Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
A4206	1 Cc Sterile Syringe&Needle		$0.25	
A4207	2 Cc Sterile Syringe&Needle		$0.16	
A4208	3 Cc Sterile Syringe&Needle		$0.16	
A4209	5+ Cc Sterile Syringe&Needle		$0.57	
A4210	Nonneedle Injection Device		$679.26	
A4213	20+ Cc Syringe Only		$0.74	
A4215	Sterile Needle		$0.13	
A4220	Infusion Pump Refill Kit		$73.48	
A4230	Infus Insulin Pump Non Needl		$10.60	
A4231	Infusion Insulin Pump Needle		$4.85	
A4232	Syringe W/Needle Insulin 3cc		$2.49	
A4244	Alcohol Or Peroxide Per Pint		$0.92	
A4245	Alcohol Wipes Per Box		$1.88	
A4246	Betadine/Phisohex Solution		$7.53	
A4247	Betadine/Iodine Swabs/Wipes		$11.77	
A4250	Urine Reagent Strips/Tablets		$15.12	
A4253	Blood Glucose/Reagent Strips		$27.19	
A4256	Calibrator Solution/Chips		$7.38	
A4259	Lancets Per Box		$6.78	
A4265	Paraffin		$2.41	
A4280	Brst Prsths Adhsv Attchmnt		$4.30	
A4281	Replacement Breastpump Tube		$3.64	
A4282	Replacement Breastpump Adpt		$9.94	
A4283	Replacement Breastpump Cap		$1.99	
A4284	Replcmnt Breast Pump Shield		$1.83	
A4285	Replcmnt Breast Pump Bottle		$6.62	
A4286	Replcmnt Breastpump Lok Ring		$4.31	
A4305	Drug Delivery System >=50 Ml		$14.69	
A4306	Drug Delivery System <=50 Ml		$14.69	
A4310	Insert Tray W/O Bag/Cath		$5.12	
A4311	Catheter W/O Bag 2-Way Latex		$13.11	
A4312	Cath W/O Bag 2-Way Silicone		$11.95	
A4313	Catheter W/Bag 3-Way		$13.91	
A4314	Cath W/Drainage 2-Way Latex		$16.75	
A4315	Cath W/Drainage 2-Way Silcne		$17.48	
A4316	Cath W/Drainage 3-Way		$19.06	
A4320	Irrigation Tray		$3.27	
A4322	Irrigation Syringe		$2.01	
A4326	Male External Catheter		$6.20	
A4328	Fem Urinary Collect Pouch		$6.90	
A4330	Stool Collection Pouch		$6.32	
A4331	Extension Drainage Tubing		$2.79	
A4333	Urinary Cath Anchor Device		$1.95	
A4334	Urinary Cath Leg Strap		$3.27	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
A4335	Incontinence Supply		$0.56	
A4338	Indwelling Catheter Latex		$10.83	
A4340	Indwelling Catheter Special		$23.64	
A4344	Cath Indw Foley 2 Way Silicn		$11.78	
A4346	Cath Indw Foley 3 Way		$12.98	
A4349	Disposable Male External Cat		$0.92	
A4351	Straight Tip Urine Catheter		$1.60	
A4351	Straight Tip Urine Catheter	U4	$2.08	
A4352	Coude Tip Urinary Catheter		$3.62	
A4352	Coude Tip Urinary Catheter	U4	$3.62	
A4353	Intermittent Urinary Cath		$4.64	
A4354	Cath Insertion Tray W/Bag		$7.86	
A4355	Bladder Irrigation Tubing		$5.89	
A4357	Bedside Drainage Bag		$6.43	
A4358	Urinary Leg Or Abdomen Bag		$4.82	
A4361	Ostomy Face Plate		$16.22	
A4362	Solid Skin Barrier		$2.62	
A4363	Ostomy Clamp, Replacement		$2.18	
A4364	Adhesive, Liquid Or Equal		$2.59	
A4367	Ostomy Belt		$5.52	
A4368	Ostomy Filter		$0.23	
A4369	Skin Barrier Liquid Per Oz		$2.14	
A4371	Skin Barrier Powder Per Oz		$3.22	
A4372	Skin Barrier Solid 4x4 Equiv		$3.26	
A4373	Skin Barrier With Flange		$4.16	
A4375	Drainable Plastic Pch W Fcpl		$15.06	
A4376	Drainable Rubber Pch W Fcplt		$41.69	
A4377	Drainable Plstic Pch W/O Fp		$3.76	
A4378	Drainable Rubber Pch W/O Fp		$26.94	
A4379	Urinary Plastic Pouch W Fcpl		$13.16	
A4380	Urinary Rubber Pouch W Fcplt		$32.70	
A4381	Urinary Plastic Pouch W/O Fp		$4.04	
A4382	Urinary Hvy Plstc Pch W/O Fp		$21.56	
A4383	Urinary Rubber Pouch W/O Fp		$24.71	
A4385	Ost Skn Barrier Sld Ext Wear		$4.29	
A4387	Ost Clsd Pouch W Att St Barr		$3.52	
A4388	Drainable Pch W Ex Wear Barr		$3.82	
A4389	Drainable Pch W St Wear Barr		$5.44	
A4390	Drainable Pch Ex Wear Convex		$8.42	
A4391	Urinary Pouch W Ex Wear Barr		$6.19	
A4392	Urinary Pouch W St Wear Barr		$5.83	
A4393	Urine Pch W Ex Wear Bar Conv		$7.98	
A4394	Ostomy Pouch Liq Deodorant		$2.26	
A4395	Ostomy Pouch Solid Deodorant		$0.05	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
A4397	Irrigation Supply Sleeve		$4.24	
A4398	Ostomy Irrigation Bag		$12.20	
A4399	Ostomy Irrig Cone/Cath W Brs		$8.05	
A4400	Ostomy Irrigation Set		$36.68	
A4402	Lubricant Per Ounce		$0.30	
A4404	Ostomy Ring Each		$1.12	
A4405	Nonpectin Based Ostomy Paste		$3.00	
A4406	Pectin Based Ostomy Paste		$4.06	
A4407	Ext Wear Ost Skn Barr <=4sq"		$5.81	
A4408	Ext Wear Ost Skn Barr >4sq"		$6.54	
A4409	Ost Skn Barr Convex <=4 Sq I		$5.07	
A4410	Ost Skn Barr Extnd >4 Sq		$5.99	
A4411	Ost Skn Barr Extnd =4sq		$3.84	
A4412	Ost Pouch Drain High Output		$2.48	
A4413	2 Pc Drainable Ost Pouch		$3.88	
A4414	Ost Sknbar W/O Conv<=4 Sq In		$3.81	
A4415	Ost Skn Barr W/O Conv >4 Sqi		$3.98	
A4416	Ost Pch Clsd W Barrier/Filtr		$1.95	
A4417	Ost Pch W Bar/Bltinconv/Fltr		$2.64	
A4418	Ost Pch Clsd W/O Bar W Filtr		$1.27	
A4419	Ost Pch For Bar W Flange/Flt		$1.23	
A4420	Ost Pch Clsd For Bar W Lk Fl		$1.27	
A4421	Ostomy Supply Misc		M	
A4422	Ost Pouch Absorbent Material		$0.10	
A4423	Ost Pch For Bar W Lk Fl/Fltr		$1.46	
A4424	Ost Pch Drain W Bar & Filter		$3.35	
A4425	Ost Pch Drain For Barrier Fl		$2.53	
A4426	Ost Pch Drain 2 Piece System		$1.70	
A4427	Ost Pch Drain/Barr Lk Flng/F		$1.88	
A4428	Urine Ost Pouch W Faucet/Tap		$4.52	
A4429	Urine Ost Pouch W Bltinconv		$5.32	
A4430	Ost Urine Pch W B/Bltin Conv		$6.03	
A4431	Ost Pch Urine W Barrier/Tapv		$3.58	
A4432	Os Pch Urine W Bar/Fange/Tap		$2.54	
A4433	Urine Ost Pch Bar W Lock Fln		$2.36	
A4434	Ost Pch Urine W Lock Flng/Ft		$2.65	
A4435	1pc Ost Pch Drain Hgh Output		$4.61	
A4450	Non-Waterproof Tape		$0.09	
A4452	Waterproof Tape		$0.33	
A4455	Adhesive Remover Per Ounce		$1.26	
A4456	Adhesive Remover, Wipes		M	
A4458	Reusable Enema Bag		$5.18	
A4459	Manual Pump Enema, Reusable		M	
A4466	Elastic Garment/Covering		M	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
A4481	Tracheostoma Filter		$0.30	
A4490	Above Knee Surgical Stocking		$5.40	
A4495	Thigh Length Surg Stocking		$8.15	
A4500	Below Knee Surgical Stocking		$5.40	
A4510	Full Length Surg Stocking		$9.05	
A4520	Incontinence Garment Anytype		$13.79	
A4556	Electrodes, Pair		$8.05	
A4557	Lead Wires, Pair		$11.88	
A4558	Conductive Gel Or Paste		$3.77	
A4595	Tens Suppl 2 Lead Per Month		$19.09	
A4606	Oxygen Probe Used W Oximeter		$113.94	
A4614	Hand-Held Pefr Meter		$21.01	
A4615	Cannula Nasal		M	
A4619	Face Tent		M	
A4620	Variable Concentration Mask		M	
A4623	Tracheostomy Inner Cannula		$4.33	
A4624	Tracheal Suction Tube		$1.49	
A4625	Trach Care Kit For New Trach		$5.09	
A4626	Tracheostomy Cleaning Brush		$1.79	
A4627	Spacer Bag/Reservoir		$14.68	
A4628	Oropharyngeal Suction Cath		$2.48	
A4629	Tracheostomy Care Kit		$3.07	
A4635	Underarm Crutch Pad		$2.87	
A4635	Underarm Crutch Pad	RR	$0.29	
A4636	Handgrip For Cane Etc		$2.38	
A4636	Handgrip For Cane Etc	RR	$0.24	
A4637	Repl Tip Cane/Crutch/Walker		$1.55	
A4637	Repl Tip Cane/Crutch/Walker	RR	$0.15	
A4640	Alternating Pressure Pad		$40.21	
A4640	Alternating Pressure Pad	RR	$4.02	
A4649	Surgical Supplies		M	
A4657	Syringe W/Wo Needle		$1.37	
A4660	Sphyg/Bp App W Cuff And Stet		$19.62	
A4663	Dialysis Blood Pressure Cuff		$20.58	
A4670	Automatic Bp Monitor, Dial		$62.30	
A4927	Non-Sterile Gloves		$6.62	
A4930	Sterile, Gloves Per Pair		$0.59	
A5051	Pouch Clsd W Barr Attached		$1.64	
A5052	Clsd Ostomy Pouch W/O Barr		$1.11	
A5053	Clsd Ostomy Pouch Faceplate		$0.93	
A5054	Clsd Ostomy Pouch W/Flange		$1.26	
A5055	Stoma Cap		$0.97	
A5056	1 Pc Ost Pouch W Filter		$3.75	
A5057	1 Pc Ost Pou W Built-In Conv		$7.74	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
A5061	Pouch Drainable W Barrier At		$1.84	
A5062	Drnble Ostomy Pouch W/O Barr		$1.94	
A5063	Drain Ostomy Pouch W/Flange		$1.84	
A5071	Urinary Pouch W/Barrier		$4.61	
A5072	Urinary Pouch W/O Barrier		$3.00	
A5073	Urinary Pouch On Barr W/Flng		$2.41	
A5081	Stoma Plug Or Seal, Any Type		$1.87	
A5082	Continent Stoma Catheter		$9.60	
A5083	Stoma Absorptive Cover		M	
A5093	Ostomy Accessory Convex Inse		$1.28	
A5112	Urinary Leg Bag		$22.93	
A5120	Skin Barrier, Wipe Or Swab		$0.19	
A5121	Solid Skin Barrier 6x6		$4.94	
A5122	Solid Skin Barrier 8x8		$9.01	
A5126	Disk/Foam Pad +Or- Adhesive		$0.75	
A5200	Percutaneous Catheter Anchor		$8.19	
A5500	Diab Shoe For Density Insert		$52.43	
A5501	Diabetic Custom Molded Shoe		$157.24	
A5503	Diabetic Shoe W/Roller/Rockr		$23.32	
A5504	Diabetic Shoe With Wedge		$23.32	
A5505	Diab Shoe W/Metatarsal Bar		$23.32	
A5506	Diabetic Shoe W/Off Set Heel		$23.32	
A5507	Modification Diabetic Shoe		$18.22	
A5510	Compression Form Shoe Insert		$29.14	
A5512	Multi Den Insert Direct Form		$21.39	
A5513	Multi Den Insert Custom Mold		$29.14	
A6010	Collagen Based Wound Filler		$21.36	
A6011	Collagen Gel/Paste Wound Fil		$1.61	
A6021	Collagen Dressing <=16 Sq In		$14.51	
A6022	Collagen Drsg>16<=48 Sq In		$14.51	
A6023	Collagen Dressing >48 Sq In		$131.31	
A6024	Collagen Dsg Wound Filler		$4.26	
A6025	Silicone Gel Sheet, Each		$36.28	
A6196	Alginate Dressing <=16 Sq In		$6.44	
A6197	Alginate Drsg >16 <=48 Sq In		$14.40	
A6198	Alginate Dressing > 48 Sq In		$22.37	
A6199	Alginate Drsg Wound Filler		$4.63	
A6203	Composite Drsg <= 16 Sq In		$2.93	
A6204	Composite Drsg >16<=48 Sq In		$5.45	
A6205	Composite Drsg > 48 Sq In		$7.98	
A6206	Contact Layer <= 16 Sq In		$4.59	
A6207	Contact Layer >16<= 48 Sq In		$6.43	
A6208	Contact Layer > 48 Sq In		$8.27	
A6209	Foam Drsg <=16 Sq In W/O Bdr		$6.55	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
A6210	Foam Drg >16<=48 Sq In W/O B		$17.45	
A6211	Foam Drg > 48 Sq In W/O Brdr		$25.72	
A6212	Foam Drg <=16 Sq In W/Border		$8.50	
A6213	Foam Drg >16<=48 Sq In W/Bdr		$8.77	
A6214	Foam Drg > 48 Sq In W/Border		$9.02	
A6215	Foam Dressing Wound Filler		$0.22	
A6216	Non-Sterile Gauze<=16 Sq In		$0.05	
A6217	Non-Sterile Gauze>16<=48 Sq		$0.10	
A6218	Non-Sterile Gauze > 48 Sq In		$0.22	
A6219	Gauze <= 16 Sq In W/Border		$0.83	
A6220	Gauze >16 <=48 Sq In W/Bordr		$2.26	
A6221	Gauze > 48 Sq In W/Border		$3.68	
A6222	Gauze <=16 In No W/Sal W/O B		$1.87	
A6223	Gauze >16<=48 No W/Sal W/O B		$2.11	
A6224	Gauze > 48 In No W/Sal W/O B		$3.16	
A6231	Hydrogel Dsg<=16 Sq In		$4.13	
A6232	Hydrogel Dsg>16<=48 Sq In		$5.38	
A6233	Hydrogel Dressing >48 Sq In		$16.94	
A6234	Hydrocolld Drg <=16 W/O Bdr		$5.73	
A6235	Hydrocolld Drg >16<=48 W/O B		$14.74	
A6236	Hydrocolld Drg > 48 In W/O B		$23.87	
A6237	Hydrocolld Drg <=16 In W/Bdr		$6.93	
A6238	Hydrocolld Drg >16<=48 W/Bdr		$19.97	
A6239	Hydrocolld Drg > 48 In W/Bdr		$33.00	
A6240	Hydrocolld Drg Filler Paste		$8.11	
A6241	Hydrocolloid Drg Filler Dry		$1.71	
A6242	Hydrogel Drg <=16 In W/O Bdr		$5.32	
A6243	Hydrogel Drg >16<=48 W/O Bdr		$10.79	
A6244	Hydrogel Drg >48 In W/O Bdr		$34.40	
A6245	Hydrogel Drg <= 16 In W/Bdr		$6.36	
A6246	Hydrogel Drg >16<=48 In W/B		$8.69	
A6247	Hydrogel Drg > 48 Sq In W/B		$20.83	
A6248	Hydrogel Drsg Gel Filler		$10.75	
A6250	Skin Seal Protect Moisturizr		$4.57	
A6251	Absorpt Drg <=16 Sq In W/O B		$1.74	
A6252	Absorpt Drg >16 <=48 W/O Bdr		$2.85	
A6253	Absorpt Drg > 48 Sq In W/O B		$5.56	
A6254	Absorpt Drg <=16 Sq In W/Bdr		$1.06	
A6255	Absorpt Drg >16<=48 In W/Bdr		$2.65	
A6256	Absorpt Drg > 48 Sq In W/Bdr		$4.25	
A6257	Transparent Film <= 16 Sq In		$1.34	
A6258	Transparent Film >16<=48 In		$3.77	
A6259	Transparent Film > 48 Sq In		$9.58	
A6260	Wound Cleanser Any Type/Size		$7.35	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
A6261	Wound Filler Gel/Paste /Oz		$3.71	
A6262	Wound Filler Dry Form / Gram		$0.22	
A6266	Impreg Gauze No H20/Sal/Yard		$1.26	
A6402	Sterile Gauze <= 16 Sq In		$0.11	
A6403	Sterile Gauze>16 <= 48 Sq In		$0.37	
A6404	Sterile Gauze > 48 Sq In		$0.64	
A6407	Packing Strips, Non-Impreg		$1.25	
A6410	Sterile Eye Pad		$0.34	
A6411	Non-Sterile Eye Pad		$0.28	
A6412	Occlusive Eye Patch		M	
A6441	Pad Band W>=3" <5"/Yd		$0.46	
A6442	Conform Band N/S W<3"/Yd		$0.14	
A6443	Conform Band N/S W>=3"<5"/Yd		$0.26	
A6444	Conform Band N/S W>=5"/Yd		$0.50	
A6445	Conform Band S W <3"/Yd		$0.29	
A6446	Conform Band S W>=3" <5"/Yd		$0.35	
A6447	Conform Band S W >=5"/Yd		$0.58	
A6448	Lt Compres Band <3"/Yd		$0.22	
A6449	Lt Compres Band >=3" <5"/Yd		$0.27	
A6450	Lt Compres Band >=5"/Yd		$0.46	
A6451	Mod Compres Band W>=3"<5"/Yd		$0.57	
A6452	High Compres Band W>=3"<5"Yd		$4.07	
A6453	Self-Adher Band W <3"/Yd		$0.42	
A6454	Self-Adher Band W>=3" <5"/Yd		$0.54	
A6455	Self-Adher Band >=5"/Yd		$0.96	
A6456	Zinc Paste Band W >=3"<5"/Yd		$0.57	
A6457	Tubular Dressing		$0.77	
A6501	Compres Burngarment Bodysuit		M	
A6502	Compres Burngarment Chinstrp		M	
A6503	Compres Burngarment Facehood		M	
A6504	Cmprsburngarment Glove-Wrist		M	
A6505	Cmprsburngarment Glove-Elbow		M	
A6506	Cmprsburngrmnt Glove-Axilla		M	
A6507	Cmprs Burngarment Foot-Knee		M	
A6508	Cmprs Burngarment Foot-Thigh		M	
A6509	Compres Burn Garment Jacket		M	
A6510	Compres Burn Garment Leotard		M	
A6511	Compres Burn Garment Panty		M	
A6512	Compres Burn Garment, Noc		M	
A6513	Compress Burn Mask Face/Neck		M	
A6530	Compression Stocking Bk18-30		$18.26	
A6531	Compression Stocking Bk30-40		$20.29	
A6532	Compression Stocking Bk40-50		$25.87	
A6533	Gc Stocking ThighIngth 18-30		$23.98	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
A6534	Gc Stocking Thighlngth 30-40		$27.26	
A6535	Gc Stocking Thighlngth 40-50		$29.39	
A6536	Gc Stocking Full Lngth 18-30		$43.57	
A6537	Gc Stocking Full Lngth 30-40		$43.57	
A6538	Gc Stocking Full Lngth 40-50		$55.04	
A6539	Gc Stocking Waistlngth 18-30		$71.20	
A6540	Gc Stocking Waistlngth 30-40		$71.20	
A6541	Gc Stocking Waistlngth 40-50		$79.24	
A6544	Gc Stocking Garter Belt		$13.18	
A6545	Grad Comp Non-Elastic Bk		M	
A6549	G Compression Stocking		M	
A6550	Neg Pres Wound Ther Drsg Set		$18.17	
A7000	Disposable Canister For Pump		$7.76	
A7002	Tubing Used W Suction Pump		$2.54	
A7003	Nebulizer Administration Set		$2.07	
A7004	Disposable Nebulizer Sml Vol		$1.58	
A7005	Nondisposable Nebulizer Set		$20.42	
A7006	Filtered Nebulizer Admin Set		$8.36	
A7007	Lg Vol Nebulizer Disposable		$3.06	
A7009	Nebulizer Reservoir Bottle		$36.83	
A7010	Disposable Corrugated Tubing		$20.66	
A7012	Nebulizer Water Collec Devic		$2.82	
A7015	Aerosol Mask Used W Nebulize		$1.48	
A7016	Nebulizer Dome & Mouthpiece		$6.34	
A7018	Water Distilled W/Nebulizer		$0.34	
A7025	Replace Chest Compress Vest		$374.48	
A7026	Replace Chst Cmprss Sys Hose		$20.32	
A7027	Combination Oral/Nasal Mask		$137.12	
A7028	Repl Oral Cushion Combo Mask		$36.45	
A7029	Repl Nasal Pillow Comb Mask		$14.89	
A7030	Cpap Full Face Mask		$133.28	
A7031	Replacement Facemask Interfa		$61.62	
A7032	Replacement Nasal Cushion		$28.63	
A7033	Replacement Nasal Pillows		$22.96	
A7034	Nasal Application Device		$77.92	
A7035	Pos Airway Press Headgear		$35.10	
A7036	Pos Airway Press Chinstrap		$13.19	
A7037	Pos Airway Pressure Tubing		$36.00	
A7038	Pos Airway Pressure Filter		$4.02	
A7044	Pap Oral Interface		$106.79	
A7045	Repl Exhalation Port For Pap		$17.19	
A7046	Repl Water Chamber, Pap Dev		$10.44	
A7501	Tracheostoma Valve W Diaphra		$72.47	
A7502	Replacement Diaphragm/Fplate		$34.43	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
A7503	Hmes Filter Holder Or Cap		$7.82	
A7504	Tracheostoma Hmes Filter		$0.46	
A7505	Hmes Or Trach Valve Housing		$3.23	
A7506	Hmes/Trachvalve Adhesivedisk		$0.23	
A7507	Integrated Filter & Holder		$1.72	
A7508	Housing & Integrated Adhesiv		$1.97	
A7509	Heat & Moisture Exchange Sys		$1.01	
A7520	Trach/Laryn Tube Non-Cuffed		$41.94	
A7520	Trach/Laryn Tube Non-Cuffed	U4	$60.23	
A7521	Trach/Laryn Tube Cuffed		$41.55	
A7522	Trach/Laryn Tube Stainless		M	
A7523	Tracheostomy Shower Protect		$5.96	
A7524	Tracheostoma Stent/Stud/Bttn		$53.41	
A7525	Tracheostomy Mask		$1.23	
A7526	Tracheostomy Tube Collar		$2.34	
A7527	Trach/Laryn Tube Plug/Stop		$3.16	
A8000	Soft Protect Helmet Prefab		$122.20	
A8001	Hard Protect Helmet Prefab		$122.20	
A8002	Soft Protect Helmet Custom		$367.74	
A8003	Hard Protect Helmet Custom		M	
A8004	Repl Soft Interface, Helmet		$13.80	
A9999	Dme Supply Or Accessory, Nos		M	
B4034	Enter Feed Supkit Syr By Day		$2.64	
B4035	Enteral Feed Supp Pump Per D		$7.62	
B4036	Enteral Feed Sup Kit Grav By		$6.53	
B4081	Enteral Ng Tubing W/ Stylet		$13.12	
B4082	Enteral Ng Tubing W/O Stylet		$11.14	
B4083	Enteral Stomach Tube Levine		$1.06	
B4087	Gastro/Jejuno Tube, Std		$21.86	
B4087	Gastro/Jejuno Tube, Std	U3	$10.92	
B4088	Gastro/Jejuno Tube, Low-Pro		$122.17	
B4102	Ef Adult Fluids And Electro		$1.47	
B4102	Ef Adult Fluids And Electro	BO	$1.47	
B4149	Ef Blenderized Foods		$1.12	
B4150	Ef Complet W/Intact Nutrient		$0.56	
B4150	Ef Complet W/Intact Nutrient	BO	$0.56	
B4152	Ef Calorie Dense>/=1.5kcal		$0.46	
B4152	Ef Calorie Dense>/=1.5kcal	BO	$0.46	
B4153	Ef Hydrolyzed/Amino Acids		$1.36	
B4153	Ef Hydrolyzed/Amino Acids	BO	$1.36	
B4154	Ef Spec Metabolic Noninherit		$0.86	
B4154	Ef Spec Metabolic Noninherit	BO	$0.86	
B4155	Ef Incomplete/Modular		$0.68	
B4155	Ef Incomplete/Modular	BO	$0.68	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
B4157	Ef Special Metabolic Inherit		M	
B4158	Ef Ped Complete Intact Nut		$0.56	
B4158	Ef Ped Complete Intact Nut	BO	$0.56	
B4159	Ef Ped Complete Soy Based		$0.75	
B4159	Ef Ped Complete Soy Based	BO	$0.75	
B4160	Ef Ped Caloric Dense>/=0.7kc		$0.56	
B4160	Ef Ped Caloric Dense>/=0.7kc	BO	$0.56	
B4161	Ef Ped Hydrolyzed/Amino Acid		$1.47	
B4161	Ef Ped Hydrolyzed/Amino Acid	BO	$1.47	
B4162	Ef Ped Specmetabolic Inherit		M	
B4185	Parenteral Sol 10 Gm Lipids		$6.26	
B4189	Parenteral Sol Amino Acid &		$139.25	
B4193	Parenteral Sol 52-73 Gm Prot		$139.25	
B4197	Parenteral Sol 74-100 Gm Pro		$139.25	
B4199	Parenteral Sol > 100gm Prote		$139.25	
B4220	Parenteral Supply Kit Premix		$6.28	
B4224	Parenteral Administration Ki		$19.60	
B9000	Enter Infusion Pump W/O Alrm		$659.10	
B9000	Enter Infusion Pump W/O Alrm	RB	M	
B9000	Enter Infusion Pump W/O Alrm	RR	$65.90	
B9002	Enteral Infusion Pump W/ Ala		$659.10	
B9002	Enteral Infusion Pump W/ Ala	RB	M	
B9002	Enteral Infusion Pump W/ Ala	RR	$65.90	
B9004	Parenteral Infus Pump Portab	RB	M	
B9004	Parenteral Infus Pump Portab	RR	$10.44	
B9006	Parenteral Infus Pump Statio	RB	M	
B9006	Parenteral Infus Pump Statio	RR	$10.44	
B9998	Enteral Supp Not Otherwise C		M	
B9999	Parenteral Supp Not Othrws C		M	
E0100	Cane Adjust/Fixed With Tip	NU	$15.81	
E0100	Cane Adjust/Fixed With Tip	RR	$1.58	
E0100	Cane Adjust/Fixed With Tip	UE	$11.86	
E0105	Cane Adjust/Fixed Quad/3 Pro	NU	$35.77	
E0105	Cane Adjust/Fixed Quad/3 Pro	RA	M	
E0105	Cane Adjust/Fixed Quad/3 Pro	RB	M	
E0105	Cane Adjust/Fixed Quad/3 Pro	RR	$3.77	
E0105	Cane Adjust/Fixed Quad/3 Pro	UE	$26.83	
E0110	Crutch Forearm Pair	NU	$58.25	
E0110	Crutch Forearm Pair	RA	M	
E0110	Crutch Forearm Pair	RB	M	
E0110	Crutch Forearm Pair	RR	$5.84	
E0110	Crutch Forearm Pair	UE	$43.69	
E0111	Crutch Forearm Each	NU	$35.29	
E0111	Crutch Forearm Each	RA	M	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
E0111	Crutch Forearm Each	RB	M	
E0111	Crutch Forearm Each	RR	$3.54	
E0111	Crutch Forearm Each	UE	$26.47	
E0112	Crutch Underarm Pair Wood	NU	$20.83	
E0112	Crutch Underarm Pair Wood	RR	$2.09	
E0112	Crutch Underarm Pair Wood	UE	$15.62	
E0113	Crutch Underarm Each Wood	NU	$14.00	
E0113	Crutch Underarm Each Wood	RR	$1.41	
E0113	Crutch Underarm Each Wood	UE	$10.50	
E0114	Crutch Underarm Pair No Wood	NU	$32.01	
E0114	Crutch Underarm Pair No Wood	RR	$3.20	
E0114	Crutch Underarm Pair No Wood	UE	$24.01	
E0116	Crutch Underarm Each No Wood	NU	$18.38	
E0116	Crutch Underarm Each No Wood	RR	$1.84	
E0116	Crutch Underarm Each No Wood	UE	$13.78	
E0130	Walker Rigid Adjust/Fixed Ht	NU	$52.73	
E0130	Walker Rigid Adjust/Fixed Ht	RA	M	
E0130	Walker Rigid Adjust/Fixed Ht	RB	M	
E0130	Walker Rigid Adjust/Fixed Ht	RR	$5.27	
E0130	Walker Rigid Adjust/Fixed Ht	U4	M	
E0130	Walker Rigid Adjust/Fixed Ht	UE	$39.55	
E0135	Walker Folding Adjust/Fixed	NU	$64.97	
E0135	Walker Folding Adjust/Fixed	RA	M	
E0135	Walker Folding Adjust/Fixed	RB	M	
E0135	Walker Folding Adjust/Fixed	RR	$6.51	
E0135	Walker Folding Adjust/Fixed	U4	M	
E0135	Walker Folding Adjust/Fixed	UE	$48.73	
E0140	Walker W Trunk Support	NU	$282.62	
E0140	Walker W Trunk Support	RR	$28.26	
E0140	Walker W Trunk Support	U4	M	
E0140	Walker W Trunk Support	UE	$211.97	
E0141	Rigid Wheeled Walker Adj/Fix	NU	$96.97	
E0141	Rigid Wheeled Walker Adj/Fix	RA	M	
E0141	Rigid Wheeled Walker Adj/Fix	RB	M	
E0141	Rigid Wheeled Walker Adj/Fix	RR	$9.71	
E0141	Rigid Wheeled Walker Adj/Fix	U4	M	
E0141	Rigid Wheeled Walker Adj/Fix	UE	$72.73	
E0143	Walker Folding Wheeled W/O S	NU	$88.50	
E0143	Walker Folding Wheeled W/O S	RA	M	
E0143	Walker Folding Wheeled W/O S	RB	M	
E0143	Walker Folding Wheeled W/O S	RR	$8.85	
E0143	Walker Folding Wheeled W/O S	U4	M	
E0143	Walker Folding Wheeled W/O S	UE	$66.38	
E0144	Enclosed Walker W Rear Seat	NU	$281.25	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
E0144	Enclosed Walker W Rear Seat	RA	M	
E0144	Enclosed Walker W Rear Seat	RB	M	
E0144	Enclosed Walker W Rear Seat	RR	$28.12	
E0144	Enclosed Walker W Rear Seat	U4	M	
E0144	Enclosed Walker W Rear Seat	UE	$210.94	
E0147	Walker Variable Wheel Resist	NU	$380.76	
E0147	Walker Variable Wheel Resist	RA	M	
E0147	Walker Variable Wheel Resist	RB	M	
E0147	Walker Variable Wheel Resist	RR	$38.07	
E0147	Walker Variable Wheel Resist	U4	M	
E0147	Walker Variable Wheel Resist	UE	$285.57	
E0148	Heavyduty Walker No Wheels	NU	$69.80	
E0148	Heavyduty Walker No Wheels	RR	$6.98	
E0148	Heavyduty Walker No Wheels	U4	M	
E0148	Heavyduty Walker No Wheels	UE	$52.35	
E0149	Heavy Duty Wheeled Walker	NU	$197.13	
E0149	Heavy Duty Wheeled Walker	RR	$19.71	
E0149	Heavy Duty Wheeled Walker	U4	M	
E0149	Heavy Duty Wheeled Walker	UE	$147.84	
E0153	Forearm Crutch Platform Atta	NU	$52.09	
E0153	Forearm Crutch Platform Atta	RR	$5.20	
E0153	Forearm Crutch Platform Atta	U4	M	
E0153	Forearm Crutch Platform Atta	UE	$39.07	
E0154	Walker Platform Attachment	NU	$52.93	
E0154	Walker Platform Attachment	RR	$5.29	
E0154	Walker Platform Attachment	U4	M	
E0154	Walker Platform Attachment	UE	$39.70	
E0155	Walker Wheel Attachment,Pair	NU	$22.60	
E0155	Walker Wheel Attachment,Pair	RR	$2.21	
E0155	Walker Wheel Attachment,Pair	U4	M	
E0155	Walker Wheel Attachment,Pair	UE	$16.95	
E0156	Walker Seat Attachment	NU	$17.51	
E0156	Walker Seat Attachment	RR	$1.75	
E0156	Walker Seat Attachment	U4	M	
E0156	Walker Seat Attachment	UE	$13.13	
E0157	Walker Crutch Attachment	NU	$63.09	
E0157	Walker Crutch Attachment	RR	$6.31	
E0157	Walker Crutch Attachment	U4	M	
E0157	Walker Crutch Attachment	UE	$47.32	
E0158	Walker Leg Extenders Set Of4	NU	$22.60	
E0158	Walker Leg Extenders Set Of4	RR	$2.26	
E0158	Walker Leg Extenders Set Of4	U4	M	
E0158	Walker Leg Extenders Set Of4	UE	$16.95	
E0159	Brake For Wheeled Walker		$15.78	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
E0159	Brake For Wheeled Walker	RR	$1.58	
E0159	Brake For Wheeled Walker	U4	M	
E0163	Commode Chair With Fixed Arm		$97.40	
E0163	Commode Chair With Fixed Arm	RA	M	
E0163	Commode Chair With Fixed Arm	RB	M	
E0163	Commode Chair With Fixed Arm	RR	$9.75	
E0163	Commode Chair With Fixed Arm	U4	M	
E0165	Commode Chair With Detacharm		$164.10	
E0165	Commode Chair With Detacharm	RA	M	
E0165	Commode Chair With Detacharm	RB	M	
E0165	Commode Chair With Detacharm	RR	$16.42	
E0167	Commode Chair Pail Or Pan		$10.60	
E0167	Commode Chair Pail Or Pan	RR	$1.05	
E0167	Commode Chair Pail Or Pan	U4	M	
E0168	Heavyduty/Wide Commode Chair		$109.35	
E0168	Heavyduty/Wide Commode Chair	RR	$10.93	
E0171	Commode Chair Non-Electric		$212.86	
E0171	Commode Chair Non-Electric	RA	M	
E0171	Commode Chair Non-Electric	RB	M	
E0171	Commode Chair Non-Electric	RR	$21.28	
E0175	Commode Chair Foot Rest		$54.62	
E0175	Commode Chair Foot Rest	RR	$5.46	
E0175	Commode Chair Foot Rest	U4	M	
E0181	Press Pad Alternating W/ Pum		$191.82	
E0181	Press Pad Alternating W/ Pum	RA	M	
E0181	Press Pad Alternating W/ Pum	RB	M	
E0181	Press Pad Alternating W/ Pum	RR	$19.19	
E0182	Replace Pump, Alt Press Pad		$163.76	
E0182	Replace Pump, Alt Press Pad	RR	$16.38	
E0184	Dry Pressure Mattress		$146.16	
E0184	Dry Pressure Mattress	RR	$14.61	
E0185	Gel Pressure Mattress Pad		$240.12	
E0185	Gel Pressure Mattress Pad	RR	$24.02	
E0186	Air Pressure Mattress		$179.28	
E0186	Air Pressure Mattress	RA	M	
E0186	Air Pressure Mattress	RB	M	
E0186	Air Pressure Mattress	RR	$17.93	
E0187	Water Pressure Mattress		$87.27	
E0187	Water Pressure Mattress	RA	M	
E0187	Water Pressure Mattress	RB	M	
E0187	Water Pressure Mattress	RR	$8.72	
E0188	Synthetic Sheepskin Pad		$9.41	
E0188	Synthetic Sheepskin Pad	RR	$0.94	
E0189	Lambswool Sheepskin Pad		$39.00	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
E0189	Lambswool Sheepskin Pad	RR	$3.90	
E0190	Positioning Cushion		$97.96	
E0191	Protector Heel Or Elbow		$6.61	
E0191	Protector Heel Or Elbow	RR	$0.66	
E0193	Powered Air Flotation Bed	MS	$496.00	
E0193	Powered Air Flotation Bed	RR	$27.55	
E0194	Air Fluidized Bed	MS	$826.68	
E0194	Air Fluidized Bed	RR	$55.10	
E0196	Gel Pressure Mattress		$224.18	
E0196	Gel Pressure Mattress	RA	M	
E0196	Gel Pressure Mattress	RB	M	
E0196	Gel Pressure Mattress	RR	$22.42	
E0197	Air Pressure Pad For Mattres		$189.05	
E0197	Air Pressure Pad For Mattres	RA	M	
E0197	Air Pressure Pad For Mattres	RB	M	
E0197	Air Pressure Pad For Mattres	RR	$18.91	
E0198	Water Pressure Pad For Mattr		$141.79	
E0198	Water Pressure Pad For Mattr	RA	M	
E0198	Water Pressure Pad For Mattr	RB	M	
E0198	Water Pressure Pad For Mattr	RR	$14.17	
E0199	Dry Pressure Pad For Mattres		$21.24	
E0199	Dry Pressure Pad For Mattres	RR	$2.13	
E0200	Heat Lamp Without Stand		$49.58	
E0200	Heat Lamp Without Stand	RR	$4.95	
E0202	Phototherapy Light W/ Photom	RR	$55.31	
E0205	Heat Lamp With Stand		$125.22	
E0205	Heat Lamp With Stand	RR	$12.53	
E0235	Paraffin Bath Unit Portable		$120.33	
E0235	Paraffin Bath Unit Portable	RR	$12.04	
E0236	Pump For Water Circulating P	RA	M	
E0236	Pump For Water Circulating P	RB	M	
E0236	Pump For Water Circulating P	RR	$25.95	
E0240	Bath/Shower Chair		M	
E0241	Bath Tub Wall Rail		M	
E0243	Toilet Rail		M	
E0244	Toilet Seat Raised		M	
E0245	Tub Stool Or Bench		M	
E0246	Transfer Tub Rail Attachment		$48.01	
E0247	Trans Bench W/Wo Comm Open		M	
E0248	Hdtrans Bench W/Wo Comm Open		M	
E0249	Pad Water Circulating Heat U		$59.70	
E0249	Pad Water Circulating Heat U	RR	$5.97	
E0250	Hosp Bed Fixed Ht W/ Mattres		$863.42	
E0250	Hosp Bed Fixed Ht W/ Mattres	RA	M	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
E0250	Hosp Bed Fixed Ht W/ Mattres	RB	M	
E0250	Hosp Bed Fixed Ht W/ Mattres	RR	$86.35	
E0251	Hosp Bed Fixd Ht W/O Mattres		$603.55	
E0251	Hosp Bed Fixd Ht W/O Mattres	RA	M	
E0251	Hosp Bed Fixd Ht W/O Mattres	RB	M	
E0251	Hosp Bed Fixd Ht W/O Mattres	RR	$60.36	
E0255	Hospital Bed Var Ht W/ Mattr		$979.23	
E0255	Hospital Bed Var Ht W/ Mattr	RA	M	
E0255	Hospital Bed Var Ht W/ Mattr	RB	M	
E0255	Hospital Bed Var Ht W/ Mattr	RR	$97.92	
E0256	Hospital Bed Var Ht W/O Matt		$736.14	
E0256	Hospital Bed Var Ht W/O Matt	RA	M	
E0256	Hospital Bed Var Ht W/O Matt	RB	M	
E0256	Hospital Bed Var Ht W/O Matt	RR	$73.61	
E0260	Hosp Bed Semi-Electr W/ Matt		$1,240.54	
E0260	Hosp Bed Semi-Electr W/ Matt	RA	M	
E0260	Hosp Bed Semi-Electr W/ Matt	RB	M	
E0260	Hosp Bed Semi-Electr W/ Matt	RR	$124.06	
E0261	Hosp Bed Semi-Electr W/O Mat		$1,111.55	
E0261	Hosp Bed Semi-Electr W/O Mat	RA	M	
E0261	Hosp Bed Semi-Electr W/O Mat	RB	M	
E0261	Hosp Bed Semi-Electr W/O Mat	RR	$110.24	
E0265	Hosp Bed Total Electr W/ Mat		$1,600.68	
E0265	Hosp Bed Total Electr W/ Mat	RA	M	
E0265	Hosp Bed Total Electr W/ Mat	RB	M	
E0265	Hosp Bed Total Electr W/ Mat	RR	$160.07	
E0266	Hosp Bed Total Elec W/O Matt		$1,412.37	
E0266	Hosp Bed Total Elec W/O Matt	RA	M	
E0266	Hosp Bed Total Elec W/O Matt	RB	M	
E0266	Hosp Bed Total Elec W/O Matt	RR	$141.23	
E0271	Mattress Innerspring		$167.60	
E0271	Mattress Innerspring	RR	$16.76	
E0272	Mattress Foam Rubber		$132.95	
E0272	Mattress Foam Rubber	RR	$13.29	
E0274	Over-Bed Table		$141.12	
E0274	Over-Bed Table	RR	$14.12	
E0275	Bed Pan Standard		$8.62	
E0275	Bed Pan Standard	RR	$0.86	
E0276	Bed Pan Fracture		$11.75	
E0276	Bed Pan Fracture	RR	$1.18	
E0277	Powered Pres-Redu Air Mattrs		M	
E0277	Powered Pres-Redu Air Mattrs	RA	M	
E0277	Powered Pres-Redu Air Mattrs	RB	M	
E0277	Powered Pres-Redu Air Mattrs	RR	M	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
E0290	Hosp Bed Fx Ht W/O Rails W/M		$468.90	
E0290	Hosp Bed Fx Ht W/O Rails W/M	RA	M	
E0290	Hosp Bed Fx Ht W/O Rails W/M	RB	M	
E0290	Hosp Bed Fx Ht W/O Rails W/M	RR	$46.89	
E0291	Hosp Bed Fx Ht W/O Rail W/O		$356.86	
E0291	Hosp Bed Fx Ht W/O Rail W/O	RA	M	
E0291	Hosp Bed Fx Ht W/O Rail W/O	RB	M	
E0291	Hosp Bed Fx Ht W/O Rail W/O	RR	$35.69	
E0292	Hosp Bed Var Ht W/O Rail W/O		$742.24	
E0292	Hosp Bed Var Ht W/O Rail W/O	RA	M	
E0292	Hosp Bed Var Ht W/O Rail W/O	RB	M	
E0292	Hosp Bed Var Ht W/O Rail W/O	RR	$74.22	
E0293	Hosp Bed Var Ht W/O Rail W/		$625.22	
E0293	Hosp Bed Var Ht W/O Rail W/	RA	M	
E0293	Hosp Bed Var Ht W/O Rail W/	RB	M	
E0293	Hosp Bed Var Ht W/O Rail W/	RR	$62.52	
E0294	Hosp Bed Semi-Elect W/ Mattr		$1,153.90	
E0294	Hosp Bed Semi-Elect W/ Mattr	RA	M	
E0294	Hosp Bed Semi-Elect W/ Mattr	RB	M	
E0294	Hosp Bed Semi-Elect W/ Mattr	RR	$115.38	
E0295	Hosp Bed Semi-Elect W/O Matt		$1,072.45	
E0295	Hosp Bed Semi-Elect W/O Matt	RA	M	
E0295	Hosp Bed Semi-Elect W/O Matt	RB	M	
E0295	Hosp Bed Semi-Elect W/O Matt	RR	$107.24	
E0296	Hosp Bed Total Elect W/ Matt		$1,450.22	
E0296	Hosp Bed Total Elect W/ Matt	RA	M	
E0296	Hosp Bed Total Elect W/ Matt	RB	M	
E0296	Hosp Bed Total Elect W/ Matt	RR	$145.01	
E0297	Hosp Bed Total Elect W/O Mat		$1,172.88	
E0297	Hosp Bed Total Elect W/O Mat	RA	M	
E0297	Hosp Bed Total Elect W/O Mat	RB	M	
E0297	Hosp Bed Total Elect W/O Mat	RR	$117.29	
E0301	Hd Hosp Bed, 350-600 Lbs		$1,857.48	
E0301	Hd Hosp Bed, 350-600 Lbs	RR	$185.75	
E0302	Ex Hd Hosp Bed > 600 Lbs		$2,923.60	
E0302	Ex Hd Hosp Bed > 600 Lbs	RR	$292.36	
E0303	Hosp Bed Hvy Dty Xtra Wide		$2,025.08	
E0303	Hosp Bed Hvy Dty Xtra Wide	RR	$202.51	
E0304	Hosp Bed Xtra Hvy Dty X Wide		$3,091.20	
E0304	Hosp Bed Xtra Hvy Dty X Wide	RR	$309.12	
E0305	Rails Bed Side Half Length		$135.48	
E0305	Rails Bed Side Half Length	RA	M	
E0305	Rails Bed Side Half Length	RB	M	
E0305	Rails Bed Side Half Length	RR	$13.55	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
E0310	Rails Bed Side Full Length		$134.64	
E0310	Rails Bed Side Full Length	RA	M	
E0310	Rails Bed Side Full Length	RB	M	
E0310	Rails Bed Side Full Length	RR	$13.46	
E0316	Bed Safety Enclosure		$1,728.42	
E0316	Bed Safety Enclosure	RR	$172.84	
E0325	Urinal Male Jug-Type		$7.59	
E0325	Urinal Male Jug-Type	RR	$0.77	
E0326	Urinal Female Jug-Type		$7.89	
E0326	Urinal Female Jug-Type	RR	$0.80	
E0328	Ped Hospital Bed, Manual		M	
E0328	Ped Hospital Bed, Manual	RR	M	
E0329	Ped Hospital Bed Semi/Elect		M	
E0329	Ped Hospital Bed Semi/Elect	RR	M	
E0371	Nonpower Mattress Overlay	RB	M	
E0371	Nonpower Mattress Overlay	RR	$281.57	
E0372	Powered Air Mattress Overlay	RA	M	
E0372	Powered Air Mattress Overlay	RB	M	
E0372	Powered Air Mattress Overlay	RR	$341.66	
E0373	Nonpowered Pressure Mattress	RA	M	
E0373	Nonpowered Pressure Mattress	RB	M	
E0373	Nonpowered Pressure Mattress	RR	$391.36	
E0424	Stationary Compressed Gas 02	RR	$176.99	
E0431	Portable Gaseous 02	RR	$28.33	
E0434	Portable Liquid 02	RR	$28.33	
E0439	Stationary Liquid 02	RR	M	
E0441	Stationary O2 Contents, Gas		$57.00	
E0442	Stationary O2 Contents, Liq		$57.00	
E0443	Portable 02 Contents, Gas		$18.91	
E0444	Portable 02 Contents, Liquid		$1.20	
E0445	Oximeter Non-Invasive	RR	$338.01	
E0455	Oxygen Tent Excl Croup/Ped T		$25.72	
E0457	Chest Shell		M	
E0457	Chest Shell	RR	M	
E0462	Rocking Bed W/ Or W/O Side R	RR	$218.76	
E0465	Home Vent Invasive Interface	RR	$843.04	
E0466	Home Vent Non-Invasive Inter	RR	$843.04	
E0470	Rad W/O Backup Non-Inv Intfc	RR	$183.61	
E0471	Rad W/Backup Non Inv Intrfc	RR	$416.35	
E0480	Percussor Elect/Pneum Home M		$329.88	
E0480	Percussor Elect/Pneum Home M	RA	M	
E0480	Percussor Elect/Pneum Home M	RB	M	
E0480	Percussor Elect/Pneum Home M	RR	$33.00	
E0482	Cough Stimulating Device		$3,783.40	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
E0482	Cough Stimulating Device	RA	M	
E0482	Cough Stimulating Device	RB	M	
E0482	Cough Stimulating Device	RR	$378.34	
E0483	Chest Compression Gen System	RR	$938.96	
E0484	Non-Elec Oscillatory Pep Dvc		$23.40	
E0484	Non-Elec Oscillatory Pep Dvc	RR	$2.34	
E0500	Ippb All Types		$660.04	
E0500	Ippb All Types	RA	M	
E0500	Ippb All Types	RB	M	
E0500	Ippb All Types	RR	$66.00	
E0550	Humidif Extens Supple W Ippb		$345.92	
E0550	Humidif Extens Supple W Ippb	RA	M	
E0550	Humidif Extens Supple W Ippb	RB	M	
E0550	Humidif Extens Supple W Ippb	RR	$34.60	
E0560	Humidifier Supplemental W/ I		$138.69	
E0560	Humidifier Supplemental W/ I	RA	M	
E0560	Humidifier Supplemental W/ I	RB	M	
E0560	Humidifier Supplemental W/ I	RR	$13.88	
E0561	Humidifier Nonheated W Pap		$90.27	
E0561	Humidifier Nonheated W Pap	RR	$9.03	
E0562	Humidifier Heated Used W Pap		$143.06	
E0562	Humidifier Heated Used W Pap	RR	$14.31	
E0565	Compressor Air Power Source		$376.62	
E0565	Compressor Air Power Source	RA	M	
E0565	Compressor Air Power Source	RB	M	
E0565	Compressor Air Power Source	RR	$37.65	
E0570	Nebulizer With Compression		$142.20	
E0570	Nebulizer With Compression	RA	M	
E0570	Nebulizer With Compression	RB	M	
E0570	Nebulizer With Compression	RR	$14.22	
E0574	Ultrasonic Generator W Svneb	RR	$27.55	
E0575	Nebulizer Ultrasonic		$903.33	
E0575	Nebulizer Ultrasonic	RA	M	
E0575	Nebulizer Ultrasonic	RB	M	
E0575	Nebulizer Ultrasonic	RR	$90.33	
E0585	Nebulizer W/ Compressor & He		$263.28	
E0585	Nebulizer W/ Compressor & He	RA	M	
E0585	Nebulizer W/ Compressor & He	RB	M	
E0585	Nebulizer W/ Compressor & He	RR	$26.33	
E0600	Suction Pump Portab Hom Modl		$299.44	
E0600	Suction Pump Portab Hom Modl	RA	M	
E0600	Suction Pump Portab Hom Modl	RB	M	
E0600	Suction Pump Portab Hom Modl	RR	$29.94	
E0601	Cont Airway Pressure Device	RR	$76.09	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
E0602	Manual Breast Pump		$23.75	
E0602	Manual Breast Pump	RR	$2.37	
E0603	Electric Breast Pump		$134.32	
E0603	Electric Breast Pump	RR	$13.43	
E0604	Hosp Grade Elec Breast Pump	KH	$61.82	
E0604	Hosp Grade Elec Breast Pump	RR	$32.14	
E0605	Vaporizer Room Type		$17.51	
E0605	Vaporizer Room Type	RR	$1.74	
E0606	Drainage Board Postural		$28.47	
E0606	Drainage Board Postural	RR	$2.86	
E0607	Blood Glucose Monitor Home		$59.01	
E0607	Blood Glucose Monitor Home	RA	M	
E0607	Blood Glucose Monitor Home	RB	M	
E0619	Apnea Monitor W Recorder	RR	$225.97	
E0621	Patient Lift Sling Or Seat		$54.20	
E0621	Patient Lift Sling Or Seat	RA	M	
E0621	Patient Lift Sling Or Seat	RB	M	
E0621	Patient Lift Sling Or Seat	RR	$5.41	
E0625	Patient Lift Bathroom Or Toi	U4	M	
E0630	Patient Lift Hydraulic		$824.83	
E0630	Patient Lift Hydraulic	RA	M	
E0630	Patient Lift Hydraulic	RB	M	
E0630	Patient Lift Hydraulic	RR	$82.48	
E0635	Patient Lift Electric		M	
E0635	Patient Lift Electric	RA	M	
E0635	Patient Lift Electric	RB	M	
E0635	Patient Lift Electric	RR	M	
E0636	Pt Support & Positioning Sys		$727.64	
E0636	Pt Support & Positioning Sys	RA	M	
E0636	Pt Support & Positioning Sys	RB	M	
E0636	Pt Support & Positioning Sys	RR	$72.77	
E0637	Combination Sit To Stand Sys		M	
E0638	Standing Frame Sys		$3,951.86	
E0638	Standing Frame Sys	RB	M	
E0638	Standing Frame Sys	RR	$395.19	
E0639	Moveable Patient Lift System		M	
E0639	Moveable Patient Lift System	RA	M	
E0639	Moveable Patient Lift System	RB	M	
E0639	Moveable Patient Lift System	RR	M	
E0641	Multi-Position Stnd Fram Sys		M	
E0641	Multi-Position Stnd Fram Sys	RA	M	
E0641	Multi-Position Stnd Fram Sys	RB	M	
E0641	Multi-Position Stnd Fram Sys	RR	M	
E0642	Dynamic Standing Frame		$3,951.86	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
E0642	Dynamic Standing Frame	RA	M	
E0642	Dynamic Standing Frame	RB	M	
E0642	Dynamic Standing Frame	RR	M	
E0650	Pneuma Compresor Non-Segment		$540.68	
E0650	Pneuma Compresor Non-Segment	RA	M	
E0650	Pneuma Compresor Non-Segment	RB	M	
E0650	Pneuma Compresor Non-Segment	RR	$54.07	
E0651	Pneum Compressor Segmental		$608.37	
E0651	Pneum Compressor Segmental	RA	M	
E0651	Pneum Compressor Segmental	RB	M	
E0651	Pneum Compressor Segmental	RR	$60.83	
E0652	Pneum Compres W/Cal Pressure		$3,850.47	
E0652	Pneum Compres W/Cal Pressure	RA	M	
E0652	Pneum Compres W/Cal Pressure	RB	M	
E0652	Pneum Compres W/Cal Pressure	RR	$384.87	
E0655	Pneumatic Appliance Half Arm		$75.32	
E0655	Pneumatic Appliance Half Arm	RR	$7.53	
E0656	Segmental Pneumatic Trunk		M	
E0656	Segmental Pneumatic Trunk	RR	M	
E0657	Segmental Pneumatic Chest		M	
E0657	Segmental Pneumatic Chest	RR	M	
E0660	Pneumatic Appliance Full Leg		$122.77	
E0660	Pneumatic Appliance Full Leg	RR	$12.27	
E0665	Pneumatic Appliance Full Arm		$110.69	
E0665	Pneumatic Appliance Full Arm	RR	$11.08	
E0666	Pneumatic Appliance Half Leg		$100.62	
E0666	Pneumatic Appliance Half Leg	RR	$10.05	
E0667	Seg Pneumatic Appl Full Leg		$285.96	
E0667	Seg Pneumatic Appl Full Leg	RR	$28.60	
E0668	Seg Pneumatic Appl Full Arm		$331.74	
E0668	Seg Pneumatic Appl Full Arm	RR	$33.17	
E0669	Seg Pneumatic Appli Half Leg		$159.87	
E0669	Seg Pneumatic Appli Half Leg	RR	$15.98	
E0670	Seg Pneum Int Legs/Trunk		M	
E0670	Seg Pneum Int Legs/Trunk	RR	M	
E0671	Pressure Pneum Appl Full Leg		$286.63	
E0671	Pressure Pneum Appl Full Leg	RR	$28.66	
E0672	Pressure Pneum Appl Full Arm		$222.74	
E0672	Pressure Pneum Appl Full Arm	RR	$22.27	
E0673	Pressure Pneum Appl Half Leg		$185.05	
E0673	Pressure Pneum Appl Half Leg	RR	$18.51	
E0700	Safety Equipment		$63.09	
E0700	Safety Equipment	RA	M	
E0700	Safety Equipment	RB	M	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
E0705	Transfer Device		$41.05	
E0705	Transfer Device	RA	M	
E0705	Transfer Device	RB	M	
E0705	Transfer Device	RR	$4.10	
E0710	Restraints Any Type		$11.02	
E0720	Tens Two Lead		$306.41	
E0720	Tens Two Lead	RA	M	
E0720	Tens Two Lead	RB	M	
E0720	Tens Two Lead	RR	$30.64	
E0730	Tens Four Lead		$327.28	
E0730	Tens Four Lead	RA	M	
E0730	Tens Four Lead	RB	M	
E0730	Tens Four Lead	RR	$32.74	
E0731	Conductive Garment For Tens/		$209.19	
E0747	Elec Osteogen Stim Not Spine	RR	$246.23	
E0748	Elec Osteogen Stim Spinal	RR	$261.40	
E0760	Osteogen Ultrasound Stimltor	RR	$264.12	
E0776	Iv Pole	NU	$94.84	
E0776	Iv Pole	RA	M	
E0776	Iv Pole	RB	M	
E0776	Iv Pole	RR	$9.49	
E0776	Iv Pole	UE	$71.13	
E0784	Ext Amb Infusn Pump Insulin		$3,687.97	
E0784	Ext Amb Infusn Pump Insulin	RA	M	
E0784	Ext Amb Infusn Pump Insulin	RB	M	
E0840	Tract Frame Attach Headboard		$41.27	
E0840	Tract Frame Attach Headboard	RR	$4.12	
E0850	Traction Stand Free Standing		$59.16	
E0850	Traction Stand Free Standing	RR	$5.91	
E0860	Tract Equip Cervical Tract		$28.24	
E0860	Tract Equip Cervical Tract	RR	$2.82	
E0870	Tract Frame Attach Footboard		$77.04	
E0870	Tract Frame Attach Footboard	RR	$7.70	
E0880	Trac Stand Free Stand Extrem		$83.15	
E0880	Trac Stand Free Stand Extrem	RR	$8.32	
E0890	Traction Frame Attach Pelvic		$67.79	
E0890	Traction Frame Attach Pelvic	RR	$6.78	
E0900	Trac Stand Free Stand Pelvic		$74.39	
E0900	Trac Stand Free Stand Pelvic	RR	$7.43	
E0910	Trapeze Bar Attached To Bed		$139.35	
E0910	Trapeze Bar Attached To Bed	RA	M	
E0910	Trapeze Bar Attached To Bed	RB	M	
E0910	Trapeze Bar Attached To Bed	RR	$13.93	
E0911	Hd Trapeze Bar Attach To Bed		$315.56	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
E0911	Hd Trapeze Bar Attach To Bed	RA	M	
E0911	Hd Trapeze Bar Attach To Bed	RB	M	
E0911	Hd Trapeze Bar Attach To Bed	RR	$31.56	
E0912	Hd Trapeze Bar Free Standing		$315.56	
E0912	Hd Trapeze Bar Free Standing	RA	M	
E0912	Hd Trapeze Bar Free Standing	RB	M	
E0912	Hd Trapeze Bar Free Standing	RR	$31.56	
E0920	Fracture Frame Attached To B		$346.39	
E0920	Fracture Frame Attached To B	RR	$34.63	
E0930	Fracture Frame Free Standing		$109.22	
E0930	Fracture Frame Free Standing	RR	$10.92	
E0935	Cont Pas Motion Exercise Dev	RR	$20.91	
E0936	Cpm Device, Other Than Knee	RR	$20.91	
E0940	Trapeze Bar Free Standing		$277.76	
E0940	Trapeze Bar Free Standing	RA	M	
E0940	Trapeze Bar Free Standing	RB	M	
E0940	Trapeze Bar Free Standing	RR	$27.77	
E0942	Cervical Head Harness/Halter		$13.15	
E0942	Cervical Head Harness/Halter	RR	$1.31	
E0944	Pelvic Belt/Harness/Boot		$32.95	
E0944	Pelvic Belt/Harness/Boot	RA	M	
E0944	Pelvic Belt/Harness/Boot	RR	$3.30	
E0945	Belt/Harness Extremity		$32.95	
E0945	Belt/Harness Extremity	RA	M	
E0945	Belt/Harness Extremity	RR	$3.30	
E0946	Fracture Frame Dual W Cross		$203.39	
E0946	Fracture Frame Dual W Cross	RR	$20.34	
E0947	Fracture Frame Attachmnts Pe		$368.87	
E0947	Fracture Frame Attachmnts Pe	RR	$36.90	
E0948	Fracture Frame Attachmnts Ce		$343.90	
E0948	Fracture Frame Attachmnts Ce	RR	$34.38	
E0950	Tray		$91.81	
E0950	Tray	RA	M	
E0950	Tray	RB	M	
E0950	Tray	RR	$9.19	
E0950	Tray	U4	M	
E0951	Loop Heel		$14.51	
E0951	Loop Heel	RA	M	
E0951	Loop Heel	RR	$1.45	
E0952	Toe Loop/Holder, Each		$14.02	
E0952	Toe Loop/Holder, Each	RA	M	
E0952	Toe Loop/Holder, Each	RR	$1.41	
E0955	Cushioned Headrest		$178.57	
E0955	Cushioned Headrest	RA	M	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
E0955	Cushioned Headrest	RB	M	
E0955	Cushioned Headrest	RR	$17.85	
E0955	Cushioned Headrest	U4	M	
E0956	W/C Lateral Trunk/Hip Suppor		$87.06	
E0956	W/C Lateral Trunk/Hip Suppor	RA	M	
E0956	W/C Lateral Trunk/Hip Suppor	RB	M	
E0956	W/C Lateral Trunk/Hip Suppor	RR	$8.70	
E0957	W/C Medial Thigh Support		$121.81	
E0957	W/C Medial Thigh Support	RA	M	
E0957	W/C Medial Thigh Support	RB	M	
E0957	W/C Medial Thigh Support	RR	$12.18	
E0958	Whlchr Att- Conv 1 Arm Drive		$367.67	
E0958	Whlchr Att- Conv 1 Arm Drive	RA	M	
E0958	Whlchr Att- Conv 1 Arm Drive	RB	M	
E0958	Whlchr Att- Conv 1 Arm Drive	RR	$36.76	
E0959	Amputee Adapter		$35.68	
E0959	Amputee Adapter	RA	M	
E0959	Amputee Adapter	RR	$3.56	
E0960	W/C Shoulder Harness/Straps		$80.36	
E0960	W/C Shoulder Harness/Straps	RA	M	
E0960	W/C Shoulder Harness/Straps	RR	$8.03	
E0960	W/C Shoulder Harness/Straps	U4	M	
E0961	Wheelchair Brake Extension		$23.80	
E0961	Wheelchair Brake Extension	RA	M	
E0961	Wheelchair Brake Extension	RR	$2.39	
E0966	Wheelchair Head Rest Extensi		$63.02	
E0966	Wheelchair Head Rest Extensi	RA	M	
E0966	Wheelchair Head Rest Extensi	RR	$6.30	
E0967	Manual Wc Hand Rim W Project		$58.02	
E0967	Manual Wc Hand Rim W Project	RA	M	
E0967	Manual Wc Hand Rim W Project	RR	$5.81	
E0968	Wheelchair Commode Seat		$157.83	
E0968	Wheelchair Commode Seat	RR	$15.78	
E0969	Wheelchair Narrowing Device		$137.22	
E0969	Wheelchair Narrowing Device	RR	$13.72	
E0971	Wheelchair Anti-Tipping Devi		$39.91	
E0971	Wheelchair Anti-Tipping Devi	RR	$4.00	
E0973	W/Ch Access Det Adj Armrest		$64.74	
E0973	W/Ch Access Det Adj Armrest	RA	M	
E0973	W/Ch Access Det Adj Armrest	RB	M	
E0973	W/Ch Access Det Adj Armrest	RR	$6.48	
E0974	W/Ch Access Anti-Rollback		$69.25	
E0974	W/Ch Access Anti-Rollback	RA	M	
E0974	W/Ch Access Anti-Rollback	RR	$6.93	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
E0978	W/C Acc,Saf Belt Pelv Strap		$32.14	
E0978	W/C Acc,Saf Belt Pelv Strap	RA	M	
E0978	W/C Acc,Saf Belt Pelv Strap	RR	$3.21	
E0978	W/C Acc,Saf Belt Pelv Strap	U4	M	
E0980	Wheelchair Safety Vest		$25.86	
E0980	Wheelchair Safety Vest	RR	$2.59	
E0981	Seat Upholstery, Replacement		$36.66	
E0981	Seat Upholstery, Replacement	RR	$3.66	
E0982	Back Upholstery, Replacement		$34.80	
E0982	Back Upholstery, Replacement	RR	$3.48	
E0983	Add Pwr Joystick		$2,099.61	
E0983	Add Pwr Joystick	RR	$209.96	
E0984	Add Pwr Tiller		$1,434.31	
E0984	Add Pwr Tiller	RR	$143.42	
E0986	Man W/C Push-Rim Powr System		$4,129.84	
E0986	Man W/C Push-Rim Powr System	RA	M	
E0986	Man W/C Push-Rim Powr System	RB	M	
E0986	Man W/C Push-Rim Powr System	RR	$412.98	
E0990	Wheelchair Elevating Leg Res		$88.17	
E0990	Wheelchair Elevating Leg Res	RA	M	
E0990	Wheelchair Elevating Leg Res	RB	M	
E0990	Wheelchair Elevating Leg Res	RR	$8.82	
E0992	Wheelchair Solid Seat Insert		$71.42	
E0992	Wheelchair Solid Seat Insert	RA	M	
E0992	Wheelchair Solid Seat Insert	RR	$7.14	
E0995	Wheelchair Calf Rest		$26.63	
E0995	Wheelchair Calf Rest	RA	M	
E0995	Wheelchair Calf Rest	RR	$2.66	
E1002	Pwr Seat Tilt		M	
E1002	Pwr Seat Tilt	RB	M	
E1002	Pwr Seat Tilt	RR	M	
E1003	Pwr Seat Recline		M	
E1003	Pwr Seat Recline	RA	M	
E1003	Pwr Seat Recline	RB	M	
E1003	Pwr Seat Recline	RR	M	
E1004	Pwr Seat Recline Mech		M	
E1004	Pwr Seat Recline Mech	RB	M	
E1004	Pwr Seat Recline Mech	RR	M	
E1005	Pwr Seat Recline Pwr		M	
E1005	Pwr Seat Recline Pwr	RA	M	
E1005	Pwr Seat Recline Pwr	RB	M	
E1005	Pwr Seat Recline Pwr	RR	M	
E1006	Pwr Seat Combo W/O Shear		M	
E1006	Pwr Seat Combo W/O Shear	RA	M	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
E1006	Pwr Seat Combo W/O Shear	RB	M	
E1006	Pwr Seat Combo W/O Shear	RR	M	
E1007	Pwr Seat Combo W/Shear		M	
E1007	Pwr Seat Combo W/Shear	RA	M	
E1007	Pwr Seat Combo W/Shear	RB	M	
E1007	Pwr Seat Combo W/Shear	RR	M	
E1008	Pwr Seat Combo Pwr Shear		M	
E1008	Pwr Seat Combo Pwr Shear	RA	M	
E1008	Pwr Seat Combo Pwr Shear	RB	M	
E1008	Pwr Seat Combo Pwr Shear	RR	M	
E1009	Add Mech Leg Elevation		M	
E1009	Add Mech Leg Elevation	RA	M	
E1009	Add Mech Leg Elevation	RB	M	
E1009	Add Mech Leg Elevation	RR	M	
E1010	Add Pwr Leg Elevation		$736.59	
E1011	Ped Wc Modify Width Adjustm		$176.64	
E1011	Ped Wc Modify Width Adjustm	RR	$17.66	
E1012	Ctr Mount Pwr Elev Leg Rest		M	
E1012	Ctr Mount Pwr Elev Leg Rest	RA	M	
E1012	Ctr Mount Pwr Elev Leg Rest	RB	M	
E1014	Reclining Back Add Ped W/C		$322.49	
E1014	Reclining Back Add Ped W/C	RR	$32.26	
E1015	Shock Absorber For Man W/C		$101.31	
E1015	Shock Absorber For Man W/C	RR	$10.12	
E1016	Shock Absorber For Power W/C		$115.98	
E1016	Shock Absorber For Power W/C	RR	$11.61	
E1017	Hd Shck Absrbr For Hd Man Wc		M	
E1017	Hd Shck Absrbr For Hd Man Wc	RR	M	
E1018	Hd Shck Absrber For Hd Powwc		M	
E1018	Hd Shck Absrber For Hd Powwc	RR	M	
E1020	Residual Limb Support System		$214.97	
E1020	Residual Limb Support System	RA	M	
E1020	Residual Limb Support System	RR	$21.49	
E1028	W/C Manual Swingaway		$133.01	
E1028	W/C Manual Swingaway	RR	$13.30	
E1029	W/C Vent Tray Fixed		$237.97	
E1029	W/C Vent Tray Fixed	RR	$23.80	
E1030	W/C Vent Tray Gimbaled		$750.42	
E1030	W/C Vent Tray Gimbaled	RR	$75.05	
E1037	Transport Chair, Ped Size	NU	$487.22	
E1037	Transport Chair, Ped Size	RA	M	
E1037	Transport Chair, Ped Size	RB	M	
E1037	Transport Chair, Ped Size	RR	$48.71	
E1037	Transport Chair, Ped Size	UE	$365.42	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
E1038	Transport Chair Pt Wt<=300lb	NU	$165.88	
E1038	Transport Chair Pt Wt<=300lb	RA	M	
E1038	Transport Chair Pt Wt<=300lb	RB	M	
E1038	Transport Chair Pt Wt<=300lb	RR	$16.59	
E1038	Transport Chair Pt Wt<=300lb	UE	$124.41	
E1039	Transport Chair Pt Wt >300lb	NU	$314.64	
E1039	Transport Chair Pt Wt >300lb	RR	$31.46	
E1039	Transport Chair Pt Wt >300lb	UE	$235.98	
E1161	Manual Adult Wc W Tiltinspac	NU	$2,083.65	
E1161	Manual Adult Wc W Tiltinspac	RA	M	
E1161	Manual Adult Wc W Tiltinspac	RB	M	
E1161	Manual Adult Wc W Tiltinspac	RR	$208.36	
E1161	Manual Adult Wc W Tiltinspac	UE	$1,562.74	
E1225	Manual Semi-Reclining Back		M	
E1225	Manual Semi-Reclining Back	RA	M	
E1225	Manual Semi-Reclining Back	RB	M	
E1225	Manual Semi-Reclining Back	RR	M	
E1226	Manual Fully Reclining Back		$481.92	
E1226	Manual Fully Reclining Back	RA	M	
E1226	Manual Fully Reclining Back	RB	M	
E1226	Manual Fully Reclining Back	RR	$48.19	
E1227	Wheelchair Spec Sz Spec Ht A		$245.08	
E1227	Wheelchair Spec Sz Spec Ht A	RA	M	
E1227	Wheelchair Spec Sz Spec Ht A	RR	$24.50	
E1228	Wheelchair Spec Sz Spec Ht B		$247.47	
E1228	Wheelchair Spec Sz Spec Ht B	RA	M	
E1228	Wheelchair Spec Sz Spec Ht B	RR	$24.74	
E1229	Pediatric Wheelchair Nos		M	
E1229	Pediatric Wheelchair Nos	RA	M	
E1229	Pediatric Wheelchair Nos	RB	M	
E1230	Power Operated Vehicle		$1,697.97	
E1230	Power Operated Vehicle	RA	M	
E1230	Power Operated Vehicle	RR	$169.80	
E1231	Rigid Ped W/C Tilt-In-Space		$2,204.46	
E1231	Rigid Ped W/C Tilt-In-Space	RA	M	
E1231	Rigid Ped W/C Tilt-In-Space	RB	M	
E1231	Rigid Ped W/C Tilt-In-Space	RR	$220.45	
E1232	Folding Ped Wc Tilt-In-Space		$1,884.93	
E1232	Folding Ped Wc Tilt-In-Space	RA	M	
E1232	Folding Ped Wc Tilt-In-Space	RB	M	
E1232	Folding Ped Wc Tilt-In-Space	RR	$188.49	
E1233	Rig Ped Wc Tltnspc W/O Seat		$1,956.94	
E1233	Rig Ped Wc Tltnspc W/O Seat	RA	M	
E1233	Rig Ped Wc Tltnspc W/O Seat	RB	M	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
E1233	Rig Ped Wc Tltnspc W/O Seat	RR	$195.69	
E1234	Fld Ped Wc Tltnspc W/O Seat		$1,703.65	
E1234	Fld Ped Wc Tltnspc W/O Seat	RA	M	
E1234	Fld Ped Wc Tltnspc W/O Seat	RB	M	
E1234	Fld Ped Wc Tltnspc W/O Seat	RR	$170.36	
E1235	Rigid Ped Wc Adjustable		$1,640.47	
E1235	Rigid Ped Wc Adjustable	RA	M	
E1235	Rigid Ped Wc Adjustable	RB	M	
E1235	Rigid Ped Wc Adjustable	RR	$164.05	
E1236	Folding Ped Wc Adjustable		$1,086.63	
E1236	Folding Ped Wc Adjustable	RA	M	
E1236	Folding Ped Wc Adjustable	RB	M	
E1236	Folding Ped Wc Adjustable	RR	$108.67	
E1237	Rgd Ped Wc Adjstabl W/O Seat		$1,459.97	
E1237	Rgd Ped Wc Adjstabl W/O Seat	RA	M	
E1237	Rgd Ped Wc Adjstabl W/O Seat	RB	M	
E1237	Rgd Ped Wc Adjstabl W/O Seat	RR	$145.99	
E1238	Fld Ped Wc Adjstabl W/O Seat		$1,086.63	
E1238	Fld Ped Wc Adjstabl W/O Seat	RA	M	
E1238	Fld Ped Wc Adjstabl W/O Seat	RB	M	
E1238	Fld Ped Wc Adjstabl W/O Seat	RR	$108.67	
E1239	Ped Power Wheelchair Nos		M	
E1239	Ped Power Wheelchair Nos	RA	M	
E1239	Ped Power Wheelchair Nos	RB	M	
E1296	Wheelchair Special Seat Heig		$366.14	
E1296	Wheelchair Special Seat Heig	RR	$36.62	
E1297	Wheelchair Special Seat Dept		$92.39	
E1297	Wheelchair Special Seat Dept	RR	$9.24	
E1298	Wheelchair Spec Seat Depth/W		$318.04	
E1298	Wheelchair Spec Seat Depth/W	RR	$31.81	
E1356	Batt Pack/Cart, Port Conc		M	
E1357	Battery Charger, Port Conc		M	
E1390	Oxygen Concentrator	RR	$147.51	
E1391	Oxygen Concentrator, Dual	RR	$147.51	
E1399	Durable Medical Equipment Mi		M	
E1399	Durable Medical Equipment Mi	RA	M	
E1399	Durable Medical Equipment Mi	RB	M	
E1399	Durable Medical Equipment Mi	RR	M	
E1405	O2/Water Vapor Enrich W/Heat	RR	$203.33	
E1406	O2/Water Vapor Enrich W/O He	RR	$157.88	
E1639	Dialysis Scale		M	
E1902	Aac Non-Electronic Board		$26.50	
E1902	Aac Non-Electronic Board	RA	M	
E1902	Aac Non-Electronic Board	RB	M	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
E2000	Gastric Suction Pump Hme Mdl	RR	$34.19	
E2100	Bld Glucose Monitor W Voice		$377.23	
E2100	Bld Glucose Monitor W Voice	RR	$37.72	
E2201	Man W/Ch Acc Seat W>=20"<24"		$257.45	
E2201	Man W/Ch Acc Seat W>=20"<24"	RR	$25.74	
E2202	Seat Width 24-27 In		$327.05	
E2202	Seat Width 24-27 In	RR	$32.71	
E2203	Frame Depth Less Than 22 In		$330.55	
E2203	Frame Depth Less Than 22 In	RR	$33.05	
E2204	Frame Depth 22 To 25 In		$561.25	
E2204	Frame Depth 22 To 25 In	RR	$56.13	
E2205	Manual Wc Accessory, Handrim		$28.86	
E2205	Manual Wc Accessory, Handrim	RR	$2.88	
E2206	Complete Wheel Lock Assembly		$35.64	
E2206	Complete Wheel Lock Assembly	RA	M	
E2206	Complete Wheel Lock Assembly	RR	$3.56	
E2207	Crutch And Cane Holder		$37.98	
E2207	Crutch And Cane Holder	RA	M	
E2207	Crutch And Cane Holder	RR	$3.80	
E2208	Cylinder Tank Carrier		$104.07	
E2208	Cylinder Tank Carrier	RA	M	
E2208	Cylinder Tank Carrier	RR	$10.41	
E2209	Arm Trough Each		$93.89	
E2209	Arm Trough Each	RA	M	
E2209	Arm Trough Each	RR	$9.38	
E2210	Wheelchair Bearings		$6.03	
E2210	Wheelchair Bearings	RR	$0.60	
E2211	Pneumatic Propulsion Tire		$30.12	
E2211	Pneumatic Propulsion Tire	RA	M	
E2211	Pneumatic Propulsion Tire	RR	$3.01	
E2212	Pneumatic Prop Tire Tube		$5.16	
E2212	Pneumatic Prop Tire Tube	RA	M	
E2212	Pneumatic Prop Tire Tube	RR	$0.52	
E2213	Pneumatic Prop Tire Insert		$26.85	
E2213	Pneumatic Prop Tire Insert	RA	M	
E2213	Pneumatic Prop Tire Insert	RR	$2.68	
E2214	Pneumatic Caster Tire Each		$31.54	
E2214	Pneumatic Caster Tire Each	RA	M	
E2214	Pneumatic Caster Tire Each	RR	$3.15	
E2215	Pneumatic Caster Tire Tube		$8.41	
E2215	Pneumatic Caster Tire Tube	RA	M	
E2215	Pneumatic Caster Tire Tube	RR	$0.84	
E2216	Foam Filled Propulsion Tire		$51.52	
E2216	Foam Filled Propulsion Tire	RA	M	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
E2216	Foam Filled Propulsion Tire	RR	$5.16	
E2217	Foam Filled Caster Tire Each		$38.64	
E2217	Foam Filled Caster Tire Each	RA	M	
E2217	Foam Filled Caster Tire Each	RR	$3.86	
E2219	Foam Caster Tire Any Size Ea		$38.51	
E2219	Foam Caster Tire Any Size Ea	RA	M	
E2219	Foam Caster Tire Any Size Ea	RR	$3.85	
E2220	Solid Propulsion Tire Each		$21.24	
E2220	Solid Propulsion Tire Each	RA	M	
E2220	Solid Propulsion Tire Each	RR	$2.13	
E2221	Solid Caster Tire Each		$22.39	
E2221	Solid Caster Tire Each	RA	M	
E2221	Solid Caster Tire Each	RR	$2.23	
E2222	Solid Caster Integrated Whl		$15.36	
E2222	Solid Caster Integrated Whl	RA	M	
E2222	Solid Caster Integrated Whl	RR	$1.53	
E2224	Propulsion Whl Excludes Tire		$76.69	
E2224	Propulsion Whl Excludes Tire	RA	M	
E2224	Propulsion Whl Excludes Tire	RR	$7.68	
E2225	Caster Wheel Excludes Tire		$16.00	
E2225	Caster Wheel Excludes Tire	RR	$1.60	
E2226	Caster Fork Replacement Only		$34.90	
E2226	Caster Fork Replacement Only	RR	$3.49	
E2230	Manual Standing System		M	
E2231	Solid Seat Support Base		$118.76	
E2231	Solid Seat Support Base	RA	M	
E2291	Planar Back For Ped Size Wc		M	
E2292	Planar Seat For Ped Size Wc		M	
E2293	Contour Back For Ped Size Wc		M	
E2294	Contour Seat For Ped Size Wc		M	
E2295	Ped Dynamic Seating Frame		M	
E2295	Ped Dynamic Seating Frame	RA	M	
E2300	Pwr Seat Elevation Sys		M	
E2300	Pwr Seat Elevation Sys	RA	M	
E2300	Pwr Seat Elevation Sys	RB	M	
E2301	Pwr Standing		M	
E2301	Pwr Standing	RA	M	
E2301	Pwr Standing	RB	M	
E2310	Electro Connect Btw Control		$753.62	
E2310	Electro Connect Btw Control	RA	M	
E2310	Electro Connect Btw Control	RB	M	
E2310	Electro Connect Btw Control	RR	$75.36	
E2311	Electro Connect Btw 2 Sys		$1,525.76	
E2311	Electro Connect Btw 2 Sys	RA	M	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
E2311	Electro Connect Btw 2 Sys	RB	M	
E2311	Electro Connect Btw 2 Sys	RR	$152.58	
E2312	Mini-Prop Remote Joystick		M	
E2312	Mini-Prop Remote Joystick	RA	M	
E2312	Mini-Prop Remote Joystick	RB	M	
E2313	Pwc Harness, Expand Control		M	
E2321	Hand Interface Joystick		$1,096.49	
E2321	Hand Interface Joystick	RA	M	
E2321	Hand Interface Joystick	RB	M	
E2321	Hand Interface Joystick	RR	$109.64	
E2323	Special Joystick Handle		$54.68	
E2323	Special Joystick Handle	RA	M	
E2324	Chin Cup Interface		M	
E2324	Chin Cup Interface	RA	M	
E2325	Sip And Puff Interface		$929.31	
E2325	Sip And Puff Interface	RA	M	
E2325	Sip And Puff Interface	RB	M	
E2325	Sip And Puff Interface	RR	$92.93	
E2326	Breath Tube Kit		$274.44	
E2326	Breath Tube Kit	RA	M	
E2327	Head Control Interface Mech		$1,802.55	
E2327	Head Control Interface Mech	RA	M	
E2327	Head Control Interface Mech	RB	M	
E2327	Head Control Interface Mech	RR	$180.25	
E2328	Head/Extremity Control Inter		$2,499.17	
E2328	Head/Extremity Control Inter	RA	M	
E2328	Head/Extremity Control Inter	RB	M	
E2328	Head/Extremity Control Inter	RR	$249.91	
E2329	Head Control Nonproportional		$1,218.64	
E2329	Head Control Nonproportional	RA	M	
E2329	Head Control Nonproportional	RB	M	
E2329	Head Control Nonproportional	RR	$121.86	
E2330	Head Control Proximity Switc		$2,361.25	
E2330	Head Control Proximity Switc	RA	M	
E2330	Head Control Proximity Switc	RB	M	
E2330	Head Control Proximity Switc	RR	$236.12	
E2331	Attendant Control		M	
E2340	W/C Wdth 20-23 In Seat Frame		$247.27	
E2340	W/C Wdth 20-23 In Seat Frame	RR	$24.72	
E2341	W/C Wdth 24-27 In Seat Frame		$370.93	
E2341	W/C Wdth 24-27 In Seat Frame	RR	$37.10	
E2342	W/C Dpth 20-21 In Seat Frame		$309.11	
E2342	W/C Dpth 20-21 In Seat Frame	RR	$30.92	
E2343	W/C Dpth 22-25 In Seat Frame		$494.59	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
E2343	W/C Dpth 22-25 In Seat Frame	RR	$49.46	
E2351	Electronic Sgd Interface		$482.05	
E2351	Electronic Sgd Interface	RR	$48.20	
E2358	Gr 34 Nonsealed Leadacid		M	
E2358	Gr 34 Nonsealed Leadacid	RA	M	
E2358	Gr 34 Nonsealed Leadacid	RR	M	
E2359	Gr34 Sealed Leadacid Battery		$140.28	
E2359	Gr34 Sealed Leadacid Battery	RA	M	
E2359	Gr34 Sealed Leadacid Battery	RR	$14.03	
E2360	22nf Nonsealed Leadacid		$83.66	
E2360	22nf Nonsealed Leadacid	RA	M	
E2360	22nf Nonsealed Leadacid	RR	$8.38	
E2361	22nf Sealed Leadacid Battery		$122.20	
E2361	22nf Sealed Leadacid Battery	RA	M	
E2361	22nf Sealed Leadacid Battery	RR	$12.22	
E2362	Gr24 Nonsealed Leadacid		$80.59	
E2362	Gr24 Nonsealed Leadacid	RA	M	
E2362	Gr24 Nonsealed Leadacid	RR	$8.02	
E2363	Gr24 Sealed Leadacid Battery		$162.96	
E2363	Gr24 Sealed Leadacid Battery	RA	M	
E2363	Gr24 Sealed Leadacid Battery	RR	$16.29	
E2364	U1nonsealed Leadacid Battery		$83.66	
E2364	U1nonsealed Leadacid Battery	RA	M	
E2364	U1nonsealed Leadacid Battery	RR	$8.37	
E2365	U1 Sealed Leadacid Battery		$98.28	
E2365	U1 Sealed Leadacid Battery	RA	M	
E2365	U1 Sealed Leadacid Battery	RR	$9.82	
E2366	Battery Charger, Single Mode		$148.44	
E2366	Battery Charger, Single Mode	RA	M	
E2366	Battery Charger, Single Mode	RR	$14.83	
E2367	Battery Charger, Dual Mode		$277.60	
E2367	Battery Charger, Dual Mode	RA	M	
E2367	Battery Charger, Dual Mode	RR	$27.75	
E2368	Pwr Wc Drivewheel Motor Repl		$332.67	
E2368	Pwr Wc Drivewheel Motor Repl	RR	$33.26	
E2369	Pwr Wc Drivewheel Gear Repl		$289.75	
E2369	Pwr Wc Drivewheel Gear Repl	RR	$28.98	
E2370	Pwr Wc Dr Wh Motor/Gear Comb		$517.02	
E2370	Pwr Wc Dr Wh Motor/Gear Comb	RR	$51.70	
E2371	Gr27 Sealed Leadacid Battery		$138.68	
E2371	Gr27 Sealed Leadacid Battery	RA	M	
E2371	Gr27 Sealed Leadacid Battery	RR	$13.87	
E2372	Gr27 Non-Sealed Leadacid		$89.79	
E2372	Gr27 Non-Sealed Leadacid	RA	M	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
E2372	Gr27 Non-Sealed Leadacid	RR	$8.98	
E2373	Hand/Chin Ctrl Spec Joystick		$560.10	
E2373	Hand/Chin Ctrl Spec Joystick	RA	M	
E2373	Hand/Chin Ctrl Spec Joystick	RB	M	
E2374	Hand/Chin Ctrl Std Joystick		$343.91	
E2375	Non-Expandable Controller		$551.63	
E2376	Expandable Controller, Repl		$864.42	
E2377	Expandable Controller, Initl		$312.79	
E2378	Pw Actuator Replacement		M	
E2381	Pneum Drive Wheel Tire		$66.75	
E2382	Tube, Pneum Wheel Drive Tire		$15.29	
E2383	Insert, Pneum Wheel Drive		$111.36	
E2384	Pneumatic Caster Tire		$43.36	
E2385	Tube, Pneumatic Caster Tire		$43.36	
E2386	Foam Filled Drive Wheel Tire		$66.75	
E2386	Foam Filled Drive Wheel Tire	RA	M	
E2387	Foam Filled Caster Tire		$43.36	
E2388	Foam Drive Wheel Tire		$32.45	
E2389	Foam Caster Tire		$17.61	
E2390	Solid Drive Wheel Tire		$27.55	
E2391	Solid Caster Tire		$15.08	
E2392	Solid Caster Tire, Integrate		$34.69	
E2392	Solid Caster Tire, Integrate	RA	M	
E2394	Drive Wheel Excludes Tire		$49.42	
E2395	Caster Wheel Excludes Tire		$35.12	
E2396	Caster Fork		$41.60	
E2402	Neg Press Wound Therapy Pump	RR	$37.89	
E2500	Sgd Digitized Pre-Rec <=8min		$330.40	
E2500	Sgd Digitized Pre-Rec <=8min	RA	M	
E2500	Sgd Digitized Pre-Rec <=8min	RB	M	
E2500	Sgd Digitized Pre-Rec <=8min	RR	$33.03	
E2502	Sgd Prerec Msg >8min <=20min		$792.10	
E2502	Sgd Prerec Msg >8min <=20min	RA	M	
E2502	Sgd Prerec Msg >8min <=20min	RB	M	
E2502	Sgd Prerec Msg >8min <=20min	RR	$79.22	
E2504	Sgd Prerec Msg>20min <=40min		$1,277.15	
E2504	Sgd Prerec Msg>20min <=40min	RA	M	
E2504	Sgd Prerec Msg>20min <=40min	RB	M	
E2504	Sgd Prerec Msg>20min <=40min	RR	$127.89	
E2506	Sgd Prerec Msg > 40 Min		$1,701.64	
E2506	Sgd Prerec Msg > 40 Min	RA	M	
E2506	Sgd Prerec Msg > 40 Min	RB	M	
E2506	Sgd Prerec Msg > 40 Min	RR	$170.16	
E2508	Sgd Spelling Phys Contact		$3,022.06	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
E2508	Sgd Spelling Phys Contact	RA	M	
E2508	Sgd Spelling Phys Contact	RB	M	
E2508	Sgd Spelling Phys Contact	RR	$302.21	
E2510	Sgd W Multi Methods Msg/Accs		$5,718.83	
E2510	Sgd W Multi Methods Msg/Accs	RA	M	
E2510	Sgd W Multi Methods Msg/Accs	RB	M	
E2510	Sgd W Multi Methods Msg/Accs	RR	$571.89	
E2511	Sgd Sftwre Prgrm For Pc/Pda		M	
E2511	Sgd Sftwre Prgrm For Pc/Pda	RR	M	
E2512	Sgd Accessory, Mounting Sys		M	
E2512	Sgd Accessory, Mounting Sys	RA	M	
E2512	Sgd Accessory, Mounting Sys	RR	M	
E2599	Sgd Accessory Noc		M	
E2599	Sgd Accessory Noc	RA	M	
E2599	Sgd Accessory Noc	RR	M	
E2601	Gen W/C Cushion Wdth < 22 In		$51.79	
E2601	Gen W/C Cushion Wdth < 22 In	RR	$5.17	
E2602	Gen W/C Cushion Wdth >=22 In		$87.86	
E2602	Gen W/C Cushion Wdth >=22 In	RR	$8.79	
E2603	Skin Protect Wc Cus Wd <22in		$139.47	
E2603	Skin Protect Wc Cus Wd <22in	RR	$13.95	
E2604	Skin Protect Wc Cus Wd>=22in		$121.32	
E2604	Skin Protect Wc Cus Wd>=22in	RR	$12.13	
E2605	Position Wc Cush Wdth <22 In		$173.33	
E2605	Position Wc Cush Wdth <22 In	RR	$17.34	
E2606	Position Wc Cush Wdth>=22 In		$270.43	
E2606	Position Wc Cush Wdth>=22 In	RR	$27.04	
E2607	Skin Pro/Pos Wc Cus Wd <22in		$261.08	
E2607	Skin Pro/Pos Wc Cus Wd <22in	RR	$26.10	
E2608	Skin Pro/Pos Wc Cus Wd>=22in		$224.16	
E2608	Skin Pro/Pos Wc Cus Wd>=22in	RR	$22.42	
E2609	Custom Fabricate W/C Cushion		M	
E2611	Gen Use Back Cush Wdth <22in		$220.68	
E2611	Gen Use Back Cush Wdth <22in	RR	$22.07	
E2612	Gen Use Back Cush Wdth>=22in		$272.11	
E2612	Gen Use Back Cush Wdth>=22in	RR	$27.22	
E2613	Position Back Cush Wd <22in		$347.14	
E2613	Position Back Cush Wd <22in	RR	$34.71	
E2614	Position Back Cush Wd>=22in		$350.29	
E2614	Position Back Cush Wd>=22in	RR	$35.04	
E2615	Pos Back Post/Lat Wdth <22in		$291.29	
E2615	Pos Back Post/Lat Wdth <22in	RR	$29.12	
E2616	Pos Back Post/Lat Wdth>=22in		$391.92	
E2616	Pos Back Post/Lat Wdth>=22in	RR	$39.20	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
E2617	Custom Fab W/C Back Cushion		M	
E2619	Replace Cover W/C Seat Cush		$44.96	
E2619	Replace Cover W/C Seat Cush	RR	$4.49	
E2620	Wc Planar Back Cush Wd <22in		$352.71	
E2620	Wc Planar Back Cush Wd <22in	RR	$35.28	
E2621	Wc Planar Back Cush Wd>=22in		$370.15	
E2621	Wc Planar Back Cush Wd>=22in	RR	$37.01	
E2622	Adj Skin Pro W/C Cus Wd<22in		M	
E2622	Adj Skin Pro W/C Cus Wd<22in	RA	M	
E2622	Adj Skin Pro W/C Cus Wd<22in	RB	M	
E2622	Adj Skin Pro W/C Cus Wd<22in	RR	M	
E2623	Adj Skin Pro Wc Cus Wd>=22in		M	
E2623	Adj Skin Pro Wc Cus Wd>=22in	RA	M	
E2623	Adj Skin Pro Wc Cus Wd>=22in	RB	M	
E2623	Adj Skin Pro Wc Cus Wd>=22in	RR	M	
E2624	Adj Skin Pro/Pos Cus<22in		M	
E2624	Adj Skin Pro/Pos Cus<22in	RA	M	
E2624	Adj Skin Pro/Pos Cus<22in	RB	M	
E2624	Adj Skin Pro/Pos Cus<22in	RR	M	
E2625	Adj Skin Pro/Pos Wc Cus>=22		M	
E2625	Adj Skin Pro/Pos Wc Cus>=22	RA	M	
E2625	Adj Skin Pro/Pos Wc Cus>=22	RB	M	
E2625	Adj Skin Pro/Pos Wc Cus>=22	RR	M	
E2626	Seo Mobile Arm Sup Att To Wc		$500.37	
E2626	Seo Mobile Arm Sup Att To Wc	RA	M	
E2626	Seo Mobile Arm Sup Att To Wc	RR	$50.03	
E8000	Posterior Gait Trainer		M	
E8000	Posterior Gait Trainer	RR	M	
E8001	Upright Gait Trainer		M	
E8001	Upright Gait Trainer	RR	M	
E8002	Anterior Gait Trainer		M	
E8002	Anterior Gait Trainer	RR	M	
K0001	Standard Wheelchair	NU	$470.47	
K0001	Standard Wheelchair	RA	M	
K0001	Standard Wheelchair	RB	M	
K0001	Standard Wheelchair	RR	$47.10	
K0001	Standard Wheelchair	UE	$352.85	
K0002	Stnd Hemi (Low Seat) Whlchr	NU	$476.02	
K0002	Stnd Hemi (Low Seat) Whlchr	RA	M	
K0002	Stnd Hemi (Low Seat) Whlchr	RB	M	
K0002	Stnd Hemi (Low Seat) Whlchr	RR	$47.60	
K0002	Stnd Hemi (Low Seat) Whlchr	UE	$357.02	
K0003	Lightweight Wheelchair	NU	$684.92	
K0003	Lightweight Wheelchair	RA	M	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
K0003	Lightweight Wheelchair	RB	M	
K0003	Lightweight Wheelchair	RR	$68.49	
K0003	Lightweight Wheelchair	UE	$513.69	
K0004	High Strength Ltwt Whlchr	NU	$1,001.09	
K0004	High Strength Ltwt Whlchr	RA	M	
K0004	High Strength Ltwt Whlchr	RB	M	
K0004	High Strength Ltwt Whlchr	RR	$100.12	
K0004	High Strength Ltwt Whlchr	UE	$750.82	
K0005	Ultralightweight Wheelchair	NU	$1,632.83	
K0005	Ultralightweight Wheelchair	RA	M	
K0005	Ultralightweight Wheelchair	RB	M	
K0005	Ultralightweight Wheelchair	RR	$163.27	
K0005	Ultralightweight Wheelchair	UE	$1,224.62	
K0006	Heavy Duty Wheelchair	NU	$670.12	
K0006	Heavy Duty Wheelchair	RA	M	
K0006	Heavy Duty Wheelchair	RB	M	
K0006	Heavy Duty Wheelchair	RR	$67.01	
K0006	Heavy Duty Wheelchair	UE	$502.59	
K0007	Extra Heavy Duty Wheelchair	NU	$724.49	
K0007	Extra Heavy Duty Wheelchair	RA	M	
K0007	Extra Heavy Duty Wheelchair	RB	M	
K0007	Extra Heavy Duty Wheelchair	RR	$72.45	
K0007	Extra Heavy Duty Wheelchair	UE	$543.37	
K0009	Other Manual Wheelchair/Base		M	
K0009	Other Manual Wheelchair/Base	RA	M	
K0009	Other Manual Wheelchair/Base	RB	M	
K0009	Other Manual Wheelchair/Base	RR	M	
K0015	Detach Non-Adjus Hght Armrst		$159.19	
K0015	Detach Non-Adjus Hght Armrst	RA	M	
K0015	Detach Non-Adjus Hght Armrst	RB	M	
K0015	Detach Non-Adjus Hght Armrst	RR	$15.91	
K0017	Detach Adjust Armrest Base		$44.26	
K0017	Detach Adjust Armrest Base	RA	M	
K0017	Detach Adjust Armrest Base	RB	M	
K0017	Detach Adjust Armrest Base	RR	$4.43	
K0018	Detach Adjust Armrst Upper		$25.01	
K0018	Detach Adjust Armrst Upper	RA	M	
K0018	Detach Adjust Armrst Upper	RB	M	
K0018	Detach Adjust Armrst Upper	RR	$2.50	
K0019	Arm Pad Each		$14.90	
K0019	Arm Pad Each	RB	M	
K0019	Arm Pad Each	RR	$1.49	
K0020	Fixed Adjust Armrest Pair		$40.70	
K0020	Fixed Adjust Armrest Pair	RB	M	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
K0020	Fixed Adjust Armrest Pair	RR	$4.07	
K0037	High Mount Flip-Up Footrest		$27.12	
K0037	High Mount Flip-Up Footrest	RA	M	
K0037	High Mount Flip-Up Footrest	RB	M	
K0037	High Mount Flip-Up Footrest	RR	$2.71	
K0038	Leg Strap Each		$21.43	
K0038	Leg Strap Each	RA	M	
K0038	Leg Strap Each	RR	$2.15	
K0039	Leg Strap H Style Each		$47.21	
K0039	Leg Strap H Style Each	RA	M	
K0039	Leg Strap H Style Each	RR	$4.72	
K0040	Adjustable Angle Footplate		$49.46	
K0040	Adjustable Angle Footplate	RA	M	
K0040	Adjustable Angle Footplate	RB	M	
K0040	Adjustable Angle Footplate	RR	$4.94	
K0041	Large Size Footplate Each		$35.06	
K0041	Large Size Footplate Each	RA	M	
K0041	Large Size Footplate Each	RB	M	
K0041	Large Size Footplate Each	RR	$3.52	
K0042	Standard Size Footplate Each		$28.69	
K0042	Standard Size Footplate Each	RB	M	
K0042	Standard Size Footplate Each	RR	$2.87	
K0043	Ftrst Lower Extension Tube		$17.12	
K0043	Ftrst Lower Extension Tube	RB	M	
K0043	Ftrst Lower Extension Tube	RR	$1.72	
K0044	Ftrst Upper Hanger Bracket		$14.58	
K0044	Ftrst Upper Hanger Bracket	RB	M	
K0044	Ftrst Upper Hanger Bracket	RR	$1.46	
K0045	Footrest Complete Assembly		$49.59	
K0045	Footrest Complete Assembly	RB	M	
K0045	Footrest Complete Assembly	RR	$4.95	
K0046	Elevat Legrst Low Extension		$17.12	
K0046	Elevat Legrst Low Extension	RB	M	
K0046	Elevat Legrst Low Extension	RR	$1.72	
K0047	Elevat Legrst Up Hangr Brack		$67.02	
K0047	Elevat Legrst Up Hangr Brack	RB	M	
K0047	Elevat Legrst Up Hangr Brack	RR	$6.70	
K0050	Ratchet Assembly		$28.47	
K0050	Ratchet Assembly	RB	M	
K0050	Ratchet Assembly	RR	$2.86	
K0051	Cam Relese Assem Ftrst/Lgrst		$46.10	
K0051	Cam Relese Assem Ftrst/Lgrst	RB	M	
K0051	Cam Relese Assem Ftrst/Lgrst	RR	$4.61	
K0052	Swingaway Detach Footrest		$80.99	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
K0052	Swingaway Detach Footrest	RA	M	
K0052	Swingaway Detach Footrest	RR	$8.10	
K0053	Elevate Footrest Articulate		$90.09	
K0053	Elevate Footrest Articulate	RA	M	
K0053	Elevate Footrest Articulate	RR	$9.00	
K0056	Seat Ht <17 Or >=21 Ltwt Wc		$83.33	
K0056	Seat Ht <17 Or >=21 Ltwt Wc	RR	$8.33	
K0065	Spoke Protectors		$39.26	
K0065	Spoke Protectors	RA	M	
K0065	Spoke Protectors	RR	$3.93	
K0069	Rear Whl Complete Solid Tire		$87.53	
K0069	Rear Whl Complete Solid Tire	RB	M	
K0069	Rear Whl Complete Solid Tire	RR	$8.76	
K0070	Rear Whl Compl Pneum Tire		$160.47	
K0070	Rear Whl Compl Pneum Tire	RB	M	
K0070	Rear Whl Compl Pneum Tire	RR	$16.04	
K0071	Front Castr Compl Pneum Tire		$95.72	
K0071	Front Castr Compl Pneum Tire	RA	M	
K0071	Front Castr Compl Pneum Tire	RB	M	
K0071	Front Castr Compl Pneum Tire	RR	$9.56	
K0072	Frnt Cstr Cmpl Sem-Pneum Tir		$57.61	
K0072	Frnt Cstr Cmpl Sem-Pneum Tir	RA	M	
K0072	Frnt Cstr Cmpl Sem-Pneum Tir	RB	M	
K0072	Frnt Cstr Cmpl Sem-Pneum Tir	RR	$5.76	
K0073	Caster Pin Lock Each		$30.73	
K0073	Caster Pin Lock Each	RB	M	
K0073	Caster Pin Lock Each	RR	$3.08	
K0077	Front Caster Assem Complete		$46.89	
K0077	Front Caster Assem Complete	RA	M	
K0098	Drive Belt Power Wheelchair		$23.65	
K0098	Drive Belt Power Wheelchair	RB	M	
K0098	Drive Belt Power Wheelchair	RR	$2.37	
K0105	Iv Hanger		$64.04	
K0105	Iv Hanger	RA	M	
K0105	Iv Hanger	RR	$6.40	
K0108	W/C Component-Accessory Nos		M	
K0108	W/C Component-Accessory Nos	RA	M	
K0108	W/C Component-Accessory Nos	RB	M	
K0108	W/C Component-Accessory Nos	RR	M	
K0195	Elevating Whlchair Leg Rests	RR	$15.18	
K0603	Repl Batt Alkaline 1.5 V		$0.40	
K0606	Aed Garment W Elec Analysis	RR	M	
K0607	Repl Batt For Aed		M	
K0607	Repl Batt For Aed	RA	M	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
K0608	Repl Garment For Aed		M	
K0608	Repl Garment For Aed	RA	M	
K0609	Repl Electrode For Aed		M	
K0609	Repl Electrode For Aed	RA	M	
K0733	12-24hr Sealed Lead Acid		$20.75	
K0733	12-24hr Sealed Lead Acid	RA	M	
K0739	Repair/Svc Dme Non-Oxygen Eq		$14.55	
K0800	Pov Group 1 Std Up To 300lbs		$832.53	
K0800	Pov Group 1 Std Up To 300lbs	RA	M	
K0800	Pov Group 1 Std Up To 300lbs	RB	M	
K0800	Pov Group 1 Std Up To 300lbs	RR	$83.25	
K0801	Pov Group 1 Hd 301-450 Lbs		$1,342.23	
K0801	Pov Group 1 Hd 301-450 Lbs	RA	M	
K0801	Pov Group 1 Hd 301-450 Lbs	RB	M	
K0801	Pov Group 1 Hd 301-450 Lbs	RR	$134.22	
K0802	Pov Group 1 Vhd 451-600 Lbs		$1,518.98	
K0802	Pov Group 1 Vhd 451-600 Lbs	RA	M	
K0802	Pov Group 1 Vhd 451-600 Lbs	RB	M	
K0802	Pov Group 1 Vhd 451-600 Lbs	RR	$151.91	
K0806	Pov Group 2 Std Up To 300lbs		$1,007.15	
K0806	Pov Group 2 Std Up To 300lbs	RA	M	
K0806	Pov Group 2 Std Up To 300lbs	RB	M	
K0806	Pov Group 2 Std Up To 300lbs	RR	$100.71	
K0807	Pov Group 2 Hd 301-450 Lbs		$1,528.23	
K0807	Pov Group 2 Hd 301-450 Lbs	RA	M	
K0807	Pov Group 2 Hd 301-450 Lbs	RB	M	
K0807	Pov Group 2 Hd 301-450 Lbs	RR	$152.83	
K0808	Pov Group 2 Vhd 451-600 Lbs		$2,364.51	
K0808	Pov Group 2 Vhd 451-600 Lbs	RA	M	
K0808	Pov Group 2 Vhd 451-600 Lbs	RB	M	
K0808	Pov Group 2 Vhd 451-600 Lbs	RR	$236.45	
K0812	Power Operated Vehicle Noc		M	
K0812	Power Operated Vehicle Noc	RA	M	
K0812	Power Operated Vehicle Noc	RB	M	
K0812	Power Operated Vehicle Noc	RR	M	
K0813	Pwc Gp 1 Std Port Seat/Back		$1,553.58	
K0813	Pwc Gp 1 Std Port Seat/Back	RA	M	
K0813	Pwc Gp 1 Std Port Seat/Back	RB	M	
K0813	Pwc Gp 1 Std Port Seat/Back	RR	$155.36	
K0814	Pwc Gp 1 Std Port Cap Chair		$1,988.54	
K0814	Pwc Gp 1 Std Port Cap Chair	RA	M	
K0814	Pwc Gp 1 Std Port Cap Chair	RB	M	
K0814	Pwc Gp 1 Std Port Cap Chair	RR	$198.85	
K0815	Pwc Gp 1 Std Seat/Back		$2,264.49	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
K0815	Pwc Gp 1 Std Seat/Back	RA	M	
K0815	Pwc Gp 1 Std Seat/Back	RB	M	
K0815	Pwc Gp 1 Std Seat/Back	RR	$226.44	
K0816	Pwc Gp 1 Std Cap Chair		$2,168.60	
K0816	Pwc Gp 1 Std Cap Chair	RA	M	
K0816	Pwc Gp 1 Std Cap Chair	RB	M	
K0816	Pwc Gp 1 Std Cap Chair	RR	$216.86	
K0820	Pwc Gp 2 Std Port Seat/Back		$1,659.33	
K0820	Pwc Gp 2 Std Port Seat/Back	RA	M	
K0820	Pwc Gp 2 Std Port Seat/Back	RB	M	
K0820	Pwc Gp 2 Std Port Seat/Back	RR	$165.94	
K0821	Pwc Gp 2 Std Port Cap Chair		$2,130.15	
K0821	Pwc Gp 2 Std Port Cap Chair	RA	M	
K0821	Pwc Gp 2 Std Port Cap Chair	RB	M	
K0821	Pwc Gp 2 Std Port Cap Chair	RR	$213.02	
K0822	Pwc Gp 2 Std Seat/Back		$2,574.39	
K0822	Pwc Gp 2 Std Seat/Back	RA	M	
K0822	Pwc Gp 2 Std Seat/Back	RB	M	
K0822	Pwc Gp 2 Std Seat/Back	RR	$257.45	
K0823	Pwc Gp 2 Std Cap Chair		$2,591.27	
K0823	Pwc Gp 2 Std Cap Chair	RA	M	
K0823	Pwc Gp 2 Std Cap Chair	RB	M	
K0823	Pwc Gp 2 Std Cap Chair	RR	$259.12	
K0824	Pwc Gp 2 Hd Seat/Back		$3,118.69	
K0824	Pwc Gp 2 Hd Seat/Back	RA	M	
K0824	Pwc Gp 2 Hd Seat/Back	RB	M	
K0824	Pwc Gp 2 Hd Seat/Back	RR	$311.87	
K0825	Pwc Gp 2 Hd Cap Chair		$2,854.98	
K0825	Pwc Gp 2 Hd Cap Chair	RA	M	
K0825	Pwc Gp 2 Hd Cap Chair	RB	M	
K0825	Pwc Gp 2 Hd Cap Chair	RR	$285.50	
K0826	Pwc Gp 2 Vhd Seat/Back		$4,037.43	
K0826	Pwc Gp 2 Vhd Seat/Back	RA	M	
K0826	Pwc Gp 2 Vhd Seat/Back	RB	M	
K0826	Pwc Gp 2 Vhd Seat/Back	RR	$403.75	
K0827	Pwc Gp Vhd Cap Chair		$3,433.09	
K0827	Pwc Gp Vhd Cap Chair	RA	M	
K0827	Pwc Gp Vhd Cap Chair	RB	M	
K0827	Pwc Gp Vhd Cap Chair	RR	$343.30	
K0828	Pwc Gp 2 Xtra Hd Seat/Back		$4,448.88	
K0828	Pwc Gp 2 Xtra Hd Seat/Back	RA	M	
K0828	Pwc Gp 2 Xtra Hd Seat/Back	RB	M	
K0828	Pwc Gp 2 Xtra Hd Seat/Back	RR	$444.89	
K0829	Pwc Gp 2 Xtra Hd Cap Chair		$4,085.34	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
K0829	Pwc Gp 2 Xtra Hd Cap Chair	RA	M	
K0829	Pwc Gp 2 Xtra Hd Cap Chair	RB	M	
K0829	Pwc Gp 2 Xtra Hd Cap Chair	RR	$404.86	
K0830	Pwc Gp2 Std Seat Elevate S/B		M	
K0830	Pwc Gp2 Std Seat Elevate S/B	RA	M	
K0830	Pwc Gp2 Std Seat Elevate S/B	RB	M	
K0830	Pwc Gp2 Std Seat Elevate S/B	RR	M	
K0831	Pwc Gp2 Std Seat Elevate Cap		M	
K0831	Pwc Gp2 Std Seat Elevate Cap	RA	M	
K0831	Pwc Gp2 Std Seat Elevate Cap	RB	M	
K0831	Pwc Gp2 Std Seat Elevate Cap	RR	M	
K0835	Pwc Gp2 Std Sing Pow Opt S/B		$2,612.96	
K0835	Pwc Gp2 Std Sing Pow Opt S/B	RA	M	
K0835	Pwc Gp2 Std Sing Pow Opt S/B	RB	M	
K0835	Pwc Gp2 Std Sing Pow Opt S/B	RR	$261.30	
K0836	Pwc Gp2 Std Sing Pow Opt Cap		$2,709.63	
K0836	Pwc Gp2 Std Sing Pow Opt Cap	RA	M	
K0836	Pwc Gp2 Std Sing Pow Opt Cap	RB	M	
K0836	Pwc Gp2 Std Sing Pow Opt Cap	RR	$270.97	
K0837	Pwc Gp 2 Hd Sing Pow Opt S/B		$3,118.69	
K0837	Pwc Gp 2 Hd Sing Pow Opt S/B	RA	M	
K0837	Pwc Gp 2 Hd Sing Pow Opt S/B	RB	M	
K0837	Pwc Gp 2 Hd Sing Pow Opt S/B	RR	$311.87	
K0838	Pwc Gp 2 Hd Sing Pow Opt Cap		$2,790.00	
K0838	Pwc Gp 2 Hd Sing Pow Opt Cap	RA	M	
K0838	Pwc Gp 2 Hd Sing Pow Opt Cap	RB	M	
K0838	Pwc Gp 2 Hd Sing Pow Opt Cap	RR	$279.00	
K0839	Pwc Gp2 Vhd Sing Pow Opt S/B		$4,037.43	
K0839	Pwc Gp2 Vhd Sing Pow Opt S/B	RA	M	
K0839	Pwc Gp2 Vhd Sing Pow Opt S/B	RB	M	
K0839	Pwc Gp2 Vhd Sing Pow Opt S/B	RR	$403.75	
K0840	Pwc Gp2 Xhd Sing Pow Opt S/B		$6,116.91	
K0840	Pwc Gp2 Xhd Sing Pow Opt S/B	RA	M	
K0840	Pwc Gp2 Xhd Sing Pow Opt S/B	RB	M	
K0840	Pwc Gp2 Xhd Sing Pow Opt S/B	RR	$611.68	
K0841	Pwc Gp2 Std Mult Pow Opt S/B		$2,781.18	
K0841	Pwc Gp2 Std Mult Pow Opt S/B	RA	M	
K0841	Pwc Gp2 Std Mult Pow Opt S/B	RB	M	
K0841	Pwc Gp2 Std Mult Pow Opt S/B	RR	$278.12	
K0842	Pwc Gp2 Std Mult Pow Opt Cap		$2,781.18	
K0842	Pwc Gp2 Std Mult Pow Opt Cap	RA	M	
K0842	Pwc Gp2 Std Mult Pow Opt Cap	RB	M	
K0842	Pwc Gp2 Std Mult Pow Opt Cap	RR	$278.12	
K0843	Pwc Gp2 Hd Mult Pow Opt S/B		$3,348.54	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
K0843	Pwc Gp2 Hd Mult Pow Opt S/B	RA	M	
K0843	Pwc Gp2 Hd Mult Pow Opt S/B	RB	M	
K0843	Pwc Gp2 Hd Mult Pow Opt S/B	RR	$334.85	
K0848	Pwc Gp 3 Std Seat/Back		$3,403.16	
K0848	Pwc Gp 3 Std Seat/Back	RA	M	
K0848	Pwc Gp 3 Std Seat/Back	RB	M	
K0848	Pwc Gp 3 Std Seat/Back	RR	$340.31	
K0849	Pwc Gp 3 Std Cap Chair		$3,271.97	
K0849	Pwc Gp 3 Std Cap Chair	RA	M	
K0849	Pwc Gp 3 Std Cap Chair	RB	M	
K0849	Pwc Gp 3 Std Cap Chair	RR	$327.19	
K0850	Pwc Gp 3 Hd Seat/Back		$3,947.59	
K0850	Pwc Gp 3 Hd Seat/Back	RA	M	
K0850	Pwc Gp 3 Hd Seat/Back	RB	M	
K0850	Pwc Gp 3 Hd Seat/Back	RR	$394.77	
K0851	Pwc Gp 3 Hd Cap Chair		$3,795.54	
K0851	Pwc Gp 3 Hd Cap Chair	RA	M	
K0851	Pwc Gp 3 Hd Cap Chair	RB	M	
K0851	Pwc Gp 3 Hd Cap Chair	RR	$379.56	
K0852	Pwc Gp 3 Vhd Seat/Back		$4,561.20	
K0852	Pwc Gp 3 Vhd Seat/Back	RA	M	
K0852	Pwc Gp 3 Vhd Seat/Back	RB	M	
K0852	Pwc Gp 3 Vhd Seat/Back	RR	$456.12	
K0853	Pwc Gp 3 Vhd Cap Chair		$4,685.48	
K0853	Pwc Gp 3 Vhd Cap Chair	RA	M	
K0853	Pwc Gp 3 Vhd Cap Chair	RB	M	
K0853	Pwc Gp 3 Vhd Cap Chair	RR	$468.55	
K0854	Pwc Gp 3 Xhd Seat/Back		$6,207.26	
K0854	Pwc Gp 3 Xhd Seat/Back	RA	M	
K0854	Pwc Gp 3 Xhd Seat/Back	RB	M	
K0854	Pwc Gp 3 Xhd Seat/Back	RR	$620.72	
K0855	Pwc Gp 3 Xhd Cap Chair		$5,863.69	
K0855	Pwc Gp 3 Xhd Cap Chair	RA	M	
K0855	Pwc Gp 3 Xhd Cap Chair	RB	M	
K0855	Pwc Gp 3 Xhd Cap Chair	RR	$586.38	
K0856	Pwc Gp3 Std Sing Pow Opt S/B		$3,652.96	
K0856	Pwc Gp3 Std Sing Pow Opt S/B	RA	M	
K0856	Pwc Gp3 Std Sing Pow Opt S/B	RB	M	
K0856	Pwc Gp3 Std Sing Pow Opt S/B	RR	$365.30	
K0857	Pwc Gp3 Std Sing Pow Opt Cap		$3,726.18	
K0857	Pwc Gp3 Std Sing Pow Opt Cap	RA	M	
K0857	Pwc Gp3 Std Sing Pow Opt Cap	RB	M	
K0857	Pwc Gp3 Std Sing Pow Opt Cap	RR	$372.62	
K0858	Pwc Gp3 Hd Sing Pow Opt S/B		$4,532.22	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
K0858	Pwc Gp3 Hd Sing Pow Opt S/B	RA	M	
K0858	Pwc Gp3 Hd Sing Pow Opt S/B	RB	M	
K0858	Pwc Gp3 Hd Sing Pow Opt S/B	RR	$453.21	
K0859	Pwc Gp3 Hd Sing Pow Opt Cap		$4,322.33	
K0859	Pwc Gp3 Hd Sing Pow Opt Cap	RA	M	
K0859	Pwc Gp3 Hd Sing Pow Opt Cap	RB	M	
K0859	Pwc Gp3 Hd Sing Pow Opt Cap	RR	$432.24	
K0860	Pwc Gp3 Vhd Sing Pow Opt S/B		$6,474.84	
K0860	Pwc Gp3 Vhd Sing Pow Opt S/B	RA	M	
K0860	Pwc Gp3 Vhd Sing Pow Opt S/B	RB	M	
K0860	Pwc Gp3 Vhd Sing Pow Opt S/B	RR	$647.49	
K0861	Pwc Gp3 Std Mult Pow Opt S/B		$3,658.82	
K0861	Pwc Gp3 Std Mult Pow Opt S/B	RA	M	
K0861	Pwc Gp3 Std Mult Pow Opt S/B	RB	M	
K0861	Pwc Gp3 Std Mult Pow Opt S/B	RR	$365.88	
K0862	Pwc Gp3 Hd Mult Pow Opt S/B		$4,532.22	
K0862	Pwc Gp3 Hd Mult Pow Opt S/B	RA	M	
K0862	Pwc Gp3 Hd Mult Pow Opt S/B	RB	M	
K0862	Pwc Gp3 Hd Mult Pow Opt S/B	RR	$453.21	
K0863	Pwc Gp3 Vhd Mult Pow Opt S/B		$6,474.84	
K0863	Pwc Gp3 Vhd Mult Pow Opt S/B	RA	M	
K0863	Pwc Gp3 Vhd Mult Pow Opt S/B	RB	M	
K0863	Pwc Gp3 Vhd Mult Pow Opt S/B	RR	$647.49	
K0864	Pwc Gp3 Xhd Mult Pow Opt S/B		$7,705.13	
K0864	Pwc Gp3 Xhd Mult Pow Opt S/B	RA	M	
K0864	Pwc Gp3 Xhd Mult Pow Opt S/B	RB	M	
K0864	Pwc Gp3 Xhd Mult Pow Opt S/B	RR	$770.52	
K0868	Pwc Gp 4 Std Seat/Back		M	
K0868	Pwc Gp 4 Std Seat/Back	RA	M	
K0868	Pwc Gp 4 Std Seat/Back	RB	M	
K0868	Pwc Gp 4 Std Seat/Back	RR	M	
K0869	Pwc Gp 4 Std Cap Chair		M	
K0869	Pwc Gp 4 Std Cap Chair	RA	M	
K0869	Pwc Gp 4 Std Cap Chair	RB	M	
K0869	Pwc Gp 4 Std Cap Chair	RR	M	
K0870	Pwc Gp 4 Hd Seat/Back		M	
K0870	Pwc Gp 4 Hd Seat/Back	RA	M	
K0870	Pwc Gp 4 Hd Seat/Back	RB	M	
K0870	Pwc Gp 4 Hd Seat/Back	RR	M	
K0871	Pwc Gp 4 Vhd Seat/Back		M	
K0871	Pwc Gp 4 Vhd Seat/Back	RA	M	
K0871	Pwc Gp 4 Vhd Seat/Back	RB	M	
K0871	Pwc Gp 4 Vhd Seat/Back	RR	M	
K0877	Pwc Gp4 Std Sing Pow Opt S/B		M	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
K0877	Pwc Gp4 Std Sing Pow Opt S/B	RA	M	
K0877	Pwc Gp4 Std Sing Pow Opt S/B	RB	M	
K0877	Pwc Gp4 Std Sing Pow Opt S/B	RR	M	
K0878	Pwc Gp4 Std Sing Pow Opt Cap		M	
K0878	Pwc Gp4 Std Sing Pow Opt Cap	RA	M	
K0878	Pwc Gp4 Std Sing Pow Opt Cap	RB	M	
K0878	Pwc Gp4 Std Sing Pow Opt Cap	RR	M	
K0879	Pwc Gp4 Hd Sing Pow Opt S/B		M	
K0879	Pwc Gp4 Hd Sing Pow Opt S/B	RA	M	
K0879	Pwc Gp4 Hd Sing Pow Opt S/B	RB	M	
K0879	Pwc Gp4 Hd Sing Pow Opt S/B	RR	M	
K0880	Pwc Gp4 Vhd Sing Pow Opt S/B		M	
K0880	Pwc Gp4 Vhd Sing Pow Opt S/B	RA	M	
K0880	Pwc Gp4 Vhd Sing Pow Opt S/B	RB	M	
K0880	Pwc Gp4 Vhd Sing Pow Opt S/B	RR	M	
K0884	Pwc Gp4 Std Mult Pow Opt S/B		M	
K0884	Pwc Gp4 Std Mult Pow Opt S/B	RA	M	
K0884	Pwc Gp4 Std Mult Pow Opt S/B	RB	M	
K0884	Pwc Gp4 Std Mult Pow Opt S/B	RR	M	
K0885	Pwc Gp4 Std Mult Pow Opt Cap		M	
K0885	Pwc Gp4 Std Mult Pow Opt Cap	RA	M	
K0885	Pwc Gp4 Std Mult Pow Opt Cap	RB	M	
K0885	Pwc Gp4 Std Mult Pow Opt Cap	RR	M	
K0886	Pwc Gp4 Hd Mult Pow S/B		M	
K0886	Pwc Gp4 Hd Mult Pow S/B	RA	M	
K0886	Pwc Gp4 Hd Mult Pow S/B	RB	M	
K0886	Pwc Gp4 Hd Mult Pow S/B	RR	M	
K0890	Pwc Gp5 Ped Sing Pow Opt S/B		M	
K0890	Pwc Gp5 Ped Sing Pow Opt S/B	RA	M	
K0890	Pwc Gp5 Ped Sing Pow Opt S/B	RB	M	
K0890	Pwc Gp5 Ped Sing Pow Opt S/B	RR	M	
K0891	Pwc Gp5 Ped Mult Pow Opt S/B		M	
K0891	Pwc Gp5 Ped Mult Pow Opt S/B	RA	M	
K0891	Pwc Gp5 Ped Mult Pow Opt S/B	RB	M	
K0891	Pwc Gp5 Ped Mult Pow Opt S/B	RR	M	
K0898	Power Wheelchair Noc		M	
K0898	Power Wheelchair Noc	RA	M	
K0898	Power Wheelchair Noc	RB	M	
K0898	Power Wheelchair Noc	RR	M	
L0112	Cranial Cervical Orthosis		M	
L0120	Cerv Flex N/Adj Foam Pre Ots		$17.85	
L0130	Flex Thermoplastic Collar Mo		$104.05	
L0140	Cervical Semi-Rigid Adjustab		$40.81	
L0150	Cerv Semi-Rig Adj Molded Chn		$72.98	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
L0170	Cervical Collar Molded To Pt		$548.13	
L0172	Cerv Col Sr Foam 2pc Pre Ots		$96.55	
L0174	Cerv Sr 2pc Thor Ext Pre Ots		$189.85	
L0180	Cer Post Col Occ/Man Sup Adj		$307.58	
L0190	Cerv Collar Supp Adj Cerv Ba		$362.74	
L0200	Cerv Col Supp Adj Bar & Thor		$420.74	
L0220	Thor Rib Belt Custom Fabrica		$88.07	
L0450	Tlso Flex Trunk/Thor Pre Ots		$110.78	
L0452	Tlso Flex Custom Fab Thoraci		$224.88	
L0454	Tlso Trnk Sj-T9 Pre Cst		$234.27	
L0455	Tlso Flex Trnk Sj-T9 Pre Ots		$234.27	
L0456	Tlso Flex Trnk Sj-Ss Pre Cst		$673.03	
L0457	Tlso Flex Trnk Sj-Ss Pre Ots		$673.03	
L0458	Tlso 2mod Symphis-Xipho Pre		$607.99	
L0460	Tlso 2 Shl Symphys-Stern Cst		$684.35	
L0462	Tlso 3mod Sacro-Scap Pre		$851.21	
L0464	Tlso 4mod Sacro-Scap Pre		$1,013.35	
L0466	Tlso R Fram Soft Ant Pre Cst		$258.65	
L0467	Tlso R Fram Soft Pre Ots		$258.65	
L0468	Tlso Rig Fram Pelvic Pre Cst		$324.15	
L0469	Tlso Rig Fram Pelvic Pre Ots		$324.15	
L0470	Tlso Rigid Frame Pre Subclav		$448.54	
L0472	Tlso Rigid Frame Hyperex Pre		$276.00	
L0480	Tlso Rigid Plastic Custom Fa		$1,029.72	
L0482	Tlso Rigid Lined Custom Fab		$1,150.21	
L0484	Tlso Rigid Plastic Cust Fab		$1,242.19	
L0486	Tlso Rigidlined Cust Fab Two		$1,395.00	
L0488	Tlso Rigid Lined Pre One Pie		$678.07	
L0490	Tlso Rigid Plastic Pre One		$191.07	
L0491	Tlso 2 Piece Rigid Shell		$514.02	
L0492	Tlso 3 Piece Rigid Shell		$337.29	
L0621	Sio Flex Pelvic/Sacr Pre Ots		$57.32	
L0622	Sio Flex Pelvisacral Custom		$182.21	
L0623	Sio Rig Pnl Pelv/Sac Pre Ots		$44.16	
L0624	Sio Panel Custom		$211.11	
L0625	Lo Flex L1-Below L5 Pre Ots		$37.19	
L0626	Lo Sag Rig Pnl Stays Pre Cst		$52.33	
L0627	Lo Sag Ri An/Pos Pnl Pre Cst		$280.20	
L0628	Lso Flex No Ri Stays Pre Ots		$56.67	
L0629	Lso Flex W/Rigid Stays Cust		$147.85	
L0630	Lso R Post Pnl Sj-T9 Pre Cst		$109.40	
L0631	Lso Sag R An/Pos Pnl Pre Cst		$699.84	
L0632	Lso Sag Rigid Frame Cust		M	
L0633	Lso Sc R Pos/Lat Pnl Pre Cst		$193.70	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
L0634	Lso Flexion Control Custom		M	
L0635	Lso Sagit Rigid Panel Prefab		$681.21	
L0636	Lso Sagittal Rigid Panel Cus		$924.27	
L0637	Lso Sc R Ant/Pos Pnl Pre Cst		$883.18	
L0638	Lso Sag-Coronal Panel Custom		$899.16	
L0639	Lso S/C Shell/Panel Prefab		$883.18	
L0640	Lso S/C Shell/Panel Custom		$706.81	
L0641	Lo Rig Pos Pnl L1-L5 Pre Ots		$52.33	
L0642	Lo Sag Ri An/Pos Pnl Pre Ots		$280.20	
L0643	Lso Sag Ctr Rigi Pos Pre Ots		$109.40	
L0648	Lso Sag R An/Pos Pnl Pre Ots		$699.84	
L0649	Lso Sc R Pos/Lat Pnl Pre Ots		$193.70	
L0650	Lso Sc R Ant/Pos Pnl Pre Ots		$883.18	
L0651	Lso Sag-Co Shell Pnl Pre Ots		$883.18	
L0700	Ctlso A-P-L Control Molded		$1,357.16	
L0710	Ctlso A-P-L Control W/ Inter		$1,491.89	
L0970	Tlso Corset Front		$72.86	
L0972	Lso Corset Front		$66.31	
L0974	Tlso Full Corset		$119.14	
L0976	Lso Full Corset		$101.93	
L0980	Peroneal Straps Pair Pre Ots		$11.66	
L0984	Protect Body Sock Ea Pre Ots		$45.49	
L0999	Add To Spinal Orthosis Nos		M	
L1000	Ctlso Milwauke Initial Model		$1,382.40	
L1001	Ctlso Infant Immobilizer		M	
L1005	Tension Based Scoliosis Orth		$2,181.98	
L1010	Ctlso Axilla Sling		$57.04	
L1020	Kyphosis Pad		$73.46	
L1030	Lumbar Bolster Pad		$52.79	
L1040	Lumbar Or Lumbar Rib Pad		$60.44	
L1050	Sternal Pad		$68.40	
L1060	Thoracic Pad		$73.84	
L1070	Trapezius Sling		$76.48	
L1090	Lumbar Sling		$68.60	
L1200	Furnsh Initial Orthosis Only		$1,219.97	
L1210	Lateral Thoracic Extension		$166.79	
L1220	Anterior Thoracic Extension		$162.35	
L1230	Milwaukee Type Superstructur		$454.80	
L1240	Lumbar Derotation Pad		$62.00	
L1250	Anterior Asis Pad		$53.90	
L1260	Anterior Thoracic Derotation		$64.30	
L1270	Abdominal Pad		$56.51	
L1280	Rib Gusset (Elastic) Each		$59.56	
L1290	Lateral Trochanteric Pad		$52.97	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
L1300	Body Jacket Mold To Patient		$1,174.95	
L1499	Spinal Orthosis Nos		M	
L1600	Ho Flex Frejka W/Cov Pre Cst		$87.85	
L1620	Ho Flex Pavlik Harns Pre Cst		$107.12	
L1630	Abduct Control Hip Semi-Flex		$142.47	
L1640	Pelv Band/Spread Bar Thigh C		$322.71	
L1650	Ho Abduction Hip Adjustable		$168.12	
L1652	Ho Bi Thighcuffs W Sprdr Bar		$240.78	
L1660	Ho Abduction Static Plastic		$121.19	
L1680	Pelvic & Hip Control Thigh C		$776.68	
L1690	Combination Bilateral Ho		$1,318.30	
L1700	Leg Perthes Orth Toronto Typ		$1,060.66	
L1710	Legg Perthes Orth Newington		$1,350.63	
L1720	Legg Perthes Orthosis Trilat		$998.26	
L1730	Legg Perthes Orth Scottish R		$849.01	
L1755	Legg Perthes Patten Bottom T		$1,220.63	
L1810	Ko Elastic With Joints		$70.17	
L1812	Ko Elastic W/Joints Pre Ots		$70.17	
L1820	Ko Elas W/ Condyle Pads & Jo		$96.89	
L1830	Ko Immob Canvas Long Pre Ots		$56.70	
L1831	Knee Orth Pos Locking Joint		$198.81	
L1832	Ko Adj Jnt Pos R Sup Pre Cst		$469.58	
L1833	Ko Adj Jnt Pos R Sup Pre Ots		$469.58	
L1834	Ko W/0 Joint Rigid Molded To		$494.82	
L1836	Ko Rigid W/O Joints Pre Ots		$90.12	
L1840	Ko Derot Ant Cruciate Custom		$641.11	
L1843	Ko Single Upright Pre Cst		$611.69	
L1844	Ko W/Adj Jt Rot Cntrl Molded		$1,038.17	
L1845	Ko Double Upright Pre Cst		$571.66	
L1846	Ko W Adj Flex/Ext Rotat Mold		$797.65	
L1847	Ko Dbl Upright W/Air Pre Cst		$392.11	
L1848	Ko Dbl Upright W/Air Pre Ots		$392.11	
L1850	Ko Swedish Type Pre Ots		$194.22	
L1860	Ko Supracondylar Socket Mold		$850.10	
L1900	Afo Sprng Wir Drsflx Calf Bd		$194.50	
L1902	Afo Ankle Gauntlet Pre Ots		$50.89	
L1906	Afo Multilig Ank Sup Pre Ots		$75.58	
L1907	Afo Supramalleolar Custom		$383.61	
L1920	Afo Sing Upright W/ Adjust S		$280.06	
L1930	Afo Plastic		$170.18	
L1940	Afo Molded To Patient Plasti		$329.17	
L1945	Afo Molded Plas Rig Ant Tib		$765.23	
L1950	Afo Spiral Molded To Pt Plas		$524.29	
L1960	Afo Pos Solid Ank Plastic Mo		$422.58	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
L1970	Afo Plastic Molded W/Ankle J		$471.85	
L1971	Afo W/Ankle Joint, Prefab		$319.56	
L1980	Afo Sing Solid Stirrup Calf		$275.27	
L1990	Afo Doub Solid Stirrup Calf		$318.58	
L2000	Kafo Sing Fre Stirr Thi/Calf		$762.64	
L2010	Kafo Sng Solid Stirrup W/O J		$594.84	
L2020	Kafo Dbl Solid Stirrup Band/		$737.97	
L2030	Kafo Dbl Solid Stirrup W/O J		$738.44	
L2034	Kafo Pla Sin Up W/Wo K/A Cus		$1,384.92	
L2035	Kafo Plastic Pediatric Size		$118.10	
L2036	Kafo Plas Doub Free Knee Mol		$1,263.90	
L2037	Kafo Plas Sing Free Knee Mol		$1,114.40	
L2038	Kafo W/O Joint Multi-Axis An		$911.37	
L2040	Hkafo Torsion Bil Rot Straps		$137.90	
L2050	Hkafo Torsion Cable Hip Pelv		$332.22	
L2060	Hkafo Torsion Ball Bearing J		$415.52	
L2070	Hkafo Torsion Unilat Rot Str		$105.80	
L2080	Hkafo Unilat Torsion Cable		$254.41	
L2090	Hkafo Unilat Torsion Ball Br		$338.97	
L2106	Afo Tib Fx Cast Plaster Mold		$537.35	
L2108	Afo Tib Fx Cast Molded To Pt		$783.75	
L2112	Afo Tibial Fracture Soft		$343.93	
L2114	Afo Tib Fx Semi-Rigid		$430.79	
L2116	Afo Tibial Fracture Rigid		$525.44	
L2128	Kafo Fem Fx Cast Molded To P		$1,093.04	
L2136	Kafo Femoral Fx Cast Rigid		$859.74	
L2180	Plas Shoe Insert W Ank Joint		$90.38	
L2182	Drop Lock Knee		$77.90	
L2184	Limited Motion Knee Joint		$78.97	
L2186	Adj Motion Knee Jnt Lerman T		$105.01	
L2200	Limited Ankle Motion Ea Jnt		$34.53	
L2210	Dorsiflexion Assist Each Joi		$42.85	
L2220	Dorsi & Plantar Flex Ass/Res		$55.16	
L2230	Split Flat Caliper Stirr & P		$65.22	
L2240	Round Caliper And Plate Atta		$64.89	
L2250	Foot Plate Molded Stirrup At		$227.71	
L2260	Reinforced Solid Stirrup		$127.78	
L2265	Long Tongue Stirrup		$90.33	
L2270	Varus/Valgus Strap Padded/Li		$41.25	
L2275	Plastic Mod Low Ext Pad/Line		$87.58	
L2280	Molded Inner Boot		$384.85	
L2310	Abduction Bar-Straight		$78.42	
L2320	Non-Molded Lacer		$131.50	
L2330	Lacer Molded To Patient Mode		$250.30	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
L2335	Anterior Swing Band		$191.64	
L2340	Pre-Tibial Shell Molded To P		$284.89	
L2350	Prosthetic Type Socket Molde		$567.99	
L2360	Extended Steel Shank		$35.17	
L2370	Patten Bottom		$213.07	
L2375	Torsion Ank & Half Solid Sti		$83.11	
L2380	Torsion Straight Knee Joint		$87.97	
L2385	Straight Knee Joint Heavy Du		$100.18	
L2387	Add Le Poly Knee Custom Kafo		$130.15	
L2390	Offset Knee Joint Each		$69.78	
L2395	Offset Knee Joint Heavy Duty		$99.74	
L2397	Suspension Sleeve Lower Ext		$83.22	
L2405	Knee Joint Drop Lock Ea Jnt		$59.44	
L2415	Knee Joint Cam Lock Each Joi		$82.83	
L2425	Knee Disc/Dial Lock/Adj Flex		$97.73	
L2430	Knee Jnt Ratchet Lock Ea Jnt		$97.73	
L2492	Knee Lift Loop Drop Lock Rin		$79.95	
L2500	Thi/Glut/Ischia Wgt Bearing		$213.33	
L2510	Th/Wght Bear Quad-Lat Brim M		$549.82	
L2520	Th/Wght Bear Quad-Lat Brim C		$366.43	
L2530	Thigh/Wght Bear Lacer Non-Mo		$163.50	
L2540	Thigh/Wght Bear Lacer Molded		$309.37	
L2550	Thigh/Wght Bear High Roll Cu		$231.96	
L2570	Hip Clevis Type 2 Posit Jnt		$299.28	
L2580	Pelvic Control Pelvic Sling		$295.84	
L2600	Hip Clevis/Thrust Bearing Fr		$145.40	
L2610	Hip Clevis/Thrust Bearing Lo		$160.67	
L2620	Pelvic Control Hip Heavy Dut		$170.44	
L2627	Plastic Mold Recipro Hip & C		$1,436.22	
L2628	Metal Frame Recipro Hip & Ca		$1,052.73	
L2630	Pelvic Control Band & Belt U		$157.84	
L2640	Pelvic Control Band & Belt B		$214.21	
L2650	Pelv & Thor Control Gluteal		$94.33	
L2660	Thoracic Control Thoracic Ba		$121.03	
L2670	Thorac Cont Paraspinal Uprig		$108.74	
L2680	Thorac Cont Lat Support Upri		$99.75	
L2760	Extension Per Extension Per		$38.73	
L2768	Ortho Sidebar Disconnect		$88.81	
L2780	Non-Corrosive Finish		$43.14	
L2795	Knee Control Full Kneecap		$55.90	
L2800	Knee Cap Medial Or Lateral P		$68.66	
L2810	Knee Control Condylar Pad		$55.67	
L2820	Soft Interface Below Knee Se		$54.38	
L2850	Femoral Lgth Sock Fx Or Equa		$41.24	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
L2861	Torsion Mechanism Knee/Ankle		M	
L2999	Lower Extremity Orthosis Nos		M	
L3000	Ft Insert Ucb Berkeley Shell		$214.15	
L3001	Foot Insert Remov Molded Spe		$90.17	
L3002	Foot Insert Plastazote Or Eq		$110.10	
L3003	Foot Insert Silicone Gel Eac		$118.78	
L3010	Foot Longitudinal Arch Suppo		$118.78	
L3020	Foot Longitud/Metatarsal Sup		$135.25	
L3030	Foot Arch Support Remov Prem		$51.42	
L3040	Ft Arch Suprt Premold Longit		$32.09	
L3050	Foot Arch Supp Premold Metat		$32.09	
L3060	Foot Arch Supp Longitud/Meta		$50.28	
L3070	Arch Suprt Att To Sho Longit		$21.67	
L3140	Abduction Rotation Bar Shoe		$60.69	
L3150	Abduct Rotation Bar W/O Shoe		$55.50	
L3160	Shoe Styled Positioning Dev		M	
L3170	Foot Plas Heel Stabi Pre Ots		$33.92	
L3201	Oxford W Supinat/Pronat Inf		$17.13	
L3202	Oxford W/ Supinat/Pronator C		$22.52	
L3203	Oxford W/ Supinator/Pronator		$24.97	
L3204	Hightop W/ Supp/Pronator Inf		$20.07	
L3206	Hightop W/ Supp/Pronator Chi		$23.48	
L3207	Hightop W/ Supp/Pronator Jun		$27.92	
L3208	Surgical Boot Each Infant		$20.57	
L3209	Surgical Boot Each Child		$24.48	
L3211	Surgical Boot Each Junior		$26.43	
L3212	Benesch Boot Pair Infant		$40.13	
L3213	Benesch Boot Pair Child		$48.95	
L3214	Benesch Boot Pair Junior		$55.81	
L3215	Orthopedic Ftwear Ladies Oxf		$41.61	
L3216	Orthoped Ladies Shoes Dpth I		$44.06	
L3217	Ladies Shoes Hightop Depth I		$48.96	
L3219	Orthopedic Mens Shoes Oxford		$43.58	
L3221	Orthopedic Mens Shoes Dpth I		$44.06	
L3222	Mens Shoes Hightop Depth Inl		$53.37	
L3224	Woman'S Shoe Oxford Brace		$46.07	
L3225	Man'S Shoe Oxford Brace		$50.31	
L3230	Custom Shoes Depth Inlay		$152.76	
L3250	Custom Mold Shoe Remov Prost		$143.29	
L3251	Shoe Molded To Pt Silicone S		$142.96	
L3252	Shoe Molded Plastazote Cust		$110.65	
L3253	Shoe Molded Plastazote Cust		$73.45	
L3254	Orth Foot Non-Stndard Size/W		$8.81	
L3255	Orth Foot Non-Standard Size/		$8.47	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
L3257	Orth Foot Add Charge Split S		$61.82	
L3260	Ambulatory Surgical Boot Eac		$48.95	
L3265	Plastazote Sandal Each		$19.58	
L3300	Sho Lift Taper To Metatarsal		$35.55	
L3310	Shoe Lift Elev Heel/Sole Neo		$55.50	
L3320	Shoe Lift Elev Heel/Sole Cor		$73.45	
L3330	Lifts Elevation Metal Extens		$385.82	
L3332	Shoe Lifts Tapered To One-Ha		$50.28	
L3334	Shoe Lifts Elevation Heel /I		$26.00	
L3340	Shoe Wedge Sach		$58.11	
L3350	Shoe Heel Wedge		$15.60	
L3360	Shoe Sole Wedge Outside Sole		$24.28	
L3370	Shoe Sole Wedge Between Sole		$33.82	
L3380	Shoe Clubfoot Wedge		$33.82	
L3390	Shoe Outflare Wedge		$33.43	
L3400	Shoe Metatarsal Bar Wedge Ro		$27.44	
L3410	Shoe Metatarsal Bar Between		$63.29	
L3420	Full Sole/Heel Wedge Btween		$37.29	
L3430	Sho Heel Count Plast Reinfor		$109.24	
L3440	Heel Leather Reinforced		$52.01	
L3450	Shoe Heel Sach Cushion Type		$71.94	
L3455	Shoe Heel New Leather Standa		$27.75	
L3460	Shoe Heel New Rubber Standar		$23.42	
L3465	Shoe Heel Thomas With Wedge		$39.90	
L3470	Shoe Heel Thomas Extend To B		$42.47	
L3500	Ortho Shoe Add Leather Insol		$19.93	
L3510	Orthopedic Shoe Add Rub Insl		$19.93	
L3520	O Shoe Add Felt W Leath Insl		$21.67	
L3530	Ortho Shoe Add Half Sole		$21.67	
L3540	Ortho Shoe Add Full Sole		$34.67	
L3550	O Shoe Add Standard Toe Tap		$6.09	
L3560	O Shoe Add Horseshoe Toe Tap		$15.60	
L3570	O Shoe Add Instep Extension		$58.11	
L3580	O Shoe Add Instep Velcro Clo		$44.22	
L3590	O Shoe Convert To Sof Counte		$36.41	
L3595	Ortho Shoe Add March Bar		$28.60	
L3600	Trans Shoe Calip Plate Exist		$50.88	
L3610	Trans Shoe Caliper Plate New		$67.71	
L3620	Trans Shoe Solid Stirrup Exi		$52.01	
L3630	Trans Shoe Solid Stirrup New		$67.71	
L3640	Shoe Dennis Browne Splint Bo		$29.49	
L3649	Orthopedic Shoe Modifica Nos		M	
L3650	So 8 Abd Restraint Pre Ots		$44.70	
L3660	So 8 Ab Rstr Can/Web Pre Ots		$64.11	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
L3670	So Acro/Clav Can Web Pre Ots		$70.54	
L3674	So Airplane W/Wo Joint Cf		$733.38	
L3675	So Vest Canvas/Web Pre Ots		$108.89	
L3677	So Hard Plas Stabili Pre Cst		$168.60	
L3678	So Hard Plas Stabili Pre Ots		$168.60	
L3702	Eo W/O Joints Cf		$179.16	
L3710	Eo Elas W/Metal Jnts Pre Ots		$88.60	
L3720	Forearm/Arm Cuffs Free Motio		$423.91	
L3730	Forearm/Arm Cuffs Ext/Flex A		$562.30	
L3740	Cuffs Adj Lock W/ Active Con		$666.65	
L3760	Eo Withjoint, Prefabricated		$310.28	
L3762	Eo Rigid W/O Joints Pre Ots		$65.40	
L3807	Whfo W/O Joints Pre Cst		$155.13	
L3808	Whfo, Rigid W/O Joints		M	
L3809	Whfo W/O Joints Pre Ots		$155.13	
L3891	Torsion Mechanism Wrist/Elbo		M	
L3900	Hinge Extension/Flex Wrist/F		$990.73	
L3904	Whfo Electric Custom Fitted		$2,094.21	
L3906	Who W/O Joints Cf		$314.42	
L3908	Who Cock-Up Nonmolde Pre Ots		$45.50	
L3912	Hfo Flexion Glove Pre Ots		$65.36	
L3913	Hfo W/O Joints Cf		$168.03	
L3917	Metacarp Fx Orthosis Pre Cst		$64.92	
L3918	Metacarp Fx Orthosis Pre Ots		$64.92	
L3919	Ho W/O Joints Cf		$168.03	
L3925	Fo Pip Dip Jnt/Sprng Pre Ots		$40.76	
L3927	Fo Pip Dip No Jt Spr Pre Ots		M	
L3929	Hfo Nontorsion Jnts Pre Cst		$56.66	
L3930	Hfo Nontorsion Jnts Pre Ots		$56.66	
L3931	Whfo Nontorsion Joint Prefab		$129.36	
L3960	Sewho Airplan Desig Abdu Pos		$494.84	
L3962	Sewho Erbs Palsey Design Abd		$447.55	
L3980	Up Ext Fx Orthos Humeral Nos		$240.02	
L3982	Upper Ext Fx Orthosis Rad/Ul		$243.71	
L3984	Upper Ext Fx Orthosis Wrist		$214.70	
L3995	Sock Fracture Or Equal Each		$25.48	
L3999	Upper Limb Orthosis Nos		M	
L4000	Repl Girdle Milwaukee Orth		$900.85	
L4002	Replace Strap, Any Orthosis		$13.24	
L4010	Replace Trilateral Socket Br		$539.73	
L4020	Replace Quadlat Socket Brim		$657.75	
L4030	Replace Socket Brim Cust Fit		$418.00	
L4045	Replace Non-Molded Thigh Lac		$209.10	
L4050	Replace Molded Calf Lacer		$280.35	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
L4055	Replace Non-Molded Calf Lace		$170.41	
L4060	Replace High Roll Cuff		$221.51	
L4070	Replace Prox & Dist Upright		$179.39	
L4080	Repl Met Band Kafo-Afo Prox		$67.71	
L4090	Repl Met Band Kafo-Afo Calf/		$57.61	
L4100	Repl Leath Cuff Kafo Prox Th		$69.23	
L4110	Repl Leath Cuff Kafo-Afo Cal		$54.05	
L4130	Replace Pretibial Shell		$326.76	
L4205	Ortho Dvc Repair Per 15 Min		$21.66	
L4210	Orth Dev Repair/Repl Minor P		$44.16	
L4350	Ankle Control Ortho Pre Ots		$73.80	
L4360	Pneumat Walking Boot Pre Cst		$197.46	
L4361	Pneuma/Vac Walk Boot Pre Ots		$176.50	
L4370	Pneum Full Leg Splnt Pre Ots		$179.50	
L4386	Non-Pneum Walk Boot Pre Cst		$108.10	
L4387	Non-Pneum Walk Boot Pre Ots		$108.10	
L4392	Replace Afo Soft Interface		$15.80	
L4394	Replace Foot Drop Spint		$11.53	
L4396	Static Or Dynami Afo Pre Cst		$112.39	
L4397	Static Or Dynami Afo Pre Ots		$112.39	
L4398	Foot Drop Splint Pre Ots		$51.73	
L4631	Afo, Walk Boot Type, Cus Fab		$1,013.00	
L5000	Sho Insert W Arch Toe Filler		$391.47	
L5010	Mold Socket Ank Hgt W/ Toe F		$1,093.81	
L5020	Tibial Tubercle Hgt W/ Toe F		$1,713.65	
L5050	Ank Symes Mold Sckt Sach Ft		$1,871.64	
L5060	Symes Met Fr Leath Socket Ar		$2,307.18	
L5100	Molded Socket Shin Sach Foot		$1,863.63	
L5105	Plast Socket Jts/Thgh Lacer		$2,629.98	
L5150	Mold Sckt Ext Knee Shin Sach		$2,923.91	
L5160	Mold Socket Bent Knee Shin S		$3,210.31	
L5200	Kne Sing Axis Fric Shin Sach		$2,482.93	
L5210	No Knee/Ankle Joints W/ Ft B		$1,971.45	
L5220	No Knee Joint With Artic Ali		$2,171.69	
L5230	Fem Focal Defic Constant Fri		$3,257.21	
L5250	Hip Canad Sing Axi Cons Fric		$3,819.16	
L5270	Tilt Table Locking Hip Sing		$4,255.29	
L5280	Hemipelvect Canad Sing Axis		$4,136.30	
L5301	Bk Mold Socket Sach Ft Endo		$1,830.04	
L5312	Knee Disart, Sach Ft, Endo		$2,938.20	
L5321	Ak Open End Sach		$2,420.34	
L5331	Hip Disart Canadian Sach Ft		$3,574.15	
L5341	Hemipelvectomy Canadian Sach		$3,799.27	
L5500	Init Bk Ptb Plaster Direct		$1,007.29	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
L5505	Init Ak Ischal Plstr Direct		$1,416.98	
L5510	Prep Bk Ptb Plaster Molded		$1,202.87	
L5520	Perp Bk Ptb Thermopls Direct		$1,078.23	
L5530	Prep Bk Ptb Thermopls Molded		$1,417.40	
L5535	Prep Bk Ptb Open End Socket		$1,321.31	
L5540	Prep Bk Ptb Laminated Socket		$1,399.47	
L5560	Prep Ak Ischial Plast Molded		$1,594.62	
L5570	Prep Ak Ischial Direct Form		$1,547.62	
L5580	Prep Ak Ischial Thermo Mold		$1,920.83	
L5590	Prep Ak Ischial Laminated		$2,002.66	
L5595	Hip Disartic Sach Thermopls		$3,129.64	
L5600	Hip Disart Sach Laminat Mold		$3,561.98	
L5610	Above Knee Hydracadence		$1,717.93	
L5611	Ak 4 Bar Link W/Fric Swing		$1,094.17	
L5613	Ak 4 Bar Ling W/Hydraul Swig		$1,664.31	
L5616	Ak Univ Multiplex Sys Frict		$1,003.54	
L5618	Test Socket Symes		$226.13	
L5620	Test Socket Below Knee		$200.64	
L5622	Test Socket Knee Disarticula		$270.30	
L5624	Test Socket Above Knee		$270.20	
L5626	Test Socket Hip Disarticulat		$427.76	
L5628	Test Socket Hemipelvectomy		$433.17	
L5629	Below Knee Acrylic Socket		$215.82	
L5630	Syme Typ Expandabl Wall Sckt		$374.99	
L5631	Ak/Knee Disartic Acrylic Soc		$298.39	
L5632	Symes Type Ptb Brim Design S		$183.91	
L5634	Symes Type Poster Opening So		$230.00	
L5636	Symes Type Medial Opening So		$175.80	
L5637	Below Knee Total Contact		$259.19	
L5638	Below Knee Leather Socket		$440.67	
L5639	Below Knee Wood Socket		$761.41	
L5640	Knee Disarticulat Leather So		$500.49	
L5642	Above Knee Leather Socket		$463.93	
L5644	Above Knee Wood Socket		$401.11	
L5646	Below Knee Cushion Socket		$421.69	
L5648	Above Knee Cushion Socket		$498.26	
L5650	Tot Contact Ak/Knee Disart S		$328.50	
L5652	Suction Susp Ak/Knee Disart		$293.30	
L5653	Knee Disart Expand Wall Sock		$461.96	
L5654	Socket Insert Symes		$267.79	
L5655	Socket Insert Below Knee		$191.59	
L5656	Socket Insert Knee Articulat		$293.75	
L5658	Socket Insert Above Knee		$310.06	
L5666	Below Knee Cuff Suspension		$51.89	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
L5668	Bk Molded Distal Cushion		$78.01	
L5670	Bk Molded Supracondylar Susp		$182.50	
L5671	Bk/Ak Locking Mechanism		$334.70	
L5672	Bk Removable Medial Brim Sus		$241.60	
L5673	Socket Insert W Lock Mech		$536.85	
L5676	Bk Knee Joints Single Axis P		$243.94	
L5678	Bk Joint Covers Pair		$26.97	
L5679	Socket Insert W/O Lock Mech		$447.38	
L5680	Bk Thigh Lacer Non-Molded		$206.71	
L5681	Intl Custm Cong/Latyp Insert		$898.50	
L5682	Bk Thigh Lacer Glut/Ischia M		$424.71	
L5683	Initial Custom Socket Insert		$898.50	
L5684	Bk Fork Strap		$32.68	
L5685	Below Knee Sus/Seal Sleeve		$87.49	
L5686	Bk Back Check		$39.30	
L5688	Bk Waist Belt Webbing		$41.75	
L5690	Bk Waist Belt Padded And Lin		$84.45	
L5692	Ak Pelvic Control Belt Light		$90.24	
L5694	Ak Pelvic Control Belt Pad/L		$123.20	
L5695	Ak Sleeve Susp Neoprene/Equa		$110.75	
L5696	Ak/Knee Disartic Pelvic Join		$133.79	
L5697	Ak/Knee Disartic Pelvic Band		$63.54	
L5698	Ak/Knee Disartic Silesian Ba		$81.50	
L5699	Shoulder Harness		$139.30	
L5700	Replace Socket Below Knee		$2,095.19	
L5701	Replace Socket Above Knee		$2,599.27	
L5702	Replace Socket Hip		$3,275.97	
L5703	Symes Ankle W/O (Sach) Foot		$1,723.26	
L5704	Custom Shape Cover Bk		$421.10	
L5705	Custom Shape Cover Ak		$783.21	
L5706	Custom Shape Cvr Knee Disart		$763.93	
L5707	Custom Shape Cvr Hip Disart		$1,026.34	
L5710	Kne-Shin Exo Sng Axi Mnl Loc		$244.25	
L5712	Knee-Shin Exo Frict Swg & St		$292.63	
L5714	Knee-Shin Exo Variable Frict		$297.75	
L5716	Knee-Shin Exo Mech Stance Ph		$588.76	
L5718	Knee-Shin Exo Frct Swg & Sta		$629.82	
L5722	Knee-Shin Pneum Swg Frct Exo		$765.59	
L5724	Knee-Shin Exo Fluid Swing Ph		$1,180.64	
L5726	Knee-Shin Ext Jnts Fld Swg E		$1,404.90	
L5728	Knee-Shin Fluid Swg & Stance		$1,646.37	
L5780	Knee-Shin Pneum/Hydra Pneum		$906.46	
L5810	Endoskel Knee-Shin Mnl Lock		$388.50	
L5812	Endo Knee-Shin Frct Swg & St		$403.45	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
L5816	Endo Knee-Shin Polyc Mch Sta		$577.55	
L5818	Endo Knee-Shin Frct Swg & St		$652.17	
L5822	Endo Knee-Shin Pneum Swg Frc		$1,196.40	
L5824	Endo Knee-Shin Fluid Swing P		$1,130.95	
L5828	Endo Knee-Shin Fluid Swg/Sta		$2,012.80	
L5830	Endo Knee-Shin Pneum/Swg Pha		$1,357.16	
L5840	Multi-Axial Knee/Shin System		M	
L5845	Knee-Shin Sys Stance Flexion		$1,224.30	
L5850	Endo Ak/Hip Knee Extens Assi		$86.88	
L5855	Mech Hip Extension Assist		$209.73	
L5925	Above Knee Manual Lock		$228.19	
L5962	Below Knee Flex Cover System		$393.49	
L5964	Above Knee Flex Cover System		$754.77	
L5966	Hip Flexible Cover System		$972.26	
L5970	Foot External Keel Sach Foot		$148.37	
L5971	Sach Foot, Replacement		$148.37	
L5972	Flexible Keel Foot		$270.27	
L5974	Foot Single Axis Ankle/Foot		$156.79	
L5975	Combo Ankle/Foot Prosthesis		$316.66	
L5976	Energy Storing Foot		$401.41	
L5978	Ft Prosth Multiaxial Ankl/Ft		$212.71	
L5979	Multi-Axial Ankle/Ft Prosth		$1,687.41	
L5980	Flex Foot System		$2,594.76	
L5981	Flex-Walk Sys Low Ext Prosth		$2,297.46	
L5982	Exoskeletal Axial Rotation U		$437.84	
L5984	Endoskeletal Axial Rotation		$439.21	
L5990	User Adjustable Heel Height		$1,239.18	
L5999	Lowr Extremity Prosthes Nos		M	
L6000	Part Hand Thumb Rem		$1,203.11	
L6010	Part Hand Little/Ring		$1,338.87	
L6020	Part Hand No Fingers		$1,248.28	
L6050	Wrst Mld Sck Flx Hng Tri Pad		$1,697.92	
L6100	Elb Mold Sock Flex Hinge Pad		$1,718.24	
L6110	Elbow Mold Sock Suspension T		$1,817.77	
L6120	Elbow Mold Doub Splt Soc Ste		$2,055.91	
L6130	Elbow Stump Activated Lock H		$2,169.03	
L6200	Elbow Mold Outsid Lock Hinge		$2,234.36	
L6250	Elbow Inter Loc Elbow Forarm		$2,198.22	
L6300	Shlder Disart Int Lock Elbow		$3,031.95	
L6350	Thoracic Intern Lock Elbow		$3,322.08	
L6400	Below Elbow Prosth Tiss Shap		$1,858.70	
L6450	Elb Disart Prosth Tiss Shap		$2,429.23	
L6500	Above Elbow Prosth Tiss Shap		$2,385.44	
L6550	Shldr Disar Prosth Tiss Shap		$3,089.65	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
L6570	Scap Thorac Prosth Tiss Shap		$3,449.18	
L6600	Polycentric Hinge Pair		$153.52	
L6605	Single Pivot Hinge Pair		$158.01	
L6610	Flexible Metal Hinge Pair		$150.75	
L6615	Disconnect Locking Wrist Uni		$146.34	
L6616	Disconnect Insert Locking Wr		$44.05	
L6620	Flexion/Extension Wrist Unit		$255.83	
L6625	Rotation Wrst W/ Cable Lock		$361.19	
L6630	Stainless Steel Any Wrist		$195.15	
L6635	Lift Assist For Elbow		$141.05	
L6640	Shoulder Abduction Joint Pai		$229.97	
L6645	Shoulder Flexion-Abduction J		$248.72	
L6646	Multipo Locking Shoulder Jnt		$2,154.38	
L6647	Shoulder Lock Actuator		$354.69	
L6650	Shoulder Universal Joint		$269.75	
L6655	Standard Control Cable Extra		$52.32	
L6660	Heavy Duty Control Cable		$70.02	
L6665	Teflon Or Equal Cable Lining		$31.28	
L6670	Hook To Hand Cable Adapter		$32.57	
L6672	Harness Chest/Shlder Saddle		$149.47	
L6675	Harness Figure Of 8 Sing Con		$81.57	
L6676	Harness Figure Of 8 Dual Con		$85.32	
L6677	Ue Triple Control Harness		$202.62	
L6680	Test Sock Wrist Disart/Bel E		$208.15	
L6682	Test Sock Elbw Disart/Above		$230.15	
L6684	Test Socket Shldr Disart/Tho		$312.74	
L6691	Removable Insert Each		$237.92	
L6692	Silicone Gel Insert Or Equal		$436.85	
L6693	Lockingelbow Forearm Cntrbal		$1,939.21	
L6694	Elbow Socket Ins Use W/Lock		M	
L6695	Elbow Socket Ins Use W/O Lck		M	
L6696	Cus Elbo Skt In For Con/Atyp		M	
L6697	Cus Elbo Skt In Not Con/Atyp		M	
L6698	Below/Above Elbow Lock Mech		M	
L6706	Term Dev Mech Hook Vol Open		M	
L6707	Term Dev Mech Hook Vol Close		M	
L6708	Term Dev Mech Hand Vol Open		M	
L6709	Term Dev Mech Hand Vol Close		M	
L6711	Ped Term Dev, Hook, Vol Open		$459.22	
L6712	Ped Term Dev, Hook, Vol Clos		$845.55	
L6713	Ped Term Dev, Hand, Vol Open		$1,067.13	
L6714	Ped Term Dev, Hand, Vol Clos		$903.87	
L6721	Hook/Hand, Hvy Dty, Vol Open		$1,606.55	
L6722	Hook/Hand, Hvy Dty, Vol Clos		$1,384.95	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
L6805	Term Dev Modifier Wrist Unit		$261.97	
L6810	Term Dev Precision Pinch Dev		$139.27	
L6881	Term Dev Auto Grasp Feature		$2,792.53	
L6883	Replc Sockt Below E/W Disa		$1,356.88	
L6884	Replc Sockt Above Elbow Disa		$1,856.53	
L6885	Replc Sockt Shldr Dis/Interc		$2,884.14	
L6890	Prefab Glove For Term Device		$136.42	
L6895	Custom Glove For Term Device		$456.15	
L6935	Below Elbow Myoelectronic Ct		$6,028.40	
L7186	Electron Elbow Child Switch		M	
L7499	Upper Extremity Prosthes Nos		M	
L7510	Prosthetic Device Repair Rep		$44.16	
L7520	Repair Prosthesis Per 15 Min		$29.43	
L7600	Prosthetic Donning Sleeve		$57.78	
L8000	Mastectomy Bra		$28.49	
L8001	Breast Prosthesis Bra & Form		$84.89	
L8002	Brst Prsth Bra & Bilat Form		$111.66	
L8010	Mastectomy Sleeve		$29.37	
L8015	Ext Breastprosthesis Garment		$40.56	
L8020	Mastectomy Form		$154.44	
L8030	Breast Prosthes W/O Adhesive		$238.74	
L8300	Truss Single W/ Standard Pad		$57.28	
L8310	Truss Double W/ Standard Pad		$101.49	
L8320	Truss Addition To Std Pad Wa		$42.11	
L8330	Truss Add To Std Pad Scrotal		$33.53	
L8400	Sheath Below Knee		$10.69	
L8410	Sheath Above Knee		$14.06	
L8415	Sheath Upper Limb		$14.56	
L8417	Pros Sheath/Sock W Gel Cushn		$51.37	
L8420	Prosthetic Sock Multi Ply Bk		$14.24	
L8430	Prosthetic Sock Multi Ply Ak		$16.13	
L8435	Pros Sock Multi Ply Upper Lm		$15.33	
L8440	Shrinker Below Knee		$31.34	
L8460	Shrinker Above Knee		$45.26	
L8465	Shrinker Upper Limb		$41.83	
L8470	Pros Sock Single Ply Bk		$4.53	
L8480	Pros Sock Single Ply Ak		$6.24	
L8485	Pros Sock Single Ply Upper L		$8.29	
L8499	Unlisted Misc Prosthetic Ser		M	
L8500	Artificial Larynx		$445.38	
L8501	Tracheostomy Speaking Valve		$82.03	
L8509	Trach-Esoph Voice Pros Md In		$74.60	
L8510	Voice Amplifier		M	
L8515	Gel Cap App Device For Trach		$42.71	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
S1040	Cranial Remolding Orthosis		$904.40	
S5199	Personal Care Item Nos Each		$0.10	
S5498	Hit Simple Cath Care		$3.94	
S5501	Hit Complex Cath Care		$3.94	
S5502	Hit Interim Cath Care		$3.55	
S5520	Hit Picc Insert Kit		$110.23	
S5521	Hit Midline Cath Insert Kit		$110.23	
S8185	Flutter Device		$40.70	
S8186	Swivel Adaptor		$3.44	
S8189	Trach Supply Noc		$4.37	
S8210	Mucus Trap		$2.25	
S8265	Haberman Feeder		$12.68	
S8421	Ready Gradient Sleev/Glov		$36.78	
S8422	Custom Grad Sleeve Med		M	
S8423	Custom Grad Sleeve Heavy		M	
S8424	Ready Gradient Sleeve		$38.30	
S8425	Custom Grad Glove Med		M	
S8426	Custom Grad Glove Heavy		M	
S8427	Ready Gradient Glove		$53.23	
S8428	Ready Gradient Gauntlet		$17.63	
S8999	Resuscitation Bag		$93.22	
S9001	Home Uterine Monitor With Or	RR	$46.84	
S9326	Hit Cont Pain Per Diem		$37.65	
S9327	Hit Int Pain Per Diem		$13.02	
S9330	Hit Cont Chem Diem		$22.04	
S9330	Hit Cont Chem Diem	SH	$44.08	
S9331	Hit Intermit Chemo Diem		$22.04	
S9331	Hit Intermit Chemo Diem	SH	$44.08	
S9338	Hit Immunotherapy Diem		$22.04	
S9345	Hit Anti-Hemophil Diem		$22.04	
S9346	Hit Alpha-1-Proteinas Diem		$22.04	
S9348	Hit Sympathomim Diem		$22.04	
S9351	Hit Cont Antiemetic Diem		$22.04	
S9355	Hit Chelation Diem		$22.04	
S9374	Hit Hydra 1 Liter Diem		$22.04	
S9375	Hit Hydra 2 Liter Diem		$22.04	
S9376	Hit Hydra 3 Liter Diem		$22.04	
S9377	Hit Hydra Over 3l Diem		$22.04	
S9379	Hit Noc Per Diem		M	
S9490	Hit Corticosteroid/Diem		$22.04	
S9497	Hit Antibiotic Q3h Diem		$22.04	
S9497	Hit Antibiotic Q3h Diem	SH	$44.08	
S9497	Hit Antibiotic Q3h Diem	SJ	$55.10	
S9500	Hit Antibiotic Q24h Diem		$22.04	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Health and Human Services
Medical Suppliers/Orthotists /Prosthetists/DME Dealers Fee Schedule
January - 2016

Revised: 04/05/2016 12:41 PM

Code	Short Description	Modifier	Rate	Effective Date**
S9500	Hit Antibiotic Q24h Diem	SH	$44.08	
S9500	Hit Antibiotic Q24h Diem	SJ	$55.10	
S9501	Hit Antibiotic Q12h Diem		$22.04	
S9501	Hit Antibiotic Q12h Diem	SH	$44.08	
S9501	Hit Antibiotic Q12h Diem	SJ	$55.10	
S9502	Hit Antibiotic Q8h Diem		$22.04	
S9502	Hit Antibiotic Q8h Diem	SH	$44.08	
S9502	Hit Antibiotic Q8h Diem	SJ	$55.10	
S9503	Hit Antibiotic Q6h Diem		$22.04	
S9503	Hit Antibiotic Q6h Diem	SH	$44.08	
S9503	Hit Antibiotic Q6h Diem	SJ	$55.10	
S9504	Hit Antibiotic Q4h Diem		$22.04	
S9504	Hit Antibiotic Q4h Diem	SH	$44.08	
S9504	Hit Antibiotic Q4h Diem	SJ	$55.10	
S9537	Ht Hem Horm Inj Diem		$13.02	
T4521	Adult Size Brief/Diaper Sm		$0.53	
T4522	Adult Size Brief/Diaper Med		$0.53	
T4523	Adult Size Brief/Diaper Lg		$0.65	
T4524	Adult Size Brief/Diaper Xl		$1.05	
T4525	Adult Size Pull-On Sm		$1.42	
T4526	Adult Size Pull-On Med		$1.42	
T4527	Adult Size Pull-On Lg		$1.42	
T4528	Adult Size Pull-On Xl		$1.42	
T4529	Ped Size Brief/Diaper Sm/Med		$0.52	
T4530	Ped Size Brief/Diaper Lg		$0.53	
T4531	Ped Size Pull-On Sm/Med		$1.15	
T4532	Ped Size Pull-On Lg		$1.15	
T4533	Youth Size Brief/Diaper		$0.53	
T4534	Youth Size Pull-On		$1.42	
T4535	Disposable Liner/Shield/Pad		$0.34	
T4536	Reusable Pull-On Any Size		$1.75	
T4541	Large Disposable Underpad		$0.38	
T4542	Small Disposable Underpad		$0.38	
T4543	Adult Disp Brief/Diap Abv Xl		$1.72	
T4544	Adlt Disp Und/Pull On Abv Xl		$1.42	
T5001	Position Seat Spec Orth Need		M	
V2623	Plastic Eye Prosth Custom		$468.44	
V2624	Polishing Artifical Eye		$14.90	
V2625	Enlargemnt Of Eye Prosthesis		$414.00	
V2626	Reduction Of Eye Prosthesis		$414.00	
V2627	Scleral Cover Shell		$496.55	
V2628	Fabrication & Fitting		$207.00	
V2629	Prosthetic Eye Other Type		M	

**Effective Date will only be populated when the rate begins after the published fee schedule date

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.