

DMEPOS Competitive Bidding Program
Bid Preparation Worksheet - Round 1 2017
Estimated Capacity & Bid Amount Calculations

*****Please read the important information provided on [page 1](#) before proceeding to the page(s) for a specific competitive bidding area*****

General Home Equipment and Related Supplies and Accessories

Charlotte-Concord-Gastonia, NC	1
Chester, Lancaster & York Counties, SC	3
Cincinnati, OH	4
Cleveland-Elyria, OH	6
Covington-Florence-Newport, KY	8
Dallas-Fort Worth-Arlington, TX	9
Dearborn, Franklin, Ohio & Union Counties, IN	11
Kansas City, MO	12
Kansas City-Overland Park-Ottawa, KS	15
Miami-Fort Lauderdale-West Palm Beach, FL	16
Orlando-Kissimmee-Sanford, FL	18
Pittsburgh, PA	20
Riverside-San Bernardino-Ontario, CA	21



DMEPOS Competitive Bidding Bid Preparation Worksheet - Round 1 2017
Estimated Capacity & Bid Amount Calculations

This worksheet is provided to assist you with determining your bid amount and estimated capacity for each item in the product category. This information will be entered in DBidS, the online bidding system, on Form B. Your capacity is the estimated number of units that you believe you can provide in the competitive bidding area in a calendar year. All bid amounts must be bona fide (rational and feasible for you to furnish at the bid price). You must not submit a bid for an item at a loss in order to improve your chances of winning a contract. It is important for you to consider and include your cost to purchase the item, overhead, and profit when determining a bid amount for a unit. The Centers for Medicare & Medicaid Services (CMS) will evaluate bids to verify that they are bona fide and may ask you to submit additional information, including a rationale and invoices or other documents, to validate the bid amount. Save a copy of your completed worksheet to use if CMS requests documentation to support your bid amount. Please review the [Request for Bids \(RFB\)](#) instructions and fact sheets for assistance with completing your bid sheet (Form B).

General Notes	
<ul style="list-style-type: none"> The bidding units defined in this worksheet are for bidding purposes ONLY. Please carefully review the definition of a bidding unit for each HCPCS code or oxygen payment class and make sure you submit your bid amount correctly. In some cases, suppliers are required to submit purchase bids that are then used to generate monthly rental payments. Do NOT submit a rental bid amount when the definition of the bidding unit is for the purchase of a new item. The definition of a bidding unit (purchase or rental) is not necessarily an indication that this is how payment will be made for the item under the Competitive Bidding Program. 2014 Beneficiary Count may exceed 2014 Allowed Units because the beneficiary may have used the item for less than 10 months. (For bidding purposes, 10 or more months of rental are calculated as one unit. Less than 10 months of rental would not be considered an allowed unit.) Items that are currently paid on a monthly rental basis will continue to be paid on a monthly rental basis under the Competitive Bidding Program. 	
<p><u>How Purchase Bids Will Be Converted to Rental Payments</u></p> <ul style="list-style-type: none"> Capped Rental Durable Medical Equipment (DME) except power wheelchairs - single payment amount for rental months 1 - 3 based on 10 percent of purchase bids and single payment amount for rental months 4 - 13 based on 7.5 percent of purchase bids. Inexpensive or Routinely Purchased (IRP) DME - single payment amount for rental based on 10 percent of purchase of bids. 	

Product Category: General Home Equipment and Related Supplies and Accessories					Reference Data for Background Informational Purposes Only	Reference Data for Background Informational Purposes Only	Bidder Data (You will enter your estimated capacity and bid amount information in DBidS on Form B)			
CBA Name	HCPCS Code	HCPCS Code Description	Definition of a Bidding Unit	Weight (The relative market importance of the item in the product category based on utilization)	2014 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2014)	2014 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2014)	Bid Limit (2015 Fee Schedule: Bid amount must be at or below this amount)	Your Cost to Purchase One (1) Unit (Should be less than your bid amount)	Your Bid Amount (To provide one [1] unit as described in Definition of a Bidding Unit; should include overhead and profit)	Your Estimated Capacity (Number of units you can furnish in CBA for one [1] year)
Charlotte-Concord-Gastonia, NC	E0250	Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0059353856	4	1	873.4			
Charlotte-Concord-Gastonia, NC	E0251	Hospital Bed, Fixed Height, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000917130	1	1	708.7			
Charlotte-Concord-Gastonia, NC	E0255	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0064216373	3	1	1008.2			
Charlotte-Concord-Gastonia, NC	E0256	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0002163041	1	1	761.3			
Charlotte-Concord-Gastonia, NC	E0260	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.2321912475	1,519	653	1343.8			
Charlotte-Concord-Gastonia, NC	E0261	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0139507519	51	31	1113.6			
Charlotte-Concord-Gastonia, NC	E0271	Mattress, Innerspring	Purchase of one (1) new unit	0.0114191282	26	24	212.42			
Charlotte-Concord-Gastonia, NC	E0272	Mattress, Foam Rubber	Purchase of one (1) new unit	0.0027859973	1	1	193.6			
Charlotte-Concord-Gastonia, NC	E0280	Bed Cradle, Any Type	Purchase of one (1) new unit	0.0000276869	1	1	31.07			
Charlotte-Concord-Gastonia, NC	E0290	Hospital Bed, Fixed Height, Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0000173043	1	1	629.5			
Charlotte-Concord-Gastonia, NC	E0291	Hospital Bed, Fixed Height, Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000017304	1	1	466.6			
Charlotte-Concord-Gastonia, NC	E0292	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0000363391	1	1	683.3			
Charlotte-Concord-Gastonia, NC	E0293	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000069217	1	1	581.6			
Charlotte-Concord-Gastonia, NC	E0294	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0015643115	1	1	1062.4			
Charlotte-Concord-Gastonia, NC	E0295	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0019553894	1	1	1035.5			
Charlotte-Concord-Gastonia, NC	E0301	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0006887124	1	1	2590			
Charlotte-Concord-Gastonia, NC	E0302	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000640260	1	1	6844.3			
Charlotte-Concord-Gastonia, NC	E0303	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0056740902	52	28	2908.1			

CBA Name	HCPCS Code	HCPCS Code Description	Definition of a Bidding Unit	Weight (The relative market importance of the item in the product category based on utilization)	2014 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2014)	2014 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2014)	Bid Limit (2015 Fee Schedule: Bid amount must be at or below this amount)	Your Cost to Purchase One (1) Unit (Should be less than your bid amount)	Your Bid Amount (To provide one [1] unit as described in Definition of a Bidding Unit; should include overhead and profit)	Your Estimated Capacity (Number of units you can furnish in CBA for one [1] year)
Charlotte-Concord-Gastonia, NC	E0304	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0002128433	5	2	7372.8			
Charlotte-Concord-Gastonia, NC	E0305	Bed Side Rails, Half Length	Purchase of one (1) new unit	0.0009153991	4	1	144.7			
Charlotte-Concord-Gastonia, NC	E0310	Bed Side Rails, Full Length	Purchase of one (1) new unit	0.0017858070	3	1	170.16			
Charlotte-Concord-Gastonia, NC	E0910	Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar	Purchase of one (1) new unit	0.0178632612	162	79	162.6			
Charlotte-Concord-Gastonia, NC	E0911	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Attached To Bed, With Grab Bar	Purchase of one (1) new unit	0.0001920781	1	1	476.8			
Charlotte-Concord-Gastonia, NC	E0912	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete With Grab Bar	Purchase of one (1) new unit	0.0020817111	31	16	1095.2			
Charlotte-Concord-Gastonia, NC	E0940	Trapeze Bar, Free Standing, Complete With Grab Bar	Purchase of one (1) new unit	0.0053954905	40	18	282.7			
Charlotte-Concord-Gastonia, NC	A4640	Replacement Pad For Use With Medically Necessary Alternating Pressure Pad Owned By Patient	Purchase of one (1) new unit	0.0003824257	1	1	63.35			
Charlotte-Concord-Gastonia, NC	E0181	Powered Pressure Reducing Mattress Overlay/Pad, Alternating, With Pump, Includes Heavy Duty	Purchase of one (1) new unit	0.0245167765	47	23	289.2			
Charlotte-Concord-Gastonia, NC	E0182	Pump For Alternating Pressure Pad, For Replacement Only	Purchase of one (1) new unit	0.0001142086	1	1	246.9			
Charlotte-Concord-Gastonia, NC	E0184	Dry Pressure Mattress	Purchase of one (1) new unit	0.0089757566	17	17	216.11			
Charlotte-Concord-Gastonia, NC	E0185	Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0617660800	344	340	355.02			
Charlotte-Concord-Gastonia, NC	E0186	Air Pressure Mattress	Purchase of one (1) new unit	0.0002041911	1	1	191.5			
Charlotte-Concord-Gastonia, NC	E0187	Water Pressure Mattress	Purchase of one (1) new unit	0.0000000000	1	1	219			
Charlotte-Concord-Gastonia, NC	E0188	Synthetic Sheepskin Pad	Purchase of one (1) new unit	0.0037187008	1	1	29.34			
Charlotte-Concord-Gastonia, NC	E0189	Lambswool Sheepskin Pad, Any Size	Purchase of one (1) new unit	0.0009327035	1	1	57.68			
Charlotte-Concord-Gastonia, NC	E0193	Powered Air Flotation Bed (Low Air Loss Therapy)	Purchase of one (1) new unit	0.0000484521	1	1	8643			
Charlotte-Concord-Gastonia, NC	E0196	Gel Pressure Mattress	Purchase of one (1) new unit	0.0002526432	1	1	360.6			
Charlotte-Concord-Gastonia, NC	E0197	Air Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0012009206	1	1	209.05			
Charlotte-Concord-Gastonia, NC	E0199	Dry Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0007994601	1	1	30.25			
Charlotte-Concord-Gastonia, NC	E0277	Powered Pressure-Reducing Air Mattress	Purchase of one (1) new unit	0.0124971880	85	40	6729.8			
Charlotte-Concord-Gastonia, NC	E0371	Nonpowered Advanced Pressure Reducing Overlay For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0001626607	1	1	4252.1			
Charlotte-Concord-Gastonia, NC	E0372	Powered Air Overlay For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0002612954	1	1	5159.5			
Charlotte-Concord-Gastonia, NC	E0373	Nonpowered Advanced Pressure Reducing Mattress	Purchase of one (1) new unit	0.0000709478	1	1	5878.4			
Charlotte-Concord-Gastonia, NC	E0160	Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode	Purchase of one (1) new unit	0.0002111128	1	1	31.19			
Charlotte-Concord-Gastonia, NC	E0161	Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode, With Faucet Attachment/S	Purchase of one (1) new unit	0.0000138435	1	1	29.11			
Charlotte-Concord-Gastonia, NC	E0163	Commode Chair, Mobile Or Stationary, With Fixed Arms	Purchase of one (1) new unit	0.4487116925	1,453	1,452	104.51			
Charlotte-Concord-Gastonia, NC	E0165	Commode Chair, Mobile Or Stationary, With Detachable Arms	Purchase of one (1) new unit	0.0138815345	191	98	175.3			
Charlotte-Concord-Gastonia, NC	E0167	Pail Or Pan For Use With Commode Chair, Replacement Only	Purchase of one (1) new unit	0.0002249563	1	1	12.84			
Charlotte-Concord-Gastonia, NC	E0168	Commode Chair, Extra Wide And/Or Heavy Duty, Stationary Or Mobile, With Or Without Arms, Any Type, Each	Purchase of one (1) new unit	0.0166225406	77	69	167.52			
Charlotte-Concord-Gastonia, NC	E0170	Commode Chair With Integrated Seat Lift Mechanism, Electric, Any Type	Purchase of one (1) new unit	0.0000000000	1	1	1784			
Charlotte-Concord-Gastonia, NC	E0171	Commode Chair With Integrated Seat Lift Mechanism, Non-Electric, Any Type	Purchase of one (1) new unit	0.0000311478	1	1	321			
Charlotte-Concord-Gastonia, NC	E0275	Bed Pan, Standard, Metal Or Plastic	Purchase of one (1) new unit	0.0003408953	1	1	16.25			
Charlotte-Concord-Gastonia, NC	E0276	Bed Pan, Fracture, Metal Or Plastic	Purchase of one (1) new unit	0.0001626607	1	1	12.55			
Charlotte-Concord-Gastonia, NC	E0325	Urinal; Male, Jug-Type, Any Material	Purchase of one (1) new unit	0.0023395456	1	3	9.55			
Charlotte-Concord-Gastonia, NC	E0326	Urinal; Female, Jug-Type, Any Material	Purchase of one (1) new unit	0.0001349738	1	1	9.9			
Charlotte-Concord-Gastonia, NC	E0621	Sling Or Seat, Patient Lift, Canvas Or Nylon	Purchase of one (1) new unit	0.0024329890	9	6	93.39			
Charlotte-Concord-Gastonia, NC	E0630	Patient Lift, Hydraulic Or Mechanical, Includes Any Seat, Sling, Strap(S) Or Pad(S)	Purchase of one (1) new unit	0.0462146775	334	153	1130.8			

CBA Name	HCPCS Code	HCPCS Code Description	Definition of a Bidding Unit	Weight (The relative market importance of the item in the product category based on utilization)	2014 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2014)	2014 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2014)	Bid Limit (2015 Fee Schedule: Bid amount must be at or below this amount)	Your Cost to Purchase One (1) Unit (Should be less than your bid amount)	Your Bid Amount (To provide one [1] unit as described in Definition of a Bidding Unit; should include overhead and profit)	Your Estimated Capacity (Number of units you can furnish in CBA for one [1] year)
Charlotte-Concord-Gastonia, NC	E0635	Patient Lift, Electric With Seat Or Sling	Purchase of one (1) new unit	0.0010088425	5	1	1358.1			
Charlotte-Concord-Gastonia, NC	E0636	Multipositional Patient Support System, With Integrated Lift, Patient Accessible Controls	Purchase of one (1) new unit	0.0004464517	1	1	11705.1			
Charlotte-Concord-Gastonia, NC	E1035	Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To And Including 300 Lbs	Purchase of one (1) new unit	0.0007735036	1	1	6806.3			
Charlotte-Concord-Gastonia, NC	E1036	Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat, Operated By Caregiver, Patient Weight Capacity Greater Than 300 Lbs	Purchase of one (1) new unit	0.0001401651	1	1	9541.7			
Charlotte-Concord-Gastonia, NC	E0627	Seat Lift Mechanism Incorporated Into A Combination Lift-Chair Mechanism	Purchase of one (1) new unit	0.0324611950	90	90	374.41			
Charlotte-Concord-Gastonia, NC	E0628	Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Electric	Purchase of one (1) new unit	0.0047223520	3	3	374.41			
Charlotte-Concord-Gastonia, NC	E0629	Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Non-Electric	Purchase of one (1) new unit	0.0017252418	8	8	367.07			
Chester, Lancaster & York Counties, SC	E0250	Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0059353856	1	1	816			
Chester, Lancaster & York Counties, SC	E0251	Hospital Bed, Fixed Height, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000917130	1	1	602.4			
Chester, Lancaster & York Counties, SC	E0255	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0064216373	1	1	955.3			
Chester, Lancaster & York Counties, SC	E0256	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0002163041	1	1	677.8			
Chester, Lancaster & York Counties, SC	E0260	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.2321912475	301	135	1343.8			
Chester, Lancaster & York Counties, SC	E0261	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0139507519	6	1	1113.6			
Chester, Lancaster & York Counties, SC	E0271	Mattress, Innerspring	Purchase of one (1) new unit	0.0114191282	4	4	212.42			
Chester, Lancaster & York Counties, SC	E0272	Mattress, Foam Rubber	Purchase of one (1) new unit	0.0027859973	1	1	193.6			
Chester, Lancaster & York Counties, SC	E0280	Bed Cradle, Any Type	Purchase of one (1) new unit	0.0000276869	1	1	36.55			
Chester, Lancaster & York Counties, SC	E0290	Hospital Bed, Fixed Height, Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0000173043	1	1	623.4			
Chester, Lancaster & York Counties, SC	E0291	Hospital Bed, Fixed Height, Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000017304	1	1	441.6			
Chester, Lancaster & York Counties, SC	E0292	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0000363391	1	1	683.3			
Chester, Lancaster & York Counties, SC	E0293	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000069217	1	1	581.6			
Chester, Lancaster & York Counties, SC	E0294	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0015643115	1	1	1062.4			
Chester, Lancaster & York Counties, SC	E0295	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0019553894	1	1	1035.5			
Chester, Lancaster & York Counties, SC	E0301	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0006887124	1	1	2488.1			
Chester, Lancaster & York Counties, SC	E0302	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000640260	1	1	6844.3			
Chester, Lancaster & York Counties, SC	E0303	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0056740902	5	3	2806			
Chester, Lancaster & York Counties, SC	E0304	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0002128433	1	1	7372.8			
Chester, Lancaster & York Counties, SC	E0305	Bed Side Rails, Half Length	Purchase of one (1) new unit	0.0009153991	1	1	144.7			
Chester, Lancaster & York Counties, SC	E0310	Bed Side Rails, Full Length	Purchase of one (1) new unit	0.0017858070	1	1	185.72			
Chester, Lancaster & York Counties, SC	E0910	Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar	Purchase of one (1) new unit	0.0178632612	22	10	191.3			
Chester, Lancaster & York Counties, SC	E0911	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Attached To Bed, With Grab Bar	Purchase of one (1) new unit	0.0001920781	1	1	476.8			
Chester, Lancaster & York Counties, SC	E0912	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete With Grab Bar	Purchase of one (1) new unit	0.0020817111	2	1	1095.2			
Chester, Lancaster & York Counties, SC	E0940	Trapeze Bar, Free Standing, Complete With Grab Bar	Purchase of one (1) new unit	0.0053954905	10	6	282.7			
Chester, Lancaster & York Counties, SC	A4640	Replacement Pad For Use With Medically Necessary Alternating Pressure Pad Owned By Patient	Purchase of one (1) new unit	0.0003824257	1	1	59.74			
Chester, Lancaster & York Counties, SC	E0181	Powered Pressure Reducing Mattress Overlay/Pad, Alternating, With Pump, Includes Heavy Duty	Purchase of one (1) new unit	0.0245167765	5	1	289.2			
Chester, Lancaster & York Counties, SC	E0182	Pump For Alternating Pressure Pad, For Replacement Only	Purchase of one (1) new unit	0.0001142086	1	1	246.9			
Chester, Lancaster & York Counties, SC	E0184	Dry Pressure Mattress	Purchase of one (1) new unit	0.0089757566	1	1	216.11			
Chester, Lancaster & York Counties, SC	E0185	Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0617660800	67	65	301.77			

CBA Name	HCPCS Code	HCPCS Code Description	Definition of a Bidding Unit	Weight (The relative market importance of the item in the product category based on utilization)	2014 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2014)	2014 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2014)	Bid Limit (2015 Fee Schedule: Bid amount must be at or below this amount)	Your Cost to Purchase One (1) Unit (Should be less than your bid amount)	Your Bid Amount (To provide one [1] unit as described in Definition of a Bidding Unit; should include overhead and profit)	Your Estimated Capacity (Number of units you can furnish in CBA for one [1] year)
Chester, Lancaster & York Counties, SC	E0186	Air Pressure Mattress	Purchase of one (1) new unit	0.0002041911	1	1	191.5			
Chester, Lancaster & York Counties, SC	E0187	Water Pressure Mattress	Purchase of one (1) new unit	0.0000000000	1	1	219			
Chester, Lancaster & York Counties, SC	E0188	Synthetic Sheepskin Pad	Purchase of one (1) new unit	0.0037187008	1	1	29.34			
Chester, Lancaster & York Counties, SC	E0189	Lambswool Sheepskin Pad, Any Size	Purchase of one (1) new unit	0.0009327035	1	1	57.68			
Chester, Lancaster & York Counties, SC	E0193	Powered Air Flotation Bed (Low Air Loss Therapy)	Purchase of one (1) new unit	0.0000484521	1	1	7947			
Chester, Lancaster & York Counties, SC	E0196	Gel Pressure Mattress	Purchase of one (1) new unit	0.0002526432	1	1	306.5			
Chester, Lancaster & York Counties, SC	E0197	Air Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0012009206	1	1	209.05			
Chester, Lancaster & York Counties, SC	E0199	Dry Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0007994601	1	1	30.99			
Chester, Lancaster & York Counties, SC	E0277	Powered Pressure-Reducing Air Mattress	Purchase of one (1) new unit	0.0124971880	15	5	6560.5			
Chester, Lancaster & York Counties, SC	E0371	Nonpowered Advanced Pressure Reducing Overlay For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0001626607	1	1	4094.7			
Chester, Lancaster & York Counties, SC	E0372	Powered Air Overlay For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0002612954	1	1	4968.5			
Chester, Lancaster & York Counties, SC	E0373	Nonpowered Advanced Pressure Reducing Mattress	Purchase of one (1) new unit	0.0000709478	1	1	5691.6			
Chester, Lancaster & York Counties, SC	E0160	Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode	Purchase of one (1) new unit	0.0002111128	1	1	31.19			
Chester, Lancaster & York Counties, SC	E0161	Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode, With Faucet Attachment/S	Purchase of one (1) new unit	0.0000138435	1	1	28.2			
Chester, Lancaster & York Counties, SC	E0163	Commode Chair, Mobile Or Stationary, With Fixed Arms	Purchase of one (1) new unit	0.4487116925	408	408	122.41			
Chester, Lancaster & York Counties, SC	E0165	Commode Chair, Mobile Or Stationary, With Detachable Arms	Purchase of one (1) new unit	0.0138815345	91	54	206.2			
Chester, Lancaster & York Counties, SC	E0167	Pail Or Pan For Use With Commode Chair, Replacement Only	Purchase of one (1) new unit	0.0002249563	1	1	12.68			
Chester, Lancaster & York Counties, SC	E0168	Commode Chair, Extra Wide And/Or Heavy Duty, Stationary Or Mobile, With Or Without Arms, Any Type, Each	Purchase of one (1) new unit	0.0166225406	26	21	167.52			
Chester, Lancaster & York Counties, SC	E0170	Commode Chair With Integrated Seat Lift Mechanism, Electric, Any Type	Purchase of one (1) new unit	0.0000000000	1	1	1784			
Chester, Lancaster & York Counties, SC	E0171	Commode Chair With Integrated Seat Lift Mechanism, Non-Electric, Any Type	Purchase of one (1) new unit	0.0000311478	1	1	321			
Chester, Lancaster & York Counties, SC	E0275	Bed Pan, Standard, Metal Or Plastic	Purchase of one (1) new unit	0.0003408953	1	1	17			
Chester, Lancaster & York Counties, SC	E0276	Bed Pan, Fracture, Metal Or Plastic	Purchase of one (1) new unit	0.0001626607	1	1	12.55			
Chester, Lancaster & York Counties, SC	E0325	Urinal; Male, Jug-Type, Any Material	Purchase of one (1) new unit	0.0023395456	1	1	9.55			
Chester, Lancaster & York Counties, SC	E0326	Urinal; Female, Jug-Type, Any Material	Purchase of one (1) new unit	0.0001349738	1	1	10.4			
Chester, Lancaster & York Counties, SC	E0621	Sling Or Seat, Patient Lift, Canvas Or Nylon	Purchase of one (1) new unit	0.0024329890	1	1	90.56			
Chester, Lancaster & York Counties, SC	E0630	Patient Lift, Hydraulic Or Mechanical, Includes Any Seat, Sling, Strap(S) Or Pad(S)	Purchase of one (1) new unit	0.0462146775	55	27	993.1			
Chester, Lancaster & York Counties, SC	E0635	Patient Lift, Electric With Seat Or Sling	Purchase of one (1) new unit	0.0010088425	2	1	1358.1			
Chester, Lancaster & York Counties, SC	E0636	Multipositional Patient Support System, With Integrated Lift, Patient Accessible Controls	Purchase of one (1) new unit	0.0004464517	1	1	11705.1			
Chester, Lancaster & York Counties, SC	E1035	Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To And Including 300 Lbs	Purchase of one (1) new unit	0.0007735036	1	1	6806.3			
Chester, Lancaster & York Counties, SC	E1036	Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat, Operated By Caregiver, Patient Weight Capacity Greater Than 300 Lbs	Purchase of one (1) new unit	0.0001401651	1	1	9541.7			
Chester, Lancaster & York Counties, SC	E0627	Seat Lift Mechanism Incorporated Into A Combination Lift-Chair Mechanism	Purchase of one (1) new unit	0.0324611950	2	2	374.41			
Chester, Lancaster & York Counties, SC	E0628	Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Electric	Purchase of one (1) new unit	0.0047223520	1	1	374.41			
Chester, Lancaster & York Counties, SC	E0629	Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Non-Electric	Purchase of one (1) new unit	0.0017252418	1	1	367.07			
Cincinnati, OH	E0250	Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0059353856	1	1	935.1			
Cincinnati, OH	E0251	Hospital Bed, Fixed Height, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000917130	1	1	687.4			
Cincinnati, OH	E0255	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0064216373	1	1	1123.9			
Cincinnati, OH	E0256	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0002163041	1	1	679.6			
Cincinnati, OH	E0260	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.2321912475	1,120	537	1343.8			

CBA Name	HCPCS Code	HCPCS Code Description	Definition of a Bidding Unit	Weight (The relative market importance of the item in the product category based on utilization)	2014 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2014)	2014 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2014)	Bid Limit (2015 Fee Schedule: Bid amount must be at or below this amount)	Your Cost to Purchase One (1) Unit (Should be less than your bid amount)	Your Bid Amount (To provide one [1] unit as described in Definition of a Bidding Unit; should include overhead and profit)	Your Estimated Capacity (Number of units you can furnish in CBA for one [1] year)
Cincinnati, OH	E0261	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0139507519	38	20	1310.1			
Cincinnati, OH	E0271	Mattress, Innerspring	Purchase of one (1) new unit	0.0114191282	21	20	180.56			
Cincinnati, OH	E0272	Mattress, Foam Rubber	Purchase of one (1) new unit	0.0027859973	1	1	182.35			
Cincinnati, OH	E0280	Bed Cradle, Any Type	Purchase of one (1) new unit	0.0000276869	1	1	31.07			
Cincinnati, OH	E0290	Hospital Bed, Fixed Height, Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0000173043	1	1	607.8			
Cincinnati, OH	E0291	Hospital Bed, Fixed Height, Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000017304	1	1	441.6			
Cincinnati, OH	E0292	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0000363391	1	1	683.3			
Cincinnati, OH	E0293	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000069217	1	1	581.6			
Cincinnati, OH	E0294	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0015643115	1	1	1236.6			
Cincinnati, OH	E0295	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0019553894	1	1	1218.2			
Cincinnati, OH	E0301	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0006887124	4	1	2590			
Cincinnati, OH	E0302	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000640260	1	1	6844.3			
Cincinnati, OH	E0303	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0056740902	45	27	2908.1			
Cincinnati, OH	E0304	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0002128433	3	1	7372.8			
Cincinnati, OH	E0305	Bed Side Rails, Half Length	Purchase of one (1) new unit	0.0009153991	1	1	161.7			
Cincinnati, OH	E0310	Bed Side Rails, Full Length	Purchase of one (1) new unit	0.0017858070	2	1	159.94			
Cincinnati, OH	E0910	Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar	Purchase of one (1) new unit	0.0178632612	56	30	184.9			
Cincinnati, OH	E0911	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Attached To Bed, With Grab Bar	Purchase of one (1) new unit	0.0001920781	1	1	476.8			
Cincinnati, OH	E0912	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete With Grab Bar	Purchase of one (1) new unit	0.0020817111	11	6	1095.2			
Cincinnati, OH	E0940	Trapeze Bar, Free Standing, Complete With Grab Bar	Purchase of one (1) new unit	0.0053954905	11	6	332.6			
Cincinnati, OH	A4640	Replacement Pad For Use With Medically Necessary Alternating Pressure Pad Owned By Patient	Purchase of one (1) new unit	0.0003824257	1	1	60.14			
Cincinnati, OH	E0181	Powered Pressure Reducing Mattress Overlay/Pad, Alternating, With Pump, Includes Heavy Duty	Purchase of one (1) new unit	0.0245167765	33	12	289.2			
Cincinnati, OH	E0182	Pump For Alternating Pressure Pad, For Replacement Only	Purchase of one (1) new unit	0.0001142086	1	1	259.6			
Cincinnati, OH	E0184	Dry Pressure Mattress	Purchase of one (1) new unit	0.0089757566	4	3	183.69			
Cincinnati, OH	E0185	Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0617660800	190	190	301.77			
Cincinnati, OH	E0186	Air Pressure Mattress	Purchase of one (1) new unit	0.0002041911	1	1	225.3			
Cincinnati, OH	E0187	Water Pressure Mattress	Purchase of one (1) new unit	0.0000000000	1	1	257.6			
Cincinnati, OH	E0188	Synthetic Sheepskin Pad	Purchase of one (1) new unit	0.0037187008	1	1	29.34			
Cincinnati, OH	E0189	Lamb Wool Sheepskin Pad, Any Size	Purchase of one (1) new unit	0.0009327035	2	2	49.03			
Cincinnati, OH	E0193	Powered Air Flotation Bed (Low Air Loss Therapy)	Purchase of one (1) new unit	0.0000484521	1	1	8643			
Cincinnati, OH	E0196	Gel Pressure Mattress	Purchase of one (1) new unit	0.0002526432	1	1	360.6			
Cincinnati, OH	E0197	Air Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0012009206	3	1	245.94			
Cincinnati, OH	E0199	Dry Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0007994601	2	1	30.25			
Cincinnati, OH	E0277	Powered Pressure-Reducing Air Mattress	Purchase of one (1) new unit	0.0124971880	77	34	6729.8			
Cincinnati, OH	E0371	Nonpowered Advanced Pressure Reducing Overlay For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0001626607	5	2	4252.1			
Cincinnati, OH	E0372	Powered Air Overlay For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0002612954	1	1	5159.5			
Cincinnati, OH	E0373	Nonpowered Advanced Pressure Reducing Mattress	Purchase of one (1) new unit	0.0000709478	1	1	5878.4			

CBA Name	HCPCS Code	HCPCS Code Description	Definition of a Bidding Unit	Weight (The relative market importance of the item in the product category based on utilization)	2014 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2014)	2014 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2014)	Bid Limit (2015 Fee Schedule: Bid amount must be at or below this amount)	Your Cost to Purchase One (1) Unit (Should be less than your bid amount)	Your Bid Amount (To provide one [1] unit as described in Definition of a Bidding Unit; should include overhead and profit)	Your Estimated Capacity (Number of units you can furnish in CBA for one [1] year)
Cincinnati, OH	E0160	Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode	Purchase of one (1) new unit	0.0002111128	1	1	31.19			
Cincinnati, OH	E0161	Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode, With Faucet Attachment/S	Purchase of one (1) new unit	0.0000138435	1	1	29.11			
Cincinnati, OH	E0163	Commode Chair, Mobile Or Stationary, With Fixed Arms	Purchase of one (1) new unit	0.4487116925	384	384	114.25			
Cincinnati, OH	E0165	Commode Chair, Mobile Or Stationary, With Detachable Arms	Purchase of one (1) new unit	0.0138815345	67	37	175.3			
Cincinnati, OH	E0167	Pail Or Pan For Use With Commode Chair, Replacement Only	Purchase of one (1) new unit	0.0002249563	1	1	13.32			
Cincinnati, OH	E0168	Commode Chair, Extra Wide And/Or Heavy Duty, Stationary Or Mobile, With Or Without Arms, Any Type, Each	Purchase of one (1) new unit	0.0166225406	31	29	167.52			
Cincinnati, OH	E0170	Commode Chair With Integrated Seat Lift Mechanism, Electric, Any Type	Purchase of one (1) new unit	0.0000000000	1	1	1784			
Cincinnati, OH	E0171	Commode Chair With Integrated Seat Lift Mechanism, Non-Electric, Any Type	Purchase of one (1) new unit	0.0000311478	1	1	321			
Cincinnati, OH	E0275	Bed Pan, Standard, Metal Or Plastic	Purchase of one (1) new unit	0.0003408953	1	1	17			
Cincinnati, OH	E0276	Bed Pan, Fracture, Metal Or Plastic	Purchase of one (1) new unit	0.0001626607	1	1	13.11			
Cincinnati, OH	E0325	Urinal; Male, Jug-Type, Any Material	Purchase of one (1) new unit	0.0023395456	1	1	9.55			
Cincinnati, OH	E0326	Urinal; Female, Jug-Type, Any Material	Purchase of one (1) new unit	0.0001349738	1	1	11.65			
Cincinnati, OH	E0621	Sling Or Seat, Patient Lift, Canvas Or Nylon	Purchase of one (1) new unit	0.0024329890	1	1	106.54			
Cincinnati, OH	E0630	Patient Lift, Hydraulic Or Mechanical, Includes Any Seat, Sling, Strap(S) Or Pad(S)	Purchase of one (1) new unit	0.0462146775	145	75	1130.8			
Cincinnati, OH	E0635	Patient Lift, Electric With Seat Or Sling	Purchase of one (1) new unit	0.0010088425	2	1	1154.4			
Cincinnati, OH	E0636	Multipositional Patient Support System, With Integrated Lift, Patient Accessible Controls	Purchase of one (1) new unit	0.0004464517	1	1	11705.1			
Cincinnati, OH	E1035	Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To And Including 300 Lbs	Purchase of one (1) new unit	0.0007735036	1	1	6806.3			
Cincinnati, OH	E1036	Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat, Operated By Caregiver, Patient Weight Capacity Greater Than 300 Lbs	Purchase of one (1) new unit	0.0001401651	1	1	9541.7			
Cincinnati, OH	E0627	Seat Lift Mechanism Incorporated Into A Combination Lift-Chair Mechanism	Purchase of one (1) new unit	0.0324611950	27	27	367.07			
Cincinnati, OH	E0628	Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Electric	Purchase of one (1) new unit	0.0047223520	1	1	367.07			
Cincinnati, OH	E0629	Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Non-Electric	Purchase of one (1) new unit	0.0017252418	1	1	367.07			
Cleveland-Elyria, OH	E0250	Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0059353856	5	1	935.1			
Cleveland-Elyria, OH	E0251	Hospital Bed, Fixed Height, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000917130	1	1	687.4			
Cleveland-Elyria, OH	E0255	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0064216373	10	5	1123.9			
Cleveland-Elyria, OH	E0256	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0002163041	1	1	679.6			
Cleveland-Elyria, OH	E0260	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.2321912475	2,678	1,251	1343.8			
Cleveland-Elyria, OH	E0261	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0139507519	102	45	1310.1			
Cleveland-Elyria, OH	E0271	Mattress, Innerspring	Purchase of one (1) new unit	0.0114191282	55	54	180.56			
Cleveland-Elyria, OH	E0272	Mattress, Foam Rubber	Purchase of one (1) new unit	0.0027859973	1	1	182.35			
Cleveland-Elyria, OH	E0280	Bed Cradle, Any Type	Purchase of one (1) new unit	0.0000276869	1	1	31.07			
Cleveland-Elyria, OH	E0290	Hospital Bed, Fixed Height, Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0000173043	1	1	607.8			
Cleveland-Elyria, OH	E0291	Hospital Bed, Fixed Height, Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000017304	1	1	441.6			
Cleveland-Elyria, OH	E0292	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0000363391	1	1	683.3			
Cleveland-Elyria, OH	E0293	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000069217	1	1	581.6			
Cleveland-Elyria, OH	E0294	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0015643115	1	1	1236.6			
Cleveland-Elyria, OH	E0295	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0019553894	1	1	1218.2			
Cleveland-Elyria, OH	E0301	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0006887124	3	1	2590			

CBA Name	HCPCS Code	HCPCS Code Description	Definition of a Bidding Unit	Weight (The relative market importance of the item in the product category based on utilization)	2014 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2014)	2014 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2014)	Bid Limit (2015 Fee Schedule: Bid amount must be at or below this amount)	Your Cost to Purchase One (1) Unit (Should be less than your bid amount)	Your Bid Amount (To provide one [1] unit as described in Definition of a Bidding Unit; should include overhead and profit)	Your Estimated Capacity (Number of units you can furnish in CBA for one [1] year)
Cleveland-Elyria, OH	E0302	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000640260	1	1	6844.3			
Cleveland-Elyria, OH	E0303	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0056740902	57	34	2908.1			
Cleveland-Elyria, OH	E0304	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0002128433	1	1	7372.8			
Cleveland-Elyria, OH	E0305	Bed Side Rails, Half Length	Purchase of one (1) new unit	0.0009153991	1	1	161.7			
Cleveland-Elyria, OH	E0310	Bed Side Rails, Full Length	Purchase of one (1) new unit	0.0017858070	1	2	159.94			
Cleveland-Elyria, OH	E0910	Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar	Purchase of one (1) new unit	0.0178632612	147	65	184.9			
Cleveland-Elyria, OH	E0911	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Attached To Bed, With Grab Bar	Purchase of one (1) new unit	0.0001920781	1	1	476.8			
Cleveland-Elyria, OH	E0912	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete With Grab Bar	Purchase of one (1) new unit	0.0020817111	25	11	1095.2			
Cleveland-Elyria, OH	E0940	Trapeze Bar, Free Standing, Complete With Grab Bar	Purchase of one (1) new unit	0.0053954905	13	8	332.6			
Cleveland-Elyria, OH	A4640	Replacement Pad For Use With Medically Necessary Alternating Pressure Pad Owned By Patient	Purchase of one (1) new unit	0.0003824257	1	1	60.14			
Cleveland-Elyria, OH	E0181	Powered Pressure Reducing Mattress Overlay/Pad, Alternating, With Pump, Includes Heavy Duty	Purchase of one (1) new unit	0.0245167765	246	104	289.2			
Cleveland-Elyria, OH	E0182	Pump For Alternating Pressure Pad, For Replacement Only	Purchase of one (1) new unit	0.0001142086	1	1	259.6			
Cleveland-Elyria, OH	E0184	Dry Pressure Mattress	Purchase of one (1) new unit	0.0089757566	65	65	183.69			
Cleveland-Elyria, OH	E0185	Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0617660800	462	461	301.77			
Cleveland-Elyria, OH	E0186	Air Pressure Mattress	Purchase of one (1) new unit	0.0002041911	1	1	225.3			
Cleveland-Elyria, OH	E0187	Water Pressure Mattress	Purchase of one (1) new unit	0.0000000000	1	1	257.6			
Cleveland-Elyria, OH	E0188	Synthetic Sheepskin Pad	Purchase of one (1) new unit	0.0037187008	1	1	29.34			
Cleveland-Elyria, OH	E0189	Lambswool Sheepskin Pad, Any Size	Purchase of one (1) new unit	0.0009327035	1	1	49.03			
Cleveland-Elyria, OH	E0193	Powered Air Flotation Bed (Low Air Loss Therapy)	Purchase of one (1) new unit	0.0000484521	1	1	8643			
Cleveland-Elyria, OH	E0196	Gel Pressure Mattress	Purchase of one (1) new unit	0.0002526432	1	1	360.6			
Cleveland-Elyria, OH	E0197	Air Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0012009206	1	1	245.94			
Cleveland-Elyria, OH	E0199	Dry Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0007994601	1	1	30.25			
Cleveland-Elyria, OH	E0277	Powered Pressure-Reducing Air Mattress	Purchase of one (1) new unit	0.0124971880	49	21	6729.8			
Cleveland-Elyria, OH	E0371	Nonpowered Advanced Pressure Reducing Overlay For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0001626607	1	1	4252.1			
Cleveland-Elyria, OH	E0372	Powered Air Overlay For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0002612954	1	1	5159.5			
Cleveland-Elyria, OH	E0373	Nonpowered Advanced Pressure Reducing Mattress	Purchase of one (1) new unit	0.0000709478	2	1	5878.4			
Cleveland-Elyria, OH	E0160	Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode	Purchase of one (1) new unit	0.0002111128	1	1	31.19			
Cleveland-Elyria, OH	E0161	Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode, With Faucet Attachment/S	Purchase of one (1) new unit	0.0000138435	1	1	29.11			
Cleveland-Elyria, OH	E0163	Commode Chair, Mobile Or Stationary, With Fixed Arms	Purchase of one (1) new unit	0.4487116925	1,516	1,516	114.25			
Cleveland-Elyria, OH	E0165	Commode Chair, Mobile Or Stationary, With Detachable Arms	Purchase of one (1) new unit	0.0138815345	134	64	175.3			
Cleveland-Elyria, OH	E0167	Pail Or Pan For Use With Commode Chair, Replacement Only	Purchase of one (1) new unit	0.0002249563	3	3	13.32			
Cleveland-Elyria, OH	E0168	Commode Chair, Extra Wide And/Or Heavy Duty, Stationary Or Mobile, With Or Without Arms, Any Type, Each	Purchase of one (1) new unit	0.0166225406	72	71	167.52			
Cleveland-Elyria, OH	E0170	Commode Chair With Integrated Seat Lift Mechanism, Electric, Any Type	Purchase of one (1) new unit	0.0000000000	1	1	1784			
Cleveland-Elyria, OH	E0171	Commode Chair With Integrated Seat Lift Mechanism, Non-Electric, Any Type	Purchase of one (1) new unit	0.0000311478	1	1	321			
Cleveland-Elyria, OH	E0275	Bed Pan, Standard, Metal Or Plastic	Purchase of one (1) new unit	0.0003408953	4	4	17			
Cleveland-Elyria, OH	E0276	Bed Pan, Fracture, Metal Or Plastic	Purchase of one (1) new unit	0.0001626607	1	1	13.11			
Cleveland-Elyria, OH	E0325	Urinal; Male, Jug-Type, Any Material	Purchase of one (1) new unit	0.0023395456	5	5	9.55			

CBA Name	HCPCS Code	HCPCS Code Description	Definition of a Bidding Unit	Weight (The relative market importance of the item in the product category based on utilization)	2014 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2014)	2014 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2014)	Bid Limit (2015 Fee Schedule: Bid amount must be at or below this amount)	Your Cost to Purchase One (1) Unit (Should be less than your bid amount)	Your Bid Amount (To provide one [1] unit as described in Definition of a Bidding Unit; should include overhead and profit)	Your Estimated Capacity (Number of units you can furnish in CBA for one [1] year)
Cleveland-Elyria, OH	E0326	Urinal; Female, Jug-Type, Any Material	Purchase of one (1) new unit	0.0001349738	1	1	11.65			
Cleveland-Elyria, OH	E0621	Sling Or Seat, Patient Lift, Canvas Or Nylon	Purchase of one (1) new unit	0.0024329890	9	9	106.54			
Cleveland-Elyria, OH	E0630	Patient Lift, Hydraulic Or Mechanical, Includes Any Seat, Sling, Strap(S) Or Pad(S)	Purchase of one (1) new unit	0.0462146775	332	149	1130.8			
Cleveland-Elyria, OH	E0635	Patient Lift, Electric With Seat Or Sling	Purchase of one (1) new unit	0.0010088425	2	2	1154.4			
Cleveland-Elyria, OH	E0636	Multipositional Patient Support System, With Integrated Lift, Patient Accessible Controls	Purchase of one (1) new unit	0.0004464517	1	1	11705.1			
Cleveland-Elyria, OH	E1035	Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To And Including 300 Lbs	Purchase of one (1) new unit	0.0007735036	1	1	6806.3			
Cleveland-Elyria, OH	E1036	Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat, Operated By Caregiver, Patient Weight Capacity Greater Than 300 Lbs	Purchase of one (1) new unit	0.0001401651	1	1	9541.7			
Cleveland-Elyria, OH	E0627	Seat Lift Mechanism Incorporated Into A Combination Lift-Chair Mechanism	Purchase of one (1) new unit	0.0324611950	73	73	367.07			
Cleveland-Elyria, OH	E0628	Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Electric	Purchase of one (1) new unit	0.0047223520	1	1	367.07			
Cleveland-Elyria, OH	E0629	Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Non-Electric	Purchase of one (1) new unit	0.0017252418	1	1	367.07			
Covington-Florence-Newport, KY	E0250	Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0059353856	1	1	794.8			
Covington-Florence-Newport, KY	E0251	Hospital Bed, Fixed Height, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000917130	1	1	602.4			
Covington-Florence-Newport, KY	E0255	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0064216373	1	1	962.7			
Covington-Florence-Newport, KY	E0256	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0002163041	1	1	677.8			
Covington-Florence-Newport, KY	E0260	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.2321912475	355	182	1343.8			
Covington-Florence-Newport, KY	E0261	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0139507519	15	5	1113.6			
Covington-Florence-Newport, KY	E0271	Mattress, Innerspring	Purchase of one (1) new unit	0.0114191282	18	18	195.15			
Covington-Florence-Newport, KY	E0272	Mattress, Foam Rubber	Purchase of one (1) new unit	0.0027859973	3	3	193.6			
Covington-Florence-Newport, KY	E0280	Bed Cradle, Any Type	Purchase of one (1) new unit	0.0000276869	1	1	31.07			
Covington-Florence-Newport, KY	E0290	Hospital Bed, Fixed Height, Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0000173043	1	1	607.8			
Covington-Florence-Newport, KY	E0291	Hospital Bed, Fixed Height, Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000017304	1	1	441.6			
Covington-Florence-Newport, KY	E0292	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0000363391	1	1	683.3			
Covington-Florence-Newport, KY	E0293	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000069217	1	1	581.6			
Covington-Florence-Newport, KY	E0294	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0015643115	2	1	1062.4			
Covington-Florence-Newport, KY	E0295	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0019553894	1	1	1035.5			
Covington-Florence-Newport, KY	E0301	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0006887124	1	1	2590			
Covington-Florence-Newport, KY	E0302	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000640260	1	1	6844.3			
Covington-Florence-Newport, KY	E0303	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0056740902	5	2	2908.1			
Covington-Florence-Newport, KY	E0304	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0002128433	1	1	7372.8			
Covington-Florence-Newport, KY	E0305	Bed Side Rails, Half Length	Purchase of one (1) new unit	0.0009153991	1	1	170.2			
Covington-Florence-Newport, KY	E0310	Bed Side Rails, Full Length	Purchase of one (1) new unit	0.0017858070	1	1	159.15			
Covington-Florence-Newport, KY	E0910	Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar	Purchase of one (1) new unit	0.0178632612	22	11	191.3			
Covington-Florence-Newport, KY	E0911	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Attached To Bed, With Grab Bar	Purchase of one (1) new unit	0.0001920781	1	1	476.8			
Covington-Florence-Newport, KY	E0912	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete With Grab Bar	Purchase of one (1) new unit	0.0020817111	2	1	1095.2			
Covington-Florence-Newport, KY	E0940	Trapeze Bar, Free Standing, Complete With Grab Bar	Purchase of one (1) new unit	0.0053954905	2	1	295.6			
Covington-Florence-Newport, KY	A4640	Replacement Pad For Use With Medically Necessary Alternating Pressure Pad Owned By Patient	Purchase of one (1) new unit	0.0003824257	1	1	70.28			
Covington-Florence-Newport, KY	E0181	Powered Pressure Reducing Mattress Overlay/Pad, Alternating, With Pump, Includes Heavy Duty	Purchase of one (1) new unit	0.0245167765	7	4	289.2			

CBA Name	HCPCS Code	HCPCS Code Description	Definition of a Bidding Unit	Weight (The relative market importance of the item in the product category based on utilization)	2014 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2014)	2014 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2014)	Bid Limit (2015 Fee Schedule: Bid amount must be at or below this amount)	Your Cost to Purchase One (1) Unit (Should be less than your bid amount)	Your Bid Amount (To provide one [1] unit as described in Definition of a Bidding Unit; should include overhead and profit)	Your Estimated Capacity (Number of units you can furnish in CBA for one [1] year)
Covington-Florence-Newport, KY	E0182	Pump For Alternating Pressure Pad, For Replacement Only	Purchase of one (1) new unit	0.0001142086	1	1	246.9			
Covington-Florence-Newport, KY	E0184	Dry Pressure Mattress	Purchase of one (1) new unit	0.0089757566	1	1	183.69			
Covington-Florence-Newport, KY	E0185	Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0617660800	54	53	301.77			
Covington-Florence-Newport, KY	E0186	Air Pressure Mattress	Purchase of one (1) new unit	0.0002041911	1	1	191.5			
Covington-Florence-Newport, KY	E0187	Water Pressure Mattress	Purchase of one (1) new unit	0.0000000000	1	1	254.8			
Covington-Florence-Newport, KY	E0188	Synthetic Sheepskin Pad	Purchase of one (1) new unit	0.0037187008	1	1	29.34			
Covington-Florence-Newport, KY	E0189	Lambswool Sheepskin Pad, Any Size	Purchase of one (1) new unit	0.0009327035	1	1	53.24			
Covington-Florence-Newport, KY	E0193	Powered Air Flotation Bed (Low Air Loss Therapy)	Purchase of one (1) new unit	0.0000484521	1	1	8643			
Covington-Florence-Newport, KY	E0196	Gel Pressure Mattress	Purchase of one (1) new unit	0.0002526432	1	1	306.5			
Covington-Florence-Newport, KY	E0197	Air Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0012009206	1	1	209.05			
Covington-Florence-Newport, KY	E0199	Dry Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0007994601	1	1	35.59			
Covington-Florence-Newport, KY	E0277	Powered Pressure-Reducing Air Mattress	Purchase of one (1) new unit	0.0124971880	23	10	6729.6			
Covington-Florence-Newport, KY	E0371	Nonpowered Advanced Pressure Reducing Overlay For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0001626607	4	1	4252.1			
Covington-Florence-Newport, KY	E0372	Powered Air Overlay For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0002612954	1	1	5159.5			
Covington-Florence-Newport, KY	E0373	Nonpowered Advanced Pressure Reducing Mattress	Purchase of one (1) new unit	0.0000709478	1	1	5878.4			
Covington-Florence-Newport, KY	E0160	Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode	Purchase of one (1) new unit	0.0002111128	1	1	31.19			
Covington-Florence-Newport, KY	E0161	Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode, With Faucet Attachment/S	Purchase of one (1) new unit	0.0000138435	1	1	24.74			
Covington-Florence-Newport, KY	E0163	Commode Chair, Mobile Or Stationary, With Fixed Arms	Purchase of one (1) new unit	0.4487116925	72	71	119.05			
Covington-Florence-Newport, KY	E0165	Commode Chair, Mobile Or Stationary, With Detachable Arms	Purchase of one (1) new unit	0.0138815345	13	9	206.2			
Covington-Florence-Newport, KY	E0167	Pail Or Pan For Use With Commode Chair, Replacement Only	Purchase of one (1) new unit	0.0002249563	1	1	11.32			
Covington-Florence-Newport, KY	E0168	Commode Chair, Extra Wide And/Or Heavy Duty, Stationary Or Mobile, With Or Without Arms, Any Type, Each	Purchase of one (1) new unit	0.0166225406	5	5	167.52			
Covington-Florence-Newport, KY	E0170	Commode Chair With Integrated Seat Lift Mechanism, Electric, Any Type	Purchase of one (1) new unit	0.0000000000	1	1	1784			
Covington-Florence-Newport, KY	E0171	Commode Chair With Integrated Seat Lift Mechanism, Non-Electric, Any Type	Purchase of one (1) new unit	0.0000311478	1	1	321			
Covington-Florence-Newport, KY	E0275	Bed Pan, Standard, Metal Or Plastic	Purchase of one (1) new unit	0.0003408953	1	1	17			
Covington-Florence-Newport, KY	E0276	Bed Pan, Fracture, Metal Or Plastic	Purchase of one (1) new unit	0.0001626607	1	1	14.77			
Covington-Florence-Newport, KY	E0325	Urinal; Male, Jug-Type, Any Material	Purchase of one (1) new unit	0.0023395456	1	1	11.23			
Covington-Florence-Newport, KY	E0326	Urinal; Female, Jug-Type, Any Material	Purchase of one (1) new unit	0.0001349738	1	1	11.65			
Covington-Florence-Newport, KY	E0621	Sling Or Seat, Patient Lift, Canvas Or Nylon	Purchase of one (1) new unit	0.0024329890	1	1	90.56			
Covington-Florence-Newport, KY	E0630	Patient Lift, Hydraulic Or Mechanical, Includes Any Seat, Sling, Strap(S) Or Pad(S)	Purchase of one (1) new unit	0.0462146775	40	17	1023.4			
Covington-Florence-Newport, KY	E0635	Patient Lift, Electric With Seat Or Sling	Purchase of one (1) new unit	0.0010088425	1	1	1358.1			
Covington-Florence-Newport, KY	E0636	Multipositional Patient Support System, With Integrated Lift, Patient Accessible Controls	Purchase of one (1) new unit	0.0004464517	1	1	11705.1			
Covington-Florence-Newport, KY	E1035	Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To And Including 300 Lbs	Purchase of one (1) new unit	0.0007735036	1	1	6806.3			
Covington-Florence-Newport, KY	E1036	Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat, Operated By Caregiver, Patient Weight Capacity Greater Than 300 Lbs	Purchase of one (1) new unit	0.0001401651	1	1	9541.7			
Covington-Florence-Newport, KY	E0627	Seat Lift Mechanism Incorporated Into A Combination Lift-Chair Mechanism	Purchase of one (1) new unit	0.0324611950	10	10	374.41			
Covington-Florence-Newport, KY	E0628	Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Electric	Purchase of one (1) new unit	0.0047223520	3	3	374.41			
Covington-Florence-Newport, KY	E0629	Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Non-Electric	Purchase of one (1) new unit	0.0017252418	1	1	367.07			
Dallas-Fort Worth-Arlington, TX	E0250	Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0059353856	205	86	935.1			
Dallas-Fort Worth-Arlington, TX	E0251	Hospital Bed, Fixed Height, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000917130	1	1	708.7			

CBA Name	HCPCS Code	HCPCS Code Description	Definition of a Bidding Unit	Weight (The relative market importance of the item in the product category based on utilization)	2014 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2014)	2014 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2014)	Bid Limit (2015 Fee Schedule: Bid amount must be at or below this amount)	Your Cost to Purchase One (1) Unit (Should be less than your bid amount)	Your Bid Amount (To provide one [1] unit as described in Definition of a Bidding Unit; should include overhead and profit)	Your Estimated Capacity (Number of units you can furnish in CBA for one [1] year)
Dallas-Fort Worth-Arlington, TX	E0255	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0064216373	26	14	1123.9			
Dallas-Fort Worth-Arlington, TX	E0256	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0002163041	1	1	797.4			
Dallas-Fort Worth-Arlington, TX	E0260	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.2321912475	3,308	1,608	1343.8			
Dallas-Fort Worth-Arlington, TX	E0261	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0139507519	50	24	1310.1			
Dallas-Fort Worth-Arlington, TX	E0271	Mattress, Innerspring	Purchase of one (1) new unit	0.0114191282	59	58	196.94			
Dallas-Fort Worth-Arlington, TX	E0272	Mattress, Foam Rubber	Purchase of one (1) new unit	0.0027859973	7	6	177			
Dallas-Fort Worth-Arlington, TX	E0280	Bed Cradle, Any Type	Purchase of one (1) new unit	0.0000276869	1	1	36.55			
Dallas-Fort Worth-Arlington, TX	E0290	Hospital Bed, Fixed Height, Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0000173043	1	1	715			
Dallas-Fort Worth-Arlington, TX	E0291	Hospital Bed, Fixed Height, Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000017304	1	1	519.5			
Dallas-Fort Worth-Arlington, TX	E0292	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0000363391	1	1	803.9			
Dallas-Fort Worth-Arlington, TX	E0293	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000069217	1	1	684.2			
Dallas-Fort Worth-Arlington, TX	E0294	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0015643115	23	12	1249.9			
Dallas-Fort Worth-Arlington, TX	E0295	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0019553894	68	26	1218.2			
Dallas-Fort Worth-Arlington, TX	E0301	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0006887124	4	1	2590			
Dallas-Fort Worth-Arlington, TX	E0302	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000640260	3	2	6844.3			
Dallas-Fort Worth-Arlington, TX	E0303	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0056740902	115	63	2908.1			
Dallas-Fort Worth-Arlington, TX	E0304	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0002128433	6	3	7372.8			
Dallas-Fort Worth-Arlington, TX	E0305	Bed Side Rails, Half Length	Purchase of one (1) new unit	0.0009153991	35	13	170.2			
Dallas-Fort Worth-Arlington, TX	E0310	Bed Side Rails, Full Length	Purchase of one (1) new unit	0.0017858070	10	9	174.51			
Dallas-Fort Worth-Arlington, TX	E0910	Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar	Purchase of one (1) new unit	0.0178632612	230	122	191.3			
Dallas-Fort Worth-Arlington, TX	E0911	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Attached To Bed, With Grab Bar	Purchase of one (1) new unit	0.0001920781	1	1	476.8			
Dallas-Fort Worth-Arlington, TX	E0912	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete With Grab Bar	Purchase of one (1) new unit	0.0020817111	35	18	1095.2			
Dallas-Fort Worth-Arlington, TX	E0940	Trapeze Bar, Free Standing, Complete With Grab Bar	Purchase of one (1) new unit	0.0053954905	97	54	332.6			
Dallas-Fort Worth-Arlington, TX	A4640	Replacement Pad For Use With Medically Necessary Alternating Pressure Pad Owned By Patient	Purchase of one (1) new unit	0.0003824257	1	1	59.74			
Dallas-Fort Worth-Arlington, TX	E0181	Powered Pressure Reducing Mattress Overlay/Pad, Alternating, With Pump, Includes Heavy Duty	Purchase of one (1) new unit	0.0245167765	88	39	289.2			
Dallas-Fort Worth-Arlington, TX	E0182	Pump For Alternating Pressure Pad, For Replacement Only	Purchase of one (1) new unit	0.0001142086	1	1	246.9			
Dallas-Fort Worth-Arlington, TX	E0184	Dry Pressure Mattress	Purchase of one (1) new unit	0.0089757566	16	10	183.69			
Dallas-Fort Worth-Arlington, TX	E0185	Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0617660800	406	401	355.02			
Dallas-Fort Worth-Arlington, TX	E0186	Air Pressure Mattress	Purchase of one (1) new unit	0.0002041911	2	1	225.3			
Dallas-Fort Worth-Arlington, TX	E0187	Water Pressure Mattress	Purchase of one (1) new unit	0.0000000000	1	1	257.6			
Dallas-Fort Worth-Arlington, TX	E0188	Synthetic Sheepskin Pad	Purchase of one (1) new unit	0.0037187008	3	3	24.94			
Dallas-Fort Worth-Arlington, TX	E0189	Lambswool Sheepskin Pad, Any Size	Purchase of one (1) new unit	0.0009327035	1	1	57.68			
Dallas-Fort Worth-Arlington, TX	E0193	Powered Air Flotation Bed (Low Air Loss Therapy)	Purchase of one (1) new unit	0.0000484521	1	1	8643			
Dallas-Fort Worth-Arlington, TX	E0196	Gel Pressure Mattress	Purchase of one (1) new unit	0.0002526432	4	1	360.6			
Dallas-Fort Worth-Arlington, TX	E0197	Air Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0012009206	2	2	209.05			
Dallas-Fort Worth-Arlington, TX	E0199	Dry Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0007994601	4	4	34.65			
Dallas-Fort Worth-Arlington, TX	E0277	Powered Pressure-Reducing Air Mattress	Purchase of one (1) new unit	0.0124971880	204	95	6729.8			

CBA Name	HCPCS Code	HCPCS Code Description	Definition of a Bidding Unit	Weight (The relative market importance of the item in the product category based on utilization)	2014 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2014)	2014 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2014)	Bid Limit (2015 Fee Schedule: Bid amount must be at or below this amount)	Your Cost to Purchase One (1) Unit (Should be less than your bid amount)	Your Bid Amount (To provide one [1] unit as described in Definition of a Bidding Unit; should include overhead and profit)	Your Estimated Capacity (Number of units you can furnish in CBA for one [1] year)
Dallas-Fort Worth-Arlington, TX	E0371	Nonpowered Advanced Pressure Reducing Overlay For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0001626607	7	3	4252.1			
Dallas-Fort Worth-Arlington, TX	E0372	Powered Air Overlay For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0002612954	1	1	5159.5			
Dallas-Fort Worth-Arlington, TX	E0373	Nonpowered Advanced Pressure Reducing Mattress	Purchase of one (1) new unit	0.0000709478	1	1	5878.4			
Dallas-Fort Worth-Arlington, TX	E0160	Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode	Purchase of one (1) new unit	0.0002111128	1	1	31.19			
Dallas-Fort Worth-Arlington, TX	E0161	Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode, With Faucet Attachment/S	Purchase of one (1) new unit	0.0000138435	1	1	24.74			
Dallas-Fort Worth-Arlington, TX	E0163	Commode Chair, Mobile Or Stationary, With Fixed Arms	Purchase of one (1) new unit	0.4487116925	3,558	3,556	122.41			
Dallas-Fort Worth-Arlington, TX	E0165	Commode Chair, Mobile Or Stationary, With Detachable Arms	Purchase of one (1) new unit	0.0138815345	236	135	206.2			
Dallas-Fort Worth-Arlington, TX	E0167	Pail Or Pan For Use With Commode Chair, Replacement Only	Purchase of one (1) new unit	0.0002249563	1	1	13.26			
Dallas-Fort Worth-Arlington, TX	E0168	Commode Chair, Extra Wide And/Or Heavy Duty, Stationary Or Mobile, With Or Without Arms, Any Type, Each	Purchase of one (1) new unit	0.0166225406	178	164	167.52			
Dallas-Fort Worth-Arlington, TX	E0170	Commode Chair With Integrated Seat Lift Mechanism, Electric, Any Type	Purchase of one (1) new unit	0.0000000000	1	1	1784			
Dallas-Fort Worth-Arlington, TX	E0171	Commode Chair With Integrated Seat Lift Mechanism, Non-Electric, Any Type	Purchase of one (1) new unit	0.0000311478	1	1	321			
Dallas-Fort Worth-Arlington, TX	E0275	Bed Pan, Standard, Metal Or Plastic	Purchase of one (1) new unit	0.0003408953	1	1	17			
Dallas-Fort Worth-Arlington, TX	E0276	Bed Pan, Fracture, Metal Or Plastic	Purchase of one (1) new unit	0.0001626607	1	1	14.77			
Dallas-Fort Worth-Arlington, TX	E0325	Urinal; Male, Jug-Type, Any Material	Purchase of one (1) new unit	0.0023395456	3	4	11.23			
Dallas-Fort Worth-Arlington, TX	E0326	Urinal; Female, Jug-Type, Any Material	Purchase of one (1) new unit	0.0001349738	1	1	11.65			
Dallas-Fort Worth-Arlington, TX	E0621	Sling Or Seat, Patient Lift, Canvas Or Nylon	Purchase of one (1) new unit	0.0024329890	12	11	106.54			
Dallas-Fort Worth-Arlington, TX	E0630	Patient Lift, Hydraulic Or Mechanical, Includes Any Seat, Sling, Strap(S) Or Pad(S)	Purchase of one (1) new unit	0.0462146775	560	271	1130.8			
Dallas-Fort Worth-Arlington, TX	E0635	Patient Lift, Electric With Seat Or Sling	Purchase of one (1) new unit	0.0010088425	25	12	1358.1			
Dallas-Fort Worth-Arlington, TX	E0636	Multipositional Patient Support System, With Integrated Lift, Patient Accessible Controls	Purchase of one (1) new unit	0.0004464517	1	1	11705.1			
Dallas-Fort Worth-Arlington, TX	E1035	Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To And Including 300 Lbs	Purchase of one (1) new unit	0.0007735036	22	11	6806.3			
Dallas-Fort Worth-Arlington, TX	E1036	Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat, Operated By Caregiver, Patient Weight Capacity Greater Than 300 Lbs	Purchase of one (1) new unit	0.0001401651	4	2	9541.7			
Dallas-Fort Worth-Arlington, TX	E0627	Seat Lift Mechanism Incorporated Into A Combination Lift-Chair Mechanism	Purchase of one (1) new unit	0.0324611950	15	15	367.08			
Dallas-Fort Worth-Arlington, TX	E0628	Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Electric	Purchase of one (1) new unit	0.0047223520	6	6	367.08			
Dallas-Fort Worth-Arlington, TX	E0629	Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Non-Electric	Purchase of one (1) new unit	0.0017252418	1	1	367.07			
Dearborn, Franklin, Ohio & Union Counties, IN	E0250	Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0059353856	1	1	935.1			
Dearborn, Franklin, Ohio & Union Counties, IN	E0251	Hospital Bed, Fixed Height, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000917130	1	1	708.7			
Dearborn, Franklin, Ohio & Union Counties, IN	E0255	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0064216373	1	1	1001.5			
Dearborn, Franklin, Ohio & Union Counties, IN	E0256	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0002163041	1	1	785.1			
Dearborn, Franklin, Ohio & Union Counties, IN	E0260	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.2321912475	72	41	1343.8			
Dearborn, Franklin, Ohio & Union Counties, IN	E0261	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0139507519	1	1	1212.9			
Dearborn, Franklin, Ohio & Union Counties, IN	E0271	Mattress, Innerspring	Purchase of one (1) new unit	0.0114191282	1	1	212.42			
Dearborn, Franklin, Ohio & Union Counties, IN	E0272	Mattress, Foam Rubber	Purchase of one (1) new unit	0.0027859973	1	1	180.41			
Dearborn, Franklin, Ohio & Union Counties, IN	E0280	Bed Cradle, Any Type	Purchase of one (1) new unit	0.0000276869	1	1	36.55			
Dearborn, Franklin, Ohio & Union Counties, IN	E0290	Hospital Bed, Fixed Height, Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0000173043	1	1	715			
Dearborn, Franklin, Ohio & Union Counties, IN	E0291	Hospital Bed, Fixed Height, Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000017304	1	1	519.5			
Dearborn, Franklin, Ohio & Union Counties, IN	E0292	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0000363391	1	1	803.9			
Dearborn, Franklin, Ohio & Union Counties, IN	E0293	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000069217	1	1	615.3			
Dearborn, Franklin, Ohio & Union Counties, IN	E0294	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0015643115	1	1	1230.5			

CBA Name	HCPCS Code	HCPCS Code Description	Definition of a Bidding Unit	Weight (The relative market importance of the item in the product category based on utilization)	2014 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2014)	2014 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2014)	Bid Limit (2015 Fee Schedule: Bid amount must be at or below this amount)	Your Cost to Purchase One (1) Unit (Should be less than your bid amount)	Your Bid Amount (To provide one [1] unit as described in Definition of a Bidding Unit; should include overhead and profit)	Your Estimated Capacity (Number of units you can furnish in CBA for one [1] year)
Dearborn, Franklin, Ohio & Union Counties, IN	E0295	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0019553894	1	1	1041.8			
Dearborn, Franklin, Ohio & Union Counties, IN	E0301	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0006887124	1	1	2590			
Dearborn, Franklin, Ohio & Union Counties, IN	E0302	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000640260	1	1	6844.3			
Dearborn, Franklin, Ohio & Union Counties, IN	E0303	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0056740902	2	1	2908.1			
Dearborn, Franklin, Ohio & Union Counties, IN	E0304	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0002128433	1	1	7372.8			
Dearborn, Franklin, Ohio & Union Counties, IN	E0305	Bed Side Rails, Half Length	Purchase of one (1) new unit	0.0009153991	1	1	170.2			
Dearborn, Franklin, Ohio & Union Counties, IN	E0310	Bed Side Rails, Full Length	Purchase of one (1) new unit	0.0017858070	1	1	177.34			
Dearborn, Franklin, Ohio & Union Counties, IN	E0910	Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar	Purchase of one (1) new unit	0.0178632612	2	1	191.3			
Dearborn, Franklin, Ohio & Union Counties, IN	E0911	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Attached To Bed, With Grab Bar	Purchase of one (1) new unit	0.0001920781	1	1	476.8			
Dearborn, Franklin, Ohio & Union Counties, IN	E0912	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete With Grab Bar	Purchase of one (1) new unit	0.0020817111	1	1	1095.2			
Dearborn, Franklin, Ohio & Union Counties, IN	E0940	Trapeze Bar, Free Standing, Complete With Grab Bar	Purchase of one (1) new unit	0.0053954905	1	1	292.5			
Dearborn, Franklin, Ohio & Union Counties, IN	A4640	Replacement Pad For Use With Medically Necessary Alternating Pressure Pad Owned By Patient	Purchase of one (1) new unit	0.0003824257	1	1	70.28			
Dearborn, Franklin, Ohio & Union Counties, IN	E0181	Powered Pressure Reducing Mattress Overlay/Pad, Alternating, With Pump, Includes Heavy Duty	Purchase of one (1) new unit	0.0245167765	5	3	289.2			
Dearborn, Franklin, Ohio & Union Counties, IN	E0182	Pump For Alternating Pressure Pad, For Replacement Only	Purchase of one (1) new unit	0.0001142086	1	1	290.5			
Dearborn, Franklin, Ohio & Union Counties, IN	E0184	Dry Pressure Mattress	Purchase of one (1) new unit	0.0089757566	1	1	216.11			
Dearborn, Franklin, Ohio & Union Counties, IN	E0185	Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0617660800	7	7	301.77			
Dearborn, Franklin, Ohio & Union Counties, IN	E0186	Air Pressure Mattress	Purchase of one (1) new unit	0.0002041911	1	1	191.5			
Dearborn, Franklin, Ohio & Union Counties, IN	E0187	Water Pressure Mattress	Purchase of one (1) new unit	0.0000000000	1	1	219			
Dearborn, Franklin, Ohio & Union Counties, IN	E0188	Synthetic Sheepskin Pad	Purchase of one (1) new unit	0.0037187008	1	1	29.34			
Dearborn, Franklin, Ohio & Union Counties, IN	E0189	Lambswool Sheepskin Pad, Any Size	Purchase of one (1) new unit	0.0009327035	1	1	57.68			
Dearborn, Franklin, Ohio & Union Counties, IN	E0193	Powered Air Flotation Bed (Low Air Loss Therapy)	Purchase of one (1) new unit	0.0000484521	1	1	8643			
Dearborn, Franklin, Ohio & Union Counties, IN	E0196	Gel Pressure Mattress	Purchase of one (1) new unit	0.0002526432	3	1	360.6			
Dearborn, Franklin, Ohio & Union Counties, IN	E0197	Air Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0012009206	1	1	209.05			
Dearborn, Franklin, Ohio & Union Counties, IN	E0199	Dry Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0007994601	1	1	30.25			
Dearborn, Franklin, Ohio & Union Counties, IN	E0277	Powered Pressure-Reducing Air Mattress	Purchase of one (1) new unit	0.0124971880	3	2	6729.8			
Dearborn, Franklin, Ohio & Union Counties, IN	E0371	Nonpowered Advanced Pressure Reducing Overlay For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0001626607	1	1	4252.1			
Dearborn, Franklin, Ohio & Union Counties, IN	E0372	Powered Air Overlay For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0002612954	1	1	5159.5			
Dearborn, Franklin, Ohio & Union Counties, IN	E0373	Nonpowered Advanced Pressure Reducing Mattress	Purchase of one (1) new unit	0.0000709478	1	1	5878.4			
Dearborn, Franklin, Ohio & Union Counties, IN	E0160	Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode	Purchase of one (1) new unit	0.0002111128	1	1	36.69			
Dearborn, Franklin, Ohio & Union Counties, IN	E0161	Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode, With Faucet Attachment/S	Purchase of one (1) new unit	0.0000138435	1	1	29.11			
Dearborn, Franklin, Ohio & Union Counties, IN	E0163	Commode Chair, Mobile Or Stationary, With Fixed Arms	Purchase of one (1) new unit	0.4487116925	29	29	122.41			
Dearborn, Franklin, Ohio & Union Counties, IN	E0165	Commode Chair, Mobile Or Stationary, With Detachable Arms	Purchase of one (1) new unit	0.0138815345	3	1	175.3			
Dearborn, Franklin, Ohio & Union Counties, IN	E0167	Pail Or Pan For Use With Commode Chair, Replacement Only	Purchase of one (1) new unit	0.0002249563	1	1	13.32			
Dearborn, Franklin, Ohio & Union Counties, IN	E0168	Commode Chair, Extra Wide And/OR Heavy Duty, Stationary Or Mobile, With Or Without Arms, Any Type, Each	Purchase of one (1) new unit	0.0166225406	1	1	167.52			
Dearborn, Franklin, Ohio & Union Counties, IN	E0170	Commode Chair With Integrated Seat Lift Mechanism, Electric, Any Type	Purchase of one (1) new unit	0.0000000000	1	1	1784			
Dearborn, Franklin, Ohio & Union Counties, IN	E0171	Commode Chair With Integrated Seat Lift Mechanism, Non-Electric, Any Type	Purchase of one (1) new unit	0.0000311478	1	1	321			
Dearborn, Franklin, Ohio & Union Counties, IN	E0275	Bed Pan, Standard, Metal Or Plastic	Purchase of one (1) new unit	0.0003408953	1	1	17			

CBA Name	HPCPS Code	HPCPS Code Description	Definition of a Bidding Unit	Weight (The relative market importance of the item in the product category based on utilization)	2014 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2014)	2014 Allowed Units (Number of units for the CBA and HPCPS code paid by Medicare in CY 2014)	Bid Limit (2015 Fee Schedule: Bid amount must be at or below this amount)	Your Cost to Purchase One (1) Unit (Should be less than your bid amount)	Your Bid Amount (To provide one [1] unit as described in Definition of a Bidding Unit; should include overhead and profit)	Your Estimated Capacity (Number of units you can furnish in CBA for one [1] year)
Dearborn, Franklin, Ohio & Union Counties, IN	E0276	Bed Pan, Fracture, Metal Or Plastic	Purchase of one (1) new unit	0.0001626607	1	1	14.77			
Dearborn, Franklin, Ohio & Union Counties, IN	E0325	Urinal; Male, Jug-Type, Any Material	Purchase of one (1) new unit	0.0023395456	1	1	9.55			
Dearborn, Franklin, Ohio & Union Counties, IN	E0326	Urinal; Female, Jug-Type, Any Material	Purchase of one (1) new unit	0.0001349738	1	1	9.9			
Dearborn, Franklin, Ohio & Union Counties, IN	E0621	Sling Or Seat, Patient Lift, Canvas Or Nylon	Purchase of one (1) new unit	0.0024329890	1	1	98.56			
Dearborn, Franklin, Ohio & Union Counties, IN	E0630	Patient Lift, Hydraulic Or Mechanical, Includes Any Seat, Sling, Strap(S) Or Pad(S)	Purchase of one (1) new unit	0.0462146775	10	5	1123			
Dearborn, Franklin, Ohio & Union Counties, IN	E0635	Patient Lift, Electric With Seat Or Sling	Purchase of one (1) new unit	0.0010088425	1	1	1358.1			
Dearborn, Franklin, Ohio & Union Counties, IN	E0636	Multipositional Patient Support System, With Integrated Lift, Patient Accessible Controls	Purchase of one (1) new unit	0.0004464517	1	1	11705.1			
Dearborn, Franklin, Ohio & Union Counties, IN	E1035	Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To And Including 300 Lbs	Purchase of one (1) new unit	0.0007735036	1	1	6806.3			
Dearborn, Franklin, Ohio & Union Counties, IN	E1036	Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat, Operated By Caregiver, Patient Weight Capacity Greater Than 300 Lbs	Purchase of one (1) new unit	0.0001401651	1	1	9541.7			
Dearborn, Franklin, Ohio & Union Counties, IN	E0627	Seat Lift Mechanism Incorporated Into A Combination Lift-Chair Mechanism	Purchase of one (1) new unit	0.0324611950	4	4	353.47			
Dearborn, Franklin, Ohio & Union Counties, IN	E0628	Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Electric	Purchase of one (1) new unit	0.0047223520	1	1	353.47			
Dearborn, Franklin, Ohio & Union Counties, IN	E0629	Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Non-Electric	Purchase of one (1) new unit	0.0017252418	1	1	353.47			
Kansas City, MO	E0250	Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0059353856	1	1	935.1			
Kansas City, MO	E0251	Hospital Bed, Fixed Height, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000917130	1	1	708.7			
Kansas City, MO	E0255	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0064216373	34	15	955.3			
Kansas City, MO	E0256	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0002163041	1	1	677.8			
Kansas City, MO	E0260	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.2321912475	414	196	1343.8			
Kansas City, MO	E0261	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0139507519	29	16	1113.6			
Kansas City, MO	E0271	Mattress, Innerspring	Purchase of one (1) new unit	0.0114191282	1	1	199.53			
Kansas City, MO	E0272	Mattress, Foam Rubber	Purchase of one (1) new unit	0.0027859973	1	1	169.16			
Kansas City, MO	E0280	Bed Cradle, Any Type	Purchase of one (1) new unit	0.0000276869	1	1	36.55			
Kansas City, MO	E0290	Hospital Bed, Fixed Height, Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0000173043	1	1	607.8			
Kansas City, MO	E0291	Hospital Bed, Fixed Height, Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000017304	1	1	449.9			
Kansas City, MO	E0292	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0000363391	1	1	729			
Kansas City, MO	E0293	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000069217	1	1	581.6			
Kansas City, MO	E0294	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0015643115	1	1	1062.4			
Kansas City, MO	E0295	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0019553894	3	1	1035.5			
Kansas City, MO	E0301	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0006887124	8	5	2590			
Kansas City, MO	E0302	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000640260	1	1	6844.3			
Kansas City, MO	E0303	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0056740902	20	8	2908.1			
Kansas City, MO	E0304	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0002128433	1	1	7372.8			
Kansas City, MO	E0305	Bed Side Rails, Half Length	Purchase of one (1) new unit	0.0009153991	1	1	170.2			
Kansas City, MO	E0310	Bed Side Rails, Full Length	Purchase of one (1) new unit	0.0017858070	1	1	185.72			
Kansas City, MO	E0910	Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar	Purchase of one (1) new unit	0.0178632612	19	10	188.9			
Kansas City, MO	E0911	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Attached To Bed, With Grab Bar	Purchase of one (1) new unit	0.0001920781	1	1	476.8			
Kansas City, MO	E0912	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete With Grab Bar	Purchase of one (1) new unit	0.0020817111	4	2	1095.2			
Kansas City, MO	E0940	Trapeze Bar, Free Standing, Complete With Grab Bar	Purchase of one (1) new unit	0.0053954905	19	9	332.6			

CBA Name	HCPCS Code	HCPCS Code Description	Definition of a Bidding Unit	Weight (The relative market importance of the item in the product category based on utilization)	2014 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2014)	2014 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2014)	Bid Limit (2015 Fee Schedule: Bid amount must be at or below this amount)	Your Cost to Purchase One (1) Unit (Should be less than your bid amount)	Your Bid Amount (To provide one [1] unit as described in Definition of a Bidding Unit; should include overhead and profit)	Your Estimated Capacity (Number of units you can furnish in CBA for one [1] year)
Kansas City, MO	A4640	Replacement Pad For Use With Medically Necessary Alternating Pressure Pad Owned By Patient	Purchase of one (1) new unit	0.0003824257	1	1	70.28			
Kansas City, MO	E0181	Powered Pressure Reducing Mattress Overlay/Pad, Alternating, With Pump, Includes Heavy Duty	Purchase of one (1) new unit	0.0245167765	32	13	289.2			
Kansas City, MO	E0182	Pump For Alternating Pressure Pad, For Replacement Only	Purchase of one (1) new unit	0.0001142086	1	1	290.5			
Kansas City, MO	E0184	Dry Pressure Mattress	Purchase of one (1) new unit	0.0089757566	4	1	216.11			
Kansas City, MO	E0185	Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0617660800	22	20	355.02			
Kansas City, MO	E0186	Air Pressure Mattress	Purchase of one (1) new unit	0.0002041911	1	1	225.3			
Kansas City, MO	E0187	Water Pressure Mattress	Purchase of one (1) new unit	0.0000000000	1	1	219			
Kansas City, MO	E0188	Synthetic Sheepskin Pad	Purchase of one (1) new unit	0.0037187008	1	1	29.34			
Kansas City, MO	E0189	Lambswool Sheepskin Pad, Any Size	Purchase of one (1) new unit	0.0009327035	1	1	56.98			
Kansas City, MO	E0193	Powered Air Flotation Bed (Low Air Loss Therapy)	Purchase of one (1) new unit	0.0000484521	2	1	8643			
Kansas City, MO	E0196	Gel Pressure Mattress	Purchase of one (1) new unit	0.0002526432	1	1	356			
Kansas City, MO	E0197	Air Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0012009206	1	1	245.94			
Kansas City, MO	E0199	Dry Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0007994601	1	1	32.72			
Kansas City, MO	E0277	Powered Pressure-Reducing Air Mattress	Purchase of one (1) new unit	0.0124971880	47	22	6729.8			
Kansas City, MO	E0371	Nonpowered Advanced Pressure Reducing Overlay For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0001626607	13	4	4252.1			
Kansas City, MO	E0372	Powered Air Overlay For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0002612954	1	1	5159.5			
Kansas City, MO	E0373	Nonpowered Advanced Pressure Reducing Mattress	Purchase of one (1) new unit	0.0000709478	1	1	5878.4			
Kansas City, MO	E0160	Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode	Purchase of one (1) new unit	0.0002111128	1	1	36.69			
Kansas City, MO	E0161	Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode, With Faucet Attachment/S	Purchase of one (1) new unit	0.0000138435	1	1	26.83			
Kansas City, MO	E0163	Commode Chair, Mobile Or Stationary, With Fixed Arms	Purchase of one (1) new unit	0.4487116925	93	92	122.41			
Kansas City, MO	E0165	Commode Chair, Mobile Or Stationary, With Detachable Arms	Purchase of one (1) new unit	0.0138815345	38	22	206.2			
Kansas City, MO	E0167	Pail Or Pan For Use With Commode Chair, Replacement Only	Purchase of one (1) new unit	0.0002249563	1	1	13.32			
Kansas City, MO	E0168	Commode Chair, Extra Wide And/Or Heavy Duty, Stationary Or Mobile, With Or Without Arms, Any Type, Each	Purchase of one (1) new unit	0.0166225406	10	8	167.52			
Kansas City, MO	E0170	Commode Chair With Integrated Seat Lift Mechanism, Electric, Any Type	Purchase of one (1) new unit	0.0000000000	1	1	1784			
Kansas City, MO	E0171	Commode Chair With Integrated Seat Lift Mechanism, Non-Electric, Any Type	Purchase of one (1) new unit	0.0000311478	1	1	321			
Kansas City, MO	E0275	Bed Pan, Standard, Metal Or Plastic	Purchase of one (1) new unit	0.0003408953	1	1	14.45			
Kansas City, MO	E0276	Bed Pan, Fracture, Metal Or Plastic	Purchase of one (1) new unit	0.0001626607	1	1	12.55			
Kansas City, MO	E0325	Urinal; Male, Jug-Type, Any Material	Purchase of one (1) new unit	0.0023395456	1	1	11.23			
Kansas City, MO	E0326	Urinal; Female, Jug-Type, Any Material	Purchase of one (1) new unit	0.0001349738	1	1	9.9			
Kansas City, MO	E0621	Sling Or Seat, Patient Lift, Canvas Or Nylon	Purchase of one (1) new unit	0.0024329890	1	1	90.56			
Kansas City, MO	E0630	Patient Lift, Hydraulic Or Mechanical, Includes Any Seat, Sling, Strap(S) Or Pad(S)	Purchase of one (1) new unit	0.0462146775	115	59	1130.8			
Kansas City, MO	E0635	Patient Lift, Electric With Seat Or Sling	Purchase of one (1) new unit	0.0010088425	1	1	1154.4			
Kansas City, MO	E0636	Multipositional Patient Support System, With Integrated Lift, Patient Accessible Controls	Purchase of one (1) new unit	0.0004464517	1	1	11705.1			
Kansas City, MO	E1035	Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To And Including 300 Lbs	Purchase of one (1) new unit	0.00007735036	1	1	6806.3			
Kansas City, MO	E1036	Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat, Operated By Caregiver, Patient Weight Capacity Greater Than 300 Lbs	Purchase of one (1) new unit	0.0001401651	1	1	9541.7			
Kansas City, MO	E0627	Seat Lift Mechanism Incorporated Into A Combination Lift-Chair Mechanism	Purchase of one (1) new unit	0.0324611950	1	1	374.41			
Kansas City, MO	E0628	Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Electric	Purchase of one (1) new unit	0.0047223520	1	1	374.41			
Kansas City, MO	E0629	Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Non-Electric	Purchase of one (1) new unit	0.0017252418	1	1	367.07			

CBA Name	HCPCS Code	HCPCS Code Description	Definition of a Bidding Unit	Weight (The relative market importance of the item in the product category based on utilization)	2014 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2014)	2014 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2014)	Bid Limit (2015 Fee Schedule: Bid amount must be at or below this amount)	Your Cost to Purchase One (1) Unit (Should be less than your bid amount)	Your Bid Amount (To provide one [1] unit as described in Definition of a Bidding Unit; should include overhead and profit)	Your Estimated Capacity (Number of units you can furnish in CBA for one [1] year)
Kansas City-Overland Park-Ottawa, KS	E0250	Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0059353856	2	1	935.1			
Kansas City-Overland Park-Ottawa, KS	E0251	Hospital Bed, Fixed Height, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000917130	1	1	628			
Kansas City-Overland Park-Ottawa, KS	E0255	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0064216373	4	1	1108.5			
Kansas City-Overland Park-Ottawa, KS	E0256	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0002163041	1	1	797.4			
Kansas City-Overland Park-Ottawa, KS	E0260	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.2321912475	310	149	1343.8			
Kansas City-Overland Park-Ottawa, KS	E0261	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0139507519	39	19	1172.9			
Kansas City-Overland Park-Ottawa, KS	E0271	Mattress, Innerspring	Purchase of one (1) new unit	0.0114191282	3	1	196.02			
Kansas City-Overland Park-Ottawa, KS	E0272	Mattress, Foam Rubber	Purchase of one (1) new unit	0.0027859973	1	1	193.6			
Kansas City-Overland Park-Ottawa, KS	E0280	Bed Cradle, Any Type	Purchase of one (1) new unit	0.0000276869	1	1	36.55			
Kansas City-Overland Park-Ottawa, KS	E0290	Hospital Bed, Fixed Height, Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0000173043	1	1	715			
Kansas City-Overland Park-Ottawa, KS	E0291	Hospital Bed, Fixed Height, Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000017304	1	1	441.6			
Kansas City-Overland Park-Ottawa, KS	E0292	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0000363391	1	1	803.9			
Kansas City-Overland Park-Ottawa, KS	E0293	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000069217	1	1	661.7			
Kansas City-Overland Park-Ottawa, KS	E0294	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0015643115	1	1	1160.6			
Kansas City-Overland Park-Ottawa, KS	E0295	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0019553894	1	1	1035.5			
Kansas City-Overland Park-Ottawa, KS	E0301	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0006887124	4	2	2590			
Kansas City-Overland Park-Ottawa, KS	E0302	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000640260	1	1	5817.7			
Kansas City-Overland Park-Ottawa, KS	E0303	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0056740902	12	7	2908.1			
Kansas City-Overland Park-Ottawa, KS	E0304	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0002128433	1	1	6266.9			
Kansas City-Overland Park-Ottawa, KS	E0305	Bed Side Rails, Half Length	Purchase of one (1) new unit	0.0009153991	1	1	170.2			
Kansas City-Overland Park-Ottawa, KS	E0310	Bed Side Rails, Full Length	Purchase of one (1) new unit	0.0017858070	1	1	185.72			
Kansas City-Overland Park-Ottawa, KS	E0910	Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar	Purchase of one (1) new unit	0.0178632612	17	7	191.3			
Kansas City-Overland Park-Ottawa, KS	E0911	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Attached To Bed, With Grab Bar	Purchase of one (1) new unit	0.0001920781	1	1	476.8			
Kansas City-Overland Park-Ottawa, KS	E0912	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete With Grab Bar	Purchase of one (1) new unit	0.0020817111	3	1	1095.2			
Kansas City-Overland Park-Ottawa, KS	E0940	Trapeze Bar, Free Standing, Complete With Grab Bar	Purchase of one (1) new unit	0.0053954905	20	14	332.6			
Kansas City-Overland Park-Ottawa, KS	A4640	Replacement Pad For Use With Medically Necessary Alternating Pressure Pad Owned By Patient	Purchase of one (1) new unit	0.0003824257	1	1	70.28			
Kansas City-Overland Park-Ottawa, KS	E0181	Powered Pressure Reducing Mattress Overlay/Pad, Alternating, With Pump, Includes Heavy Duty	Purchase of one (1) new unit	0.0245167765	26	13	289.2			
Kansas City-Overland Park-Ottawa, KS	E0182	Pump For Alternating Pressure Pad, For Replacement Only	Purchase of one (1) new unit	0.0001142086	1	1	290.5			
Kansas City-Overland Park-Ottawa, KS	E0184	Dry Pressure Mattress	Purchase of one (1) new unit	0.0089757566	4	2	213.69			
Kansas City-Overland Park-Ottawa, KS	E0185	Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0617660800	42	37	355.02			
Kansas City-Overland Park-Ottawa, KS	E0186	Air Pressure Mattress	Purchase of one (1) new unit	0.0002041911	1	1	191.5			
Kansas City-Overland Park-Ottawa, KS	E0187	Water Pressure Mattress	Purchase of one (1) new unit	0.0000000000	1	1	257.6			
Kansas City-Overland Park-Ottawa, KS	E0188	Synthetic Sheepskin Pad	Purchase of one (1) new unit	0.0037187008	1	1	29.34			
Kansas City-Overland Park-Ottawa, KS	E0189	Lambswool Sheepskin Pad, Any Size	Purchase of one (1) new unit	0.0009327035	1	1	49.03			
Kansas City-Overland Park-Ottawa, KS	E0193	Powered Air Flotation Bed (Low Air Loss Therapy)	Purchase of one (1) new unit	0.0000484521	1	1	8643			
Kansas City-Overland Park-Ottawa, KS	E0196	Gel Pressure Mattress	Purchase of one (1) new unit	0.0002526432	1	1	360.6			
Kansas City-Overland Park-Ottawa, KS	E0197	Air Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0012009206	1	1	245.94			

CBA Name	HCPCS Code	HCPCS Code Description	Definition of a Bidding Unit	Weight (The relative market importance of the item in the product category based on utilization)	2014 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2014)	2014 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2014)	Bid Limit (2015 Fee Schedule: Bid amount must be at or below this amount)	Your Cost to Purchase One (1) Unit (Should be less than your bid amount)	Your Bid Amount (To provide one [1] unit as described in Definition of a Bidding Unit; should include overhead and profit)	Your Estimated Capacity (Number of units you can furnish in CBA for one [1] year)
Kansas City-Overland Park-Ottawa, KS	E0199	Dry Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0007994601	1	1	35.59			
Kansas City-Overland Park-Ottawa, KS	E0277	Powered Pressure-Reducing Air Mattress	Purchase of one (1) new unit	0.0124971880	44	20	6729.8			
Kansas City-Overland Park-Ottawa, KS	E0371	Nonpowered Advanced Pressure Reducing Overlay For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0001626607	5	1	4252.1			
Kansas City-Overland Park-Ottawa, KS	E0372	Powered Air Overlay For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0002612954	1	1	5159.5			
Kansas City-Overland Park-Ottawa, KS	E0373	Nonpowered Advanced Pressure Reducing Mattress	Purchase of one (1) new unit	0.0000709478	3	1	5878.4			
Kansas City-Overland Park-Ottawa, KS	E0160	Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode	Purchase of one (1) new unit	0.0002111128	1	1	34.5			
Kansas City-Overland Park-Ottawa, KS	E0161	Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode, With Faucet Attachment/S	Purchase of one (1) new unit	0.0000138435	1	1	26.83			
Kansas City-Overland Park-Ottawa, KS	E0163	Commode Chair, Mobile Or Stationary, With Fixed Arms	Purchase of one (1) new unit	0.4487116925	46	46	122.41			
Kansas City-Overland Park-Ottawa, KS	E0165	Commode Chair, Mobile Or Stationary, With Detachable Arms	Purchase of one (1) new unit	0.0138815345	16	9	206.2			
Kansas City-Overland Park-Ottawa, KS	E0167	Pail Or Pan For Use With Commode Chair, Replacement Only	Purchase of one (1) new unit	0.0002249563	1	1	13.32			
Kansas City-Overland Park-Ottawa, KS	E0168	Commode Chair, Extra Wide And/Or Heavy Duty, Stationary Or Mobile, With Or Without Arms, Any Type, Each	Purchase of one (1) new unit	0.0166225406	9	7	167.52			
Kansas City-Overland Park-Ottawa, KS	E0170	Commode Chair With Integrated Seat Lift Mechanism, Electric, Any Type	Purchase of one (1) new unit	0.0000000000	1	1	1784			
Kansas City-Overland Park-Ottawa, KS	E0171	Commode Chair With Integrated Seat Lift Mechanism, Non-Electric, Any Type	Purchase of one (1) new unit	0.0000311478	1	1	321			
Kansas City-Overland Park-Ottawa, KS	E0275	Bed Pan, Standard, Metal Or Plastic	Purchase of one (1) new unit	0.0003408953	1	1	14.45			
Kansas City-Overland Park-Ottawa, KS	E0276	Bed Pan, Fracture, Metal Or Plastic	Purchase of one (1) new unit	0.0001626607	1	1	12.55			
Kansas City-Overland Park-Ottawa, KS	E0325	Urinal; Male, Jug-Type, Any Material	Purchase of one (1) new unit	0.0023395456	1	1	11.23			
Kansas City-Overland Park-Ottawa, KS	E0326	Urinal; Female, Jug-Type, Any Material	Purchase of one (1) new unit	0.0001349738	1	1	11.65			
Kansas City-Overland Park-Ottawa, KS	E0621	Sling Or Seat, Patient Lift, Canvas Or Nylon	Purchase of one (1) new unit	0.0024329890	2	1	106.54			
Kansas City-Overland Park-Ottawa, KS	E0630	Patient Lift, Hydraulic Or Mechanical, Includes Any Seat, Sling, Strap(S) Or Pad(S)	Purchase of one (1) new unit	0.0462146775	71	31	1130.8			
Kansas City-Overland Park-Ottawa, KS	E0635	Patient Lift, Electric With Seat Or Sling	Purchase of one (1) new unit	0.0010088425	1	1	1200.9			
Kansas City-Overland Park-Ottawa, KS	E0636	Multipositional Patient Support System, With Integrated Lift, Patient Accessible Controls	Purchase of one (1) new unit	0.0004464517	1	1	11705.1			
Kansas City-Overland Park-Ottawa, KS	E1035	Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To And Including 300 Lbs	Purchase of one (1) new unit	0.0007735036	1	1	6806.3			
Kansas City-Overland Park-Ottawa, KS	E1036	Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat, Operated By Caregiver, Patient Weight Capacity Greater Than 300 Lbs	Purchase of one (1) new unit	0.0001401651	1	1	9541.7			
Kansas City-Overland Park-Ottawa, KS	E0627	Seat Lift Mechanism Incorporated Into A Combination Lift-Chair Mechanism	Purchase of one (1) new unit	0.0324611950	1	1	369.51			
Kansas City-Overland Park-Ottawa, KS	E0628	Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Electric	Purchase of one (1) new unit	0.0047223520	1	1	369.51			
Kansas City-Overland Park-Ottawa, KS	E0629	Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Non-Electric	Purchase of one (1) new unit	0.0017252418	1	1	367.07			
Miami-Fort Lauderdale-West Palm Beach, FL	E0250	Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0059353856	47	20	935.1			
Miami-Fort Lauderdale-West Palm Beach, FL	E0251	Hospital Bed, Fixed Height, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000917130	1	1	708.7			
Miami-Fort Lauderdale-West Palm Beach, FL	E0255	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0064216373	219	97	1074.2			
Miami-Fort Lauderdale-West Palm Beach, FL	E0256	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0002163041	1	1	754.7			
Miami-Fort Lauderdale-West Palm Beach, FL	E0260	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.2321912475	4,231	2,107	1343.8			
Miami-Fort Lauderdale-West Palm Beach, FL	E0261	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0139507519	49	21	1113.6			
Miami-Fort Lauderdale-West Palm Beach, FL	E0271	Mattress, Innerspring	Purchase of one (1) new unit	0.0114191282	87	85	180.56			
Miami-Fort Lauderdale-West Palm Beach, FL	E0272	Mattress, Foam Rubber	Purchase of one (1) new unit	0.0027859973	4	4	182.69			
Miami-Fort Lauderdale-West Palm Beach, FL	E0280	Bed Cradle, Any Type	Purchase of one (1) new unit	0.0000276869	1	1	35.4			
Miami-Fort Lauderdale-West Palm Beach, FL	E0290	Hospital Bed, Fixed Height, Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0000173043	1	1	715			
Miami-Fort Lauderdale-West Palm Beach, FL	E0291	Hospital Bed, Fixed Height, Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000017304	1	1	519.5			
Miami-Fort Lauderdale-West Palm Beach, FL	E0292	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0000363391	1	1	756.4			

CBA Name	HCPCS Code	HCPCS Code Description	Definition of a Bidding Unit	Weight (The relative market importance of the item in the product category based on utilization)	2014 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2014)	2014 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2014)	Bid Limit (2015 Fee Schedule: Bid amount must be at or below this amount)	Your Cost to Purchase One (1) Unit (Should be less than your bid amount)	Your Bid Amount (To provide one [1] unit as described in Definition of a Bidding Unit; should include overhead and profit)	Your Estimated Capacity (Number of units you can furnish in CBA for one [1] year)
Miami-Fort Lauderdale-West Palm Beach, FL	E0293	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000069217	1	1	644			
Miami-Fort Lauderdale-West Palm Beach, FL	E0294	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0015643115	1	1	1062.4			
Miami-Fort Lauderdale-West Palm Beach, FL	E0295	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0019553894	5	2	1035.5			
Miami-Fort Lauderdale-West Palm Beach, FL	E0301	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0006887124	3	1	2509			
Miami-Fort Lauderdale-West Palm Beach, FL	E0302	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000640260	1	1	6844.3			
Miami-Fort Lauderdale-West Palm Beach, FL	E0303	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0056740902	50	23	2827.4			
Miami-Fort Lauderdale-West Palm Beach, FL	E0304	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0002128433	2	1	7372.8			
Miami-Fort Lauderdale-West Palm Beach, FL	E0305	Bed Side Rails, Half Length	Purchase of one (1) new unit	0.0009153991	7	2	144.7			
Miami-Fort Lauderdale-West Palm Beach, FL	E0310	Bed Side Rails, Full Length	Purchase of one (1) new unit	0.0017858070	11	11	175.93			
Miami-Fort Lauderdale-West Palm Beach, FL	E0910	Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar	Purchase of one (1) new unit	0.0178632612	78	43	191.3			
Miami-Fort Lauderdale-West Palm Beach, FL	E0911	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Attached To Bed, With Grab Bar	Purchase of one (1) new unit	0.0001920781	1	1	476.8			
Miami-Fort Lauderdale-West Palm Beach, FL	E0912	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete With Grab Bar	Purchase of one (1) new unit	0.0020817111	9	4	1095.2			
Miami-Fort Lauderdale-West Palm Beach, FL	E0940	Trapeze Bar, Free Standing, Complete With Grab Bar	Purchase of one (1) new unit	0.0053954905	28	14	294.9			
Miami-Fort Lauderdale-West Palm Beach, FL	A4640	Replacement Pad For Use With Medically Necessary Alternating Pressure Pad Owned By Patient	Purchase of one (1) new unit	0.0003824257	1	1	59.74			
Miami-Fort Lauderdale-West Palm Beach, FL	E0181	Powered Pressure Reducing Mattress Overlay/Pad, Alternating, With Pump, Includes Heavy Duty	Purchase of one (1) new unit	0.0245167765	216	115	289.2			
Miami-Fort Lauderdale-West Palm Beach, FL	E0182	Pump For Alternating Pressure Pad, For Replacement Only	Purchase of one (1) new unit	0.0001142086	1	1	246.9			
Miami-Fort Lauderdale-West Palm Beach, FL	E0184	Dry Pressure Mattress	Purchase of one (1) new unit	0.0089757566	29	26	216.11			
Miami-Fort Lauderdale-West Palm Beach, FL	E0185	Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0617660800	1,027	1,012	330.05			
Miami-Fort Lauderdale-West Palm Beach, FL	E0186	Air Pressure Mattress	Purchase of one (1) new unit	0.0002041911	5	3	225.3			
Miami-Fort Lauderdale-West Palm Beach, FL	E0187	Water Pressure Mattress	Purchase of one (1) new unit	0.0000000000	1	1	225.3			
Miami-Fort Lauderdale-West Palm Beach, FL	E0188	Synthetic Sheepskin Pad	Purchase of one (1) new unit	0.0037187008	1	1	24.94			
Miami-Fort Lauderdale-West Palm Beach, FL	E0189	Lambswool Sheepskin Pad, Any Size	Purchase of one (1) new unit	0.0009327035	1	1	57.68			
Miami-Fort Lauderdale-West Palm Beach, FL	E0193	Powered Air Flotation Bed (Low Air Loss Therapy)	Purchase of one (1) new unit	0.0000484521	1	1	7718.3			
Miami-Fort Lauderdale-West Palm Beach, FL	E0196	Gel Pressure Mattress	Purchase of one (1) new unit	0.0002526432	4	2	360.6			
Miami-Fort Lauderdale-West Palm Beach, FL	E0197	Air Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0012009206	4	4	209.05			
Miami-Fort Lauderdale-West Palm Beach, FL	E0199	Dry Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0007994601	2	1	34.14			
Miami-Fort Lauderdale-West Palm Beach, FL	E0277	Powered Pressure-Reducing Air Mattress	Purchase of one (1) new unit	0.0124971880	240	92	6649.7			
Miami-Fort Lauderdale-West Palm Beach, FL	E0371	Nonpowered Advanced Pressure Reducing Overlay For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0001626607	1	1	3892.3			
Miami-Fort Lauderdale-West Palm Beach, FL	E0372	Powered Air Overlay For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0002612954	91	46	4723			
Miami-Fort Lauderdale-West Palm Beach, FL	E0373	Nonpowered Advanced Pressure Reducing Mattress	Purchase of one (1) new unit	0.0000709478	1	1	5410.3			
Miami-Fort Lauderdale-West Palm Beach, FL	E0160	Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode	Purchase of one (1) new unit	0.0002111128	1	1	31.19			
Miami-Fort Lauderdale-West Palm Beach, FL	E0161	Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode, With Faucet Attachment/S	Purchase of one (1) new unit	0.0000138435	1	1	29.11			
Miami-Fort Lauderdale-West Palm Beach, FL	E0163	Commode Chair, Mobile Or Stationary, With Fixed Arms	Purchase of one (1) new unit	0.4487116925	3,705	3,704	119			
Miami-Fort Lauderdale-West Palm Beach, FL	E0165	Commode Chair, Mobile Or Stationary, With Detachable Arms	Purchase of one (1) new unit	0.0138815345	121	70	206.2			
Miami-Fort Lauderdale-West Palm Beach, FL	E0167	Pail Or Pan For Use With Commode Chair, Replacement Only	Purchase of one (1) new unit	0.0002249563	1	1	11.35			
Miami-Fort Lauderdale-West Palm Beach, FL	E0168	Commode Chair, Extra Wide And/Or Heavy Duty, Stationary Or Mobile, With Or Without Arms, Any Type, Each	Purchase of one (1) new unit	0.0166225406	82	81	167.52			
Miami-Fort Lauderdale-West Palm Beach, FL	E0170	Commode Chair With Integrated Seat Lift Mechanism, Electric, Any Type	Purchase of one (1) new unit	0.0000000000	1	1	1784			

CBA Name	HCPCS Code	HCPCS Code Description	Definition of a Bidding Unit	Weight (The relative market importance of the item in the product category based on utilization)	2014 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2014)	2014 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2014)	Bid Limit (2015 Fee Schedule: Bid amount must be at or below this amount)	Your Cost to Purchase One (1) Unit (Should be less than your bid amount)	Your Bid Amount (To provide one [1] unit as described in Definition of a Bidding Unit; should include overhead and profit)	Your Estimated Capacity (Number of units you can furnish in CBA for one [1] year)
Miami-Fort Lauderdale-West Palm Beach, FL	E0171	Commode Chair With Integrated Seat Lift Mechanism, Non-Electric, Any Type	Purchase of one (1) new unit	0.0000311478	1	1	321			
Miami-Fort Lauderdale-West Palm Beach, FL	E0275	Bed Pan, Standard, Metal Or Plastic	Purchase of one (1) new unit	0.0003408953	1	1	14.45			
Miami-Fort Lauderdale-West Palm Beach, FL	E0276	Bed Pan, Fracture, Metal Or Plastic	Purchase of one (1) new unit	0.0001626607	1	1	13.13			
Miami-Fort Lauderdale-West Palm Beach, FL	E0325	Urinal; Male, Jug-Type, Any Material	Purchase of one (1) new unit	0.0023395456	1	1	9.91			
Miami-Fort Lauderdale-West Palm Beach, FL	E0326	Urinal; Female, Jug-Type, Any Material	Purchase of one (1) new unit	0.0001349738	1	1	11.65			
Miami-Fort Lauderdale-West Palm Beach, FL	E0621	Sling Or Seat, Patient Lift, Canvas Or Nylon	Purchase of one (1) new unit	0.0024329890	15	15	94.16			
Miami-Fort Lauderdale-West Palm Beach, FL	E0630	Patient Lift, Hydraulic Or Mechanical, Includes Any Seat, Sling, Strap(S) Or Pad(S)	Purchase of one (1) new unit	0.0462146775	901	436	961.2			
Miami-Fort Lauderdale-West Palm Beach, FL	E0635	Patient Lift, Electric With Seat Or Sling	Purchase of one (1) new unit	0.0010088425	6	2	1154.4			
Miami-Fort Lauderdale-West Palm Beach, FL	E0636	Multipositional Patient Support System, With Integrated Lift, Patient Accessible Controls	Purchase of one (1) new unit	0.0004464517	1	1	11705.1			
Miami-Fort Lauderdale-West Palm Beach, FL	E1035	Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To And Including 300 Lbs	Purchase of one (1) new unit	0.0007735036	1	1	6806.3			
Miami-Fort Lauderdale-West Palm Beach, FL	E1036	Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat, Operated By Caregiver, Patient Weight Capacity Greater Than 300 Lbs	Purchase of one (1) new unit	0.0001401651	1	1	9541.7			
Miami-Fort Lauderdale-West Palm Beach, FL	E0627	Seat Lift Mechanism Incorporated Into A Combination Lift-Chair Mechanism	Purchase of one (1) new unit	0.0324611950	109	109	374.41			
Miami-Fort Lauderdale-West Palm Beach, FL	E0628	Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Electric	Purchase of one (1) new unit	0.0047223520	3	3	374.41			
Miami-Fort Lauderdale-West Palm Beach, FL	E0629	Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Non-Electric	Purchase of one (1) new unit	0.0017252418	2	2	367.07			
Orlando-Kissimmee-Sanford, FL	E0250	Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0059353856	3	1	935.1			
Orlando-Kissimmee-Sanford, FL	E0251	Hospital Bed, Fixed Height, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000917130	1	1	708.7			
Orlando-Kissimmee-Sanford, FL	E0255	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0064216373	6	2	1074.2			
Orlando-Kissimmee-Sanford, FL	E0256	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0002163041	1	1	754.7			
Orlando-Kissimmee-Sanford, FL	E0260	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.2321912475	1,743	823	1343.8			
Orlando-Kissimmee-Sanford, FL	E0261	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0139507519	8	2	1113.6			
Orlando-Kissimmee-Sanford, FL	E0271	Mattress, Innerspring	Purchase of one (1) new unit	0.0114191282	268	266	180.56			
Orlando-Kissimmee-Sanford, FL	E0272	Mattress, Foam Rubber	Purchase of one (1) new unit	0.0027859973	3	2	182.69			
Orlando-Kissimmee-Sanford, FL	E0280	Bed Cradle, Any Type	Purchase of one (1) new unit	0.0000276869	1	1	35.4			
Orlando-Kissimmee-Sanford, FL	E0290	Hospital Bed, Fixed Height, Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0000173043	1	1	715			
Orlando-Kissimmee-Sanford, FL	E0291	Hospital Bed, Fixed Height, Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000017304	1	1	519.5			
Orlando-Kissimmee-Sanford, FL	E0292	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0000363391	1	1	756.4			
Orlando-Kissimmee-Sanford, FL	E0293	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000069217	1	1	644			
Orlando-Kissimmee-Sanford, FL	E0294	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0015643115	3	1	1062.4			
Orlando-Kissimmee-Sanford, FL	E0295	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0019553894	273	112	1035.5			
Orlando-Kissimmee-Sanford, FL	E0301	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0006887124	7	4	2509			
Orlando-Kissimmee-Sanford, FL	E0302	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000640260	1	1	6844.3			
Orlando-Kissimmee-Sanford, FL	E0303	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0056740902	26	12	2827.4			
Orlando-Kissimmee-Sanford, FL	E0304	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0002128433	1	1	7372.8			
Orlando-Kissimmee-Sanford, FL	E0305	Bed Side Rails, Half Length	Purchase of one (1) new unit	0.0009153991	70	54	144.7			
Orlando-Kissimmee-Sanford, FL	E0310	Bed Side Rails, Full Length	Purchase of one (1) new unit	0.0017858070	195	194	175.93			
Orlando-Kissimmee-Sanford, FL	E0910	Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar	Purchase of one (1) new unit	0.0178632612	99	48	191.3			
Orlando-Kissimmee-Sanford, FL	E0911	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Attached To Bed, With Grab Bar	Purchase of one (1) new unit	0.0001920781	2	1	476.8			

CBA Name	HCPCS Code	HCPCS Code Description	Definition of a Bidding Unit	Weight (The relative market importance of the item in the product category based on utilization)	2014 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2014)	2014 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2014)	Bid Limit (2015 Fee Schedule: Bid amount must be at or below this amount)	Your Cost to Purchase One (1) Unit (Should be less than your bid amount)	Your Bid Amount (To provide one [1] unit as described in Definition of a Bidding Unit; should include overhead and profit)	Your Estimated Capacity (Number of units you can furnish in CBA for one [1] year)
Orlando-Kissimmee-Sanford, FL	E0912	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete With Grab Bar	Purchase of one (1) new unit	0.0020817111	5	2	1095.2			
Orlando-Kissimmee-Sanford, FL	E0940	Trapeze Bar, Free Standing, Complete With Grab Bar	Purchase of one (1) new unit	0.0053954905	38	19	294.9			
Orlando-Kissimmee-Sanford, FL	A4640	Replacement Pad For Use With Medically Necessary Alternating Pressure Pad Owned By Patient	Purchase of one (1) new unit	0.0003824257	1	1	59.74			
Orlando-Kissimmee-Sanford, FL	E0181	Powered Pressure Reducing Mattress Overlay/Pad, Alternating, With Pump, Includes Heavy Duty	Purchase of one (1) new unit	0.0245167765	203	100	289.2			
Orlando-Kissimmee-Sanford, FL	E0182	Pump For Alternating Pressure Pad, For Replacement Only	Purchase of one (1) new unit	0.0001142086	1	1	246.9			
Orlando-Kissimmee-Sanford, FL	E0184	Dry Pressure Mattress	Purchase of one (1) new unit	0.0089757566	12	10	216.11			
Orlando-Kissimmee-Sanford, FL	E0185	Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0617660800	316	312	330.05			
Orlando-Kissimmee-Sanford, FL	E0186	Air Pressure Mattress	Purchase of one (1) new unit	0.0002041911	1	1	225.3			
Orlando-Kissimmee-Sanford, FL	E0187	Water Pressure Mattress	Purchase of one (1) new unit	0.0000000000	1	1	225.3			
Orlando-Kissimmee-Sanford, FL	E0188	Synthetic Sheepskin Pad	Purchase of one (1) new unit	0.0037187008	1	1	24.94			
Orlando-Kissimmee-Sanford, FL	E0189	Lambswool Sheepskin Pad, Any Size	Purchase of one (1) new unit	0.0009327035	1	1	57.68			
Orlando-Kissimmee-Sanford, FL	E0193	Powered Air Flotation Bed (Low Air Loss Therapy)	Purchase of one (1) new unit	0.0000484521	1	1	7718.3			
Orlando-Kissimmee-Sanford, FL	E0196	Gel Pressure Mattress	Purchase of one (1) new unit	0.0002526432	2	1	360.6			
Orlando-Kissimmee-Sanford, FL	E0197	Air Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0012009206	3	1	209.05			
Orlando-Kissimmee-Sanford, FL	E0199	Dry Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0007994601	1	1	34.14			
Orlando-Kissimmee-Sanford, FL	E0277	Powered Pressure-Reducing Air Mattress	Purchase of one (1) new unit	0.0124971880	62	26	6649.7			
Orlando-Kissimmee-Sanford, FL	E0371	Nonpowered Advanced Pressure Reducing Overlay For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0001626607	20	11	3892.3			
Orlando-Kissimmee-Sanford, FL	E0372	Powered Air Overlay For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0002612954	87	43	4723			
Orlando-Kissimmee-Sanford, FL	E0373	Nonpowered Advanced Pressure Reducing Mattress	Purchase of one (1) new unit	0.0000709478	1	1	5410.3			
Orlando-Kissimmee-Sanford, FL	E0160	Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode	Purchase of one (1) new unit	0.0002111128	1	1	31.19			
Orlando-Kissimmee-Sanford, FL	E0161	Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode, With Faucet Attachment/S	Purchase of one (1) new unit	0.0000138435	1	1	29.11			
Orlando-Kissimmee-Sanford, FL	E0163	Commode Chair, Mobile Or Stationary, With Fixed Arms	Purchase of one (1) new unit	0.4487116925	3,581	3,578	119			
Orlando-Kissimmee-Sanford, FL	E0165	Commode Chair, Mobile Or Stationary, With Detachable Arms	Purchase of one (1) new unit	0.0138815345	78	41	206.2			
Orlando-Kissimmee-Sanford, FL	E0167	Pail Or Pan For Use With Commode Chair, Replacement Only	Purchase of one (1) new unit	0.0002249563	6	6	11.35			
Orlando-Kissimmee-Sanford, FL	E0168	Commode Chair, Extra Wide And/Or Heavy Duty, Stationary Or Mobile, With Or Without Arms, Any Type, Each	Purchase of one (1) new unit	0.0166225406	56	56	167.52			
Orlando-Kissimmee-Sanford, FL	E0170	Commode Chair With Integrated Seat Lift Mechanism, Electric, Any Type	Purchase of one (1) new unit	0.0000000000	1	1	1784			
Orlando-Kissimmee-Sanford, FL	E0171	Commode Chair With Integrated Seat Lift Mechanism, Non-Electric, Any Type	Purchase of one (1) new unit	0.0000311478	1	1	321			
Orlando-Kissimmee-Sanford, FL	E0275	Bed Pan, Standard, Metal Or Plastic	Purchase of one (1) new unit	0.0003408953	1	1	14.45			
Orlando-Kissimmee-Sanford, FL	E0276	Bed Pan, Fracture, Metal Or Plastic	Purchase of one (1) new unit	0.0001626607	1	1	13.13			
Orlando-Kissimmee-Sanford, FL	E0325	Urinal; Male, Jug-Type, Any Material	Purchase of one (1) new unit	0.0023395456	1	1	9.91			
Orlando-Kissimmee-Sanford, FL	E0326	Urinal; Female, Jug-Type, Any Material	Purchase of one (1) new unit	0.0001349738	1	1	11.65			
Orlando-Kissimmee-Sanford, FL	E0621	Sling Or Seat, Patient Lift, Canvas Or Nylon	Purchase of one (1) new unit	0.0024329890	2	1	94.16			
Orlando-Kissimmee-Sanford, FL	E0630	Patient Lift, Hydraulic Or Mechanical, Includes Any Seat, Sling, Strap(S) Or Pad(S)	Purchase of one (1) new unit	0.0462146775	321	154	961.2			
Orlando-Kissimmee-Sanford, FL	E0635	Patient Lift, Electric With Seat Or Sling	Purchase of one (1) new unit	0.0010088425	8	3	1154.4			
Orlando-Kissimmee-Sanford, FL	E0636	Multipositional Patient Support System, With Integrated Lift, Patient Accessible Controls	Purchase of one (1) new unit	0.0004464517	1	1	11705.1			
Orlando-Kissimmee-Sanford, FL	E1035	Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To And Including 300 Lbs	Purchase of one (1) new unit	0.0007735036	1	1	6806.3			
Orlando-Kissimmee-Sanford, FL	E1036	Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat, Operated By Caregiver, Patient Weight Capacity Greater Than 300 Lbs	Purchase of one (1) new unit	0.0001401651	1	1	9541.7			
Orlando-Kissimmee-Sanford, FL	E0627	Seat Lift Mechanism Incorporated Into A Combination Lift-Chair Mechanism	Purchase of one (1) new unit	0.0324611950	60	60	374.41			

CBA Name	HCPCS Code	HCPCS Code Description	Definition of a Bidding Unit	Weight (The relative market importance of the item in the product category based on utilization)	2014 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2014)	2014 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2014)	Bid Limit (2015 Fee Schedule: Bid amount must be at or below this amount)	Your Cost to Purchase One (1) Unit (Should be less than your bid amount)	Your Bid Amount (To provide one [1] unit as described in Definition of a Bidding Unit; should include overhead and profit)	Your Estimated Capacity (Number of units you can furnish in CBA for one [1] year)
Orlando-Kissimmee-Sanford, FL	E0628	Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Electric	Purchase of one (1) new unit	0.0047223520	6	4	374.41			
Orlando-Kissimmee-Sanford, FL	E0629	Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Non-Electric	Purchase of one (1) new unit	0.0017252418	1	1	367.07			
Pittsburgh, PA	E0250	Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0059353856	1	1	935.1			
Pittsburgh, PA	E0251	Hospital Bed, Fixed Height, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000917130	1	1	708.7			
Pittsburgh, PA	E0255	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0064216373	1	1	1094.2			
Pittsburgh, PA	E0256	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0002163041	1	1	747			
Pittsburgh, PA	E0260	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.2321912475	1,839	859	1343.8			
Pittsburgh, PA	E0261	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0139507519	23	8	1230.7			
Pittsburgh, PA	E0271	Mattress, Innerspring	Purchase of one (1) new unit	0.0114191282	28	22	203.6			
Pittsburgh, PA	E0272	Mattress, Foam Rubber	Purchase of one (1) new unit	0.0027859973	1	1	186.46			
Pittsburgh, PA	E0280	Bed Cradle, Any Type	Purchase of one (1) new unit	0.0000276869	1	1	35.4			
Pittsburgh, PA	E0290	Hospital Bed, Fixed Height, Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0000173043	1	1	715			
Pittsburgh, PA	E0291	Hospital Bed, Fixed Height, Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000017304	1	1	519.5			
Pittsburgh, PA	E0292	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0000363391	1	1	775.7			
Pittsburgh, PA	E0293	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000069217	1	1	684.2			
Pittsburgh, PA	E0294	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0015643115	41	16	1249.9			
Pittsburgh, PA	E0295	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0019553894	10	6	1218.2			
Pittsburgh, PA	E0301	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0006897124	1	1	2474.6			
Pittsburgh, PA	E0302	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000640260	1	1	6844.3			
Pittsburgh, PA	E0303	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0056740902	40	20	2792.5			
Pittsburgh, PA	E0304	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0002128433	1	1	7372.8			
Pittsburgh, PA	E0305	Bed Side Rails, Half Length	Purchase of one (1) new unit	0.0009153991	3	1	153.2			
Pittsburgh, PA	E0310	Bed Side Rails, Full Length	Purchase of one (1) new unit	0.0017858070	3	2	157.86			
Pittsburgh, PA	E0910	Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar	Purchase of one (1) new unit	0.0178632612	43	23	191.3			
Pittsburgh, PA	E0911	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Attached To Bed, With Grab Bar	Purchase of one (1) new unit	0.0001920781	1	1	476.8			
Pittsburgh, PA	E0912	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete With Grab Bar	Purchase of one (1) new unit	0.0020817111	10	4	1095.2			
Pittsburgh, PA	E0940	Trapeze Bar, Free Standing, Complete With Grab Bar	Purchase of one (1) new unit	0.0053954905	39	19	282.7			
Pittsburgh, PA	A4640	Replacement Pad For Use With Medically Necessary Alternating Pressure Pad Owned By Patient	Purchase of one (1) new unit	0.0003824257	1	1	59.74			
Pittsburgh, PA	E0181	Powered Pressure Reducing Mattress Overlay/Pad, Alternating, With Pump, Includes Heavy Duty	Purchase of one (1) new unit	0.0245167765	281	138	289.2			
Pittsburgh, PA	E0182	Pump For Alternating Pressure Pad, For Replacement Only	Purchase of one (1) new unit	0.0001142086	1	1	290.5			
Pittsburgh, PA	E0184	Dry Pressure Mattress	Purchase of one (1) new unit	0.0089757566	13	7	216.11			
Pittsburgh, PA	E0185	Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0617660800	112	96	303.2			
Pittsburgh, PA	E0186	Air Pressure Mattress	Purchase of one (1) new unit	0.0002041911	1	1	225.3			
Pittsburgh, PA	E0187	Water Pressure Mattress	Purchase of one (1) new unit	0.0000000000	1	1	257.6			
Pittsburgh, PA	E0188	Synthetic Sheepskin Pad	Purchase of one (1) new unit	0.0037187008	1	1	29.34			
Pittsburgh, PA	E0189	Lamb Wool Sheepskin Pad, Any Size	Purchase of one (1) new unit	0.0009327035	1	1	49.03			
Pittsburgh, PA	E0193	Powered Air Flotation Bed (Low Air Loss Therapy)	Purchase of one (1) new unit	0.0000484521	1	1	8643			

CBA Name	HCPCS Code	HCPCS Code Description	Definition of a Bidding Unit	Weight (The relative market importance of the item in the product category based on utilization)	2014 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2014)	2014 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2014)	Bid Limit (2015 Fee Schedule: Bid amount must be at or below this amount)	Your Cost to Purchase One (1) Unit (Should be less than your bid amount)	Your Bid Amount (To provide one [1] unit as described in Definition of a Bidding Unit; should include overhead and profit)	Your Estimated Capacity (Number of units you can furnish in CBA for one [1] year)
Pittsburgh, PA	E0196	Gel Pressure Mattress	Purchase of one (1) new unit	0.0002526432	1	1	360.6			
Pittsburgh, PA	E0197	Air Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0012009206	1	1	245.94			
Pittsburgh, PA	E0199	Dry Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0007994601	1	1	35.59			
Pittsburgh, PA	E0277	Powered Pressure-Reducing Air Mattress	Purchase of one (1) new unit	0.0124971880	41	19	6175			
Pittsburgh, PA	E0371	Nonpowered Advanced Pressure Reducing Overlay For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0001626607	1	1	4074.8			
Pittsburgh, PA	E0372	Powered Air Overlay For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0002612954	1	1	4944.8			
Pittsburgh, PA	E0373	Nonpowered Advanced Pressure Reducing Mattress	Purchase of one (1) new unit	0.0000709478	1	1	5664.4			
Pittsburgh, PA	E0160	Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode	Purchase of one (1) new unit	0.0002111128	1	1	32.79			
Pittsburgh, PA	E0161	Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode, With Faucet Attachment/S	Purchase of one (1) new unit	0.0000138435	1	1	29.11			
Pittsburgh, PA	E0163	Commode Chair, Mobile Or Stationary, With Fixed Arms	Purchase of one (1) new unit	0.4487116925	1,710	1,710	118.2			
Pittsburgh, PA	E0165	Commode Chair, Mobile Or Stationary, With Detachable Arms	Purchase of one (1) new unit	0.0138815345	124	67	175.3			
Pittsburgh, PA	E0167	Pail Or Pan For Use With Commode Chair, Replacement Only	Purchase of one (1) new unit	0.0002249563	1	1	11.32			
Pittsburgh, PA	E0168	Commode Chair, Extra Wide And/Or Heavy Duty, Stationary Or Mobile, With Or Without Arms, Any Type, Each	Purchase of one (1) new unit	0.0166225406	60	57	167.52			
Pittsburgh, PA	E0170	Commode Chair With Integrated Seat Lift Mechanism, Electric, Any Type	Purchase of one (1) new unit	0.0000000000	1	1	1784			
Pittsburgh, PA	E0171	Commode Chair With Integrated Seat Lift Mechanism, Non-Electric, Any Type	Purchase of one (1) new unit	0.0000311478	1	1	321			
Pittsburgh, PA	E0275	Bed Pan, Standard, Metal Or Plastic	Purchase of one (1) new unit	0.0003408953	1	1	17			
Pittsburgh, PA	E0276	Bed Pan, Fracture, Metal Or Plastic	Purchase of one (1) new unit	0.0001626607	1	1	14.77			
Pittsburgh, PA	E0325	Urinal; Male, Jug-Type, Any Material	Purchase of one (1) new unit	0.0023395456	1	1	11.23			
Pittsburgh, PA	E0326	Urinal; Female, Jug-Type, Any Material	Purchase of one (1) new unit	0.0001349738	1	1	11.01			
Pittsburgh, PA	E0621	Sling Or Seat, Patient Lift, Canvas Or Nylon	Purchase of one (1) new unit	0.0024329890	13	13	102.99			
Pittsburgh, PA	E0630	Patient Lift, Hydraulic Or Mechanical, Includes Any Seat, Sling, Strap(S) Or Pad(S)	Purchase of one (1) new unit	0.0462146775	203	97	1130.8			
Pittsburgh, PA	E0635	Patient Lift, Electric With Seat Or Sling	Purchase of one (1) new unit	0.0010088425	3	1	1154.4			
Pittsburgh, PA	E0636	Multipositional Patient Support System, With Integrated Lift, Patient Accessible Controls	Purchase of one (1) new unit	0.0004464517	1	1	11705.1			
Pittsburgh, PA	E1035	Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To And Including 300 Lbs	Purchase of one (1) new unit	0.0007735036	1	1	6806.3			
Pittsburgh, PA	E1036	Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat, Operated By Caregiver, Patient Weight Capacity Greater Than 300 Lbs	Purchase of one (1) new unit	0.0001401651	1	1	9541.7			
Pittsburgh, PA	E0627	Seat Lift Mechanism Incorporated Into A Combination Lift-Chair Mechanism	Purchase of one (1) new unit	0.0324611950	44	44	367.07			
Pittsburgh, PA	E0628	Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Electric	Purchase of one (1) new unit	0.0047223520	1	1	367.07			
Pittsburgh, PA	E0629	Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Non-Electric	Purchase of one (1) new unit	0.0017252418	2	2	367.07			
Riverside-San Bernardino-Ontario, CA	E0250	Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0059353856	495	234	865.5			
Riverside-San Bernardino-Ontario, CA	E0251	Hospital Bed, Fixed Height, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000917130	1	1	708.7			
Riverside-San Bernardino-Ontario, CA	E0255	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0064216373	1	1	987.1			
Riverside-San Bernardino-Ontario, CA	E0256	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0002163041	1	1	677.8			
Riverside-San Bernardino-Ontario, CA	E0260	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.2321912475	962	436	1343.8			
Riverside-San Bernardino-Ontario, CA	E0261	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0139507519	12	6	1217.6			
Riverside-San Bernardino-Ontario, CA	E0271	Mattress, Innerspring	Purchase of one (1) new unit	0.0114191282	6	5	182.69			
Riverside-San Bernardino-Ontario, CA	E0272	Mattress, Foam Rubber	Purchase of one (1) new unit	0.0027859973	1	1	193.6			
Riverside-San Bernardino-Ontario, CA	E0280	Bed Cradle, Any Type	Purchase of one (1) new unit	0.0000276869	1	1	36.55			
Riverside-San Bernardino-Ontario, CA	E0290	Hospital Bed, Fixed Height, Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0000173043	1	1	607.8			

CBA Name	HCPCS Code	HCPCS Code Description	Definition of a Bidding Unit	Weight (The relative market importance of the item in the product category based on utilization)	2014 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2014)	2014 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2014)	Bid Limit (2015 Fee Schedule: Bid amount must be at or below this amount)	Your Cost to Purchase One (1) Unit (Should be less than your bid amount)	Your Bid Amount (To provide one [1] unit as described in Definition of a Bidding Unit; should include overhead and profit)	Your Estimated Capacity (Number of units you can furnish in CBA for one [1] year)
Riverside-San Bernardino-Ontario, CA	E0291	Hospital Bed, Fixed Height, Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000017304	1	1	441.6			
Riverside-San Bernardino-Ontario, CA	E0292	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0000363391	1	1	683.3			
Riverside-San Bernardino-Ontario, CA	E0293	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000069217	1	1	581.6			
Riverside-San Bernardino-Ontario, CA	E0294	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, With Mattress	Purchase of one (1) new unit	0.0015643115	1	1	1189.1			
Riverside-San Bernardino-Ontario, CA	E0295	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, Without Mattress	Purchase of one (1) new unit	0.0019553894	3	1	1218.2			
Riverside-San Bernardino-Ontario, CA	E0301	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0006887124	1	1	2457.9			
Riverside-San Bernardino-Ontario, CA	E0302	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress	Purchase of one (1) new unit	0.0000640260	1	1	6844.3			
Riverside-San Bernardino-Ontario, CA	E0303	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0056740902	19	9	2776			
Riverside-San Bernardino-Ontario, CA	E0304	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress	Purchase of one (1) new unit	0.0002128433	1	1	7372.8			
Riverside-San Bernardino-Ontario, CA	E0305	Bed Side Rails, Half Length	Purchase of one (1) new unit	0.0009153991	1	1	170.2			
Riverside-San Bernardino-Ontario, CA	E0310	Bed Side Rails, Full Length	Purchase of one (1) new unit	0.0017858070	1	1	182.2			
Riverside-San Bernardino-Ontario, CA	E0910	Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar	Purchase of one (1) new unit	0.0178632612	83	37	168.6			
Riverside-San Bernardino-Ontario, CA	E0911	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Attached To Bed, With Grab Bar	Purchase of one (1) new unit	0.0001920781	1	1	476.8			
Riverside-San Bernardino-Ontario, CA	E0912	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete With Grab Bar	Purchase of one (1) new unit	0.0020817111	7	3	1095.2			
Riverside-San Bernardino-Ontario, CA	E0940	Trapeze Bar, Free Standing, Complete With Grab Bar	Purchase of one (1) new unit	0.0053954905	34	15	324.2			
Riverside-San Bernardino-Ontario, CA	A4640	Replacement Pad For Use With Medically Necessary Alternating Pressure Pad Owned By Patient	Purchase of one (1) new unit	0.0003824257	1	1	62.69			
Riverside-San Bernardino-Ontario, CA	E0181	Powered Pressure Reducing Mattress Overlay/Pad, Alternating, With Pump, Includes Heavy Duty	Purchase of one (1) new unit	0.0245167765	104	49	289.2			
Riverside-San Bernardino-Ontario, CA	E0182	Pump For Alternating Pressure Pad, For Replacement Only	Purchase of one (1) new unit	0.0001142086	1	1	290.5			
Riverside-San Bernardino-Ontario, CA	E0184	Dry Pressure Mattress	Purchase of one (1) new unit	0.0089757566	1	1	183.69			
Riverside-San Bernardino-Ontario, CA	E0185	Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0617660800	31	28	355.02			
Riverside-San Bernardino-Ontario, CA	E0186	Air Pressure Mattress	Purchase of one (1) new unit	0.0002041911	1	1	225.3			
Riverside-San Bernardino-Ontario, CA	E0187	Water Pressure Mattress	Purchase of one (1) new unit	0.0000000000	1	1	257.6			
Riverside-San Bernardino-Ontario, CA	E0188	Synthetic Sheepskin Pad	Purchase of one (1) new unit	0.0037187008	1	1	29.34			
Riverside-San Bernardino-Ontario, CA	E0189	Lambswool Sheepskin Pad, Any Size	Purchase of one (1) new unit	0.0009327035	1	1	57.68			
Riverside-San Bernardino-Ontario, CA	E0193	Powered Air Flotation Bed (Low Air Loss Therapy)	Purchase of one (1) new unit	0.0000484521	1	1	8643			
Riverside-San Bernardino-Ontario, CA	E0196	Gel Pressure Mattress	Purchase of one (1) new unit	0.0002526432	1	1	360.6			
Riverside-San Bernardino-Ontario, CA	E0197	Air Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0012009206	1	1	245.94			
Riverside-San Bernardino-Ontario, CA	E0199	Dry Pressure Pad For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0007994601	2	2	35.59			
Riverside-San Bernardino-Ontario, CA	E0277	Powered Pressure-Reducing Air Mattress	Purchase of one (1) new unit	0.0124971880	94	41	6730.3			
Riverside-San Bernardino-Ontario, CA	E0371	Nonpowered Advanced Pressure Reducing Overlay For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0001626607	1	1	4050.8			
Riverside-San Bernardino-Ontario, CA	E0372	Powered Air Overlay For Mattress, Standard Mattress Length And Width	Purchase of one (1) new unit	0.0002612954	1	1	4915.1			
Riverside-San Bernardino-Ontario, CA	E0373	Nonpowered Advanced Pressure Reducing Mattress	Purchase of one (1) new unit	0.0000709478	1	1	5630.6			
Riverside-San Bernardino-Ontario, CA	E0160	Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode	Purchase of one (1) new unit	0.0002111128	1	1	36.69			
Riverside-San Bernardino-Ontario, CA	E0161	Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode, With Faucet Attachment/S	Purchase of one (1) new unit	0.0000138435	1	1	24.74			
Riverside-San Bernardino-Ontario, CA	E0163	Commode Chair, Mobile Or Stationary, With Fixed Arms	Purchase of one (1) new unit	0.4487116925	587	587	122.41			
Riverside-San Bernardino-Ontario, CA	E0165	Commode Chair, Mobile Or Stationary, With Detachable Arms	Purchase of one (1) new unit	0.0138815345	46	19	187.8			
Riverside-San Bernardino-Ontario, CA	E0167	Pail Or Pan For Use With Commode Chair, Replacement Only	Purchase of one (1) new unit	0.0002249563	1	1	13.32			

CBA Name	HCPCS Code	HCPCS Code Description	Definition of a Bidding Unit	Weight (The relative market importance of the item in the product category based on utilization)	2014 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2014)	2014 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2014)	Bid Limit (2015 Fee Schedule: Bid amount must be at or below this amount)	Your Cost to Purchase One (1) Unit (Should be less than your bid amount)	Your Bid Amount (To provide one [1] unit as described in Definition of a Bidding Unit; should include overhead and profit)	Your Estimated Capacity (Number of units you can furnish in CBA for one [1] year)
Riverside-San Bernardino-Ontario, CA	E0168	Commode Chair, Extra Wide And/Or Heavy Duty, Stationary Or Mobile, With Or Without Arms, Any Type, Each	Purchase of one (1) new unit	0.0166225406	22	22	167.52			
Riverside-San Bernardino-Ontario, CA	E0170	Commode Chair With Integrated Seat Lift Mechanism, Electric, Any Type	Purchase of one (1) new unit	0.0000000000	1	1	1784			
Riverside-San Bernardino-Ontario, CA	E0171	Commode Chair With Integrated Seat Lift Mechanism, Non-Electric, Any Type	Purchase of one (1) new unit	0.0000311478	1	1	321			
Riverside-San Bernardino-Ontario, CA	E0275	Bed Pan, Standard, Metal Or Plastic	Purchase of one (1) new unit	0.0003408953	1	1	17			
Riverside-San Bernardino-Ontario, CA	E0276	Bed Pan, Fracture, Metal Or Plastic	Purchase of one (1) new unit	0.0001626607	1	1	14.77			
Riverside-San Bernardino-Ontario, CA	E0325	Urinal; Male, Jug-Type, Any Material	Purchase of one (1) new unit	0.0023395456	1	1	9.55			
Riverside-San Bernardino-Ontario, CA	E0326	Urinal; Female, Jug-Type, Any Material	Purchase of one (1) new unit	0.0001349738	1	1	11.65			
Riverside-San Bernardino-Ontario, CA	E0621	Sling Or Seat, Patient Lift, Canvas Or Nylon	Purchase of one (1) new unit	0.0024329890	1	1	99.69			
Riverside-San Bernardino-Ontario, CA	E0630	Patient Lift, Hydraulic Or Mechanical, Includes Any Seat, Sling, Strap(S) Or Pad(S)	Purchase of one (1) new unit	0.0462146775	374	177	985.6			
Riverside-San Bernardino-Ontario, CA	E0635	Patient Lift, Electric With Seat Or Sling	Purchase of one (1) new unit	0.0010088425	1	1	1358.1			
Riverside-San Bernardino-Ontario, CA	E0636	Multipositional Patient Support System, With Integrated Lift, Patient Accessible Controls	Purchase of one (1) new unit	0.0004464517	17	11	11705.1			
Riverside-San Bernardino-Ontario, CA	E1035	Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To And Including 300 Lbs	Purchase of one (1) new unit	0.0007735036	9	3	6806.3			
Riverside-San Bernardino-Ontario, CA	E1036	Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat, Operated By Caregiver, Patient Weight Capacity Greater Than 300 Lbs	Purchase of one (1) new unit	0.0001401651	1	1	9541.7			
Riverside-San Bernardino-Ontario, CA	E0627	Seat Lift Mechanism Incorporated Into A Combination Lift-Chair Mechanism	Purchase of one (1) new unit	0.0324611950	4	4	367.07			
Riverside-San Bernardino-Ontario, CA	E0628	Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Electric	Purchase of one (1) new unit	0.0047223520	1	1	367.07			
Riverside-San Bernardino-Ontario, CA	E0629	Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Non-Electric	Purchase of one (1) new unit	0.0017252418	1	1	367.07			