/2004	MEDICARE	\$139.17	
L3890		ADD'N TO UPPER EXTREM. JT./WRIST/ELBOW TORSION MECHANISM EAC	1/1/1995	BY REPORT	\$0.00	
L3900		WHFO DYNAMIC FLEXOR HINGE WRIST OR FINGER DRIVEN CUSTOM	1/1/2004	MEDICARE	\$953.14	
L3901		WHFO DYNAMIC FLEXOR HINGE CABLE DRIVEN CUSTOM FABRICATED	1/1/2004	MEDICARE	\$1,516.68 Y	
L3902		WHFO EXT POWER COMPRESS GAS	7/1/1991	BY REPORT	\$0.00	
L3904		WHFO EXTERNAL POWERED ELECTRIC CUSTOM FABRICATED	1/1/2004	MEDICARE	\$2,876.16 Y	
L3905		WHO W/NONTORSION JNT(S) CF	1/1/2006	BY REPORT	\$0.00	
L3906		WHO W/O JOINTS CF	1/1/2004	MEDICARE	\$301.25	
L3907		WHFO WRIST GAUNTLET WITH THUMB SPICA CUSTOM FABRICATED	1/1/2004	MEDICARE	\$374.18	
L3908		WHO WRIST EXTENSION CONTROL COCK-UP NON MOLDED PREFABRIC	1/1/2004	MEDICARE	\$44.14	
L3909		PREFAB WRIST ORTHOSIS	1/1/2003	MEDICARE	\$10.48	
L3910		WHFO SWANSON DESIGN PREFABRICATED INCL FIT AND ADJUST	1/1/2004	MEDICARE	\$326.31	
L3911		PREFAB HAND FINGER ORTHOSIS	1/1/2003	BY REPORT	\$0.00	
L3912		HFO FLEXION GLOVE WITH ELASTIC FINGER CONTROL PREFABRICATE	1/1/2004	MEDICARE	\$69.86	
L3913		HFO W/O JOINTS CF	1/1/2006	BY REPORT	\$0.00	
L3914		WHO WRIST EXTENSION COCK-UP PREFABRICATED INCL FIT & ADJS	1/1/2004	MEDICARE	\$63.14	
L3916		WHFO WRIST EXTENSION COCK-UP WITH OUTRIGGER PREFABRICATED	1/1/2004	MEDICARE	\$93.55	
L3917		PREFAB METACARPL FX ORTHOSIS	1/1/2004	MEDICARE	\$78.23	
L3918		HFO KNUCKLE BENDER PREFABRICATED INCL FITTING & ADJUSTMNT	1/1/2004	MEDICARE	\$57.73	
L3919		HO W/O JOINTS CF	1/1/2006	BY REPORT	\$0.00	
L3920		HFO KNUCKLE BENDER WITH OUTRIGGER PREFABRICATED	1/1/2004	MEDICARE	\$72.14	
L3921		HFO W/JOINT(S) CF	1/1/2006	BY REPORT	\$0.00	
L3922		HFO KNUCKLE BENDER TWO SEGMENT TO FLEX JOINTS PREFABRICAT	1/1/2004	MEDICARE	\$72.03	
L3923		HFO W/O JOINTS PF	1/1/2004	MEDICARE	\$28.82	
L3924		WHFO OPPENHEIMER PREFABRICATED INCLUDES FIT AND ADJUST	1/1/2004	MEDICARE	\$78.54	
L3926		WHFO THOMAS SUSPENSION PREFABRICATED INCL FIT AND ADJUST	1/1/2004	MEDICARE	\$68.38	
L3928		HFO FINGER EXTENSION WITH CLOCK SPRING PREFABRICATED	1/1/2004	MEDICARE	\$42.87	
L3930		WHFO FINGER EXTENSION WITH WRIST SUPPORT PREFABRICATED	1/1/2004	MEDICARE	\$45.32	

## Montana Medicaid - Fee Schedule Durable Medical Equipment

Proc	Modifier	Description	Effective	Method	Fee	PA
L3932		FO SAFETY PIN SPRING WIRE PREFABRICATED INCL FIT & ADJUS	1/1/2004	MEDICARE	\$34.62	
L3933		FO W/O JOINTS CF	1/1/2006	BY REPORT	\$0.00	
L3934		FO SAFETY PIN MODIFIED PREFABRICATED INCL FIT & ADJUST	1/1/2004	MEDICARE	\$35.49	
L3935		FO NONTORSION JOINT CF	1/1/2006	BY REPORT	\$0.00	
L3936		WHFO PALMER PREFABRICATED INCLUDES FITTING AND ADJUSTMENT	1/1/2004	MEDICARE	\$65.61	
L3938		WHFO DORSAL WRIST PREFABRICATED INCLUDES FIT AND ADJUST	1/1/2004	MEDICARE	\$68.71	
L3940		WHFO DORSAL WRIST WITH OUTRIGGER ATTACHMENT PREFABRICATED	1/1/2004	MEDICARE	\$79.19	
L3942		HFO REVERSE KNUCKLE BENDER PREFABRICATED INCL FIT & ADJUST	1/1/2004	MEDICARE	\$58.72	
L3944		HFO REVERSE KNUCKLE BENDER WITH OUTRIGGER PREFABRICATED	1/1/2004	MEDICARE	\$72.34	
L3946		HFO COMPOSITE ELASTIC PREFABRICATED INCL FIT AND ADJUST	1/1/2004	MEDICARE	\$65.28	
L3948		FO FINGER KNUCKLE BENDER PREFABRICATED INCL FIT & ADJUST	1/1/2004	MEDICARE	\$40.59	
L3950		WHFO COMBO OPPENHEIMER W/ KNUCKLE BENDER AND 2 ATTACHMENTS	1/1/2004	MEDICARE	\$110.46	
L3952		WHFO COMBO OPPENHEIMER W/ REVERSE KNUCKLE AND 2 ATTACHMENT	1/1/2004	MEDICARE	\$122.60	
L3954		HFO SPREADING HAND PREFABRICATED INCL FITTING & ADJUSTMNT	1/1/2004	MEDICARE	\$81.35	
L3956		ADD'N JOINT TO UPPER EXTREM. ORTHOSIS ANY MATERIAL; PER JT.	1/1/2004	BY REPORT	\$0.00	
L3960		SEWHO ABDUCTION POSITIONING AIRPLANE DESIGN PREFABRICATED	1/1/2004	MEDICARE	\$541.35	
L3961		SEWHO CAP DESIGN W/O JNTS CF	1/1/2006	BY REPORT	\$0.00	
L3962		SEWHO ABDUCTION POSITIONING ERBS PALSEY DESIGN PREFABRIC	1/1/2004	MEDICARE	\$528.51	
L3964		SEO MOBILE ARM SUPPORT ATTACHED TO WC BALANCED ADJUSTABLE	1/1/2004	MEDICARE	\$607.22	
L3965		SEO MOBILE ARM SUPPORT ATTACHED TO WC BALANCED RANCHO TYP	1/1/2004	MEDICARE	\$991.11	
L3966		SEO MOBILE ARM SUPPORT ATTACHED TO WC BALANCED RECLINING	1/1/2004	MEDICARE	\$676.28	
L3967		SEWHO AIRPLANE W/O JNTS CF	1/1/2006	BY REPORT	\$0.00	
L3968		SEO MOBILE ARM SUPPORT ATTACHED TO WC BALANCED FRICTION	1/1/2004	MEDICARE	\$845.74	
L3969		SEO MOBILE ARM SUPPORT MONOSUSPENSION/OVERHEAD SUPPORT	1/1/2004	MEDICARE	\$660.74	
L3970		SEO ADD'N TO MOBILE ARM SUPPORT ELEVATING PROXIMAL ARM	1/1/2004	MEDICARE	\$224.66	
L3971		SEWHO CAP DESIGN W/JNT(S) CF	1/1/2006	BY REPORT	\$0.00	
L3972		SEO ADD'N TO MOBILE ARM SUPPORT OFFSET OR LAT. ROCKER ARM	1/1/2004	MEDICARE	\$142.86	
L3973		SEWHO AIRPLANE W/JNT(S) CF	1/1/2006	BY REPORT	\$0.00	
L3974		SEO ADD'N TO MOBILE ARM SUPPORT SUPINATOR	1/1/2004	MEDICARE	\$121.17	
L3975		SEWHFO CAP DESIGN W/O JNT CF	1/1/2006	BY REPORT	\$0.00	
L3976		SEWHFO AIRPLANE W/O JNTS CF	1/1/2006	BY REPORT	\$0.00	
L3977		SEWHFO CAP DESGN W/JNT(S) CF	1/1/2006	BY REPORT	\$0.00	
L3978		SEWHFO AIRPLANE W/JNT(S) CF	1/1/2006	BY REPORT	\$0.00	
L3980		UPPER EXTREMITY FX ORTHOSIS HUMERAL PREFABRICATED	1/1/2004	MEDICARE	\$227.72	
L3982		UPPER EXTREMITY FX ORTHOSIS RADIUS/ULNAR PREFABRICATED	1/1/2004	MEDICARE	\$281.56	
L3984		UPPER EXTREMITY FX ORTHOSIS WRIST PREFABRICATED	1/1/2004	MEDICARE	\$291.33	
L3985		UPPER EXTREMITY FX ORTHOSIS FOREARM HAND WITH WRIST HINGE	1/1/2004	MEDICARE	\$430.53	
L3986		UPPER EXTREMITY FX ORTHOSIS COMBO HUMERAL/RADIUS/ULNAR WRIST	1/1/2004	MEDICARE	\$412.88	
L3995		ADD'N TO UPPER EXTREM. ORTHOSIS SOCK FX OR EQUAL EACH	1/1/2004	MEDICARE	\$24.09	
L3999		UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED	7/1/1991	BY REPORT	\$0.00	
L4000		REPL GIRDLE MILWAUKEE ORTH	1/1/2004	MEDICARE	\$1,088.52 Y	
L4002		REPLACE STRAP ANY ORTHOSIS	1/1/2005	BY REPORT	\$0.00	

**Montana Medicaid - Fee Schedule  
Durable Medical Equipment**

Proc	Modifier	Description	Effective	Method	Fee	PA
L4010		REPLACE TRILATERAL SOCKET BRIM	1/1/2004	MEDICARE	\$547.63	
L4020		REPLACE QUADRILATERAL SOCKET BRIM MOLDED TO PATIENT MODEL	1/1/2004	MEDICARE	\$648.37	
L4030		REPLACE QUADRILATERAL SOCKET BRIM CUSTOM FITTED	1/1/2004	MEDICARE	\$380.05	
L4040		REPLACE MOLDED THIGH LACER	1/1/2004	MEDICARE	\$320.76	
L4045		REPLACE NON-MOLDED THIGH LAC	1/1/2004	MEDICARE	\$297.21	
L4050		REPLACE MOLDED CALF LACER	1/1/2004	MEDICARE	\$310.77	
L4055		REPLACE NON-MOLDED CALF LACE	1/1/2004	MEDICARE	\$201.23	
L4060		REPLACE HIGH ROLL CUFF	1/1/2004	MEDICARE	\$318.97	
L4070		REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO	1/1/2004	MEDICARE	\$211.85	
L4080		REPLACE METAL BANDS KAFO PROXIMAL THIGH	1/1/2004	MEDICARE	\$76.14	
L4090		REPLACE METAL BANDS KAFO-AFO CALF OR DISTAL THIGH	1/1/2004	MEDICARE	\$67.98	
L4100		REPLACE LEATHER CUFF KAFO PROXIMAL THIGH	1/1/2004	MEDICARE	\$78.51	
L4110		REPLACE LEATHER CUFF KAFO-AFO CALF OR DISTAL THIGH	1/1/2004	MEDICARE	\$64.68	
L4130		REPLACE PRETIBIAL SHELL	1/1/2004	MEDICARE	\$429.20	
L4205		REPAIR OF ORTHOTIC DEVICE LABOR COMPONENT PER 15 MINUTES	8/1/1997	BY REPORT	\$0.00	
L4210		REPAIR OF ORTHOTIC DEVICE REPAIR OR REPLACE MINOR PARTS	1/1/2004	BY REPORT	\$0.00	
L4350		ANKLE CONTROL ORTHOSI PREFAB	1/1/2004	MEDICARE	\$67.29	
L4360		PNEUMATI WALKING BOOT PREFAB	1/1/2004	MEDICARE	\$224.92	
L4370		PNEUMATIC FULL LEG SPLINT	1/1/2004	MEDICARE	\$155.89	
L4380		PNEUMATIC KNEE SPLINT	1/1/2004	MEDICARE	\$80.85	
L4386		NON-PNEUM WALK BOOT PREFAB	1/1/2003	MEDICARE	\$129.03	
L4392		REPLACEMENT SOFT INTERFACE MATERIAL STATIC AFO	1/1/2004	MEDICARE	\$18.80	
L4394		REPLACE SOFT INTERFACE MATERIAL FOOT DROP SPLINT	1/1/2004	MEDICARE	\$13.73	
L4396		STATIC AFO	1/1/2004	MEDICARE	\$134.12	
L4398		FOOT DROP SPLINT RECUMBENT POSITIONING DEVICE PREFABRICATE	1/1/2004	MEDICARE	\$61.75	
L5000		PARTIAL FOOT SHOE INSERT WITH LONGITUDINAL ARCH TOE FILLER	1/1/2004	MEDICARE	\$405.20	
L5010		PARTIAL FOOT MOLDED SOCKET ANKLE HEIGHT WITH TOE FILLER	1/1/2004	MEDICARE	\$1,071.10 Y	
L5020		PARTIAL FOOT MOLDED SOCKET TIBIAL TUBERCLE HT. W/ TOE FILL	1/1/2004	MEDICARE	\$1,879.29 Y	
L5050		ANKLE SYMES MOLDED SOCKET SACH FOOT	1/1/2004	MEDICARE	\$1,996.60 Y	
L5060		ANKLE SYMES METAL FRAME MOLDED LEATHER SOCKET	1/1/2004	MEDICARE	\$2,706.20 Y	
L5100		BELOW KNEE MOLDED SOCKET SHIN SACH FOOT	1/1/2004	MEDICARE	\$1,863.90 Y	
L5105		BELOW KNEE PLASTIC SOCKET JOINTS & THIGH LACER SACH FOOT	1/1/2004	MEDICARE	\$3,056.24 Y	
L5150		KNEE DISARTIC. MOLDED SOCKET SACH FOOT	1/1/2004	MEDICARE	\$3,119.35 Y	
L5160		KNEE DISARTIC. MOLDED SOCKET BENT KNEE CONFIGURATION SACH	1/1/2004	MEDICARE	\$3,435.23 Y	
L5200		ABOVE KNEE MOLDED SOCK. SNGL. AXIS CONSTANT FRICTION SACH	1/1/2004	MEDICARE	\$2,649.28 Y	
L5210		ABOVE KNEE SHORT PROS. NO KNEE JT. W/FOOT BLOCKS EACH	1/1/2004	MEDICARE	\$2,097.58 Y	
L5220		ABOVE KNEE SHORT PROS. NO KNEE JT. W/ARTIC. ANKLE/FOOT EACH	1/1/2004	MEDICARE	\$2,416.93 Y	
L5230		ABOVE KNEE FOR PROX. FEMRAL FOCAL DEF CONSTANT FRIC. SACH	1/1/2004	MEDICARE	\$4,067.77 Y	
L5250		HIP DISARTICULATION CANADIAN TYPE; MOLDED SOCKET SNGL. AXIS	1/1/2004	MEDICARE	\$5,226.73 Y	
L5270		HIP DISARTICULATION TILT TABLE TYPE; MOLDED SOCK. SNGL AXIS	1/1/2004	MEDICARE	\$4,767.76 Y	
L5280		HEMIPELVECTOMY CANADIAN TYPE;	1/1/2004	MEDICARE	\$5,415.77 Y	
L5301		BK MOLD SOCKET SACH FT ENDO	1/1/2004	MEDICARE	\$1,856.52 Y	

## Montana Medicaid - Fee Schedule Durable Medical Equipment

Proc	Modifier	Description	Effective	Method	Fee	PA
L5311		KNEE DISART SACH FT ENDO	1/1/2004	MEDICARE	\$2,924.83 Y	
L5321		AK OPEN END SACH	1/1/2004	MEDICARE	\$2,635.83 Y	
L5331		HIP DISART CANADIAN SACH FT	1/1/2004	MEDICARE	\$4,492.88 Y	
L5341		HEMIPELVECTOMY CANADIAN SACH	1/1/2004	MEDICARE	\$4,864.85 Y	
L5400		IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. BELOW KNEE	1/1/2004	MEDICARE	\$984.22	
L5410		IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. BK EA. ADD'L	1/1/2004	MEDICARE	\$335.08	
L5420		IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. "AK" OR KNEE	1/1/2004	MEDICARE	\$1,370.96 Y	
L5430		IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. AK EA. ADD'L	1/1/2004	MEDICARE	\$403.56	
L5450		IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. NONWEIGHT BK	1/1/2004	MEDICARE	\$392.92	
L5460		IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. NONWEIGHT AK	1/1/2004	MEDICARE	\$460.20	
L5500		INITIAL BELOW KNEE "PTB" TYPE SOCKET	1/1/2004	MEDICARE	\$1,356.84 Y	
L5505		INITIAL ABOVE KNEE - KNEE DISARTIC. ISCHIAL LEVEL SOCKET	1/1/2004	MEDICARE	\$1,579.40 Y	
L5510		PREP. BELOW KNEE "PTB" TYPE SOCKET PLASTER SOCKET MOLDED	1/1/2004	MEDICARE	\$1,351.90 Y	
L5520		PREPARATORY BELOW KNEE "PTB" TYPE SOCKET DIRECT FORMED	1/1/2004	MEDICARE	\$1,153.27 Y	
L5530		PREP. BELOW KNEE "PTB" TYPE SOCKET THERMOPLASTIC MOLDED	1/1/2004	MEDICARE	\$1,517.73 Y	
L5535		PREP. BELOW KNEE "PTB" TYPE SOCKET PREFABRICATED ADJUSTABL	1/1/2004	MEDICARE	\$1,359.98 Y	
L5540		PREP. BELOW KNEE "PTB" TYPE SOCKET LAMINATED SOCK. MOLDED	1/1/2004	MEDICARE	\$1,629.06 Y	
L5560		PREP. ABOVE KNEE - PLASTER SOCKET MOLDED TO MODEL	1/1/2004	MEDICARE	\$1,904.51 Y	
L5570		PREP. ABOVE KNEE - THERMOPLASTIC OR EQUAL DIRECT FORMED	1/1/2004	MEDICARE	\$2,061.03 Y	
L5580		PREP. ABOVE KNEE - THERMOPLASTIC OR EQUAL MOLDED TO MODEL	1/1/2004	MEDICARE	\$2,315.01 Y	
L5585		PREP. ABOVE KNEE - PREFABRICATED ADJUSTABLE OPEN END SOCKET	1/1/2004	MEDICARE	\$2,321.09 Y	
L5590		PREP. ABOVE KNEE - LAMINATED SOCKET MOLDED TO MODEL	1/1/2004	MEDICARE	\$2,462.14 Y	
L5595		PREP. HIP DISARTIC. - HEMIPELVECTOMY THERMOPLASTIC MOLDED	1/1/2004	MEDICARE	\$3,229.13 Y	
L5600		PREP. HIP DISARTIC. - HEMIPELVECTOMY LAMINATED SOCK. MOLDED	1/1/2006	MEDICARE	\$3,565.92 Y	
L5610		ADD'N TO LOWER EXTREMITY ENDOSKEL ABOVE KNEE HYDRACADENCE	1/1/2004	MEDICARE	\$2,150.23 Y	
L5611		ADD'N TO LOWER EXTREM. ENDOSKEL. AK 4-BAR W/FRICTION CTRL.	1/1/2004	MEDICARE	\$1,722.82 Y	
L5612		ADDITIONS TO LOWER EXTREMITY ABOVE KNEE POLYCADENCE	2/12/1990	BY REPORT	\$0.00	
L5613		ADD'N TO LOWER EXTREM. ENDOSKEL. AK 4-BAR W/HYDRAUL. CTRL.	1/1/2004	MEDICARE	\$2,463.90 Y	
L5614		ADD'N TO LOWER EXTREM. ENDOSKEL. AK 4-BAR W/PNEUMATIC CTRL	1/1/2004	MEDICARE	\$1,376.08 Y	
L5616		ADD'N TO LOWER EXTREM. ENDOSKEL. AK UNIVERS. FRICTION CTRL	1/1/2004	MEDICARE	\$1,430.19 Y	
L5617		ADD'N TO LOWER EXTREM. QUICK CHANGE SELF-ALIGN AK OR BK EA	1/1/2004	MEDICARE	\$454.84	
L5618		ADDITION TO LOWER EXTREMITY TEST SOCKET SYMES	1/1/2004	MEDICARE	\$225.54	
L5620		ADDITION TO LOWER EXTREMITY TEST SOCKET BELOW KNEE	1/1/2004	MEDICARE	\$222.96	
L5622		ADD'N TO LOWER EXTREMITY TEST SOCKET KNEE DISARTICULATION	1/1/2004	MEDICARE	\$290.73	
L5624		ADDITION TO LOWER EXTREMITY TEST SOCKET ABOVE KNEE	1/1/2004	MEDICARE	\$292.46	
L5626		ADD'N TO LOWER EXTREMITY TEST SOCKET HIP DISARTICULATION	1/1/2004	MEDICARE	\$382.37	
L5628		ADDITION TO LOWER EXTREMITY TEST SOCKET HEMIPELVECTOMY	1/1/2004	MEDICARE	\$387.21	
L5629		ADDITION TO LOWER EXTREMITY BELOW KNEE ACRYLIC SOCKET	1/1/2004	MEDICARE	\$254.87	
L5630		ADD'N TO LOWER EXTREMITY SYMES TYPE EXPANDABLE WALL SOCKET	1/1/2004	MEDICARE	\$393.05	
L5631		ADD'N TO LOWER EXTREMITY AK OR KNEE DISARTIC. ACRYLIC SOCK	1/1/2004	MEDICARE	\$352.37	
L5632		ADD'N TO LOWER EXTREM. SYMES TYPE "PTB" BRIM DESIGN SOCKET	1/1/2004	MEDICARE	\$218.92	
L5634		ADD'N TO LOWER EXTREM. SYMES TYPE POSTERIOR OPENINGSOCKET	1/1/2004	MEDICARE	\$325.26	

## Montana Medicaid - Fee Schedule Durable Medical Equipment

Proc	Modifier	Description	Effective	Method	Fee	PA
L5636		ADD'N TO LOWER EXTREMITY SYMES TYPE MEDIAL OPENING SOCKET	1/1/2004	MEDICARE	\$272.46	
L5637		ADDITION TO LOWER EXTREMITY BELOW KNEE TOTAL CONTACT	1/1/2004	MEDICARE	\$231.68	
L5638		ADDITION TO LOWER EXTREMITY BELOW KNEE LEATHER SOCKET	1/1/2004	MEDICARE	\$520.39	
L5639		ADDITION TO LOWER EXTREMITY BELOW KNEE WOOD SOCKET	1/1/2004	MEDICARE	\$1,198.87	Y
L5640		ADD'N TO LOWER EXTREMITY KNEE DISARTIC. LEATHER SOCKET	1/1/2004	MEDICARE	\$683.74	
L5642		ADDITION TO LOWER EXTREMITY ABOVE KNEE LEATHER SOCKET	1/1/2004	MEDICARE	\$662.50	
L5643		ADD'N TO LOWER EXTREM. HIP DISARTIC. FLEX. INNER/EXT FRAME	1/1/2004	MEDICARE	\$1,664.29	Y
L5644		ADDITION TO LOWER EXTREMITY ABOVE KNEE WOOD SOCKET	1/1/2004	MEDICARE	\$631.57	
L5645		ADD'N TO LOWER EXTREM. BELOW KNEE FLEX. INNER / EXT. FRAME	1/1/2004	MEDICARE	\$853.18	
L5646		BELOW KNEE CUSHION SOCKET	1/1/2004	MEDICARE	\$569.14	
L5647		ADDITION TO LOWER EXTREMITY BELOW KNEE SUCTION SOCKET	1/1/2004	MEDICARE	\$778.90	
L5648		ABOVE KNEE CUSHION SOCKET	1/1/2004	MEDICARE	\$703.99	
L5649		ADD'N TO LOWER EXTREM. ISCHIAL CONTAINMENT/NARROW M-L SOCK	1/1/2004	MEDICARE	\$1,700.16	Y
L5650		ADD'N TO LOWER EXTREM. TOTAL CONTACT AK OR KNEE DISARTIC.	1/1/2004	MEDICARE	\$522.01	
L5651		ADD'N TO LOWER EXTREM. ABOVE KNEE FLEX. INNER / EXT. FRAME	1/1/2004	MEDICARE	\$1,284.13	Y
L5652		ADD'N TO LOWER EXTREM. SUCTION SUSPENSION AK OR KNEE DISAR	1/1/2004	MEDICARE	\$466.19	
L5653		ADD'N TO LOWER EXTREMITY KNEE DISARTICULATION EXP. WALL	1/1/2004	MEDICARE	\$622.32	
L5654		ADD'N TO LOWER EXTREM. SOCKET INSERT SYMES	1/1/2004	MEDICARE	\$267.39	
L5655		ADD'N TO LOWER EXTREMITY SOCKET INSERT BELOW KNEE	1/1/2004	MEDICARE	\$212.72	
L5656		ADD'N TO LOWER EXTREM. SOCKET INSERT KNEE DISARTICULION	1/1/2004	MEDICARE	\$306.99	
L5658		ADD'N TO LOWER EXTREM. SOCKET INSERT ABOVE KNEE	1/1/2004	MEDICARE	\$334.24	
L5661		ADD'N TO LOWER EXTREM. SOCKET INSERT MULTIDUROMETER SYMES	1/1/2004	MEDICARE	\$488.03	
L5665		ADD'N TO LOWER EXTREM. SOCKET INSERT MULTIDUROMETER BK	1/1/2004	MEDICARE	\$410.63	
L5666		ADDITION TO LOWER EXTREMITY BELOW KNEE CUFF SUSPENSION	1/1/2004	MEDICARE	\$56.14	
L5668		ADD'N TO LOWER EXTREMITY BELOW KNEE MOLDED DISTAL CUSHION	1/1/2004	MEDICARE	\$80.98	
L5670		ADD'N TO LOWER EXTREM. BELOW KNEE MOLDED SUPRACONDYLAR SUS	1/1/2004	MEDICARE	\$290.15	
L5671		BK/AK LOCKING MECHANISM	1/1/2004	MEDICARE	\$531.87	
L5672		ADD'N TO LOWER EXTREM. BELOW KNEE REMOV. MEDIAL BRIM SUSPE	1/1/2004	MEDICARE	\$318.85	
L5673		SOCKET INSERT W LOCK MECH	1/1/2004	MEDICARE	\$607.63	
L5676		ADD'N TO LOWER EXTREM. BELOW KNEE KNEE JTS. SINGLE AXIS PR	1/1/2004	MEDICARE	\$259.41	
L5677		ADD'N TO LOWER EXTREM. BELOW KNEE KNEE JTS. POLYCENTRIC PR	1/1/2004	MEDICARE	\$395.42	
L5678		ADD'N TO LOWER EXTREM. BELOW KNEE JOINT COVERS PAIR	1/1/2004	MEDICARE	\$41.45	
L5679		SOCKET INSERT W/O LOCK MECH	1/1/2004	MEDICARE	\$506.34	
L5680		ADD'N TO LOWER EXTREM. BELOW KNEE THIGH LACER NONMOLDED	1/1/2004	MEDICARE	\$298.01	
L5681		INTL CUSTM CONG/LATYP INSERT	1/1/2004	MEDICARE	\$1,074.81	Y
L5682		ADD'N TO LOWER EXTREM. BK THIGH LACER GLUTEAL/ISCHIAL MOLD	1/1/2004	MEDICARE	\$501.55	
L5683		INITIAL CUSTOM SOCKET INSERT	1/1/2004	MEDICARE	\$1,074.81	Y
L5684		ADD'N TO LOWER EXTREM. BELOW KNEE FORK STRAP	1/1/2004	MEDICARE	\$39.35	
L5685		BELOW KNEE SUS/SEAL SLEEVE	1/1/2005	BY REPORT	\$0.00	
L5686		ADD'N TO LOWER EXTREM. BELOW KNEE BACK CHECK (EXT. CTRL.)	1/1/2004	MEDICARE	\$48.40	
L5688		ADD'N TO LOWER EXTREM. BELOW KNEE WAIST BELT WEBBING	1/1/2004	MEDICARE	\$48.99	
L5690		ADD'N TO LOWER EXTREM. BELOW KNEE WAIST BELT PADDED/LINED	1/1/2004	MEDICARE	\$78.47	

## Montana Medicaid - Fee Schedule Durable Medical Equipment

Proc	Modifier	Description	Effective	Method	Fee	PA
L5692		ADD'N TO LOWER EXTREM. ABOVE KNEE PELVIC CONTROL BELT LIGHT	1/1/2004	MEDICARE	\$110.27	
L5694		ADD'N TO LOWER EXTREM. ABOVE KNEE PELVIC CTRL. PADDED/LINED	1/1/2004	MEDICARE	\$162.20	
L5695		ADD'N TO LOWER EXTREM. AK PELVIC CTRL. SLEEVESUSP. EACH	1/1/2004	MEDICARE	\$159.00	
L5696		ADD'N TO LOWER EXTREM. AK OR KNEE DISARTIC. PELVIC JOINT	1/1/2004	MEDICARE	\$148.38	
L5697		ADD'N TO LOWER EXTREM. AK OR KNEE DISARTIC. PELVIC BAND	1/1/2004	MEDICARE	\$70.14	
L5698		ADD'N TO LOWER EXTREM. AK OR KNEE DISARTIC. SILESIA BNDG.	1/1/2004	MEDICARE	\$83.65	
L5699		ALL LOWER EXTREMITY PROSTHESES SHOULDER HARNESS	1/1/2004	MEDICARE	\$149.53	
L5700		REPLACEMENT SOCKET BELOW KNEE MOLDED TO PATIENT MODEL	1/1/2004	MEDICARE	\$2,275.69	Y
L5701		REPLACEMENT SOCKET AK/KNEE DISARTIC. INCL ATTACHMENT MOLDED	1/1/2004	MEDICARE	\$3,037.37	Y
L5702		REPLACEMENT SOCKET HIP DISARTIC. INC. HIP JOINT MOLDED	1/1/2004	MEDICARE	\$4,186.39	Y
L5703		SYMES ANKLE W/O (SACH) FOOT	1/1/2006	BY REPORT	\$0.00	
L5704		CUSTOM SHAPE COVER BK	1/1/2004	MEDICARE	\$474.89	
L5705		REPLACEMENT CUSTOM SHAPED PROTECTIVE COVER ABOVE KNEE	1/1/2004	MEDICARE	\$806.34	
L5706		CUSTOM SHAPE CVR KNEE DISART	1/1/2004	MEDICARE	\$795.61	
L5707		REPLACEMENT CUSTOM SHAPED PROTECTIVE COVER HIP DISARTIC.	1/1/2004	MEDICARE	\$1,097.71	Y
L5710		ADD'N EXOSKELETAL KNEE-SHIN SYSTEM SNGL. AXIS MANUAL LOCK	1/1/2004	MEDICARE	\$340.35	
L5711		ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS MANUAL LOCK U/L	1/1/2004	MEDICARE	\$418.76	
L5712		ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FRICTION SWING	1/1/2004	MEDICARE	\$345.57	
L5714		ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS VARIAB FRICTI	1/1/2004	MEDICARE	\$407.04	
L5716		ADD'N EXOSKELETAL KNEE-SHIN SYS. POLYCENTRIC MECHAN. LOCK	1/1/2004	MEDICARE	\$779.34	
L5718		ADD'N EXOSKELETAL KNEE-SHIN SYS. POLYCENTRIC FRICT. SWING	1/1/2004	MEDICARE	\$974.09	
L5722		ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS PNEUMATIC SWI	1/1/2004	MEDICARE	\$805.52	
L5724		ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FLUID SWING	1/1/2004	MEDICARE	\$1,265.21	Y
L5726		ADD'N EXOSKEL. KNEE-SHIN SYS. SNGL. AXIS EXT. JTS. FLUID	1/1/2004	MEDICARE	\$1,395.08	Y
L5728		ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FLUID SWING	1/1/2004	MEDICARE	\$2,297.07	Y
L5780		ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS PNEUMAT./HYDR	1/1/2004	MEDICARE	\$921.72	
L5781		LOWER LIMB PROS VACUUM PUMP	1/1/2003	MEDICARE	\$3,262.85	Y
L5782		HD LOW LIMB PROS VACUUM PUMP	1/1/2003	BY REPORT	\$0.00	
L5785		ADD'N EXOSKELETAL SYSTEM BELOW KNEE ULTRA-LIGHT MATERIAL	1/1/2004	MEDICARE	\$416.66	
L5790		ADD'N EXOSKELETAL SYSTEM ABOVE KNEE ULTRA-LIGHT MATERIAL	1/1/2004	MEDICARE	\$576.63	
L5795		ADD'N EXOSKELETAL SYSTEM HIP DISARTIC. ULTRA-LIGHT MATERI	1/1/2004	MEDICARE	\$861.07	
L5810		ADD'N ENDOSKELETAL KNEE-SHIN SYSTEM SNGL. AXIS MANUAL LOCK	1/1/2004	MEDICARE	\$433.49	
L5811		ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS MANUAL LOCK U/L	1/1/2004	MEDICARE	\$757.59	
L5812		ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FRICTION SWING	1/1/2004	MEDICARE	\$557.68	
L5814		ADD'N ENDOSKELETAL KNEE-SHIN SYS. POLYCENTRIC HYDRAULIC	1/1/2004	MEDICARE	\$3,028.56	Y
L5816		ADD'N ENDOSKELETAL KNEE-SHIN SYS. POLYCENTRIC MECHAN. LOCK	1/1/2004	MEDICARE	\$909.37	
L5818		ADD'N ENDOSKELETAL KNEE-SHIN SYS. POLYCENTRIC FRICT. SWING	1/1/2004	MEDICARE	\$1,026.87	Y
L5822		ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS PNEUMATIC SWI	1/1/2004	MEDICARE	\$1,510.47	Y
L5824		ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FLUID SWING	1/1/2004	MEDICARE	\$1,639.82	Y
L5826		ADD'N ENDOSKEL. KNEE-SHIN SYS. SNGL. AXIS HYDRAULIC HIGH	1/1/2004	MEDICARE	\$2,546.65	Y
L5828		ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FLUID SWING	1/1/2004	MEDICARE	\$2,546.67	Y
L5830		ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS PNEUMATIC SWI	1/1/2004	MEDICARE	\$1,521.76	Y

## Montana Medicaid - Fee Schedule Durable Medical Equipment

Proc	Modifier	Description	Effective	Method	Fee	PA
L5840		ADD'N ENDOSKELETAL KNEE-SHIN SYS. 4-BAR OR MULTIAXIAL PNEU	1/1/2004	MEDICARE	\$3,129.72	Y
L5845		ADD'N ENDOSKELETAL KNEE-SHIN SYS. STANCE FLEXION ADJUSTABL	1/1/2004	MEDICARE	\$1,461.62	Y
L5848		KNEE-SHIN SYS HYDRAUL STANCE	1/1/2003	MEDICARE	\$876.88	
L5850		ADD'N ENDOSKELETAL SYSTEM AK OR HIP DISARTIC. EXT. ASSIST	1/1/2004	MEDICARE	\$136.79	
L5855		ADD'N ENDOSKELETAL SYS. HIP DISARTIC. MECHAN. HIP EXT. ASSI	1/1/2004	MEDICARE	\$328.34	
L5856		ELEC KNEE-SHIN SWING/STANCE	1/1/2005	BY REPORT	\$0.00	
L5857		ELEC KNEE-SHIN SWING ONLY	1/1/2005	BY REPORT	\$0.00	
L5858		STANCE PHASE ONLY	1/1/2006	BY REPORT	\$0.00	Y
L5910		ADDITION ENDOSKELETAL SYSTEM BELOW KNEE ALIGNABLE SYSTEM	1/1/2004	MEDICARE	\$387.27	
L5920		ADD'N ENDOSKELETAL SYSTEM AK OR HIP DISARTIC. ALIGNABLE	1/1/2004	MEDICARE	\$563.46	
L5925		ADD'N ENDOSKELETAL SYSTEM ABOVE KNEE OR HIP DISARTIC. MAN.	1/1/2004	MEDICARE	\$359.29	
L5930		ADD'N ENDOSKELETAL SYSTEM HIGH ACTIVITY KNEE CONTROL FRAME	1/1/2004	MEDICARE	\$2,736.23	Y
L5940		ADD'N ENDOSKELETAL SYSTEM BELOW KNEE ULTRA-LIGHT MATERIAL	1/1/2004	MEDICARE	\$536.37	
L5950		ADD'N ENDOSKELETAL SYSTEM ABOVE KNEE ULTRA-LIGHT MATERIAL	1/1/2004	MEDICARE	\$648.28	
L5960		ADD'N ENDOSKELETAL SYSTEM HIP DISARTIC. ULTRA-LIGHT MATERI	1/1/2004	MEDICARE	\$773.13	
L5962		ADD'N ENDOSKELETAL SYSTEM BK FLEX. PROTEC OUTER SURF COVER	1/1/2004	MEDICARE	\$600.53	
L5964		ADD'N ENDOSKELETAL SYSTEM AK FLEX. PROTEC OUTER SURF COVER	1/1/2004	MEDICARE	\$848.66	
L5966		ADD'N ENDOSKELETAL SYSTEM HIP DISAR. PRTEC OUTER SURF COV	1/1/2004	MEDICARE	\$1,079.19	Y
L5968		ADD'N TO LOWER LIMB PROSTHESIS MULTIAXIAL ANKLE W/SWING	1/1/2004	MEDICARE	\$2,963.35	Y
L5970		ALL LOWER EXTREM. PROS. FOOT EXTERNAL KEEL SACH FOOT	1/1/2004	MEDICARE	\$182.09	
L5971		SACH FOOT REPLACEMENT	1/1/2006	BY REPORT	\$0.00	
L5972		ALL LOWER EXTREM. PROS. FLEXIBLE KEEL FOOT	1/1/2004	MEDICARE	\$353.08	
L5974		ALL LOWER EXTREM. PROS. FOOT SINGLE AXIS ANKLE/FOOT	1/1/2004	MEDICARE	\$189.49	
L5975		ALL LOWER EXTREM. PROS. COMBO SNGL. AXIS ANKLE/FLEX KEEL FT	1/1/2004	MEDICARE	\$378.06	
L5976		ALL LOWER EXTREM. PROS. ENERGY STORING FOOT	1/1/2004	MEDICARE	\$484.92	
L5978		ALL LOWER EXTREM. PROS. FOOT MULTIAXIAL ANKLE/FOOT	1/1/2004	MEDICARE	\$234.04	
L5979		ALL LOWER EXTREM. PROS. MULTIAXIAL ANKLE/DYNAMIC RESPFOOT	1/1/2004	MEDICARE	\$2,215.06	Y
L5980		ALL LOWER EXTREM. PROS. FLEX FOOT SYSTEM	1/1/2004	MEDICARE	\$3,964.62	Y
L5981		ALL LOWER EXTREM. PROS. FLEX-WALK SYSTEM OR EQUAL	1/1/2004	MEDICARE	\$2,590.78	Y
L5982		ALL LOWER EXTREM. PROS. AXIAL ROTATION UNIT	1/1/2004	MEDICARE	\$618.17	
L5984		ENDOSKELETAL AXIAL ROTATION	1/1/2004	MEDICARE	\$483.74	
L5985		ALL LOWER EXTREM. PROS. DYNAMIC PROSTHETIC PYLON	1/1/2004	MEDICARE	\$229.55	
L5986		ALL LOWER EXTREM. PROS. MULTIAXIAL ROTATION UNIT	1/1/2004	MEDICARE	\$677.59	
L5987		ALL LOWER EXTREM. PROS. SHANK FOOT SYSTEM W/VERT. LOAD PYLON	1/1/2004	MEDICARE	\$5,866.29	Y
L5988		ADD'N TO LOWER LIMB PROSTHESIS VERTICAL SHOCK REDUCING PYLO	1/1/2004	MEDICARE	\$1,629.03	Y
L5990		USER ADJUSTABLE HEEL HEIGHT	1/1/2004	MEDICARE	\$1,479.43	Y
L5995		LOWER EXT PROS HEAVYDUTY FEA	1/1/2003	BY REPORT	\$0.00	
L5999		LOWER EXTREMITY PROSTHESIS NOT OTHERWISE SPECIFIED	7/1/1991	BY REPORT	\$0.00	
L6000		PARTIAL HAND ROBIN-AIDS THUMB REMAINING (OR EQUAL)	1/1/2004	MEDICARE	\$1,065.57	Y
L6010		PARTIAL HAND ROBIN-AIDS LITTLE &/OR RING FINGER REMAINING	1/1/2004	MEDICARE	\$1,262.47	Y
L6020		PARTIAL HAND ROBIN-AIDS NO FINGER REMAINING (OR EQUAL)	1/1/2004	MEDICARE	\$1,123.90	Y
L6025		PART HAND DISART MYOELECTRIC	1/1/2003	MEDICARE	\$6,525.70	Y

## Montana Medicaid - Fee Schedule Durable Medical Equipment

Proc	Modifier	Description	Effective	Method	Fee	PA
L6050		WRIST DISARTIC. MOLDED SOCK. FLEX. ELBOW HINGES TRICEPS PA	1/1/2004	MEDICARE	\$1,639.44 Y	
L6055		WRIST DISARTIC. MOLDED SOCK. W/ EXPANDABLE INTERFACE	1/1/2004	MEDICARE	\$2,269.76 Y	
L6100		BELOW ELBOW MOLDED SOCKET FLEX. ELBOW HINGE TRICEPS PAD	1/1/2004	MEDICARE	\$1,622.72 Y	
L6110		BELOW ELBOW MOLDED SOCKET (MUENSTER OR NW SUSPENSION TYPE)	1/1/2004	MEDICARE	\$1,674.72 Y	
L6120		BELOW ELBOW MOLDED DOUBLE WALL SPLIT SOCKET STEP-UP HINGES	1/1/2004	MEDICARE	\$2,102.67 Y	
L6130		BELOW ELBOW MOLDED DBL. WALL SPLIT SOCK. STUMP ACTIV. HINGE	1/1/2004	MEDICARE	\$2,268.54 Y	
L6200		ELBOW DISARTIC. MOLDED SOCK. OUTSIDE LOCKING HINGE FOREARM	1/1/2004	MEDICARE	\$2,445.40 Y	
L6205		ELBOW DISARTIC. MOLDED SOCK. EXP. INTFACE LOCKING FOREARM	1/1/2004	MEDICARE	\$2,995.04 Y	
L6250		ABOVE ELBOW MOLDED DBL. WALL SOCK. INT.LOCK ELBOW FOREARM	1/1/2004	MEDICARE	\$2,177.27 Y	
L6300		SHOULDER DISARTIC. MOLDED SOCK. SHLDR BULKHEAD HUMERAL	1/1/2004	MEDICARE	\$3,192.55 Y	
L6310		SHOULDER DISARTIC. PASSIVE RESTORATION(COMPLETE PROSTHESIS)	1/1/2004	MEDICARE	\$2,433.65 Y	
L6320		SHOULDER DISARTIC. PASSIVE RESTORATION (SHOULDER CAP ONLY)	1/1/2004	MEDICARE	\$1,461.09 Y	
L6350		INTERSCAP. THORACIC MOLDED SOCKET SHOULDER BULKHEADHUMER	1/1/2004	MEDICARE	\$3,668.26 Y	
L6360		INTERSCAP. THORACIC PASSIVE RESTORATION(COMPLETE PROSTHESIS)	1/1/2004	MEDICARE	\$2,554.41 Y	
L6370		INTERSCAP. THORACIC PASSIVE RESTORATION (SHOULDER CAP ONLY)	1/1/2004	MEDICARE	\$1,628.86 Y	
L6380		IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. WRIST OR BE	1/1/2004	MEDICARE	\$933.85	
L6382		IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. ELBOW OR AE	1/1/2004	MEDICARE	\$1,269.27 Y	
L6384		IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. SHLDR. OR I/T	1/1/2004	MEDICARE	\$1,760.10 Y	
L6386		IMMED. POSTSURG. OR EARLY FIT EA ADD'L CAST CHANGE/REALIGNM	1/1/2004	MEDICARE	\$322.06	
L6388		IMMED. POSTSURG. OR EARLY FIT APPLIC. RIGID DRESSING ONLY	1/1/2004	MEDICARE	\$405.46	
L6400		BELOW ELBOW MOLDED SOCK. ENDOSKEL SYS. INC. TISSUE SHAPING	1/1/2004	MEDICARE	\$2,481.18 Y	
L6450		ELBOW DISARTIC MOLDED SOCK. ENDOSKEL INC. SOFT TISSUE SHAP	1/1/2004	MEDICARE	\$3,296.72 Y	
L6500		ABOVE ELBOW MOLDED SOCK. ENDOSKEL SYS. INC. TISSUE SHAPING	1/1/2004	MEDICARE	\$3,241.94 Y	
L6550		SHLDR. DISARTIC MOLDED SOCK. ENDOSKEL INC. SOFT TISSUE SHAP	1/1/2004	MEDICARE	\$4,055.02 Y	
L6570		INTERSCAPULAR THORACIC MOLDED SOCKET ENDOSKELETAL SYSTEM	1/1/2004	MEDICARE	\$4,219.19 Y	
L6580		PREPARATORY WRIST DISARTICULATION OR BELOW ELBOW SINGLE WA	1/1/2006	MEDICARE	\$1,508.58 Y	
L6582		PREPARATORY WRIST DISARTICULATION OR BELOW ELBOW SINGLE WA	1/1/2004	MEDICARE	\$1,471.67 Y	
L6584		PREPARATORY ELBOW DISARTICULATION OR ABOVE ELBOW SINGLE WA	1/1/2006	MEDICARE	\$1,641.47 Y	
L6586		PREPARATORY ELBOW DISARTICULATION OR ABOVE ELBOW SINGLE WA	1/1/2004	MEDICARE	\$1,707.87 Y	
L6588		PREPARATORY SHOULDER DISARTICULATION OR INTERSCAPULAR THORA	1/1/2004	MEDICARE	\$2,266.78 Y	
L6590		PREPARATORY SHOULDER DISARTICULATION OR INTERSCAPULAR THORA	1/1/2004	MEDICARE	\$2,273.45 Y	
L6600		UPPER EXTREMITY ADDITIONS POLYCENTRIC HINGE PAIR	1/1/2004	MEDICARE	\$150.43	
L6605		UPPER EXTREMITY ADDITIONS SINGLE PIVOT HINGE PAIR	1/1/2004	MEDICARE	\$148.53	
L6610		UPPER EXTREMITY ADDITIONS FLEXIBLE METAL HINGE PAIR	1/1/2004	MEDICARE	\$135.93	
L6615		UPPER EXTREMITY ADDITIONS DISCONNECT LOCKING WRIST UNIT	1/1/2004	MEDICARE	\$156.57	
L6616		UPPER EXTREMITY ADDITION ADDITIONAL DISCONNECT INSERT FOR L	1/1/2004	MEDICARE	\$52.02	
L6620		FLEXION/EXTENSION WRIST UNIT	1/1/2004	MEDICARE	\$272.84	
L6621		FLEX/EXT WRIST W/WO FRICTION	1/1/2006	BY REPORT	\$0.00	
L6623		UPPER EXTREMITY ADDITION SPRING ASSISTED ROTATIONAL WRIST	1/1/2004	MEDICARE	\$514.43	
L6625		UPPER EXTREMITY ADDITIONS ROTATION WRIST UNIT WITH CABLE	1/1/2004	MEDICARE	\$426.53	
L6628		UPPER EXTREMITY ADDITION QUICK DISCONNECT HOOK ADAPTER OT	1/1/2004	MEDICARE	\$512.24	
L6629		UPPER EXTREMITY ADDITION QUICK DISCONNECT LAMINATION COLLA	1/1/2004	MEDICARE	\$147.01	

## Montana Medicaid - Fee Schedule Durable Medical Equipment

Proc	Modifier	Description	Effective	Method	Fee	PA
L6630		UPPER EXTREMITY ADDITIONS STAINLESS STEEL ANY WRIST	1/1/2004	MEDICARE	\$172.84	
L6632		UPPER EXTREMITY ADDITION LATEX SUSPENSION SLEEVE EACH	1/1/2004	MEDICARE	\$69.47	
L6635		UPPER EXTREMITY ADDITIONS LIFT ASSIST FOR ELBOW	1/1/2004	MEDICARE	\$166.13	
L6637		UPPER EXTREMITY ADDITION NUDGE CONTROL ELBOW LOCK	1/1/2004	MEDICARE	\$294.47	
L6638		ELEC LOCK ON MANUAL PW ELBOW	1/1/2003	MEDICARE	\$2,039.28	Y
L6640		UPPER EXTREMITY ADDITIONS SHOULDER ABDUCTION JOINT PAIR	1/1/2004	MEDICARE	\$235.23	
L6641		UPPER EXTREMITY ADDITION EXCURSION AMPLIFIER PULLEY TYPE	1/1/2004	MEDICARE	\$129.47	
L6642		UPPER EXTREMITY ADDITION EXCURSION AMPLIFIER LEVER TYPE	1/1/2004	MEDICARE	\$174.38	
L6645		UPPER EXTREMITY ADDITIONS SHOULDER FLEXION-ABDUCTION	1/1/2004	MEDICARE	\$256.01	
L6646		MULTIPO LOCKING SHOULDER JNT	1/1/2003	MEDICARE	\$2,571.99	Y
L6647		SHOULDER LOCK ACTUATOR	1/1/2003	MEDICARE	\$423.47	
L6648		EXT PWRD SHLDER LOCK/UNLOCK	1/1/2003	MEDICARE	\$2,652.65	Y
L6650		UPPER EXTREMITY ADDITIONS SHOULDER UNIVERSAL JOINT EACH	1/1/2004	MEDICARE	\$271.46	
L6655		UPPER EXTREMITY ADDITIONS STANDARD CONTROL CABLE EXTRA	1/1/2004	MEDICARE	\$60.24	
L6660		UPPER EXTREMITY ADDITIONS HEAVY DUTY CONTROL CABLE	1/1/2004	MEDICARE	\$75.40	
L6665		UPPER EXTREMITY ADDITIONS TEFLON OR EQUAL CABLE LINING	1/1/2004	MEDICARE	\$36.94	
L6670		UPPER EXTREMITY ADDITIONS HOOK TO HAND CABLE ADAPTER	1/1/2004	MEDICARE	\$38.46	
L6672		UPPER EXTREMITY ADDITIONS HARNESS CHEST OR	1/1/2004	MEDICARE	\$162.18	
L6675		HARNESS FIGURE OF 8 SING CON	1/1/2004	MEDICARE	\$96.31	
L6676		HARNESS FIGURE OF 8 DUAL CON	1/1/2004	MEDICARE	\$113.54	
L6677		UE TRIPLE CONTROL HARNESS	1/1/2006	BY REPORT	\$0.00	
L6680		UPPER EXTREMITY ADDITIONS TEST SOCKET WRIST DISARTICULAT-	1/1/2004	MEDICARE	\$197.07	
L6682		UPPER EXTREMITY ADDITIONS TEST SOCKET ELBOW DISARTICULAT-	1/1/2004	MEDICARE	\$214.81	
L6684		UPPER EXTREMITY ADDITIONS TEST SOCKET SHOULDER DIS-	1/1/2004	MEDICARE	\$305.36	
L6686		UPPER EXTREMITY ADDITION SUCTION SOCKET	1/1/2004	MEDICARE	\$473.45	
L6687		UPPER EXTREMITY FRAME TYPE SOCKET BELOW ELBOW	1/1/2004	MEDICARE	\$616.78	
L6688		UPPER EXTREMITY FRAME TYPE SOCKET ABOVE ELBOW	1/1/2004	MEDICARE	\$424.84	
L6689		UPPER EXTREMITY ADDITION FRAME TYPE SOCKET SHOULDER DISAR	1/1/2004	MEDICARE	\$720.49	
L6690		UPPER EXTREMITY ADDITION FRAME TYPE SOCKET INTERSCAPULAR-	1/1/2004	MEDICARE	\$551.44	
L6691		UPPER EXTREMITY ADDITION REMOVABLE INSERT EACH	1/1/2004	MEDICARE	\$276.83	
L6692		UPPER EXTREMITY ADDITION SILICONE GEL INSERT OR EQUAL EACH	1/1/2004	MEDICARE	\$561.14	
L6693		UPPER EXTREM ADD'N EXT LOCKING ELBOW/FOREARM COUNTERBALANCE	1/1/2004	MEDICARE	\$2,315.12	Y
L6694		ELBOW SOCKET INS USE W/LOCK	1/1/2005	BY REPORT	\$0.00	
L6695		ELBOW SOCKET INS USE W/O LCK	1/1/2005	BY REPORT	\$0.00	
L6696		CUS ELBO SKT IN FOR CON/ATYP	1/1/2005	BY REPORT	\$0.00	
L6697		CUS ELBO SKT IN NOT CON/ATYP	1/1/2005	BY REPORT	\$0.00	
L6698		BELOW/ABOVE ELBOW LOCK MECH	1/1/2005	BY REPORT	\$0.00	
L6700		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #3	1/1/2004	MEDICARE	\$554.68	
L6705		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #5	1/1/2004	MEDICARE	\$291.43	
L6710		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #5X	1/1/2004	MEDICARE	\$350.50	
L6715		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #5XA	1/1/2004	MEDICARE	\$366.58	
L6720		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #6	1/1/2004	MEDICARE	\$912.22	

**Montana Medicaid - Fee Schedule  
Durable Medical Equipment**

Proc	Modifier	Description	Effective	Method	Fee	PA
L6725		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #7	1/1/2004	MEDICARE	\$427.46	
L6730		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #7LO	1/1/2004	MEDICARE	\$574.33	
L6735		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #8	1/1/2004	MEDICARE	\$311.37	
L6740		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #8X	1/1/2004	MEDICARE	\$415.40	
L6745		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #88X	1/1/2004	MEDICARE	\$380.08	
L6750		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #10P	1/1/2004	MEDICARE	\$366.32	
L6755		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #10X	1/1/2004	MEDICARE	\$354.01	
L6765		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #12P	1/1/2004	MEDICARE	\$345.15	
L6770		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #99X	1/1/2004	MEDICARE	\$357.91	
L6775		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #555	1/1/2004	MEDICARE	\$402.07	
L6780		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #SS555	1/1/2004	MEDICARE	\$417.92	
L6790		TERMINAL DEVICES HOOKS-ACCU HOOK OR EQUAL	1/1/2004	MEDICARE	\$374.91	
L6795		TERMINAL DEVICES HOOKS-2 LOAD OR EQUAL	1/1/2004	MEDICARE	\$1,019.66	Y
L6800		TERMINAL DEVICES HOOKS-APRL VC OR EQUAL	1/1/2004	MEDICARE	\$1,001.53	Y
L6805		TERMINAL DEVICE MODIFIER WRIST FLEXION UNIT	1/1/2004	MEDICARE	\$285.58	
L6806		TERMINAL DEVICE HOOK TRS GRIP VC	1/1/2004	MEDICARE	\$1,318.88	Y
L6807		TERMINAL DEVICE HOOK TRS ADEPT CHILD VC	1/1/2004	MEDICARE	\$1,056.79	Y
L6808		TERMINAL DEVICE HOOK TRS ADEPT INFANT VC	1/1/2004	MEDICARE	\$1,007.25	Y
L6809		TERMINAL DEVICE HOOK TRS SUPER SPORT PASSIVE	1/1/2004	MEDICARE	\$390.46	
L6810		TERMINAL DEVICE PINCHER TOOL OTTO BOCK OR EQUAL	1/1/2004	MEDICARE	\$176.56	
L6825		TERMINAL DEVICES HANDS DORRANCE VO	1/1/2004	MEDICARE	\$933.55	
L6830		TERMINAL DEVICES HANDS APRL VC	1/1/2004	MEDICARE	\$1,448.02	Y
L6835		TERMINAL DEVICES HANDS SIERRA VO	1/1/2004	MEDICARE	\$1,247.64	Y
L6840		TERMINAL DEVICES HANDS BECKER IMPERIAL	1/1/2004	MEDICARE	\$824.00	
L6845		TERMINAL DEVICES HANDS BECKER LOCK GRIP	1/1/2004	MEDICARE	\$686.67	
L6850		TERMINAL DEVICES HANDS BECKER PLYLITE	1/1/2004	MEDICARE	\$625.02	
L6855		TERMINAL DEVICES HANDS ROBIN-AIDS VO	1/1/2004	MEDICARE	\$837.37	
L6860		TERMINAL DEVICES HANDS ROBIN-AIDS VO SOFT	1/1/2004	MEDICARE	\$710.68	
L6865		TERMINAL DEVICES HANDS PASSIVE HAND	1/1/2004	MEDICARE	\$297.02	
L6867		TERMINAL DEVICE HAND DETROIT INFANT HAND (MECHANICAL)	1/1/2004	MEDICARE	\$770.47	
L6868		TERMINAL DEVICE HAND PASSIVE INFANT HAND ( STEEPER HOSME	1/1/2004	MEDICARE	\$192.27	
L6869		TERMINAL DEVICE HAND PASSIVE INFANT HAND HOSMER OR EQUAL	4/1/1988	BY REPORT	\$0.00	
L6870		TERMINAL DEVICES HANDS CHILD MITT	1/1/2004	MEDICARE	\$231.91	
L6872		TERMINAL DEVICE HAND NYU CHILD HAND	1/1/2004	MEDICARE	\$935.77	
L6873		TERMINAL DEVICE HAND MECHANICAL INFANT HAND STEEPER OR	1/1/2004	MEDICARE	\$375.16	
L6875		TERMINAL DEVICES HANDS BOCK VC	1/1/2004	MEDICARE	\$623.33	
L6880		TERMINAL DEVICES HANDS BOCK VO	1/1/2004	MEDICARE	\$470.38	
L6881		AUTOGRASP FEATURE UL TERM DV	1/1/2004	MEDICARE	\$3,333.83	Y
L6882		MICROPROCESSOR CONTROL UPLMB	1/1/2004	MEDICARE	\$2,528.91	Y
L6883		REPLC SOCKT BELOW E/W DISA	1/1/2006	BY REPORT	\$0.00	
L6884		REPLC SOCKT ABOVE ELBOW DISA	1/1/2006	BY REPORT	\$0.00	
L6885		REPLC SOCKT SHLDR DIS/INTERC	1/1/2006	BY REPORT	\$0.00	

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Proc	Modifier	Description	Effective	Method	Fee	PA
L6890		PREFAB GLOVE FOR TERM DEVICE	1/1/2004	MEDICARE	\$145.74	
L6895		CUSTOM GLOVE FOR TERM DEVICE	1/1/2004	MEDICARE	\$457.71	
L6900		HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUDED)	1/1/2004	MEDICARE	\$1,211.34 Y	
L6905		HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUDED)	1/1/2004	MEDICARE	\$1,177.46 Y	
L6910		HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUDED)	1/1/2004	MEDICARE	\$1,147.08 Y	
L6915		HAND RESTORATION (SHADING AND MEASUREMENTS INCLUDED)	1/1/2004	MEDICARE	\$502.05	
L6920		WRIST DISARTIC. SWITCH CONTROL OF TERMINAL DEVICE	1/1/2004	MEDICARE	\$6,505.91 Y	
L6925		WRIST DISARTIC. MYOELECTRONIC CONTROL OF TERMINAL DEVICE	1/1/2004	MEDICARE	\$7,016.86 Y	
L6930		BELOW ELBOW SWITCH CONTROL OF TERMINAL DEVICE	1/1/2004	MEDICARE	\$6,835.73 Y	
L6935		BELOW ELBOW MYOELECTRONIC CONTROL OF TERMINAL DEVICE	1/1/2004	MEDICARE	\$7,338.99 Y	
L6940		ELBOW DISARTIC. SWITCH CONTROL OF TERMINAL DEVICE	1/1/2004	MEDICARE	\$9,381.67 Y	
L6945		ELBOW DISARTIC. MYOELECTRONIC CONTROL OF TERMINAL DEVICE	1/1/2004	MEDICARE	##### Y	
L6950		ABOVE ELBOW SWITCH CONTROL OF TERMINAL DEVICE	1/1/2004	MEDICARE	##### Y	
L6955		ABOVE ELBOW MYOELECTRONIC CONTROL OF TERMINAL DEVICE	1/1/2004	MEDICARE	##### Y	
L6960		SHLDR DISARTIC. SWITCH CONTROL OF TERMINAL DEVICE	1/1/2004	MEDICARE	##### Y	
L6965		SHLDR DISARTIC. MYOELECTRONIC CONTROL OF TERMINAL DEVICE	1/1/2004	MEDICARE	##### Y	
L6970		INTERSCAP-THOR. SWITCH CONTROL OF TERMINAL DEVICE	1/1/2004	MEDICARE	##### Y	
L6975		INTERSCAP-THOR. MYOELECTRONIC CONTROL OF TERMINAL DEVICE	1/1/2004	MEDICARE	##### Y	
L7010		ELECTRONIC HAND OTTO BOCK STEEPER OR EQUAL SWITCH CONTROL	1/1/2004	MEDICARE	\$2,929.07 Y	
L7015		ELECTRONIC HAND SYSTEM TEKNIK VARIETY VILLAGE OR EQUAL SW	1/1/2004	MEDICARE	\$4,710.78 Y	
L7020		ELECTRONIC HAND GREIFER OTTO BOCK OR EQUAL SWITCH CONTROLL	1/1/2004	MEDICARE	\$2,800.47 Y	
L7025		ELECTRONIC HAND OTTO BOCK OR EQUAL MYOELECTRONICALLY CONTR	1/1/2004	MEDICARE	\$2,753.99 Y	
L7030		ELECTRONIC HAND SYSTEM TEKNIK VARIETY VILLAGE OR EQUAL MY	1/1/2004	MEDICARE	\$4,615.59 Y	
L7035		ELECTRONIC GREIFER OTTO BOCK OR EQUAL MYOELECTRONICALLY CO	1/1/2004	MEDICARE	\$2,894.50 Y	
L7040		PREHENSILE ACTUATOR HOSMER OR EQUAL SWITCH CONTROLLED	1/1/2004	MEDICARE	\$2,260.89 Y	
L7045		ELECTRONIC HOOK CHILD MICHIGAN OR EQUAL SWITCH CONTROLLED	1/1/2004	MEDICARE	\$1,296.25 Y	
L7170		ELECTRONIC ELBOW HOSMER OR EQUAL SWITCH CONTROLLED	1/1/2004	MEDICARE	\$4,933.87 Y	
L7180		ELECTRONIC ELBOW SEQUENTIAL	1/1/2004	MEDICARE	##### Y	
L7181		ELECTRONIC ELBO SIMULTANEOUS	1/1/2005	BY REPORT	\$0.00	
L7185		ELECTRONIC ELBOW VARIETY VILLAGE OR EQUAL SWITCH CONTROL	1/1/2004	MEDICARE	\$5,118.81 Y	
L7186		ELECTRONIC ELBOW CHILD VARIETY VILLAGE OR EQUAL SWITCH CO	1/1/2004	MEDICARE	\$9,277.36 Y	
L7190		ELECTRONIC ELBOW VARIETY VILLAGE OR EQUAL MYOELECTRONIC	1/1/2004	MEDICARE	\$6,476.32 Y	
L7191		ELECTRONIC ELBOW CHILD VARIETY VILLAGE OR EQUAL MYOELECTR	1/1/2004	MEDICARE	\$9,505.36 Y	
L7260		ELECTRONIC WRIST ROTATOR OTTO BOCK OR EQUAL	1/1/2004	MEDICARE	\$1,840.51 Y	
L7261		ELECTRONIC WRIST ROTATOR FOR UTAH ARM	1/1/2004	MEDICARE	\$3,486.77 Y	
L7266		SERVO CONTROL STEEPER OR EQUAL	1/1/2004	MEDICARE	\$794.01	
L7272		ANALOGUE CONTROL UNB OR EQUAL	1/1/2004	MEDICARE	\$1,783.10 Y	
L7274		PROPORTIONAL CONTROL 12 VOLT UTAH OR EQUAL	1/1/2004	MEDICARE	\$5,321.21 Y	
L7360		SIX VOLT BATTERY OTTO BOCK OR EQUAL EACH	1/1/2004	MEDICARE	\$182.37	
L7362		BATTERY CHARGER SIX VOLT OTTO BOCK OR EQUAL	1/1/2004	MEDICARE	\$267.90	
L7364		TWELVE VOLT BATTERY UTAH OR EQUAL EACH	1/1/2004	MEDICARE	\$319.57	
L7366		BATTERY CHARGER TWELVE VOLT UTAH OR EQUAL	1/1/2004	MEDICARE	\$430.47	

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Proc	Modifier	Description	Effective	Method	Fee	PA
L7367		REPLACMNT LITHIUM IONBATTER	1/1/2003	MEDICARE	\$317.49	
L7368		3ITHIUM ION BATTERY CHARGER	1/1/2003	MEDICARE	\$411.57	
L7400		ADD UE PROST BE/WD ULTLITE	1/1/2006	BY REPORT	\$0.00	
L7401		ADD UE PROST A/E ULTLITE MAT	1/1/2006	BY REPORT	\$0.00	
L7402		ADD UE PROST S/D ULTLITE MAT	1/1/2006	BY REPORT	\$0.00	
L7403		ADD UE PROST B/E ACRYLIC	1/1/2006	BY REPORT	\$0.00	
L7404		ADD UE PROST A/E ACRYLIC	1/1/2006	BY REPORT	\$0.00	
L7405		ADD UE PROST S/D ACRYLIC	1/1/2006	BY REPORT	\$0.00	
L7499		UPPER EXTREMITY PROSTHESIS NOT OTHERWISE SPECIFIED	10/1/1986	BY REPORT	\$0.00	
L7500		REPAIR OF PROSTHETIC DEVICE HOURLY RATE	10/1/1986	BY REPORT	\$0.00	
L7510		PROSTHETIC DEVICE REPAIR REP	10/1/1986	BY REPORT	\$0.00	
L7520		REPAIR PROSTHETIC DEVICE LABOR COMPONENT PER 15 MINUTES	1/1/1997	BY REPORT	\$0.00	
L7600		PROSTHETIC DONNING SLEEVE	1/1/2006	BY REPORT	\$0.00	
L8000		BREAST PROSTHESIS MASTECTOMY BRA	1/1/2004	MEDICARE	\$30.15	
L8001		BREAST PROSTHESIS BRA & FORM	1/1/2004	MEDICARE	\$102.28	
L8002		BRST PRSTH BRA & BILAT FORM	1/1/2004	MEDICARE	\$134.54	
L8010		MASTECTOMY SLEEVE	7/1/1991	BY REPORT	\$0.00	
L8015		EXT BREAST PROSTHESIS GARMENT W/MASTECTOMY FORM POST-MASTEC	1/1/2004	MEDICARE	\$48.88	
L8020		BREAST PROSTHESIS MASTECTOMY FORM	1/1/2004	MEDICARE	\$160.88	
L8030		BREAST PROSTHESIS SILICONE OR EQUAL	1/1/2004	MEDICARE	\$285.49	
L8035		CUSTOM BREAST PROSTH. POST MASTECTOMY MOLDED TO PT. MODEL	1/1/2004	MEDICARE	\$2,987.57 Y	
L8039		BREAST PROSTHESIS NOT OTHERWISE SPECIFIED	1/1/1998	BY REPORT	\$0.00	
L8040		NASAL PROSTHESIS PROVIDED BY A NON PHYSICIAN	1/1/2006	MEDICARE	\$1,883.59 Y	
L8041		MIDFACIAL PROSTHESIS PROVIDED BY A NON PHYSICIAN	1/1/2006	MEDICARE	\$2,270.44 Y	
L8042		ORBITAL PROSTHESIS PROVIDED BY A NON PHYSICIAN	1/1/2006	MEDICARE	\$2,551.06 Y	
L8043		UPPER FACIAL PROSTHESIS PROVIDED BY A NON PHYSICIAN	1/1/2006	MEDICARE	\$2,857.19 Y	
L8044		HEMI-FACIAL PROSTHESIS PROVIDED BY A NON PHYSICIAN	1/1/2006	MEDICARE	\$3,163.31 Y	
L8045		AURICULAR PROSTHESIS PROVIDED BY A NON PHYSICIAN	1/1/2006	MEDICARE	\$1,980.69 Y	
L8046		PARTIAL FACIAL PROSTHESIS PROVIDED BY A NON PHYSICIAN	1/1/2006	MEDICARE	\$2,040.85 Y	
L8047		NASAL SEPTAL PROSTHESIS PROVIDED BY A NON PHYSICIAN	1/1/2006	MEDICARE	\$1,045.93 Y	
L8048		UNSPECIFIED MAXILLOFACIAL PROSTHESIS BY A NON PHYSICIAN	1/1/2001	BY REPORT	\$0.00	
L8049		REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS LABOR	1/1/2004	BY REPORT	\$0.00	
L8300		TRUSSES SINGLE WITH STANDARD PAD	1/1/2004	MEDICARE	\$77.19	
L8310		TRUSSES DOUBLE WITH STANDARD PADS	1/1/2004	MEDICARE	\$124.49	
L8320		TRUSSES ADDITION TO STANDARD PADS WATER PAD	1/1/2004	MEDICARE	\$42.87	
L8330		TRUSSES ADDITION TO STANDARD PADS SCROTAL PAD	1/1/2004	MEDICARE	\$39.59	
L8400		PROSTHETIC SHEATH BELOW KNEE EACH	1/1/2004	MEDICARE	\$12.62	
L8410		PROSTHETIC SHEATH ABOVE KNEE EACH	1/1/2004	MEDICARE	\$17.56	
L8415		PROSTHETIC SHEATH UPPER LIMB EACH	1/1/2004	MEDICARE	\$18.98	
L8417		PROS SHEATH/SOCK GEL CUSHION BELOW OR ABOVE KNEE EACH	1/1/2004	MEDICARE	\$61.32	
L8420		PROSTHETIC SOCK MULTIPLE PLY BELOW KNEE EACH	1/1/2004	MEDICARE	\$15.60	
L8430		PROSTHETIC SOCK MULTIPLE PLY ABOVE KNEE EACH	1/1/2004	MEDICARE	\$19.69	

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Proc	Modifier	Description	Effective	Method	Fee	PA
L8435		PROSTHETIC SOCK MULTIPLE PLY UPPER LIMB EACH	1/1/2004	MEDICARE	\$16.86	
L8440		PROSTHETIC SHRINKER BELOW KNEE EACH	1/1/2004	MEDICARE	\$33.54	
L8460		PROSTHETIC SHRINKER ABOVE KNEE EACH	1/1/2004	MEDICARE	\$53.45	
L8465		PROSTHETIC SHRINKER UPPER LIMB EACH	1/1/2004	MEDICARE	\$39.12	
L8470		PROSTHETIC SOCK SINGLE PLY FITTING BELOW KNEE EACH	1/1/2004	MEDICARE	\$7.14	
L8480		PROSTHETIC SOCK SINGLE PLY FITTING ABOVE KNEE EACH	1/1/2004	MEDICARE	\$9.84	
L8485		PROSTHETIC SOCK SINGLE PLY FITTING UPPER LIMB EACH	1/1/2004	MEDICARE	\$10.68	
L8499		UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC	10/1/1986	BY REPORT	\$0.00	
L8500		ARTIFICIAL LARYNX ANY TYPE	1/1/2004	MEDICARE	\$529.27	
L8501		TRACHEOSTOMY SPEAKING VALVE	1/1/2004	MEDICARE	\$96.88	
L8505		ARTIFICIAL LARYNX ACCESSORY	1/1/2002	BY REPORT	\$0.00	
L8507		TRACH-ESOPH VOICE PROS PT IN	1/1/2004	MEDICARE	\$34.15	Y
L8509		TRACH-ESOPH VOICE PROS MD IN	1/1/2004	MEDICARE	\$89.04	
L8510		VOICE AMPLIFIER	1/1/2004	MEDICARE	\$206.06	Y
L8515		GEL CAP APP DEVICE FOR TRACH	1/1/2005	BY REPORT	\$0.00	
L8621		REPL ZINC AIR BATTERY	1/1/2005	BY REPORT	\$0.00	
L8622		REPL ALKALINE BATTERY	1/1/2005	BY REPORT	\$0.00	
L8623		LITH ION BATT CID, NON-EARLVL	1/1/2006	BY REPORT	\$0.00	
L8624		LITH ION BATT CID, EAR LEVEL	1/1/2006	BY REPORT	\$0.00	
L8689		EXTERNAL RECHARGING SYSTEM	1/1/2006	BY REPORT	\$0.00	
L9900	SF	ORTHO/PROSTHETIC SUPP ACCESS &/OR SRVC COMPONT OF ANTHR CODE	1/1/2003	FEE SCHED	\$30.00	Y
V2623		PLASTIC EYE PROSTH CUSTOM	1/1/2004	MEDICARE	\$761.71	
V2624		POLISHING ARTIFICIAL EYE	1/1/2004	MEDICARE	\$62.10	
V2625		ENLARGEMNT OF EYE PROSTHESIS	1/1/2004	MEDICARE	\$391.40	
V2626		REDUCTION OF EYE PROSTHESIS	1/1/2004	MEDICARE	\$160.00	
V2627		SCLERAL COVER SHELL	1/1/2004	MEDICARE	\$1,342.78	Y
V2628		FABRICATION & FITTING	1/1/2004	MEDICARE	\$325.33	
V5266		BATTERY FOR HEARING DEVICE	1/1/2004	BY REPORT	\$0.00	
V5336		REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATIVE SYSTEM	1/1/2004	BY REPORT	\$0.00	Y