

| Procedure Code | Description  | Rate    |
|----------------|--|---------|
| A0021          | AMBULANCE SERVICE, OUTSIDE STATE PER MILE, TRANSPORT (MEDICAID ONLY)   | \$0.56  |
| A0225          | AMBULANCE SERVICE, NEONATAL TRANSPORT, BASE RATE, EMERGENCY TRANSPORT, ONE WAY                                     | \$60.00 |
| A0368          | AMBULANCE SERVICE, ALS, EMERGENCY TRANSPORT, NO SPECIALIZED ALS SERVICES RENDERED, MILEAGE AND DISPOSABLE SUPPLIES | \$50.00 |
| A0420          | AMBULANCE WAITING TIME (ALS OR BLS) 1/2 HOUR INCREMENTS  | \$12.50 |
| A0422          | AMBULANCE (ALS OR BLS) OXYGEN AND OXYGEN SUPPLIES, LIFE SUSTAINING SITUATION                                       | \$11.66 |
| A0424          | EXTRA AMBULANCE ATTENDANT, ALS OR BLS (REQUIRES MEDICAL REVIEW)  | \$29.15 |
| A0425          | GROUND MILEAGE, PER STATUTE MILE   | \$0.56  |
| A0427          | AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1 (ALS 1 EMERGENCY)                           | \$69.95 |
| A0429          | AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS EMERGENCY)   | \$69.95 |
| A4206          | SYRINGE WITH NEEDLE, STERILE 1CC, EACH   | \$0.24  |
| A4208          | SYRINGE WITH NEEDLE, STERILE 3CC, EACH   | \$0.24  |
| A4209          | SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER, EACH  | \$0.24  |
| A4213          | SYRINGE, STERILE, 20 CC OR GREATER, EACH   | \$1.10  |
| A4215          | NEEDLES ONLY, STERILE, ANY SIZE, EACH  | \$0.25  |
| A4216          | STERILE WATER, SALINE, 10 ML   | \$0.37  |
| A4217          | STERILE WATER, SALINE, 500 ML  | \$2.45  |
| A4218          | STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML   | \$0.65  |
| A4221          | SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY)                                | \$20.79 |
| A4222          | SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUG SEPARATELY)                               | \$42.92 |
| A4233          | REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR     | \$0.74  |
| A4234          | REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME GLUCOSE MONITOR OWNED BY PATIENT      | \$3.34  |
| A4235          | REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME GLUCOSE MONITOR OWNED BY PATIENT               | \$2.15  |
| A4236          | REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME GLUCOSE MONITOR OWNED BY PATIENT          | \$1.54  |
| A4244          | ALCOHOL OR PEROXIDE, PER PINT  | \$1.00  |
| A4246          | BETADINE, PER PINT   | \$5.00  |
| A4247          | BETADINE OR IODINE SWABS/WIPES, PER BOX  | \$12.00 |
| A4248          | CHLORHEXIDINE CONTAINING ANTISEPTIC, 1 ML  | \$0.00  |

| Procedure Code | Description  | Rate    |
|----------------|--|---------|
| A4250          | URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS)  | \$15.00 |
| A4253          | BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50 STRIPS                             | \$32.93 |
| A4255          | PLATFORMS FOR HOME BLOOD GLUCOSE MONITOR, 50 PER BOX   | \$3.60  |
| A4256          | NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS - PER PINT  | \$10.51 |
| A4257          | REPLACEMENT LENS SHIELD CARTRIDGE FOR USE WITH LASER SKIN PIERCING DEVICE, EACH                                | \$11.72 |
| A4258          | SPRING-POWERED DEVICE FOR LANCET, EACH   | \$16.57 |
| A4259          | LANCETS, PER BOX OF 100  | \$9.95  |
| A4262          | TEMPORARY, ABSORBABLE LACRIMAL DUCT IMPLANT, EACH  | \$20.00 |
| A4263          | LACRIMAL DUCT IMPLANT  | \$31.59 |
| A4265          | PARAFFIN   | \$3.12  |
| A4270          | DISPOSABLE ENDOSCOPE SHEATH, EACH  | \$0.00  |
| A4280          | ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXTERNAL BREAST PROSTHESIS, EACH                                 | \$5.00  |
| A4281          | TUBING FOR BREAST PUMP, REPLACEMENT  | \$0.00  |
| A4282          | ADAPTER FOR BREAST PUMP, REPLACEMENT   | \$0.00  |
| A4283          | CAP FOR BREAST PUMP BOTTLE, REPLACEMENT  | \$0.00  |
| A4284          | BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP, REPLACEMENT                                       | \$0.00  |
| A4285          | POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP, REPLACEMENT   | \$0.00  |
| A4286          | LOCKING RING FOR BREAST PUMP, REPLACEMENT  | \$0.00  |
| A4301          | IMPLANTABLE ACCESS TOTAL CATHETER, PORT/RESERVOIR (E.G., VENOUS, ARTERIAL, EPIDURAL, SUBARACHNOID, PERITONEAL, | \$0.00  |
| A4310          | INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)                                    | \$7.09  |
| A4311          | INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON,  | \$11.57 |
| A4312          | INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE                | \$14.08 |
| A4313          | INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION | \$14.46 |
| A4314          | INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SIL | \$19.75 |
| A4315          | INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE                   | \$20.60 |
| A4316          | INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION    | \$23.98 |

| Procedure Code | Description  | Rate    |
|----------------|--|---------|
| A4320          | IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE   | \$4.89  |
| A4321          | THERAPEUTIC AGENT FOR URINARY CATHETER IRRIGATION  | \$0.00  |
| A4322          | IRRIGATION SYRINGE, BULB OR PISTON   | \$2.80  |
| A4326          | MALE EXTERNAL CATHETER SPECIALTY TYPE, EG; INFLATABLE, FACEPLATE, ETC., EACH                                   | \$9.52  |
| A4327          | FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP, EACH  | \$38.82 |
| A4328          | FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH   | \$9.05  |
| A4330          | PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE, EACH  | \$6.24  |
| A4331          | EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR OSTOM | \$2.93  |
| A4332          | LUBRICANT, INDIVIDUAL STERILE PACKET, FOR INSERTION OF URINARY CATHETER, EACH                                  | \$0.11  |
| A4333          | URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH  | \$2.03  |
| A4334          | URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH   | \$4.53  |
| A4335          | INCONTINENCE SUPPLY; MISCELLANEOUS   | \$0.00  |
| A4338          | INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHI | \$10.69 |
| A4340          | INDWELLING CATHETER; SPECIALTY TYPE (EG; COUDE, MUSHROOM, WING, ETC.), EACH                                    | \$29.16 |
| A4344          | INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH   | \$12.92 |
| A4346          | INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH                                     | \$15.29 |
| A4349          | MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH   | \$1.85  |
| A4351          | INTERMITTENT URINARY CATHETER; STRAIGHT TIP, EACH  | \$1.67  |
| A4352          | INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, EACH  | \$5.01  |
| A4353          | INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES   | \$6.42  |
| A4354          | INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER  | \$10.85 |
| A4355          | IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY INDWELLING FOLEY                   | \$8.18  |
| A4356          | EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP), EACH                        | \$35.62 |
| A4357          | BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI REFLUX DEVICE, WITH OR WITHOUT TUBE, EACH             | \$7.58  |
| A4358          | URINARY LEG BAG; VINYL, WITH OR WITHOUT TUBE, EACH   | \$6.08  |
| A4361          | OSTOMY FACEPLATE, EACH   | \$15.53 |
| A4362          | SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH   | \$3.18  |
| A4363          | OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH   | \$2.09  |

| Procedure Code | Description  | Rate    |
|----------------|--|---------|
| A4364          | ADHESIVE FOR OSTOMY OR CATHETER; LIQUID (SPRAY, BRUSH, ETC.), CEMENT, POWDER OR PASTE; ANY COMPOSITION (E.G. S | \$2.66  |
| A4366          | OSTOMY VENT, ANY TYPE, EACH  | \$1.20  |
| A4367          | OSTOMY BELT, EACH  | \$6.76  |
| A4368          | OSTOMY FILTER, ANY TYPE, EACH  | \$0.24  |
| A4369          | OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC), PER OZ  | \$2.22  |
| A4371          | OSTOMY SKIN BARRIER, POWDER, PER OZ  | \$3.35  |
| A4372          | OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH                     | \$3.85  |
| A4373          | FLANGE (SOLID, FLEXIBLE OR ACCORDION), STANDARD WEAR, W/BUILT IN CONVEXITY, ANY SIZE EACH                      | \$5.76  |
| A4375          | OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH  | \$15.78 |
| A4376          | OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH   | \$43.70 |
| A4377          | OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH   | \$3.94  |
| A4378          | OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH  | \$28.24 |
| A4379          | OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH  | \$13.79 |
| A4380          | OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH (CHECK DESCRIPTION)                               | \$34.29 |
| A4381          | OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH (CHECK DESCRIPTION)                               | \$4.24  |
| A4382          | OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH   | \$22.61 |
| A4383          | OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH  | \$25.89 |
| A4384          | OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH   | \$8.83  |
| A4385          | OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, W/OUT BUILT-IN CONVEXITY EACH                     | \$4.69  |
| A4387          | OSTOMY POUCH CLOSED, W/STANDARD WEAR BARRIER ATTACHED, W/BUILT-IN CONVEXITY 1 PIECE                            | \$3.69  |
| A4388          | OSTOMY POUCH, DRAINABLE, W/EXTENDED WEAR BARRIER ATTACHED, WITH/OUT BUILT-IN CONVEXITY 1 PIECE                 | \$4.01  |
| A4389          | OSTOMY POUCH, DRAINABLE, W/STANDARD WEAR BARRIER ATTACHED, W/BUILT-IN CONVEXITY 1 PIECE EACH                   | \$5.72  |
| A4390          | OSTOMY POUCH, DRAINABLE, W/EXTENDED WEAR BARRIER ATTACHED, W/BUILT-IN CONVEXITY 1 PIECE EACH                   | \$8.82  |
| A4391          | OSTOMY POUCH, URINARY, W/EXTENDED WEAR BARRIER ATTACHED, W/OUT BUILT-IN CONVEXITY, 1 PIECE EACH                | \$6.49  |

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|----------------|---|---------|
| A4392          | OSTOMY POUCH, URINARY, W/STANDARD WEAR BARRIER ATTACHED, W/BUILT-IN CONVEXITY 1 PIECE EACH                    | \$7.52  |
| A4393          | OSTOMY POUCH, URINARY, W/EXTENDED WEAR BARRIER ATTACHED, W/BUILT-IN CONVEXITY EACH                            | \$8.30  |
| A4394          | OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, LIQUID PER FLUID OZ   | \$2.38  |
| A4395          | OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET   | \$0.05  |
| A4396          | OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT  | \$37.18 |
| A4397          | IRRIGATION SUPPLY; SLEEVE, EACH   | \$3.83  |
| A4398          | OSTOMY IRRIGATION SUPPLY; BAG, EACH   | \$11.83 |
| A4399          | OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, INCLUDING BRUSH  | \$10.13 |
| A4400          | OSTOMY IRRIGATION SET   | \$38.15 |
| A4402          | LUBRICANT, PER OUNCE  | \$1.25  |
| A4404          | OSTOMY RINGS  | \$1.49  |
| A4405          | OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE   | \$3.13  |
| A4406          | OSTOMY SKIN BARRIER, PECTIN BASED, PASTE, PER, OUNCE  | \$5.27  |
| A4407          | OSTOMY SKIN BARRIER, WITH FLANGE, EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4X4 INCHES OR SMALLER, EACH         | \$8.05  |
| A4408          | OSTOMY SKIN BARRIER, WITH FLANGE, EXTENDED WEAR, WITH BUILT-IN LARGER THAN 4X4 INCHES, EACH                   | \$9.06  |
| A4409          | OSTOMY SKIN BARRIER, WITH FLANGE, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, 4X4 OR SMALLER, EACH             | \$5.72  |
| A4410          | OSTOMY SKIN BARRIER, WITH FLANGE, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 INCHES, EACH     | \$8.30  |
| A4411          | OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVEXITY, EACH                    | \$4.69  |
| A4412          | OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITHOUT FILTER, EACH | \$2.48  |
| A4413          | OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE(2 PIECE SYSTEM)WITH FILTER, EACH       | \$5.05  |
| A4414          | OSTOMY SKIN BARRIER, WITH FLANGE,WITHOUT BUILT-IN CONVEXITY 4X4 INCHES OR SMALLER, EACH                       | \$4.53  |
| A4415          | OSTOMY SKIN BARRIER, WITH FLANGE,WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 INCHES, EACH                     | \$5.51  |
| A4416          | OSTOMY POUCH CLOSED, WITH BARRIER ATTACHED, WITH FILTER, ONE PIECE, EACH                                      | \$2.53  |
| A4417          | OSTOMY POUCH, CLOSED WITH BARRIER ATTACHED, WITH BUILT IN CONVEXITY, WITH FILTER, ONCE PIECE, EACH            | \$3.42  |

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|----------------|--|--------|
| A4418          | OSTOMY POUCH CLOSED, WITHOUT BARRIER ATTACHED, WITH FILTER, ONE PIECE, EACH                                    | \$1.67 |
| A4419          | OSTOMY POUCH CLOSED, FOR USE ON BARRIER WITH NON LOCKING FLANGE, WITH FILTER, TWO PIECE, EACH                  | \$1.60 |
| A4420          | OSTOMY POUCH CLOSED, FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER, TWO PIECE, EACH                      | \$0.00 |
| A4421          | OSTOMY SUPPLY; MISCELLANEOUS   | \$0.00 |
| A4422          | OSTOMY ABSORBENT MATERIAL FOR USE IN OSTOMY POUCH TO THICKEN LIQUID STOMAL OUTPUT, EACH                        | \$0.11 |
| A4423          | OSTOMY POUCH CLOSED, FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER, TWO PIECE, EACH                      | \$1.71 |
| A4424          | OSTOMY POUCH DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER, ONE PIECE, EACH                                    | \$4.37 |
| A4425          | OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON LOCKING FLANGE, WITH FILTER, TWO PIECE SYSTEM, EACH       | \$3.29 |
| A4426          | OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, TWO PIECE SYSTEM, EACH                        | \$2.51 |
| A4427          | OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER, TWO PIECE SYSTEM, EACH           | \$2.56 |
| A4428          | OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET TYPE TAP WITH VALVE, ONE PIECE, EACH   | \$5.98 |
| A4429          | OSTOMY POUCH, URINARY WITH BARRIER ATTACHED, WITH BUILT IN CONVEXITY, WITH FAUCET TYPE TAP WITH VALVE, ONE     | \$7.58 |
| A4430          | OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT IN CONVEXITY, WITH FAUCET TYPE TAP      | \$7.82 |
| A4431          | OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET TYPE TAP WITH VALVE, ONE PIECE, EACH                 | \$5.72 |
| A4432          | OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON LOCKING FLANGE, WITH FAUCET TYPE TAP WITH VALVE, TWO PIECE, | \$3.30 |
| A4433          | OSTOMY POUCH , URINARY, FOR USE ON BARRIER WITH LOCKING FLANGE, TWO PIECE, EACH                                | \$3.07 |
| A4434          | OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET TYPE TAP WITH VALVE WITH TWO PIECE  | \$3.46 |
| A4435          | OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR BARRIER(ONE-PIECE SYSTEM), WITH OR WITHOUT FILTER, EA | \$5.36 |
| A4450          | TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES   | \$0.08 |
| A4452          | TAPE, WATERPROOF, PER 18 SQUARE INCHES   | \$0.32 |
| A4455          | ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIV PER OUNCE)                                      | \$1.31 |

| Procedure Code | Description  | Rate     |
|----------------|--|----------|
| A4461          | SURGICAL DRESSING HOLDER, NONREUSABLE, EACH  | \$3.02   |
| A4463          | SURGICAL DRESSING HOLDER, REUSABLE, EACH   | \$12.23  |
| A4465          | NON-ELASTIC BINDER FOR EXTREMITY   | \$24.00  |
| A4470          | GRAVLEE JET WASHER   | \$0.00   |
| A4480          | VABRA ASPIRATOR  | \$0.00   |
| A4481          | TRACHEOSTOMA FILTER, ANY TYPE, ANY SIZE, EACH  | \$0.34   |
| A4483          | MOISTURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE MECHANICAL VENTILATION         | \$0.00   |
| A4490          | SURGICAL STOCKINGS ABOVE KNEE LENGTH, EACH   | \$10.00  |
| A4495          | SURGICAL STOCKINGS THIGH LENGTH, EACH  | \$11.00  |
| A4500          | SURGICAL STOCKINGS BELOW KNEE LENGTH, EACH   | \$8.00   |
| A4510          | SURGICAL STOCKINGS FULL LENGTH, EACH   | \$15.00  |
| A4520          | INCONTINENCE GARMENT, ANY TYPE, (E.G. BRIEF, DIAPER), EACH                           | \$0.95   |
| A4534          | YOUTH SIZED INCONTINENCE PRODUCT,BRIEF, EACH   | \$1.00   |
| A4550          | SURGICAL TRAYS   | \$0.00   |
| A4554          | DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S)                                      | \$0.29   |
| A4556          | ELECTRODES, (E.G., APNEA MONITOR), PER PAIR  | \$11.16  |
| A4557          | LEAD WIRES, (E.G., APNEA MONITOR), PER PAIR  | \$19.39  |
| A4558          | CONDUCTIVE PASTE OR GEL  | \$5.00   |
| A4559          | COUPLING GEL OR PASTE, FOR USE WITH ULTRASOUND DEVICE, PER OUNCE                     | \$0.09   |
| A4561          | PESSARY, RUBBER, ANY TYPE  | \$18.32  |
| A4562          | PESSARY, NON-RUBBER, ANY TYPE  | \$45.62  |
| A4565          | SLINGS   | \$12.50  |
| A4570          | SPLINT   | \$45.70  |
| A4590          | SPECIAL CASTING MATERIALS, HEXCELITE AND LIGHT CAST                                  | \$7.50   |
| A4595          | TENS SUPPLIES, 2 LEAD, PER MONTH   | \$26.46  |
| A4600          | SLEEVE FOR INTERMITTENT LIMB COMPRESSION DEVICE, REPLACEMENT ONLY, EACH              | \$0.00   |
| A4604          | TUBING WITH INTERGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE | \$52.88  |
| A4605          | TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH                                       | \$15.06  |
| A4606          | OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT                               | \$30.00  |
| A4608          | TRANSTRACHEAL OXYGEN CATHETER, EACH  | \$46.04  |
| A4611          | BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATOR                        | \$172.45 |
| A4612          | BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR                             | \$62.40  |
| A4613          | BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR                            | \$132.44 |
| A4614          | PEEK EXPIRATORY FLOW RATE METER, HAND HELD   | \$21.84  |
| A4615          | CANNULA, NASAL   | \$0.66   |

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|----------------|--|----------|
| A4616          | TUBING (OXYGEN), PER FOOT  | \$0.06   |
| A4617          | MOUTH PIECE  | \$2.84   |
| A4618          | BREATHING CIRCUITS   | \$8.15   |
| A4619          | FACE TENT  | \$1.70   |
| A4620          | VARIABLE CONCENTRATION MASK  | \$0.54   |
| A4623          | TRACHEOSTOMY, INNER CANNULA (REPLACEMENT ONLY)   | \$5.45   |
| A4624          | TRACHEAL SUCTION CATHETER, ANY TYPE, EACH  | \$2.06   |
| A4625          | TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY   | \$6.13   |
| A4626          | TRACHEOSTOMY CLEANING BRUSH, EACH  | \$2.93   |
| A4627          | SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE INHALER          | \$24.00  |
| A4628          | OROPHARYNGEAL SUCTION CATHETER, EACH   | \$3.37   |
| A4629          | TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY   | \$4.26   |
| A4630          | REPLACEMENT BATTERIES. MEDICALLY NECESSARY T.E.N.S. OWNED BY PATIENT                       | \$5.73   |
| A4633          | REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY SYSTEM, EACH                           | \$37.69  |
| A4634          | REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX, TABLETOP MODEL                                 | \$4.21   |
| A4635          | UNDERARM PAD, CRUTCH, REPLACEMENT, EACH  | \$4.71   |
| A4636          | REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH                                       | \$3.34   |
| A4637          | REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH.  | \$1.69   |
| A4638          | REPLACEMENT BATTERY FOR PATIENT OWNED EAR PULSE GENERATOR, EACH                            | \$0.00   |
| A4639          | REPLACEMENT PAD FOR INFRARED HEATING PAD SYSTEM, EACH                                      | \$263.77 |
| A4640          | REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT | \$58.15  |
| A4641          | SUPPLY OF READIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT.                                   | \$0.00   |
| A4648          | TISSUE MARKER IMPLANTABLE, ANY TYPE, EACH  | \$0.00   |
| A4649          | SURGICAL SUPPLY; MISCELLANEOUS   | \$0.00   |
| A4650          | IMPLANTABLE RADIATION DOSIMETER, EACH  | \$0.00   |
| A4772          | DEXTROSTICK OR GLUCOSE TEST STRIPS, PER BOX OF 100   | \$62.98  |
| A4927          | GLOVES, NON-STERILE, PER 100   | \$10.00  |
| A4930          | GLOVES, STERILE, PER PAIR  | \$0.80   |
| A5051          | POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE)   | \$1.90   |
| A5052          | POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE)  | \$1.37   |
| A5053          | POUCH, CLOSED; FOR USE ON FACEPLATE  | \$1.60   |
| A5054          | POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE)                                    | \$1.65   |
| A5055          | STOMA CAP  | \$1.31   |

| Procedure Code | Description  | Rate     |
|----------------|--|----------|
| A5056          | OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FILTER, (1 PIECE) EACH                    | \$4.28   |
| A5057          | OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT IN CONVEXITY, WITH FILTER, EACH     | \$8.82   |
| A5061          | POUCH, DRAINABLE; WITH BARRIER ATTACHED (1 PIECE)  | \$3.24   |
| A5062          | POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE)   | \$2.04   |
| A5063          | POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM)  | \$2.48   |
| A5071          | POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE)  | \$5.52   |
| A5072          | POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE)   | \$3.16   |
| A5073          | POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE)   | \$2.88   |
| A5081          | CONTINENT DEVICE; PLUG FOR CONTINENT STOMA   | \$3.03   |
| A5082          | CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA   | \$10.92  |
| A5083          | CONTINENT DEVICE, STOMA ABSORPTIVE COVER FOR CONTINENT STOMA   | \$0.00   |
| A5093          | OSTOMY ACCESSORY; CONVEX INSERT  | \$1.80   |
| A5102          | BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH                                    | \$20.59  |
| A5105          | URINARY SUSPENSORY; WITH LEG BAG, WITH OR WITHOUT TUBE   | \$37.44  |
| A5112          | URINARY LEG BAG; LATEX   | \$31.79  |
| A5113          | LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET  | \$3.68   |
| A5114          | LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET   | \$6.98   |
| A5120          | SKIN BARRIER, WIPES OR SWABS, EACH   | \$0.23   |
| A5121          | SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH   | \$6.85   |
| A5122          | SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH   | \$10.03  |
| A5126          | ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD   | \$1.22   |
| A5131          | APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.  | \$14.56  |
| A5200          | PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT  | \$10.38  |
| A5500          | FOR DIABETICS ONLY, FITTING(INCLUDING FOLLOW UP)CUSTOM PREPARATION AND SUPPLY OF OFF-THE-SHELF DEPTH-INLAY   | \$58.39  |
| A5501          | FOR DIABETICS ONLY, FITTING(INCLUDING FOLLOW UP)CUSTOM PREPARATION AND SUPPLY OF SHOE MOLDED FROM CAST(S) OF | \$175.15 |
| A5503          | FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE | \$28.67  |
| A5504          | FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE | \$28.67  |
| A5505          | FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE | \$28.67  |

| Procedure Code | Description  | Rate     |
|----------------|--|----------|
| A5506          | FOR DIABETICS ONLY, MODIFICATION(INCLUDING FITTING)_OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE    | \$28.67  |
| A5507          | FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE | \$28.67  |
| A5508          | FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM MOLDED SHOE, PER SHOE           | \$178.00 |
| A5510          | FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PATIENT'S FOOT W/O EXTERNAL HEAT SOURCE, MULTIPLE DEN | \$30.00  |
| A5512          | FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE          | \$23.82  |
| A5513          | FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT'S FOOT, TOTAL CONTACT WITH    | \$35.55  |
| A6010          | COLLAGEN BASED WOUND FILLER, DRY FORM PER GRAM OF COLLAGEN   | \$28.44  |
| A6011          | COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN   | \$2.10   |
| A6020          | COLLAGEN BASED WOUND DRESSING, EACH DRESSING   | \$0.00   |
| A6021          | COLLAGEN DRESSING, PAD SIZE 16 SQ IN. OR LESS, EACH  | \$19.31  |
| A6022          | COLLAGEN DRESSING, PAD SIZE MORE THAN 16 SQ IN. BUT LESS THAN OR EQUAL TO 48 SQ IN, EACH                       | \$19.31  |
| A6023          | COLLAGEN DRESSING, PAD SIZE MORE THAN 48 SQ IN, EACH   | \$174.77 |
| A6024          | COLLAGEN DRESSING WOUND FILLER, PER 6 INCHES   | \$5.69   |
| A6025          | SILICONE GEL SHEET, EACH   | \$4.57   |
| A6154          | WOUND POUCH, EACH  | \$13.20  |
| A6196          | ALGINATE DRESSING, WOUND COVER, PAD SIZE 16 SQ.IN.OR LESS, EACH DRESSING                                       | \$6.76   |
| A6197          | ALGINATE DRESSING, WOULD COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH       | \$15.09  |
| A6198          | ALGINATE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING                                   | \$112.50 |
| A6199          | ALGINATE DRESSING, WOUND FILTER, PER 6 INCHES  | \$4.85   |
| A6203          | COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING                  | \$3.08   |
| A6204          | COMPOSTIE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE | \$5.72   |
| A6205          | COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING                | \$4.57   |
| A6206          | CONTACT LAYER, 16 SQ. IN. OR LESS, EACH DRESSING   | \$0.97   |
| A6207          | CONTACT LAYER, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING                        | \$6.74   |

| Procedure Code | Description  | Rate    |
|----------------|--|---------|
| A6208          | CONTACT LAYER, MORE THAN 48 SQ. IN., EACH DRESSING   | \$3.42  |
| A6209          | FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING                | \$6.87  |
| A6210          | FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHES  | \$18.30 |
| A6211          | FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING              | \$26.97 |
| A6212          | FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BOREDER, EACH DRESSING         | \$8.91  |
| A6213          | FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE  | \$0.00  |
| A6214          | FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING        | \$9.45  |
| A6215          | FOAM DRESSING, WOUND FILLER, PER GRAM  | \$2.33  |
| A6216          | GAUZE, NONIMPREGNATED, NONSTERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING         | \$0.05  |
| A6217          | GAUZE, NONIMPREGNATED, NONSTERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT | \$0.37  |
| A6218          | GAUZE, NONIMPREGNATED, NONSTERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING       | \$0.58  |
| A6219          | GAUZE, NONIMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING               | \$0.87  |
| A6220          | GAUZE, NONIMPREGNATED, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHES | \$2.38  |
| A6221          | GAUZE, NONIMPREGNATED, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING             | \$0.00  |
| A6222          | GAUZE, IMPREGNATED, OTHER THAN WATER OR NORMAL SALINE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER,   | \$1.96  |
| A6223          | GAUZE, IMPREGNATED, OTHER THAN WATER OR NORMAL SALINE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO | \$2.22  |
| A6224          | GAUZE, IMPREGNATED, OTHER THAN WATER OR NORMAL SALINE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER  | \$3.32  |
| A6228          | GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH         | \$0.00  |
| A6229          | GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. | \$3.32  |

| Procedure Code | Description  | Rate    |
|----------------|--|---------|
| A6230          | GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESS | \$0.00  |
| A6231          | GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE 16 SQ IN. OR LESS, EACH DRESSING              | \$4.28  |
| A6232          | GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE GREATER THAN 16 SQ IN,BUT LESS THAN 48 SQ IN  | \$6.31  |
| A6233          | GAUZE, IMPREGNATED, HYDROGEL FOR DIRECT WOUND CONTACT, PAD SIZE MORE THAN 48 SQ IN, EACH DRESSING              | \$17.62 |
| A6234          | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING        | \$6.00  |
| A6235          | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOU | \$15.44 |
| A6236          | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING      | \$25.03 |
| A6237          | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING  | \$7.27  |
| A6238          | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH   | \$20.93 |
| A6239          | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSIN | \$18.24 |
| A6240          | HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, PER FLUID OUNCE  | \$11.24 |
| A6241          | HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, PER GRAM  | \$2.36  |
| A6242          | HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS WITHOUT ADHESIVE BORDER, EACH DRESSING             | \$5.56  |
| A6243          | HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT    | \$11.31 |
| A6244          | HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING          | \$36.07 |
| A6245          | HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING       | \$6.67  |
| A6246          | HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY   | \$9.12  |
| A6247          | HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING    | \$21.84 |
| A6248          | HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE  | \$14.91 |
| A6250          | SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE  | \$0.00  |

| Procedure Code | Description  | Rate    |
|----------------|--|---------|
| A6251          | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH         | \$1.83  |
| A6252          | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. | \$2.99  |
| A6253          | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESS | \$5.82  |
| A6254          | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH   | \$1.12  |
| A6255          | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. | \$2.79  |
| A6256          | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH | \$0.00  |
| A6257          | TRANSPARENT FILM, 16 SQ. IN. OR LESS, EACH DRESSING  | \$1.41  |
| A6258          | TRANSPARENT FILM, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING                     | \$3.96  |
| A6259          | TRANSPARENT FILM, MORE THAN 48 SQ. IN., EACH DRESSING  | \$10.05 |
| A6260          | WOUND CLEANSERS, ANY TYPE, ANY SIZE  | \$24.95 |
| A6261          | WOUND FILLER, GEL/PASTE, PER FLUID OUNCE, NOT ELSEWHERE CLASSIFIED,  | \$0.00  |
| A6262          | WOUND FILLER, DRY FORM, PER GRAM, NOT ELSEWHERE CLASSIFIED   | \$0.00  |
| A6266          | GAUZE, IMPREGNATED, OTHER THAN WATER OR NORMAL SALINE, ANY WIDTH, PER LINEAR YARD                              | \$1.77  |
| A6402          | GAUZE, NONIMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING            | \$0.11  |
| A6403          | GAUZE, NONIMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESI | \$0.40  |
| A6404          | GAUZE, NONIMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BOREDER, EACH DRESSING         | \$0.00  |
| A6407          | PACKING STRIPS, NON IMPREGNATED, UP TO TWO INCHES IN WIDTH, PER LINEAR YARD                                    | \$1.73  |
| A6410          | EYE PAD, STERILE, EACH   | \$0.36  |
| A6411          | EYE PAD, NON- STERILE, EACH  | \$0.23  |
| A6412          | EYE PATCH, OCCLUSIVE, EACH   | \$0.41  |
| A6442          | CONFORMING BANDAGE, NO ELASTIC, KNITTED, WOVEN, NON STERILE, WIDTH LESS THAN THREE INCHES, PER YARD            | \$0.15  |
| A6443          | CONFORMING BANDAGE, NO ELASTIC, KNITTED, WOVEN, NON STERILE, WIDTH GREATER THAN OR EQUAL TO THREE              | \$0.26  |

| Procedure Code | Description  | Rate   |
|----------------|--|--------|
| A6444          | CONFORMING BANDAGE, NO ELASTIC, KNITTED, WOVEN, NON STERILE, WIDTH GREATER THAN FIVE INCHES, PER YARD        | \$0.51 |
| A6445          | CONFORMING BANDAGE, NO ELASTIC, KNITTED, WOVEN, STERILE, WIDTH LESS THAN THREE INCHES, PER YARD              | \$0.30 |
| A6446          | CONFORMING BANDAGE, NO ELASTIC, KNITTED, WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND     | \$0.38 |
| A6447          | CONFORMING BANDAGE, NON ELASTIC, KNITTED, WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE                | \$0.61 |
| A6448          | LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED, WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD                   | \$1.07 |
| A6449          | LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED, WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES              | \$1.61 |
| A6450          | LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED, WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD     | \$0.00 |
| A6451          | MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED, WOVEN, LOAD RESISTANCE OF 1.25 TO 1.34 FOOT POUNDS AT 50     | \$0.00 |
| A6452          | HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED, WOVEN, LOAD RESISTANCE GREATER THAN OR EQUAL TO 1.35 FOOT POUNDS | \$5.43 |
| A6453          | SELF ADHERENT BANDAGE, ELASTIC, NON KNITTED, NON WOVEN, WIDTH LESS THAN THREE INCHES PER YARD                | \$0.57 |
| A6454          | SELF ADHERENT BANDAGE, ELASTIC, NON KNITTED, NON WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS | \$0.71 |
| A6455          | SELF ADHERENT BANDAGE, ELASTIC, NON KNITTED, NON WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES PER YARD  | \$1.29 |
| A6456          | ZINC PASTE IMPREGNATED BANDAGE, NON ELASTIC, KNITTED, WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND | \$1.17 |
| A6457          | TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD   | \$1.05 |
| A6501          | COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED   | \$0.00 |
| A6502          | COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED  | \$0.00 |
| A6503          | COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED   | \$0.00 |
| A6504          | COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED  | \$0.00 |
| A6505          | COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED  | \$0.00 |
| A6506          | COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED   | \$0.00 |
| A6507          | COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED   | \$0.00 |
| A6508          | COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED  | \$0.00 |

| Procedure Code | Description  | Rate    |
|----------------|--|---------|
| A6509          | COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS(VEST), CUSTOM FABRICATED   | \$0.00  |
| A6510          | COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS(LEOTARD), CUSTOM FABRICATED | \$0.00  |
| A6511          | COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED          | \$0.00  |
| A6512          | COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED   | \$0.00  |
| A6513          | COMPRESSION BURN MASK, FACE AND/OR NECK , PLASTIC OR EQUAL, CUSTOM FABRICATED                    | \$0.00  |
| A6530          | GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MM HG, EACH                                     | \$43.27 |
| A6531          | GRADIENT COMPRESSION STOCKING, BELOW KNEE 30-40 MM HG, EACH                                      | \$39.74 |
| A6532          | GRADIENT COMPRESSION STOCKING, BELOW KNEE 40-50 MM HG, EACH                                      | \$0.00  |
| A6533          | GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MM HG, EACH                                   | \$0.00  |
| A6534          | GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MM HG, EACH                                   | \$0.00  |
| A6535          | GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40-50 MM HG, EACH                                   | \$0.00  |
| A6536          | GRADIENT COMPRESSION STOCKING FULL LENGTH/CHAP STYLE, 18-30 MM HG, EACH                          | \$0.00  |
| A6537          | GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MM HG, EACH                         | \$0.00  |
| A6538          | GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40-50 MM HG, EACH                         | \$0.00  |
| A6539          | GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MM HG EACH                                    | \$0.00  |
| A6540          | GRADIENT COMPRESSION STOCKING, WAIST LENGTH 30-40 MM HG, EACH                                    | \$0.00  |
| A6541          | GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40-50 MM HG, EACH                                   | \$0.00  |
| A6544          | GRADIENT COMPRESSION STOCKING, GARTER BELT   | \$0.00  |
| A6549          | GRADIENT COMPRESSION STOCKING/SLEEVE, NOT OTHERWISE SPECIFIED                                    | \$0.00  |
| A6550          | DRESSING SET FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE, EACH   | \$21.72 |
| A7000          | CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH   | \$6.59  |
| A7001          | CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH   | \$27.40 |
| A7002          | TUBING, USED WITH SUCTION PUMP, EACH   | \$3.18  |
| A7003          | ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE                | \$2.51  |
| A7004          | SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE   | \$1.41  |
| A7005          | ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NONDISPOSABLE             | \$25.52 |
| A7006          | ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER                               | \$7.47  |
| A7007          | LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR                       | \$3.65  |

| Procedure Code | Description  | Rate     |
|----------------|--|----------|
| A7008          | LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR                                  | \$10.11  |
| A7009          | RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER                                | \$34.80  |
| A7010          | CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET                                    | \$21.42  |
| A7011          | CORRUGATED TUBING, NON-DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 10 FEET                                 | \$0.00   |
| A7012          | WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER  | \$3.29   |
| A7013          | FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR   | \$0.69   |
| A7014          | FILTER, NON-DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR                                 | \$3.71   |
| A7015          | AEROSOL MASK, USED WITH DME NEBULIZER  | \$1.51   |
| A7016          | DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER   | \$5.99   |
| A7017          | NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN                         | \$123.09 |
| A7018          | WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML  | \$0.35   |
| A7020          | INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT ONLY                            | \$0.00   |
| A7025          | HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT EACH     | \$399.44 |
| A7026          | HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH    | \$26.41  |
| A7027          | COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH                      | \$164.72 |
| A7028          | ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT, ONLY EACH   | \$45.50  |
| A7029          | NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR  | \$18.59  |
| A7030          | FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH   | \$149.32 |
| A7031          | FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH  | \$55.22  |
| A7032          | REPLACEMENT CUSHION FOR NASAL APPLICATION DEVICE, EACH   | \$32.08  |
| A7033          | REPLACEMENT PILLOWS FOR NASAL APPLICATION DEVICE, PAIR   | \$22.49  |
| A7034          | NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP | \$93.11  |
| A7035          | HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE   | \$28.04  |
| A7036          | CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE  | \$14.40  |
| A7037          | TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE   | \$31.04  |
| A7038          | FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE  | \$3.64   |
| A7039          | FILTER, NON-DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE  | \$12.13  |

| Procedure Code | Description  | Rate     |
|----------------|--|----------|
| A7040          | ONE WAY CHEST DRAIN VALVE  | \$36.25  |
| A7041          | WATER SEAL DRAINAGE CONTAINER AND TUBING FOR USE WITH IMPLANTED CHEST TUBE                                     | \$68.14  |
| A7042          | IMPLANTED PLEURAL CATHETER, EACH   | \$162.93 |
| A7044          | ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH   | \$95.70  |
| A7045          | EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE                                      | \$15.41  |
| A7046          | WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH                     | \$15.44  |
| A7047          | ORAL INTERFACE USED WITH RESPIRATORY SUCTION PUMP, EACH  | \$112.39 |
| A7501          | TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH  | \$96.45  |
| A7502          | REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VAVLE EACH  | \$45.85  |
| A7503          | FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM EACH        | \$10.41  |
| A7504          | FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH                                       | \$0.61   |
| A7505          | HOUSING, REUSABLE W/O ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALV | \$4.30   |
| A7506          | ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH TRACHEOSTOMA VALVE,ANY TYPE EACH      | \$0.31   |
| A7507          | FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYS | \$2.29   |
| A7508          | HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRA | \$2.64   |
| A7509          | FILTER HOLDER AND INTEGRATED FILTER HOUSING AND ADHESIVE, FOR USE AS A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE | \$1.30   |
| A7520          | TRACHEOSTOMY, LARYNGECTOMY TUBE, NON CUFFED, POLYVINYLCHLORIDE, SILICONE OR EQUAL, EACH                        | \$43.61  |
| A7521          | TRACHEOSTOMY, LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE, SILICONE OR EQUAL, EACH                            | \$43.20  |
| A7522          | TRACHEOSTOMY, LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL, STERILIZABLE OR REUSEABLE, EACH                     | \$41.47  |
| A7524          | TRACHEOSTOMA STENT, STUD, BUTTON, EACH   | \$71.08  |
| A7525          | TRACHEOSTOMY MASK, EACH  | \$1.90   |
| A7526          | TRACHEOSTOMY TUBE COLLAR, HOLDER, EACH   | \$3.10   |
| A7527          | TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH   | \$3.29   |
| A8000          | HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES                               | \$140.83 |

| Procedure Code | Description  | Rate     |
|----------------|--|----------|
| A8001          | HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES                             | \$140.83 |
| A8002          | HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES                         | \$0.00   |
| A8003          | HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES                         | \$0.00   |
| A8004          | SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY  | \$0.00   |
| A9153          | MULTIPLE VITAMINS, WITH OR WITHOUT MINERALS AND TRACE ELEMENTS, ORAL, PER DOSE,                              | \$0.00   |
| A9155          | ARTIFICIAL SALIVA, 30 ML   | \$2.70   |
| A9273          | HOT WATER BOTTLE, ICE CAP OR COLLAR, HEAT AND/OR COLD WRAP, ANY TYPE   | \$0.00   |
| A9276          | SENSOR; INVASIVE, DISPOSABLE, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT=1 DAY | \$0.00   |
| A9277          | TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM                        | \$0.00   |
| A9278          | RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM                 | \$0.00   |
| A9281          | REACHING/GRABBING DEVICE, ANY TYPE, ANY LENGTH, EACH   | \$0.00   |
| A9282          | WIG, ANY TYPE, EACH  | \$200.00 |
| A9500          | TECHNETIUM TC 99M SESTAMIBI,DIAGNOSTIC, PER STUDY DOSE   | \$65.52  |
| A9501          | TECHNETIUM TC-99M TEBOROXIME, DIAGNOSTIC, PER STUDY DOSE   | \$0.00   |
| A9502          | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT,TECHNETIUM TC 99M TETROFOSMIN, PER DOSE               | \$522.50 |
| A9503          | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M, MEDRONATE, UP TO 30 MCI           | \$0.00   |
| A9504          | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M APCITIDE                           | \$0.00   |
| A9505          | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, THALLOUS CHLORIDE TL 201, PER MCI                    | \$0.00   |
| A9507          | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, INDIUM IN 111 CAPROMAB PENDETIDE, PER DOSE           | \$0.00   |
| A9508          | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, IOBENGUANE SULFATE I-131, PER .5 MCI                 | \$0.00   |
| A9509          | IODINE 1-123 SODIUM IODIDE, DIAGNOSTIC, PER MILLICURIE   | \$0.00   |
| A9510          | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC99M DIOSFENIN, PER VIAL                 | \$0.00   |

| Procedure Code | Description  | Rate   |
|----------------|--|--------|
| A9512          | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT,TECHNETIUM TC-99M PERTECHNETATE, PER MCI        | \$0.00 |
| A9516          | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT,I-123 SODIUM IODIDE CAPSULE, PER 100 UCI        | \$0.00 |
| A9517          | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT,I-131 SODIUM IODIDE CAPSULE, PER MCI            | \$0.00 |
| A9520          | TECHNETIUM TC-99M, TILMANOCEPT, DIAGNOSTIC, UP TO .5 MILLICURIES                                       | \$0.00 |
| A9521          | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT,TECHNETIUM TC 99M EXAMETAZINE, PER DOSE         | \$0.00 |
| A9524          | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT,IODINATED I-131 SERUM ALBUMIN, FIVE MICROCURIES | \$0.00 |
| A9526          | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, AMMONIA N 13, PER DOSE                         | \$0.00 |
| A9527          | IODINE I-125, SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE                                      | \$0.00 |
| A9528          | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC AGENT, I 131 SODIUM IODIDE CAPSULE, PER MILLICURIE            | \$0.00 |
| A9529          | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC AGENT, I 131 SODIUM IODIDE SOLUTION, PER MILLICURIE           | \$0.00 |
| A9530          | SUPPLY OF RADIOPHARMACEUTICAL THERAPEUTIC AGENT, I 131 SODIUM IODIDE SOLUTION, PER MILLICURIE          | \$0.00 |
| A9531          | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC AGENT, I 131 SODIUM IODIDE, PER MICROCURIE, UP TO 100         | \$0.00 |
| A9532          | SUPPLY OF RADIOPHARMACEUTICAL THERAPEUTIC AGENT, IODINATED I 125, SESRUM ALBUMIN, 5 MICROCURIES        | \$0.00 |
| A9536          | TECHNETIUM TC-99M DEPREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 35 MILLICURIES                         | \$0.00 |
| A9537          | TECHNETIUM TC-99M MEBROFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES                         | \$0.00 |
| A9538          | TECHNETIUM TC-99M PYROPHOSPHATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES                      | \$0.00 |
| A9539          | TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES                          | \$0.00 |
| A9540          | TECHNETIUM TC-99M MACROAGGREGATED ALBUMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES            | \$0.00 |
| A9541          | TECHNETIUM TC-99M SULFUR COLLOID, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURIES                     | \$0.00 |
| A9542          | INDIUM IN-111 IBRITUMOMAB TIUXETAN, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES                    | \$0.00 |

| Procedure Code | Description  | Rate   |
|----------------|--|--------|
| A9543          | YTTRIUM Y-90 IBRITUMOMAB TIUXETAN, THERAPEUTIC PER TREATMENT DOSE, UP TO 40 MILLICURIES        | \$0.00 |
| A9544          | IODINE I-131 TOSITUMOMAB, DIAGNOSTIC, PER STUDY DOSE   | \$0.00 |
| A9545          | IODINE I-131 TOSITUMOMAB, THERAPEUTIC, PER TREATMENT DOSE                                      | \$0.00 |
| A9546          | COBALT CO-57/58, CYANOCOBALAMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE                | \$0.00 |
| A9547          | INDIUM IN -111 OXYQUINOLINE, DIAGNOSTIC, PER 0.5 MILLICURIE                                    | \$0.00 |
| A9548          | INDIUM IN-111 PENTETATE, DIAGNOSTIC, PER 0.5 MILLICURIE  | \$0.00 |
| A9550          | TECHNETIUM TC-99M SODIUM GLUCEPTATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIE           | \$0.00 |
| A9551          | TECHNETIUM TC-99M SUCCIMER, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIE                    | \$0.00 |
| A9552          | FLUORODEOXYGLUCOSE F-18 FDG, DIANGOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES                  | \$0.00 |
| A9553          | CHROMIUM CR-51 SODIUM CHROMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 250 MICROCURIES              | \$0.00 |
| A9554          | IODINE I-125 SODIUM IOTHALAMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MICROCURIES              | \$0.00 |
| A9555          | RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DOSE, UP TO 60 MILLICURIES                               | \$0.00 |
| A9556          | GALLIUM GA-67 CITRATE, DIAGNOSTIC. PER MILLICURIE  | \$0.00 |
| A9557          | TECHNETIUM TC-99M BICISATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES                   | \$0.00 |
| A9558          | XENON XE-133 GAS, DIAGNOSTIC, PER 10 MILLICURIES   | \$0.00 |
| A9559          | COBALT CO-57 CYANOCOBALAMIN, ORAL, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE              | \$0.00 |
| A9560          | TECHNETIUM TC-99M LABELED RED BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES    | \$0.00 |
| A9561          | TECHNETIUM TC-99M OXIDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES                 | \$0.00 |
| A9562          | TECHNETIUM TC-99M MERTIATIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES                 | \$0.00 |
| A9563          | SODIUM PHOSPHATE P-32, THERAPEUTIC, PER MILLICURIES  | \$0.00 |
| A9564          | CHROMIC PHOSPHATE P-32 SUSPENSION, THERAPEUTIC, PER MILLICURIE                                 | \$0.00 |
| A9566          | TECHNETIUM TC-99M FANOLESOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES                | \$0.00 |
| A9567          | TECHNETIUM TC-99M PENETATE, DIAGNOSTIC, AEROSOL, PER STUDY DOSE, UP TO 75 MILLICURIES          | \$0.00 |
| A9568          | TECHNETIUM TC-99M ARCITUMOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES                | \$0.00 |
| A9569          | TECHNETIUM TC-99M EXAMETAZIME LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE | \$0.00 |

| Procedure Code | Description  | Rate     |
|----------------|--|----------|
| A9570          | INDIUM IN-111 LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE                           | \$0.00   |
| A9571          | INDIUM IN-111 LABELED AUTOLOGOUS PLATELETS, DIAGNOSTIC, PER STUDY DOSE                                   | \$0.00   |
| A9572          | INDIUM IN-111 PENTETREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURIES                             | \$0.00   |
| A9575          | INJECTION, GADOTERATE MEGLUMINE, .01 ML  | \$0.00   |
| A9576          | INJECTION, GADOTERIDOL, (PROHANCE MULTIPACK), PER ML   | \$1.82   |
| A9577          | INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE), PER ML   | \$2.22   |
| A9578          | INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE MULTIPACK), PER NL   | \$1.75   |
| A9579          | INJECTION, GADOLINIUM-BASED MAGNETIC RESONANCE CONTRAST AGENT, NOT OTHER WISE SPECIFIED (NOS), PER ML    | \$2.01   |
| A9581          | INJECTION, GADOXETATE DISODIUM, 1 ML   | \$14.04  |
| A9585          | INJECTION, GADOBUTROL, 0.1 ML  | \$0.41   |
| A9599          | RADIOPHARMACEUTICAL, DIAGNOSTIC, FOR BETA-AMYLOID POSTITRON EMISSION TOMOGRAPHY (PET) IMAGING, PER STUDY | \$0.00   |
| A9600          | SUPPLY OF THERAPEUTIC RADIOPHARMACEUTICAL, STRONTIUM-89 CHLORIDE, PER MCI                                | \$614.65 |
| A9603          | SUPPLY OF THERAPEUTIC RADIOPHARMACEUTICAL, I-131 SODIUM IODIDE CAPSULE, PER MCI                          | \$0.00   |
| A9698          | NONRADIOACTIVE CONTRAST IMAGING MATERIAL, NOT OTHERWISE CLASSIFIED, PER STUDY                            | \$0.00   |
| A9699          | SUPPLY OF RADIOPHARMACEUTICAL THERAPEUTIC IMAGING AGENT, NOT OTHERWISE CLASSIFIED                        | \$0.00   |
| A9700          | SUPPLY OF INJECTABLE CONTRAST MATERIAL FOR USE IN ECHOCARDIOGRAPHY, PER STUDY                            | \$0.00   |
| A9900          | MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE                      | \$0.00   |
| A9999          | MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED   | \$0.00   |