

Procedure	Procedure Code Description	Rate
K0001	STANDARD WHEELCHAIR	\$546.20
K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	\$695.60
K0003	LIGHTWEIGHT WHEELCHAIR	\$761.50
K0004	HIGH-STRENGTH, LIGHTWEIGHT WHEELCHAIR	\$1,336.40
K0005	ULTRA LIGHTWEIGHT WHEELCHAIR	\$1,886.51
K0006	HEAVY DUTY WHEELCHAIR	\$1,066.00
K0007	EXTRA HEAVY-DUTY WHEELCHAIR	\$1,517.30
K0009	OTHER MANUAL WHEELCHAIR BASE	\$0.00
K0010	STANDARD-WEIGHT FRAME MOTORIZED, POWER WHEELCHAIR	\$3,620.90
K0011	STANDARD WEIGHT FRAME MOTORIZED POWER WHEELCHAIR WITH	\$4,502.00
K0012	LIGHTWEIGHT PORTABLE MOTORIZED POWER WHEELCHAIR	\$2,761.80
K0014	OTHER MOTORIZED POWER WHEELCHAIR BASE	\$0.00
K0015	DETACHABLE NONADJUSTABLE HEIGHT ARMREST ,EACH	\$159.81
K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST , BASE EACH	\$44.94
K0018	DETACHABLE ADJUSTABLE HEIGHT ARMREST ,UPPER PORTION EACH	\$25.11
K0019	ARM PAD , EACH	\$14.38
K0020	FIXED, ADJUSTABLE HEIGHT ARM REST , PAIR	\$40.87
K0037	HIGH MOUNT FLIP-UP FOOTREST , EACH	\$42.35
K0038	LEG STRAP, EACH	\$21.35
K0039	LEG STRAP H-STYLE , EACH	\$47.39
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	\$65.67
K0041	LARGE SIZE FOOTPLATE , EACH	\$46.54
K0042	STANDARD SIZE FOOTPLATE , EACH	\$32.04
K0043	FOOT REST LOWER EXTENSION TUBE , EACH	\$17.17
K0044	FOOTREST , UPPER HANGER BRACKET , EACH	\$14.63
K0045	FOOTREST , COMPLETE ASSEMBLY	\$49.80
K0046	ELEVATING LEGREST LOWER EXTENSION TUBE , EACH	\$17.17
K0047	ELEVATING LEGREST UPPER HANGAR BRACKET , EACH	\$67.26
K0050	RATCHET ASSEMBLY	\$28.59
K0051	CAM RELEASE ASSEMBLY , FOOTREST OR LEGREST , EACH	\$46.27
K0052	SWING AWAY DETACHABLE FOOTRESTS , EACH	\$81.31
K0053	ELEVATING FOOTRESTS ARTICULATING (TELESCOPING) , EACH	\$89.72
K0056	SEAT HEIGHT LESS THAN 17" OR LESS THAN OR EQUAL TO 21" FOR A HIGH STRENGTH LT-WGT OR ULTRA LT-WGT WHEELCHAIR	\$97.04
K0065	SPOKE PROTECTORS, EACH	\$45.36
K0069	REAR WHEEL ASSEMBLY COMPLETE WITH SOLID TIRES, SPOKES OR MOLDED , EACH	\$101.97
K0070	REAR WHEEL ASSEMBLY COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDER, EACH	\$186.90
K0071	FRONT CASTER ASSEMBLY COMPLETE, WITH PNEUMATIC TIRE, EACH	\$111.48
K0072	FRONT CASTER ASSEMBLY COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	\$67.11
K0073	CASTER PINLOCK, EACH	\$35.51
K0077	FRONT CASTER ASSEMBLY COMPLETE, WITH SOLID TIRE,EACH	\$60.05
K0098	DRIVE BELT FOR POWER WHEELCHAIR	\$23.23
K0105	IV HANGER, EACH	\$101.46
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	\$0.00
K0148	HYDROGEL DRESSING, EACH	\$5.47
K0195	ELEVATING LEG RESTS, PAIR (FOR USED WITH CAPPED RENTAL WHEELCHAIR BASE)	\$179.10
K0267	REPLACEMENT BATTERY, ANY TYPE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT,	\$6.10
K0455	INFUSION PUMP USED FOR UNINTERRUPTED ADMINISTRATION OF EPOPROSTENOL	\$0.00
K0460	POWER ADD ON, TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	\$2,124.40

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K0462	TEMPORARY REPLACEMENT FOR PATIENT OWNED EQUIPMENT BEING REPAIRED, ANY TYPE	\$0.00
K0552	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	\$2.71
K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT, EACH	\$1.13
K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH	\$6.49
K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH	\$0.58
K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6 VOLT, EACH	\$6.20
K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VOLT, EACH	\$14.90
K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE	\$0.01
K0607	REPLACEMENT BATTERY FOR AUTOMATED EXTERNAL DEFIBRILLATOR, GARMENT TYPE ONLY, EACH	\$198.20
K0608	REPLACEMENT GARMENT FOR AUTOMATED EXTERNAL DEFIBRILLATOR, EACH	\$123.68
K0609	REPLACEMENT ELECTRODES FOR USE WITH AUTOMATED EXTERNAL DEFIBRILLATOR, GARMENT TYPE ONLY, EACH	\$822.54
K0669	WHEELCHAIR SEAT OR BACK CUSHION, NO WRITTEN CODING VERIFICATION FROM SADMERC	\$0.00
K0730	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	\$1,759.22
K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASS	\$26.57
K0734	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	\$284.98
K0735	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	\$362.62
K0736	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	\$287.32
K0737	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	\$363.73
K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CLYINDERS;	\$516.30
K0739	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQUIPMENT REQUIRING THE SKILL OF	\$13.56
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	\$1,137.00
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT 301 TO 450 POUNDS	\$1,833.07
K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	\$2,074.46
K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	\$1,375.46
K0807	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	\$2,087.10
K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	\$3,229.19
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	\$0.00
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO	\$2,412.40
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND	\$3,087.80

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K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	\$3,516.30
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	\$3,367.40
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	\$2,576.60
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	\$3,307.70
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	\$4,008.10
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	\$4,023.70
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	\$4,842.70
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	\$4,229.60
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	\$6,269.30
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT 451 TO 600 POUNDS OR MORE	\$4,809.30
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	\$6,908.20
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	\$6,011.80
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO	\$4,132.30
K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND	\$4,207.50
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	\$4,842.70
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450	\$4,372.20
K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	\$6,269.30
K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACIT	\$9,498.30
K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP	\$4,318.60
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND	\$4,318.60
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	\$5,199.60
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	\$5,438.60
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	\$5,080.70
K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	\$6,139.90
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	\$5,741.40
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	\$7,082.60
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS	\$7,275.60
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	\$9,638.60

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K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	\$9,105.10
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO	\$5,672.30
K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND	\$5,786.00
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301	\$7,037.60
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301	\$6,538.10
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	\$10,054.10
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO	\$5,681.40
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	\$6,141.90
K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPAC	\$10,054.10
K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAP	\$12,567.50
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	\$0.00
K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	\$0.00
K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	\$0.00
K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	\$0.00
K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO	\$0.00
K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO	\$0.00
K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301	\$0.00
K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	\$0.00
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP	\$0.00
K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND	\$0.00
K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	\$0.00
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO	\$0.00
K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP	\$0.00
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	\$0.00
K0899	POWER MOBILITY DEVICE, NOT CODED BY SADMERC OR DOES NOT MEET CRITERIA	\$0.00
K5857	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM,	\$0.00