

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*****

Respiratory Equipment and Related Supplies and Accessories

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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

FOR OXYGEN AND OXYGEN EQUIPMENT:

All contract suppliers must furnish specific modalities of oxygen (concentrator, liquid, or gaseous) when prescribed by the physician. Therefore, each contract supplier must make all three modalities available to Medicare beneficiaries as prescribed by the physician.

Bidders must submit a single bid for each of the five payment classes (A through E).

You must calculate your capacity for oxygen and oxygen equipment based on one (1) month's rental, not purchase, of the equipment. For example, if you currently furnish 100 units of oxygen each month, that would equate to a total of 1,200 oxygen units furnished on a yearly basis. If you anticipate increasing the number of oxygen units provided each month by 100 during the first year of the contract, the estimated yearly capacity would be 2,400 rental oxygen units.

DO NOT SUBMIT A BID FOR INDIVIDUAL HCPCS CODES WITHIN THESE PAYMENT CLASSES.

Product Category: Respiratory Equipment and Related Supplies					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		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)	One (1) month's rental	0.2545084253	6,780	50,114	180.92			
Charlotte-Concord-Gastonia, NC	E1390	Oxygen Concentrator, Single Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate								
Charlotte-Concord-Gastonia, NC	E0424	Stationary Compressed Gaseous Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing								
Charlotte-Concord-Gastonia, NC	E0439	Stationary Liquid Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, & Tubing								
Charlotte-Concord-Gastonia, NC	E1391	Oxygen Concentrator, Dual Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate, Each								

For oxygen equipment and supplies only:

- The **Weight** is combined for all HCPCS codes in the payment class
- The **Bid Limit** is the same for each HCPCS code in the payment class
- The **2014 Beneficiary Count** and **2014 Allowed Units** are combined for all HCPCS codes in the payment class
- You must submit a **single estimated capacity** and a **single bid amount** that includes all HCPCS codes in the payment class.

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		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)	One (1) month's rental	0.1121276271	2,662	18,421	30.42					
Charlotte-Concord-Gastonia, NC	E0431	Portable Gaseous Oxygen System, Rental; Includes Portable Container, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing			For oxygen equipment and supplies only: • The Weight is combined for all HCPCS codes in the payment class • The Bid Limit is the same for each HCPCS code in the payment class • The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class • You must submit a <u>single estimated capacity</u> and a <u>single bid amount</u> that includes all HCPCS codes in the payment class.							
Charlotte-Concord-Gastonia, NC	E0434	Portable Liquid Oxygen System, Rental; Includes Portable Container, Supply Reservoir, Humidifier, Flowmeter, Refill Adaptor, Contents Gauge, Cannula Or Mask, And Tubing										
Charlotte-Concord-Gastonia, NC		Payment Class C - Oxygen Generating Portable Equipment Only	One (1) month's rental	0.0389666194	1,280	12,123	51.63					
Charlotte-Concord-Gastonia, NC	K0738	Portable Gaseous Oxygen System, Rental; Home Compressor Used To Fill Portable Oxygen Cylinders; Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing			For oxygen equipment and supplies only: • The Weight is combined for all HCPCS codes in the payment class • The Bid Limit is the same for each HCPCS code in the payment class • The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class • You must submit a <u>single estimated capacity</u> and a <u>single bid amount</u> that includes all HCPCS codes in the payment class.							
Charlotte-Concord-Gastonia, NC	E0433	Portable Liquid Oxygen System, Rental; Home Liquefier Used To Fill Portable Liquid Oxygen Containers, Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask And Tubing, With Or Without Supply Reservoir And Contents Gauge										
Charlotte-Concord-Gastonia, NC	E1392	Portable Oxygen Concentrator, Rental										
Charlotte-Concord-Gastonia, NC		Payment Class D - Stationary Oxygen Contents Only	One (1) month's rental	0.0055344670	93	841	77.45					
Charlotte-Concord-Gastonia, NC	E0442	Stationary Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit			For oxygen equipment and supplies only: • The Weight is combined for all HCPCS codes in the payment class • The Bid Limit is the same for each HCPCS code in the payment class • The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class • You must submit a <u>single estimated capacity</u> and a <u>single bid amount</u> that includes all HCPCS codes in the payment class.							
Charlotte-Concord-Gastonia, NC	E0441	Stationary Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit										
Charlotte-Concord-Gastonia, NC		Payment Class E - Portable Oxygen Contents Only	One (1) month's rental	0.0247908466	671	4,463	77.45					
Charlotte-Concord-Gastonia, NC	E0443	Portable Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit			For oxygen equipment and supplies only: • The Weight is combined for all HCPCS codes in the payment class • The Bid Limit is the same for each HCPCS code in the payment class • The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class • You must submit a <u>single estimated capacity</u> and a <u>single bid amount</u> that includes all HCPCS codes in the payment class.							
Charlotte-Concord-Gastonia, NC	E0444	Portable Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit										
Charlotte-Concord-Gastonia, NC	A4604	Tubing With Integrated Heating Element For Use With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0088794990	3,413	5,712	63.9					
Charlotte-Concord-Gastonia, NC	A7027	Combination Oral/Nasal Mask, Used With Continuous Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0003418725	27	45	205.04					
Charlotte-Concord-Gastonia, NC	A7028	Oral Cushion For Combination Oral/Nasal Mask, Replacement Only, Each	Purchase of one (1) new unit	0.0008834388	19	130	55					
Charlotte-Concord-Gastonia, NC	A7029	Nasal Pillows For Combination Oral/Nasal Mask, Replacement Only, Pair	Purchase of one (1) new unit	0.0009760305	17	133	22.46					
Charlotte-Concord-Gastonia, NC	A7030	Full Face Mask Used With Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0236017821	3,437	5,979	180.47					
Charlotte-Concord-Gastonia, NC	A7031	Face Mask Interface, Replacement For Full Face Mask, Each	Purchase of one (1) new unit	0.0340932541	2,735	11,860	66.75					
Charlotte-Concord-Gastonia, NC	A7032	Cushion For Use On Nasal Mask Interface, Replacement Only, Each	Purchase of one (1) new unit	0.0561535675	2,505	18,040	38.77					
Charlotte-Concord-Gastonia, NC	A7033	Pillow For Use On Nasal Cannula Type Interface, Replacement Only, Pair	Purchase of one (1) new unit	0.0467547067	2,601	20,465	27.18					
Charlotte-Concord-Gastonia, NC	A7034	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Pressure Device, With Or Without Head Strap	Purchase of one (1) new unit	0.0344995459	5,929	10,377	112.53					
Charlotte-Concord-Gastonia, NC	A7035	Headgear Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0401535191	8,738	11,047	34.21					
Charlotte-Concord-Gastonia, NC	A7036	Chinstrap Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0039788681	1,154	1,329	14.79					
Charlotte-Concord-Gastonia, NC	A7037	Tubing Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0419965179	5,194	8,938	37.77					

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)
Charlotte-Concord-Gastonia, NC	A7038	Filter, Disposable, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.2213902948	8,102	64,464	5.09			
Charlotte-Concord-Gastonia, NC	A7039	Filter, Non Disposable, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0178460605	2,163	2,588	12.46			
Charlotte-Concord-Gastonia, NC	A7044	Oral Interface Used With Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0000195130	3	3	115.67			
Charlotte-Concord-Gastonia, NC	A7045	Exhalation Port With Or Without Swivel Used With Accessories For Positive Airway Devices, Replacement Only	Purchase of one (1) new unit	0.0000909242	2	2	18.62			
Charlotte-Concord-Gastonia, NC	A7046	Water Chamber For Humidifier, Used With Positive Airway Pressure Device, Replacement, Each	Purchase of one (1) new unit	0.0127431322	4,029	4,987	18.66			
Charlotte-Concord-Gastonia, NC	E0470	Respiratory Assist Device, Bi-Level Pressure Capability, Without Backup Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0015558914	621	334	2454.8			
Charlotte-Concord-Gastonia, NC	E0471	Respiratory Assist Device, Bi-Level Pressure Capability, With Back-Up Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0004760646	197	100	6143.4			
Charlotte-Concord-Gastonia, NC	E0472	Respiratory Assist Device, Bi-Level Pressure Capability, With Backup Rate Feature, Used With Invasive Interface, E.G., Tracheostomy Tube (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0000005851	1	1	6143.4			
Charlotte-Concord-Gastonia, NC	E0561	Humidifier, Non-Heated, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0000120530	1	1	102.36			
Charlotte-Concord-Gastonia, NC	E0562	Humidifier, Heated, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0091136843	2,367	2,266	288.17			
Charlotte-Concord-Gastonia, NC	E0601	Continuous Positive Airway Pressure (Cpap) Device	Purchase of one (1) new unit	0.0085112093	4,130	2,178	1068.7			
Chester, Lancaster & York Counties, SC		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)	One (1) month's rental	0.2545084253	1,497	10,709	180.92			
Chester, Lancaster & York Counties, SC	E1390	Oxygen Concentrator, Single Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate								
Chester, Lancaster & York Counties, SC	E0424	Stationary Compressed Gaseous Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing								
Chester, Lancaster & York Counties, SC	E0439	Stationary Liquid Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing								
Chester, Lancaster & York Counties, SC	E1391	Oxygen Concentrator, Dual Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate, Each								
Chester, Lancaster & York Counties, SC		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)	One (1) month's rental	0.1121276271	673	4,475	30.42			
Chester, Lancaster & York Counties, SC	E0431	Portable Gaseous Oxygen System, Rental; Includes Portable Container, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing								
Chester, Lancaster & York Counties, SC	E0434	Portable Liquid Oxygen System, Rental; Includes Portable Container, Supply Reservoir, Humidifier, Flowmeter, Refill Adaptor, Contents Gauge, Cannula Or Mask, And Tubing								
Chester, Lancaster & York Counties, SC		Payment Class C - Oxygen Generating Portable Equipment Only	One (1) month's rental	0.0389666194	235	2,533	51.63			
Chester, Lancaster & York Counties, SC	K0738	Portable Gaseous Oxygen System, Rental; Home Compressor Used To Fill Portable Oxygen Cylinders; Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing								
Chester, Lancaster & York Counties, SC	E0433	Portable Liquid Oxygen System, Rental; Home Liquefier Used To Fill Portable Liquid Oxygen Containers, Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask And Tubing, With Or Without Supply Reservoir And Contents Gauge								
Chester, Lancaster & York Counties, SC	E1392	Portable Oxygen Concentrator, Rental								

For oxygen equipment and supplies only:
 • The **Weight** is combined for all HCPCS codes in the payment class
 • The **Bid Limit** is the same for each HCPCS code in the payment class
 • The **2014 Beneficiary Count** and **2014 Allowed Units** are combined for all HCPCS codes in the payment class
 • You must submit a single estimated capacity and a single bid amount that includes all HCPCS codes in the payment class.

For oxygen equipment and supplies only:
 • The **Weight** is combined for all HCPCS codes in the payment class
 • The **Bid Limit** is the same for each HCPCS code in the payment class
 • The **2014 Beneficiary Count** and **2014 Allowed Units** are combined for all HCPCS codes in the payment class
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 • The **2014 Beneficiary Count** and **2014 Allowed Units** are combined for all HCPCS codes in the payment class
 • You must submit a single estimated capacity and a single bid amount that includes all HCPCS codes in the payment class.

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		Payment Class D - Stationary Oxygen Contents Only	One (1) month's rental	0.0055344670	9	52	77.45					
Chester, Lancaster & York Counties, SC	E0442	Stationary Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit			<p>For oxygen equipment and supplies only:</p> <ul style="list-style-type: none"> The Weight is combined for all HCPCS codes in the payment class The Bid Limit is the same for each HCPCS code in the payment class The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class You must submit a single estimated capacity and a single bid amount that includes all HCPCS codes in the payment class. 							
Chester, Lancaster & York Counties, SC	E0441	Stationary Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit										
Chester, Lancaster & York Counties, SC		Payment Class E - Portable Oxygen Contents Only	One (1) month's rental	0.0247908466	140	918	77.45					
Chester, Lancaster & York Counties, SC	E0443	Portable Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit			<p>For oxygen equipment and supplies only:</p> <ul style="list-style-type: none"> The Weight is combined for all HCPCS codes in the payment class The Bid Limit is the same for each HCPCS code in the payment class The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class You must submit a single estimated capacity and a single bid amount that includes all HCPCS codes in the payment class. 							
Chester, Lancaster & York Counties, SC	E0444	Portable Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit										
Chester, Lancaster & York Counties, SC	A4604	Tubing With Integrated Heating Element For Use With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0088794990	578	1,063	63.9					
Chester, Lancaster & York Counties, SC	A7027	Combination Oral/Nasal Mask, Used With Continuous Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0003418725	18	34	207.03					
Chester, Lancaster & York Counties, SC	A7028	Oral Cushion For Combination Oral/Nasal Mask, Replacement Only, Each	Purchase of one (1) new unit	0.0008834388	15	133	55					
Chester, Lancaster & York Counties, SC	A7029	Nasal Pillows For Combination Oral/Nasal Mask, Replacement Only, Pair	Purchase of one (1) new unit	0.0009760305	15	127	22.46					
Chester, Lancaster & York Counties, SC	A7030	Full Face Mask Used With Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0236017821	957	1,738	180.47					
Chester, Lancaster & York Counties, SC	A7031	Face Mask Interface, Replacement For Full Face Mask, Each	Purchase of one (1) new unit	0.0340932541	738	3,112	66.75					
Chester, Lancaster & York Counties, SC	A7032	Cushion For Use On Nasal Mask Interface, Replacement Only, Each	Purchase of one (1) new unit	0.0561535675	657	5,349	38.77					
Chester, Lancaster & York Counties, SC	A7033	Pillow For Use On Nasal Cannula Type Interface, Replacement Only, Pair	Purchase of one (1) new unit	0.0467547067	548	4,697	27.18					
Chester, Lancaster & York Counties, SC	A7034	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Pressure Device, With Or Without Head Strap	Purchase of one (1) new unit	0.0344995459	1,498	2,688	112.53					
Chester, Lancaster & York Counties, SC	A7035	Headgear Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0401535191	2,315	2,938	34.86					
Chester, Lancaster & York Counties, SC	A7036	Chinstrap Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0039788681	270	315	14.92					
Chester, Lancaster & York Counties, SC	A7037	Tubing Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0419965179	1,753	3,102	38.51					
Chester, Lancaster & York Counties, SC	A7038	Filter, Disposable, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.2213902948	2,215	19,892	5.17					
Chester, Lancaster & York Counties, SC	A7039	Filter, Non Disposable, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0178460605	633	766	12.46					
Chester, Lancaster & York Counties, SC	A7044	Oral Interface Used With Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0000195130	1	1	115.67					
Chester, Lancaster & York Counties, SC	A7045	Exhalation Port With Or Without Swivel Used With Accessories For Positive Airway Devices, Replacement Only	Purchase of one (1) new unit	0.0000909242	1	1	18.62					
Chester, Lancaster & York Counties, SC	A7046	Water Chamber For Humidifier, Used With Positive Airway Pressure Device, Replacement, Each	Purchase of one (1) new unit	0.0127431322	1,132	1,417	18.66					
Chester, Lancaster & York Counties, SC	E0470	Respiratory Assist Device, Bi-Level Pressure Capability, Without Backup Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0015558914	129	75	2454.8					
Chester, Lancaster & York Counties, SC	E0471	Respiratory Assist Device, Bi-Level Pressure Capability, With Back-Up Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0004760646	54	32	6143.4					

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)
Chester, Lancaster & York Counties, SC	E0472	Respiratory Assist Device, Bi-Level Pressure Capability, With Backup Rate Feature, Used With Invasive Interface, E.G., Tracheostomy Tube (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0000005851	1	1	6143.4			
Chester, Lancaster & York Counties, SC	E0561	Humidifier, Non-Heated, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0000120530	1	1	102.36			
Chester, Lancaster & York Counties, SC	E0562	Humidifier, Heated, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0091136843	687	647	288.17			
Chester, Lancaster & York Counties, SC	E0601	Continuous Positive Airway Pressure (Cpap) Device	Purchase of one (1) new unit	0.0085112093	1,203	648	1068.7			
Cincinnati, OH		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)	One (1) month's rental	0.2545084253	4,471	31,266	180.92			
Cincinnati, OH	E1390	Oxygen Concentrator, Single Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate								
Cincinnati, OH	E0424	Stationary Compressed Gaseous Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing			For oxygen equipment and supplies only: <ul style="list-style-type: none"> The Weight is combined for all HCPCS codes in the payment class The Bid Limit is the same for each HCPCS code in the payment class The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class You must submit a single estimated capacity and a single bid amount that includes all HCPCS codes in the payment class. 					
Cincinnati, OH	E0439	Stationary Liquid Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, & Tubing								
Cincinnati, OH	E1391	Oxygen Concentrator, Dual Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate, Each								
Cincinnati, OH		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)	One (1) month's rental	0.1121276271	2,385	15,595	30.42			
Cincinnati, OH	E0431	Portable Gaseous Oxygen System, Rental; Includes Portable Container, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing			For oxygen equipment and supplies only: <ul style="list-style-type: none"> The Weight is combined for all HCPCS codes in the payment class The Bid Limit is the same for each HCPCS code in the payment class The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class You must submit a single estimated capacity and a single bid amount that includes all HCPCS codes in the payment class. 					
Cincinnati, OH	E0434	Portable Liquid Oxygen System, Rental; Includes Portable Container, Supply Reservoir, Humidifier, Flowmeter, Refill Adaptor, Contents Gauge, Cannula Or Mask, And Tubing								
Cincinnati, OH		Payment Class C - Oxygen Generating Portable Equipment Only	One (1) month's rental	0.0389666194	245	2,678	51.63			
Cincinnati, OH	K0738	Portable Gaseous Oxygen System, Rental; Home Compressor Used To Fill Portable Oxygen Cylinders; Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing			For oxygen equipment and supplies only: <ul style="list-style-type: none"> The Weight is combined for all HCPCS codes in the payment class The Bid Limit is the same for each HCPCS code in the payment class The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class You must submit a single estimated capacity and a single bid amount that includes all HCPCS codes in the payment class. 					
Cincinnati, OH	E0433	Portable Liquid Oxygen System, Rental; Home Liquefier Used To Fill Portable Liquid Oxygen Containers, Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask And Tubing, With Or Without Supply Reservoir And Contents Gauge								
Cincinnati, OH	E1392	Portable Oxygen Concentrator, Rental								
Cincinnati, OH		Payment Class D - Stationary Oxygen Contents Only	One (1) month's rental	0.0055344670	48	366	77.45			
Cincinnati, OH	E0442	Stationary Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit			For oxygen equipment and supplies only: <ul style="list-style-type: none"> The Weight is combined for all HCPCS codes in the payment class The Bid Limit is the same for each HCPCS code in the payment class The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class You must submit a single estimated capacity and a single bid amount that includes all HCPCS codes in the payment class. 					
Cincinnati, OH	E0441	Stationary Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit								
Cincinnati, OH		Payment Class E - Portable Oxygen Contents Only	One (1) month's rental	0.0247908466	410	2,398	77.45			
Cincinnati, OH	E0443	Portable Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit			For oxygen equipment and supplies only: <ul style="list-style-type: none"> The Weight is combined for all HCPCS codes in the payment class The Bid Limit is the same for each HCPCS code in the payment class The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class You must submit a single estimated capacity and a single bid amount that includes all HCPCS codes in the payment class. 					
Cincinnati, OH	E0444	Portable Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit								
Cincinnati, OH	A4604	Tubing With Integrated Heating Element For Use With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0088794990	1,001	1,396	63.9			
Cincinnati, OH	A7027	Combination Oral/Nasal Mask, Used With Continuous Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0003418725	14	20	207.03			
Cincinnati, OH	A7028	Oral Cushion For Combination Oral/Nasal Mask, Replacement Only, Each	Purchase of one (1) new unit	0.0008834388	12	80	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)
Cincinnati, OH	A7029	Nasal Pillows For Combination Oral/Nasal Mask, Replacement Only, Pair	Purchase of one (1) new unit	0.0009760305	11	74	22.46			
Cincinnati, OH	A7030	Full Face Mask Used With Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0236017821	1,502	2,329	180.47			
Cincinnati, OH	A7031	Face Mask Interface, Replacement For Full Face Mask, Each	Purchase of one (1) new unit	0.0340932541	1,049	3,825	66.75			
Cincinnati, OH	A7032	Cushion For Use On Nasal Mask Interface, Replacement Only, Each	Purchase of one (1) new unit	0.0561535675	992	5,947	38.77			
Cincinnati, OH	A7033	Pillow For Use On Nasal Cannula Type Interface, Replacement Only, Pair	Purchase of one (1) new unit	0.0467547067	1,274	8,215	27.18			
Cincinnati, OH	A7034	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Pressure Device, With Or Without Head Strap	Purchase of one (1) new unit	0.0344995459	2,845	4,383	112.53			
Cincinnati, OH	A7035	Headgear Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0401535191	3,957	4,763	38.01			
Cincinnati, OH	A7036	Chinstrap Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0039788681	300	333	14.79			
Cincinnati, OH	A7037	Tubing Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0419965179	2,966	4,518	39.1			
Cincinnati, OH	A7038	Filter, Disposable, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.2213902948	3,412	24,729	4.39			
Cincinnati, OH	A7039	Filter, Non Disposable, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0178460605	1,729	2,016	13.38			
Cincinnati, OH	A7044	Oral Interface Used With Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0000195130	1	1	115.67			
Cincinnati, OH	A7045	Exhalation Port With Or Without Swivel Used With Accessories For Positive Airway Devices, Replacement Only	Purchase of one (1) new unit	0.0000909242	1	1	18.62			
Cincinnati, OH	A7046	Water Chamber For Humidifier, Used With Positive Airway Pressure Device, Replacement, Each	Purchase of one (1) new unit	0.0127431322	1,550	1,762	18.66			
Cincinnati, OH	E0470	Respiratory Assist Device, Bi-Level Pressure Capability, Without Backup Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0015558914	676	348	2454.8			
Cincinnati, OH	E0471	Respiratory Assist Device, Bi-Level Pressure Capability, With Back-Up Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0004760646	121	62	6143.4			
Cincinnati, OH	E0472	Respiratory Assist Device, Bi-Level Pressure Capability, With Backup Rate Feature, Used With Invasive Interface, E.G., Tracheostomy Tube (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0000005851	1	1	6143.4			
Cincinnati, OH	E0561	Humidifier, Non-Heated, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0000120530	2	1	102.36			
Cincinnati, OH	E0562	Humidifier, Heated, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0091136843	1,532	1,183	288.17			
Cincinnati, OH	E0601	Continuous Positive Airway Pressure (Cpap) Device	Purchase of one (1) new unit	0.0085112093	1,883	944	1068.7			
Cleveland-Elyria, OH		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)	One (1) month's rental	0.2545084253	7,922	59,598	180.92			
Cleveland-Elyria, OH	E1390	Oxygen Concentrator, Single Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate								
Cleveland-Elyria, OH	E0424	Stationary Compressed Gaseous Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing								
Cleveland-Elyria, OH	E0439	Stationary Liquid Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, & Tubing								
Cleveland-Elyria, OH	E1391	Oxygen Concentrator, Dual Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate, Each								

For oxygen equipment and supplies only:
• The **Weight** is combined for all HCPCS codes in the payment class
• The **Bid Limit** is the same for each HCPCS code in the payment class
• The **2014 Beneficiary Count** and **2014 Allowed Units** are combined for all HCPCS codes in the payment class
• You must submit a **single estimated capacity** and a **single bid amount** that includes all HCPCS codes in the payment class.

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		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)	One (1) month's rental	0.1121276271	2,685	19,414	30.42					
Cleveland-Elyria, OH	E0431	Portable Gaseous Oxygen System, Rental; Includes Portable Container, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing			For oxygen equipment and supplies only: • The Weight is combined for all HCPCS codes in the payment class • The Bid Limit is the same for each HCPCS code in the payment class • The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class • You must submit a <u>single estimated capacity</u> and a <u>single bid amount</u> that includes all HCPCS codes in the payment class.							
Cleveland-Elyria, OH	E0434	Portable Liquid Oxygen System, Rental; Includes Portable Container, Supply Reservoir, Humidifier, Flowmeter, Refill Adaptor, Contents Gauge, Cannula Or Mask, And Tubing										
Cleveland-Elyria, OH		Payment Class C - Oxygen Generating Portable Equipment Only	One (1) month's rental	0.0389666194	1,642	13,716	51.63					
Cleveland-Elyria, OH	K0738	Portable Gaseous Oxygen System, Rental; Home Compressor Used To Fill Portable Oxygen Cylinders; Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing			For oxygen equipment and supplies only: • The Weight is combined for all HCPCS codes in the payment class • The Bid Limit is the same for each HCPCS code in the payment class • The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class • You must submit a <u>single estimated capacity</u> and a <u>single bid amount</u> that includes all HCPCS codes in the payment class.							
Cleveland-Elyria, OH	E0433	Portable Liquid Oxygen System, Rental; Home Liquefier Used To Fill Portable Liquid Oxygen Containers, Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask And Tubing, With Or Without Supply Reservoir And Contents Gauge										
Cleveland-Elyria, OH	E1392	Portable Oxygen Concentrator, Rental										
Cleveland-Elyria, OH		Payment Class D - Stationary Oxygen Contents Only	One (1) month's rental	0.0055344670	129	1,029	77.45					
Cleveland-Elyria, OH	E0442	Stationary Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit			For oxygen equipment and supplies only: • The Weight is combined for all HCPCS codes in the payment class • The Bid Limit is the same for each HCPCS code in the payment class • The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class • You must submit a <u>single estimated capacity</u> and a <u>single bid amount</u> that includes all HCPCS codes in the payment class.							
Cleveland-Elyria, OH	E0441	Stationary Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit										
Cleveland-Elyria, OH		Payment Class E - Portable Oxygen Contents Only	One (1) month's rental	0.0247908466	547	3,547	77.45					
Cleveland-Elyria, OH	E0443	Portable Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit			For oxygen equipment and supplies only: • The Weight is combined for all HCPCS codes in the payment class • The Bid Limit is the same for each HCPCS code in the payment class • The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class • You must submit a <u>single estimated capacity</u> and a <u>single bid amount</u> that includes all HCPCS codes in the payment class.							
Cleveland-Elyria, OH	E0444	Portable Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit										
Cleveland-Elyria, OH	A4604	Tubing With Integrated Heating Element For Use With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0088794990	1,210	2,050	63.9					
Cleveland-Elyria, OH	A7027	Combination Oral/Nasal Mask, Used With Continuous Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0003418725	33	56	207.03					
Cleveland-Elyria, OH	A7028	Oral Cushion For Combination Oral/Nasal Mask, Replacement Only, Each	Purchase of one (1) new unit	0.0008834388	14	133	55					
Cleveland-Elyria, OH	A7029	Nasal Pillows For Combination Oral/Nasal Mask, Replacement Only, Pair	Purchase of one (1) new unit	0.0009760305	14	120	22.46					
Cleveland-Elyria, OH	A7030	Full Face Mask Used With Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0236017821	2,644	4,572	180.47					
Cleveland-Elyria, OH	A7031	Face Mask Interface, Replacement For Full Face Mask, Each	Purchase of one (1) new unit	0.0340932541	1,663	6,589	66.75					
Cleveland-Elyria, OH	A7032	Cushion For Use On Nasal Mask Interface, Replacement Only, Each	Purchase of one (1) new unit	0.0561535675	1,581	11,238	38.77					
Cleveland-Elyria, OH	A7033	Pillow For Use On Nasal Cannula Type Interface, Replacement Only, Pair	Purchase of one (1) new unit	0.0467547067	1,299	9,738	27.18					
Cleveland-Elyria, OH	A7034	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Pressure Device, With Or Without Head Strap	Purchase of one (1) new unit	0.0344995459	4,138	7,078	112.53					
Cleveland-Elyria, OH	A7035	Headgear Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0401535191	6,279	7,811	38.01					
Cleveland-Elyria, OH	A7036	Chinstrap Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0039788681	620	711	14.79					
Cleveland-Elyria, OH	A7037	Tubing Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0419965179	4,804	8,207	39.1					

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)
Cleveland-Elyria, OH	A7038	Filter, Disposable, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.2213902948	5,042	41,093	4.39			
Cleveland-Elyria, OH	A7039	Filter, Non Disposable, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0178460605	1,528	1,810	13.38			
Cleveland-Elyria, OH	A7044	Oral Interface Used With Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0000195130	3	7	115.67			
Cleveland-Elyria, OH	A7045	Exhalation Port With Or Without Swivel Used With Accessories For Positive Airway Devices, Replacement Only	Purchase of one (1) new unit	0.0000909242	1	1	18.62			
Cleveland-Elyria, OH	A7046	Water Chamber For Humidifier, Used With Positive Airway Pressure Device, Replacement, Each	Purchase of one (1) new unit	0.0127431322	2,829	3,440	18.66			
Cleveland-Elyria, OH	E0470	Respiratory Assist Device, Bi-Level Pressure Capability, Without Backup Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0015558914	619	322	2454.8			
Cleveland-Elyria, OH	E0471	Respiratory Assist Device, Bi-Level Pressure Capability, With Back-Up Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0004760646	175	82	6143.4			
Cleveland-Elyria, OH	E0472	Respiratory Assist Device, Bi-Level Pressure Capability, With Backup Rate Feature, Used With Invasive Interface, E.G., Tracheostomy Tube (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0000005851	1	1	6143.4			
Cleveland-Elyria, OH	E0561	Humidifier, Non-Heated, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0000120530	1	1	102.36			
Cleveland-Elyria, OH	E0562	Humidifier, Heated, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0091136843	2,321	1,951	288.17			
Cleveland-Elyria, OH	E0601	Continuous Positive Airway Pressure (Cpap) Device	Purchase of one (1) new unit	0.0085112093	2,929	1,530	1068.7			
Covington-Florence-Newport, KY		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)	One (1) month's rental	0.2545084253	1,426	10,681	180.92			
Covington-Florence-Newport, KY	E1390	Oxygen Concentrator, Single Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate								
Covington-Florence-Newport, KY	E0424	Stationary Compressed Gaseous Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing								
Covington-Florence-Newport, KY	E0439	Stationary Liquid Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, & Tubing								
Covington-Florence-Newport, KY	E1391	Oxygen Concentrator, Dual Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate, Each								
Covington-Florence-Newport, KY		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)	One (1) month's rental	0.1121276271	834	5,868	30.42			
Covington-Florence-Newport, KY	E0431	Portable Gaseous Oxygen System, Rental; Includes Portable Container, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing								
Covington-Florence-Newport, KY	E0434	Portable Liquid Oxygen System, Rental; Includes Portable Container, Supply Reservoir, Humidifier, Flowmeter, Refill Adaptor, Contents Gauge, Cannula Or Mask, And Tubing								
Covington-Florence-Newport, KY		Payment Class C - Oxygen Generating Portable Equipment Only	One (1) month's rental	0.0389666194	97	898	51.63			
Covington-Florence-Newport, KY	K0738	Portable Gaseous Oxygen System, Rental; Home Compressor Used To Fill Portable Oxygen Cylinders; Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing								
Covington-Florence-Newport, KY	E0433	Portable Liquid Oxygen System, Rental; Home Liquefier Used To Fill Portable Liquid Oxygen Containers; Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask And Tubing, With Or Without Supply Reservoir And Contents Gauge								
Covington-Florence-Newport, KY	E1392	Portable Oxygen Concentrator, Rental								

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• The **2014 Beneficiary Count** and **2014 Allowed Units** are combined for all HCPCS codes in the payment class
• You must submit a **single estimated capacity** and a **single bid amount** that includes all HCPCS codes in the payment class.

For oxygen equipment and supplies only:
• The **Weight** is combined for all HCPCS codes in the payment class
• The **Bid Limit** is the same for each HCPCS code in the payment class
• The **2014 Beneficiary Count** and **2014 Allowed Units** are combined for all HCPCS codes in the payment class
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• You must submit a **single estimated capacity** and a **single bid amount** that includes all HCPCS codes in the payment class.

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		Payment Class D - Stationary Oxygen Contents Only	One (1) month's rental	0.0055344670	22	156	77.45					
Covington-Florence-Newport, KY	E0442	Stationary Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit			For oxygen equipment and supplies only: <ul style="list-style-type: none"> The Weight is combined for all HCPCS codes in the payment class The Bid Limit is the same for each HCPCS code in the payment class The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class You must submit a <u>single estimated capacity</u> and a <u>single bid amount</u> that includes all HCPCS codes in the payment class. 							
Covington-Florence-Newport, KY	E0441	Stationary Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit										
Covington-Florence-Newport, KY		Payment Class E - Portable Oxygen Contents Only	One (1) month's rental	0.0247908466	135	779	77.45					
Covington-Florence-Newport, KY	E0443	Portable Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit			For oxygen equipment and supplies only: <ul style="list-style-type: none"> The Weight is combined for all HCPCS codes in the payment class The Bid Limit is the same for each HCPCS code in the payment class The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class You must submit a <u>single estimated capacity</u> and a <u>single bid amount</u> that includes all HCPCS codes in the payment class. 							
Covington-Florence-Newport, KY	E0444	Portable Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit										
Covington-Florence-Newport, KY	A4604	Tubing With Integrated Heating Element For Use With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0088794990	183	255	63.9					
Covington-Florence-Newport, KY	A7027	Combination Oral/Nasal Mask, Used With Continuous Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0003418725	4	5	207.03					
Covington-Florence-Newport, KY	A7028	Oral Cushion For Combination Oral/Nasal Mask, Replacement Only, Each	Purchase of one (1) new unit	0.0008834388	3	9	55					
Covington-Florence-Newport, KY	A7029	Nasal Pillows For Combination Oral/Nasal Mask, Replacement Only, Pair	Purchase of one (1) new unit	0.0009760305	3	13	22.46					
Covington-Florence-Newport, KY	A7030	Full Face Mask Used With Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0236017821	496	849	180.47					
Covington-Florence-Newport, KY	A7031	Face Mask Interface, Replacement For Full Face Mask, Each	Purchase of one (1) new unit	0.0340932541	354	1,210	66.75					
Covington-Florence-Newport, KY	A7032	Cushion For Use On Nasal Mask Interface, Replacement Only, Each	Purchase of one (1) new unit	0.0561535675	445	2,665	38.77					
Covington-Florence-Newport, KY	A7033	Pillow For Use On Nasal Cannula Type Interface, Replacement Only, Pair	Purchase of one (1) new unit	0.0467547067	318	1,971	27.18					
Covington-Florence-Newport, KY	A7034	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Pressure Device, With Or Without Head Strap	Purchase of one (1) new unit	0.0344995459	807	1,378	112.53					
Covington-Florence-Newport, KY	A7035	Headgear Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0401535191	1,194	1,501	34.86					
Covington-Florence-Newport, KY	A7036	Chinstrap Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0039788681	174	199	14.92					
Covington-Florence-Newport, KY	A7037	Tubing Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0419965179	1,000	1,738	38.51					
Covington-Florence-Newport, KY	A7038	Filter, Disposable, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.2213902948	1,095	8,515	5.17					
Covington-Florence-Newport, KY	A7039	Filter, Non Disposable, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0178460605	545	684	12.46					
Covington-Florence-Newport, KY	A7044	Oral Interface Used With Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0000195130	1	1	115.67					
Covington-Florence-Newport, KY	A7045	Exhalation Port With Or Without Swivel Used With Accessories For Positive Airway Devices, Replacement Only	Purchase of one (1) new unit	0.0000909242	1	1	18.62					
Covington-Florence-Newport, KY	A7046	Water Chamber For Humidifier, Used With Positive Airway Pressure Device, Replacement, Each	Purchase of one (1) new unit	0.0127431322	415	509	18.66					
Covington-Florence-Newport, KY	E0470	Respiratory Assist Device, Bi-Level Pressure Capability, Without Backup Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0015558914	291	150	2454.8					
Covington-Florence-Newport, KY	E0471	Respiratory Assist Device, Bi-Level Pressure Capability, With Back-Up Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0004760646	18	8	6143.4					

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)
Covington-Florence-Newport, KY	E0472	Respiratory Assist Device, Bi-Level Pressure Capability, With Backup Rate Feature, Used With Invasive Interface, E. G., Tracheostomy Tube (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0000005851	1	1	6143.4			
Covington-Florence-Newport, KY	E0561	Humidifier, Non-Heated, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0000120530	1	1	102.36			
Covington-Florence-Newport, KY	E0562	Humidifier, Heated, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0091136843	359	313	288.17			
Covington-Florence-Newport, KY	E0601	Continuous Positive Airway Pressure (Cpap) Device	Purchase of one (1) new unit	0.0085112093	354	198	1065.9			
Dallas-Fort Worth-Arlington, TX		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)	One (1) month's rental	0.2545084253	14,678	107,745	180.92			
Dallas-Fort Worth-Arlington, TX	E1390	Oxygen Concentrator, Single Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate								
Dallas-Fort Worth-Arlington, TX	E0424	Stationary Compressed Gaseous Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing								
Dallas-Fort Worth-Arlington, TX	E0439	Stationary Liquid Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, & Tubing								
Dallas-Fort Worth-Arlington, TX	E1391	Oxygen Concentrator, Dual Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate, Each								
Dallas-Fort Worth-Arlington, TX		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)	One (1) month's rental	0.1121276271	7,184	49,493	30.42			
Dallas-Fort Worth-Arlington, TX	E0431	Portable Gaseous Oxygen System, Rental; Includes Portable Container, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing								
Dallas-Fort Worth-Arlington, TX	E0434	Portable Liquid Oxygen System, Rental; Includes Portable Container, Supply Reservoir, Humidifier, Flowmeter, Refill Adaptor, Contents Gauge, Cannula Or Mask, And Tubing								
Dallas-Fort Worth-Arlington, TX		Payment Class C - Oxygen Generating Portable Equipment Only	One (1) month's rental	0.0389666194	1,756	18,031	51.63			
Dallas-Fort Worth-Arlington, TX	K0738	Portable Gaseous Oxygen System, Rental; Home Compressor Used To Fill Portable Oxygen Cylinders; Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing								
Dallas-Fort Worth-Arlington, TX	E0433	Portable Liquid Oxygen System, Rental; Home Liquefier Used To Fill Portable Liquid Oxygen Containers, Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask And Tubing, With Or Without Supply Reservoir And Contents Gauge								
Dallas-Fort Worth-Arlington, TX	E1392	Portable Oxygen Concentrator, Rental								
Dallas-Fort Worth-Arlington, TX		Payment Class D - Stationary Oxygen Contents Only	One (1) month's rental	0.0055344670	407	3,484	77.45			
Dallas-Fort Worth-Arlington, TX	E0442	Stationary Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit								
Dallas-Fort Worth-Arlington, TX	E0441	Stationary Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit								
Dallas-Fort Worth-Arlington, TX		Payment Class E - Portable Oxygen Contents Only	One (1) month's rental	0.0247908466	1,395	11,842	77.45			
Dallas-Fort Worth-Arlington, TX	E0443	Portable Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit								
Dallas-Fort Worth-Arlington, TX	E0444	Portable Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit								
Dallas-Fort Worth-Arlington, TX	A4604	Tubing With Integrated Heating Element For Use With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0088794990	3,575	5,881	63.9			
Dallas-Fort Worth-Arlington, TX	A7027	Combination Oral/Nasal Mask, Used With Continuous Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0003418725	109	168	199.07			
Dallas-Fort Worth-Arlington, TX	A7028	Oral Cushion For Combination Oral/Nasal Mask, Replacement Only, Each	Purchase of one (1) new unit	0.0008834388	75	601	55			

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• The **Bid Limit** is the same for each HCPCS code in the payment class
• The **2014 Beneficiary Count** and **2014 Allowed Units** are combined for all HCPCS codes in the payment class
• You must submit a **single estimated capacity** and a **single bid amount** that includes all HCPCS codes in the payment class.

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• The **2014 Beneficiary Count** and **2014 Allowed Units** are combined for all HCPCS codes in the payment class
• You must submit a **single estimated capacity** and a **single bid amount** that includes all HCPCS codes in the payment class.

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	A7029	Nasal Pillows For Combination Oral/Nasal Mask, Replacement Only, Pair	Purchase of one (1) new unit	0.0009760305	99	772	22.46			
Dallas-Fort Worth-Arlington, TX	A7030	Full Face Mask Used With Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0236017821	6,110	10,525	180.47			
Dallas-Fort Worth-Arlington, TX	A7031	Face Mask Interface, Replacement For Full Face Mask, Each	Purchase of one (1) new unit	0.0340932541	4,946	21,665	66.75			
Dallas-Fort Worth-Arlington, TX	A7032	Cushion For Use On Nasal Mask Interface, Replacement Only, Each	Purchase of one (1) new unit	0.0561535675	4,505	35,856	38.77			
Dallas-Fort Worth-Arlington, TX	A7033	Pillow For Use On Nasal Cannula Type Interface, Replacement Only, Pair	Purchase of one (1) new unit	0.0467547067	4,180	35,841	27.18			
Dallas-Fort Worth-Arlington, TX	A7034	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Pressure Device, With Or Without Head Strap	Purchase of one (1) new unit	0.0344995459	9,779	16,504	112.53			
Dallas-Fort Worth-Arlington, TX	A7035	Headgear Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0401535191	14,776	18,440	33.18			
Dallas-Fort Worth-Arlington, TX	A7036	Chinstrap Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0039788681	2,649	3,003	14.79			
Dallas-Fort Worth-Arlington, TX	A7037	Tubing Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0419965179	11,149	18,664	36.67			
Dallas-Fort Worth-Arlington, TX	A7038	Filter, Disposable, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.2213902948	14,728	135,609	4.91			
Dallas-Fort Worth-Arlington, TX	A7039	Filter, Non Disposable, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0178460605	7,628	9,044	12.46			
Dallas-Fort Worth-Arlington, TX	A7044	Oral Interface Used With Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0000195130	3	6	115.67			
Dallas-Fort Worth-Arlington, TX	A7045	Exhalation Port With Or Without Swivel Used With Accessories For Positive Airway Devices, Replacement Only	Purchase of one (1) new unit	0.0000909242	1	1	18.62			
Dallas-Fort Worth-Arlington, TX	A7046	Water Chamber For Humidifier, Used With Positive Airway Pressure Device, Replacement, Each	Purchase of one (1) new unit	0.0127431322	5,150	6,084	18.66			
Dallas-Fort Worth-Arlington, TX	E0470	Respiratory Assist Device, Bi-Level Pressure Capability, Without Backup Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0015558914	1,557	825	2454.8			
Dallas-Fort Worth-Arlington, TX	E0471	Respiratory Assist Device, Bi-Level Pressure Capability, With Back-Up Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0004760646	472	249	5221.9			
Dallas-Fort Worth-Arlington, TX	E0472	Respiratory Assist Device, Bi-Level Pressure Capability, With Backup Rate Feature, Used With Invasive Interface, E.G., Tracheostomy Tube (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0000005851	1	1	5221.9			
Dallas-Fort Worth-Arlington, TX	E0561	Humidifier, Non-Heated, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0000120530	1	1	102.36			
Dallas-Fort Worth-Arlington, TX	E0562	Humidifier, Heated, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0091136843	5,563	4,876	288.17			
Dallas-Fort Worth-Arlington, TX	E0601	Continuous Positive Airway Pressure (Cpap) Device	Purchase of one (1) new unit	0.0085112093	7,171	3,778	983.3			
Dearborn, Franklin, Ohio & Union Counties, IN		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)	One (1) month's rental	0.2545084253	531	3,998	180.92			
Dearborn, Franklin, Ohio & Union Counties, IN	E1390	Oxygen Concentrator, Single Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate								
Dearborn, Franklin, Ohio & Union Counties, IN	E0424	Stationary Compressed Gaseous Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing								
Dearborn, Franklin, Ohio & Union Counties, IN	E0439	Stationary Liquid Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, & Tubing								
Dearborn, Franklin, Ohio & Union Counties, IN	E1391	Oxygen Concentrator, Dual Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate, Each								

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- You must submit a single estimated capacity and a single bid amount that includes all HCPCS codes in the payment class.

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		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)	One (1) month's rental	0.1121276271	281	1,967	30.42			
Dearborn, Franklin, Ohio & Union Counties, IN	E0431	Portable Gaseous Oxygen System, Rental; Includes Portable Container, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing								
Dearborn, Franklin, Ohio & Union Counties, IN	E0434	Portable Liquid Oxygen System, Rental; Includes Portable Container, Supply Reservoir, Humidifier, Flowmeter, Refill Adaptor, Contents Gauge, Cannula Or Mask, And Tubing								
Dearborn, Franklin, Ohio & Union Counties, IN		Payment Class C - Oxygen Generating Portable Equipment Only	One (1) month's rental	0.0389666194	31	412	51.63			
Dearborn, Franklin, Ohio & Union Counties, IN	K0738	Portable Gaseous Oxygen System, Rental; Home Compressor Used To Fill Portable Oxygen Cylinders; Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing								
Dearborn, Franklin, Ohio & Union Counties, IN	E0433	Portable Liquid Oxygen System, Rental; Home Liquefier Used To Fill Portable Liquid Oxygen Containers, Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask And Tubing, With Or Without Supply Reservoir And Contents Gauge								
Dearborn, Franklin, Ohio & Union Counties, IN	E1392	Portable Oxygen Concentrator, Rental								
Dearborn, Franklin, Ohio & Union Counties, IN		Payment Class D - Stationary Oxygen Contents Only	One (1) month's rental	0.0055344670	6	36	77.45			
Dearborn, Franklin, Ohio & Union Counties, IN	E0442	Stationary Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit								
Dearborn, Franklin, Ohio & Union Counties, IN	E0441	Stationary Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit								
Dearborn, Franklin, Ohio & Union Counties, IN		Payment Class E - Portable Oxygen Contents Only	One (1) month's rental	0.0247908466	42	278	77.45			
Dearborn, Franklin, Ohio & Union Counties, IN	E0443	Portable Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit								
Dearborn, Franklin, Ohio & Union Counties, IN	E0444	Portable Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit								
Dearborn, Franklin, Ohio & Union Counties, IN	A4604	Tubing With Integrated Heating Element For Use With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0088794990	56	104	63.9			
Dearborn, Franklin, Ohio & Union Counties, IN	A7027	Combination Oral/Nasal Mask, Used With Continuous Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0003418725	3	8	207.03			
Dearborn, Franklin, Ohio & Union Counties, IN	A7028	Oral Cushion For Combination Oral/Nasal Mask, Replacement Only, Each	Purchase of one (1) new unit	0.0008834388	1	20	55			
Dearborn, Franklin, Ohio & Union Counties, IN	A7029	Nasal Pillows For Combination Oral/Nasal Mask, Replacement Only, Pair	Purchase of one (1) new unit	0.0009760305	2	22	22.46			
Dearborn, Franklin, Ohio & Union Counties, IN	A7030	Full Face Mask Used With Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0236017821	138	253	180.47			
Dearborn, Franklin, Ohio & Union Counties, IN	A7031	Face Mask Interface, Replacement For Full Face Mask, Each	Purchase of one (1) new unit	0.0340932541	111	459	66.75			
Dearborn, Franklin, Ohio & Union Counties, IN	A7032	Cushion For Use On Nasal Mask Interface, Replacement Only, Each	Purchase of one (1) new unit	0.0561535675	90	556	38.77			
Dearborn, Franklin, Ohio & Union Counties, IN	A7033	Pillow For Use On Nasal Cannula Type Interface, Replacement Only, Pair	Purchase of one (1) new unit	0.0467547067	80	552	27.18			
Dearborn, Franklin, Ohio & Union Counties, IN	A7034	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Pressure Device, With Or Without Head Strap	Purchase of one (1) new unit	0.0344995459	216	336	112.53			
Dearborn, Franklin, Ohio & Union Counties, IN	A7035	Headgear Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0401535191	329	406	38.01			
Dearborn, Franklin, Ohio & Union Counties, IN	A7036	Chinstrap Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0039788681	20	23	14.84			
Dearborn, Franklin, Ohio & Union Counties, IN	A7037	Tubing Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0419965179	256	403	39.23			

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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	A7038	Filter, Disposable, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.2213902948	272	2,228	4.39			
Dearborn, Franklin, Ohio & Union Counties, IN	A7039	Filter, Non Disposable, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0178460605	112	136	14.08			
Dearborn, Franklin, Ohio & Union Counties, IN	A7044	Oral Interface Used With Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0000195130	1	1	115.67			
Dearborn, Franklin, Ohio & Union Counties, IN	A7045	Exhalation Port With Or Without Swivel Used With Accessories For Positive Airway Devices, Replacement Only	Purchase of one (1) new unit	0.0000909242	1	1	18.62			
Dearborn, Franklin, Ohio & Union Counties, IN	A7046	Water Chamber For Humidifier, Used With Positive Airway Pressure Device, Replacement, Each	Purchase of one (1) new unit	0.0127431322	120	138	18.66			
Dearborn, Franklin, Ohio & Union Counties, IN	E0470	Respiratory Assist Device, Bi-Level Pressure Capability, Without Backup Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0015558914	58	30	2454.8			
Dearborn, Franklin, Ohio & Union Counties, IN	E0471	Respiratory Assist Device, Bi-Level Pressure Capability, With Back-Up Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0004760646	11	7	5221.9			
Dearborn, Franklin, Ohio & Union Counties, IN	E0472	Respiratory Assist Device, Bi-Level Pressure Capability, With Backup Rate Feature, Used With Invasive Interface, E.G., Tracheostomy Tube (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0000005851	1	1	5221.9			
Dearborn, Franklin, Ohio & Union Counties, IN	E0561	Humidifier, Non-Heated, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0000120530	1	1	102.36			
Dearborn, Franklin, Ohio & Union Counties, IN	E0562	Humidifier, Heated, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0091136843	113	94	288.17			
Dearborn, Franklin, Ohio & Union Counties, IN	E0601	Continuous Positive Airway Pressure (Cpap) Device	Purchase of one (1) new unit	0.0085112093	159	88	1068.7			
Kansas City, MO		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)	One (1) month's rental	0.2545084253	5,096	37,902	180.92			
Kansas City, MO	E1390	Oxygen Concentrator, Single Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate								
Kansas City, MO	E0424	Stationary Compressed Gaseous Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing								
Kansas City, MO	E0439	Stationary Liquid Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, & Tubing								
Kansas City, MO	E1391	Oxygen Concentrator, Dual Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate, Each								
Kansas City, MO		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)	One (1) month's rental	0.1121276271	1,618	11,626	30.42			
Kansas City, MO	E0431	Portable Gaseous Oxygen System, Rental; Includes Portable Container, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing								
Kansas City, MO	E0434	Portable Liquid Oxygen System, Rental; Includes Portable Container, Supply Reservoir, Humidifier, Flowmeter, Refill Adaptor, Contents Gauge, Cannula Or Mask, And Tubing								
Kansas City, MO		Payment Class C - Oxygen Generating Portable Equipment Only	One (1) month's rental	0.0389666194	1,088	9,106	51.63			
Kansas City, MO	K0738	Portable Gaseous Oxygen System, Rental; Home Compressor Used To Fill Portable Oxygen Cylinders; Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing								
Kansas City, MO	E0433	Portable Liquid Oxygen System, Rental; Home Liquefier Used To Fill Portable Liquid Oxygen Containers, Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask And Tubing, With Or Without Supply Reservoir And Contents Gauge								
Kansas City, MO	E1392	Portable Oxygen Concentrator, Rental								

For oxygen equipment and supplies only:
• The **Weight** is combined for all HCPCS codes in the payment class
• The **Bid Limit** is the same for each HCPCS code in the payment class
• The **2014 Beneficiary Count** and **2014 Allowed Units** are combined for all HCPCS codes in the payment class
• You must submit a **single estimated capacity** and a **single bid amount** that includes all HCPCS codes in the payment class.

For oxygen equipment and supplies only:
• The **Weight** is combined for all HCPCS codes in the payment class
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• The **2014 Beneficiary Count** and **2014 Allowed Units** are combined for all HCPCS codes in the payment class
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For oxygen equipment and supplies only:
• The **Weight** is combined for all HCPCS codes in the payment class
• The **Bid Limit** is the same for each HCPCS code in the payment class
• The **2014 Beneficiary Count** and **2014 Allowed Units** are combined for all HCPCS codes in the payment class
• You must submit a **single estimated capacity** and a **single bid amount** that includes all HCPCS codes in the payment class.

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		Payment Class D - Stationary Oxygen Contents Only	One (1) month's rental	0.0055344670	95	892	77.45			
Kansas City, MO	E0442	Stationary Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit			For oxygen equipment and supplies only: • The Weight is combined for all HCPCS codes in the payment class • The Bid Limit is the same for each HCPCS code in the payment class • The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class • You must submit a single estimated capacity and a single bid amount that includes all HCPCS codes in the payment class.					
Kansas City, MO	E0441	Stationary Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit								
Kansas City, MO		Payment Class E - Portable Oxygen Contents Only	One (1) month's rental	0.0247908466	286	2,153	77.45			
Kansas City, MO	E0443	Portable Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit			For oxygen equipment and supplies only: • The Weight is combined for all HCPCS codes in the payment class • The Bid Limit is the same for each HCPCS code in the payment class • The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class • You must submit a single estimated capacity and a single bid amount that includes all HCPCS codes in the payment class.					
Kansas City, MO	E0444	Portable Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit								
Kansas City, MO	A4604	Tubing With Integrated Heating Element For Use With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0088794990	288	447	63.9			
Kansas City, MO	A7027	Combination Oral/Nasal Mask, Used With Continuous Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0003418725	26	33	207.03			
Kansas City, MO	A7028	Oral Cushion For Combination Oral/Nasal Mask, Replacement Only, Each	Purchase of one (1) new unit	0.0008834388	12	89	55			
Kansas City, MO	A7029	Nasal Pillows For Combination Oral/Nasal Mask, Replacement Only, Pair	Purchase of one (1) new unit	0.0009760305	17	109	22.46			
Kansas City, MO	A7030	Full Face Mask Used With Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0236017821	1,781	3,008	180.47			
Kansas City, MO	A7031	Face Mask Interface, Replacement For Full Face Mask, Each	Purchase of one (1) new unit	0.0340932541	1,309	5,267	66.75			
Kansas City, MO	A7032	Cushion For Use On Nasal Mask Interface, Replacement Only, Each	Purchase of one (1) new unit	0.0561535675	1,946	13,353	38.77			
Kansas City, MO	A7033	Pillow For Use On Nasal Cannula Type Interface, Replacement Only, Pair	Purchase of one (1) new unit	0.0467547067	1,452	10,369	27.18			
Kansas City, MO	A7034	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Pressure Device, With Or Without Head Strap	Purchase of one (1) new unit	0.0344995459	3,971	6,511	112.53			
Kansas City, MO	A7035	Headgear Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0401535191	5,406	6,881	38.01			
Kansas City, MO	A7036	Chinstrap Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0039788681	599	689	17.4			
Kansas City, MO	A7037	Tubing Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0419965179	4,461	7,661	39.23			
Kansas City, MO	A7038	Filter, Disposable, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.2213902948	4,655	44,487	5.17			
Kansas City, MO	A7039	Filter, Non Disposable, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0178460605	3,613	4,510	14.66			
Kansas City, MO	A7044	Oral Interface Used With Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0000195130	1	1	115.67			
Kansas City, MO	A7045	Exhalation Port With Or Without Swivel Used With Accessories For Positive Airway Devices, Replacement Only	Purchase of one (1) new unit	0.0000909242	2	2	18.62			
Kansas City, MO	A7046	Water Chamber For Humidifier, Used With Positive Airway Pressure Device, Replacement, Each	Purchase of one (1) new unit	0.0127431322	2,045	2,516	18.66			
Kansas City, MO	E0470	Respiratory Assist Device, Bi-Level Pressure Capability, Without Backup Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0015558914	546	306	2454.8			
Kansas City, MO	E0471	Respiratory Assist Device, Bi-Level Pressure Capability, With Back-Up Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0004760646	143	79	6143.4			

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)
Kansas City, MO	E0472	Respiratory Assist Device, Bi-Level Pressure Capability, With Backup Rate Feature, Used With Invasive Interface, E.G., Tracheostomy Tube (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0000005851	1	1	6143.4			
Kansas City, MO	E0561	Humidifier, Non-Heated, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0000120530	1	1	102.36			
Kansas City, MO	E0562	Humidifier, Heated, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0091136843	1,815	1,432	288.17			
Kansas City, MO	E0601	Continuous Positive Airway Pressure (Cpap) Device	Purchase of one (1) new unit	0.0085112093	2,380	1,303	1068.7			
Kansas City-Overland Park-Ottawa, KS		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)	One (1) month's rental	0.2545084253	2,962	22,607	180.92			
Kansas City-Overland Park-Ottawa, KS	E1390	Oxygen Concentrator, Single Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate								
Kansas City-Overland Park-Ottawa, KS	E0424	Stationary Compressed Gaseous Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing			<p>For oxygen equipment and supplies only:</p> <ul style="list-style-type: none"> The Weight is combined for all HCPCS codes in the payment class The Bid Limit is the same for each HCPCS code in the payment class The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class You must submit a single estimated capacity and a single bid amount that includes all HCPCS codes in the payment class. 					
Kansas City-Overland Park-Ottawa, KS	E0439	Stationary Liquid Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, & Tubing								
Kansas City-Overland Park-Ottawa, KS	E1391	Oxygen Concentrator, Dual Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate, Each								
Kansas City-Overland Park-Ottawa, KS		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)	One (1) month's rental	0.1121276271	951	6,892	30.42			
Kansas City-Overland Park-Ottawa, KS	E0431	Portable Gaseous Oxygen System, Rental; Includes Portable Container, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing			<p>For oxygen equipment and supplies only:</p> <ul style="list-style-type: none"> The Weight is combined for all HCPCS codes in the payment class The Bid Limit is the same for each HCPCS code in the payment class The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class You must submit a single estimated capacity and a single bid amount that includes all HCPCS codes in the payment class. 					
Kansas City-Overland Park-Ottawa, KS	E0434	Portable Liquid Oxygen System, Rental; Includes Portable Container, Supply Reservoir, Humidifier, Flowmeter, Refill Adaptor, Contents Gauge, Cannula Or Mask, And Tubing								
Kansas City-Overland Park-Ottawa, KS		Payment Class C - Oxygen Generating Portable Equipment Only	One (1) month's rental	0.0389666194	571	5,142	51.63			
Kansas City-Overland Park-Ottawa, KS	K0738	Portable Gaseous Oxygen System, Rental; Home Compressor Used To Fill Portable Oxygen Cylinders; Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing			<p>For oxygen equipment and supplies only:</p> <ul style="list-style-type: none"> The Weight is combined for all HCPCS codes in the payment class The Bid Limit is the same for each HCPCS code in the payment class The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class You must submit a single estimated capacity and a single bid amount that includes all HCPCS codes in the payment class. 					
Kansas City-Overland Park-Ottawa, KS	E0433	Portable Liquid Oxygen System, Rental; Home Liquefier Used To Fill Portable Liquid Oxygen Containers, Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask And Tubing, With Or Without Supply Reservoir And Contents Gauge								
Kansas City-Overland Park-Ottawa, KS	E1392	Portable Oxygen Concentrator, Rental								
Kansas City-Overland Park-Ottawa, KS		Payment Class D - Stationary Oxygen Contents Only	One (1) month's rental	0.0055344670	96	828	77.45			
Kansas City-Overland Park-Ottawa, KS	E0442	Stationary Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit			<p>For oxygen equipment and supplies only:</p> <ul style="list-style-type: none"> The Weight is combined for all HCPCS codes in the payment class The Bid Limit is the same for each HCPCS code in the payment class The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class You must submit a single estimated capacity and a single bid amount that includes all HCPCS codes in the payment class. 					
Kansas City-Overland Park-Ottawa, KS	E0441	Stationary Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit								
Kansas City-Overland Park-Ottawa, KS		Payment Class E - Portable Oxygen Contents Only	One (1) month's rental	0.0247908466	174	1,626	77.45			
Kansas City-Overland Park-Ottawa, KS	E0443	Portable Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit			<p>For oxygen equipment and supplies only:</p> <ul style="list-style-type: none"> The Weight is combined for all HCPCS codes in the payment class The Bid Limit is the same for each HCPCS code in the payment class The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class You must submit a single estimated capacity and a single bid amount that includes all HCPCS codes in the payment class. 					
Kansas City-Overland Park-Ottawa, KS	E0444	Portable Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit								
Kansas City-Overland Park-Ottawa, KS	A4604	Tubing With Integrated Heating Element For Use With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0088794990	153	234	63.9			
Kansas City-Overland Park-Ottawa, KS	A7027	Combination Oral/Nasal Mask, Used With Continuous Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0003418725	11	17	199.07			
Kansas City-Overland Park-Ottawa, KS	A7028	Oral Cushion For Combination Oral/Nasal Mask, Replacement Only, Each	Purchase of one (1) new unit	0.0008834388	7	61	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)
Kansas City-Overland Park-Ottawa, KS	A7029	Nasal Pillows For Combination Oral/Nasal Mask, Replacement Only, Pair	Purchase of one (1) new unit	0.0009760305	9	55	22.46			
Kansas City-Overland Park-Ottawa, KS	A7030	Full Face Mask Used With Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0236017821	1,191	2,056	180.47			
Kansas City-Overland Park-Ottawa, KS	A7031	Face Mask Interface, Replacement For Full Face Mask, Each	Purchase of one (1) new unit	0.0340932541	942	3,927	66.75			
Kansas City-Overland Park-Ottawa, KS	A7032	Cushion For Use On Nasal Mask Interface, Replacement Only, Each	Purchase of one (1) new unit	0.0561535675	1,227	8,908	38.77			
Kansas City-Overland Park-Ottawa, KS	A7033	Pillow For Use On Nasal Cannula Type Interface, Replacement Only, Pair	Purchase of one (1) new unit	0.0467547067	926	6,818	27.18			
Kansas City-Overland Park-Ottawa, KS	A7034	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Pressure Device, With Or Without Head Strap	Purchase of one (1) new unit	0.0344995459	2,408	4,017	112.53			
Kansas City-Overland Park-Ottawa, KS	A7035	Headgear Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0401535191	3,362	4,321	38.01			
Kansas City-Overland Park-Ottawa, KS	A7036	Chinstrap Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0039788681	319	380	17.4			
Kansas City-Overland Park-Ottawa, KS	A7037	Tubing Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0419965179	2,849	5,000	39.23			
Kansas City-Overland Park-Ottawa, KS	A7038	Filter, Disposable, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.2213902948	2,927	27,792	5.17			
Kansas City-Overland Park-Ottawa, KS	A7039	Filter, Non Disposable, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0178460605	2,207	2,796	14.66			
Kansas City-Overland Park-Ottawa, KS	A7044	Oral Interface Used With Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0000195130	1	1	115.67			
Kansas City-Overland Park-Ottawa, KS	A7045	Exhalation Port With Or Without Swivel Used With Accessories For Positive Airway Devices, Replacement Only	Purchase of one (1) new unit	0.0000909242	1	1	18.62			
Kansas City-Overland Park-Ottawa, KS	A7046	Water Chamber For Humidifier, Used With Positive Airway Pressure Device, Replacement, Each	Purchase of one (1) new unit	0.0127431322	1,273	1,567	18.66			
Kansas City-Overland Park-Ottawa, KS	E0470	Respiratory Assist Device, Bi-Level Pressure Capability, Without Backup Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0015558914	235	122	2454.8			
Kansas City-Overland Park-Ottawa, KS	E0471	Respiratory Assist Device, Bi-Level Pressure Capability, With Back-Up Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0004760646	63	35	6143.4			
Kansas City-Overland Park-Ottawa, KS	E0472	Respiratory Assist Device, Bi-Level Pressure Capability, With Backup Rate Feature, Used With Invasive Interface, E.G., Tracheostomy Tube (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0000005851	1	1	6143.4			
Kansas City-Overland Park-Ottawa, KS	E0561	Humidifier, Non-Heated, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0000120530	2	2	102.36			
Kansas City-Overland Park-Ottawa, KS	E0562	Humidifier, Heated, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0091136843	1,102	878	288.17			
Kansas City-Overland Park-Ottawa, KS	E0601	Continuous Positive Airway Pressure (Cpap) Device	Purchase of one (1) new unit	0.0085112093	1,537	856	1068.7			
Miami-Fort Lauderdale-West Palm Beach, FL		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)	One (1) month's rental	0.2545084253	9,942	69,504	180.92			
Miami-Fort Lauderdale-West Palm Beach, FL	E1390	Oxygen Concentrator, Single Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate								
Miami-Fort Lauderdale-West Palm Beach, FL	E0424	Stationary Compressed Gaseous Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing								
Miami-Fort Lauderdale-West Palm Beach, FL	E0439	Stationary Liquid Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, & Tubing								
Miami-Fort Lauderdale-West Palm Beach, FL	E1391	Oxygen Concentrator, Dual Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate, Each								

For oxygen equipment and supplies only:
• The **Weight** is combined for all HCPCS codes in the payment class
• The **Bid Limit** is the same for each HCPCS code in the payment class
• The **2014 Beneficiary Count** and **2014 Allowed Units** are combined for all HCPCS codes in the payment class
• You must submit a **single estimated capacity** and a **single bid amount** that includes all HCPCS codes in the payment class.

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		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)	One (1) month's rental	0.1121276271	5,492	36,047	30.42					
Miami-Fort Lauderdale-West Palm Beach, FL	E0431	Portable Gaseous Oxygen System, Rental; Includes Portable Container, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing			For oxygen equipment and supplies only: • The Weight is combined for all HCPCS codes in the payment class • The Bid Limit is the same for each HCPCS code in the payment class • The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class • You must submit a <u>single estimated capacity</u> and a <u>single bid amount</u> that includes all HCPCS codes in the payment class.							
Miami-Fort Lauderdale-West Palm Beach, FL	E0434	Portable Liquid Oxygen System, Rental; Includes Portable Container, Supply Reservoir, Humidifier, Flowmeter, Refill Adaptor, Contents Gauge, Cannula Or Mask, And Tubing										
Miami-Fort Lauderdale-West Palm Beach, FL		Payment Class C - Oxygen Generating Portable Equipment Only	One (1) month's rental	0.0389666194	1,095	9,513	51.63					
Miami-Fort Lauderdale-West Palm Beach, FL	K0738	Portable Gaseous Oxygen System, Rental; Home Compressor Used To Fill Portable Oxygen Cylinders; Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing			For oxygen equipment and supplies only: • The Weight is combined for all HCPCS codes in the payment class • The Bid Limit is the same for each HCPCS code in the payment class • The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class • You must submit a <u>single estimated capacity</u> and a <u>single bid amount</u> that includes all HCPCS codes in the payment class.							
Miami-Fort Lauderdale-West Palm Beach, FL	E0433	Portable Liquid Oxygen System, Rental; Home Liquefier Used To Fill Portable Liquid Oxygen Containers, Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask And Tubing, With Or Without Supply Reservoir And Contents Gauge										
Miami-Fort Lauderdale-West Palm Beach, FL	E1392	Portable Oxygen Concentrator, Rental										
Miami-Fort Lauderdale-West Palm Beach, FL		Payment Class D - Stationary Oxygen Contents Only	One (1) month's rental	0.0055344670	242	2,037	77.45					
Miami-Fort Lauderdale-West Palm Beach, FL	E0442	Stationary Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit			For oxygen equipment and supplies only: • The Weight is combined for all HCPCS codes in the payment class • The Bid Limit is the same for each HCPCS code in the payment class • The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class • You must submit a <u>single estimated capacity</u> and a <u>single bid amount</u> that includes all HCPCS codes in the payment class.							
Miami-Fort Lauderdale-West Palm Beach, FL	E0441	Stationary Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit										
Miami-Fort Lauderdale-West Palm Beach, FL		Payment Class E - Portable Oxygen Contents Only	One (1) month's rental	0.0247908466	565	5,215	77.45					
Miami-Fort Lauderdale-West Palm Beach, FL	E0443	Portable Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit			For oxygen equipment and supplies only: • The Weight is combined for all HCPCS codes in the payment class • The Bid Limit is the same for each HCPCS code in the payment class • The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class • You must submit a <u>single estimated capacity</u> and a <u>single bid amount</u> that includes all HCPCS codes in the payment class.							
Miami-Fort Lauderdale-West Palm Beach, FL	E0444	Portable Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit										
Miami-Fort Lauderdale-West Palm Beach, FL	A4604	Tubing With Integrated Heating Element For Use With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0088794990	1,887	3,394	63.9					
Miami-Fort Lauderdale-West Palm Beach, FL	A7027	Combination Oral/Nasal Mask, Used With Continuous Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0003418725	40	68	199.07					
Miami-Fort Lauderdale-West Palm Beach, FL	A7028	Oral Cushion For Combination Oral/Nasal Mask, Replacement Only, Each	Purchase of one (1) new unit	0.0008834388	25	231	55					
Miami-Fort Lauderdale-West Palm Beach, FL	A7029	Nasal Pillows For Combination Oral/Nasal Mask, Replacement Only, Pair	Purchase of one (1) new unit	0.0009760305	26	237	22.46					
Miami-Fort Lauderdale-West Palm Beach, FL	A7030	Full Face Mask Used With Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0236017821	3,307	13,774	180.47					
Miami-Fort Lauderdale-West Palm Beach, FL	A7031	Face Mask Interface, Replacement For Full Face Mask, Each	Purchase of one (1) new unit	0.0340932541	2,294	8,625	66.75					
Miami-Fort Lauderdale-West Palm Beach, FL	A7032	Cushion For Use On Nasal Mask Interface, Replacement Only, Each	Purchase of one (1) new unit	0.0561535675	2,759	20,761	38.77					
Miami-Fort Lauderdale-West Palm Beach, FL	A7033	Pillow For Use On Nasal Cannula Type Interface, Replacement Only, Pair	Purchase of one (1) new unit	0.0467547067	3,159	24,895	27.18					
Miami-Fort Lauderdale-West Palm Beach, FL	A7034	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Pressure Device, With Or Without Head Strap	Purchase of one (1) new unit	0.0344995459	7,156	13,780	112.53					
Miami-Fort Lauderdale-West Palm Beach, FL	A7035	Headgear Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0401535191	9,722	20,868	33.18					
Miami-Fort Lauderdale-West Palm Beach, FL	A7036	Chinstrap Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0039788681	1,472	1,800	14.79					
Miami-Fort Lauderdale-West Palm Beach, FL	A7037	Tubing Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0419965179	7,954	15,036	36.67					

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	A7038	Filter, Disposable, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.2213902948	9,298	82,962	4.91			
Miami-Fort Lauderdale-West Palm Beach, FL	A7039	Filter, Non Disposable, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0178460605	1,825	2,236	12.46			
Miami-Fort Lauderdale-West Palm Beach, FL	A7044	Oral Interface Used With Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0000195130	3	3	115.67			
Miami-Fort Lauderdale-West Palm Beach, FL	A7045	Exhalation Port With Or Without Swivel Used With Accessories For Positive Airway Devices, Replacement Only	Purchase of one (1) new unit	0.0000909242	1	1	18.62			
Miami-Fort Lauderdale-West Palm Beach, FL	A7046	Water Chamber For Humidifier, Used With Positive Airway Pressure Device, Replacement, Each	Purchase of one (1) new unit	0.0127431322	3,389	4,300	18.66			
Miami-Fort Lauderdale-West Palm Beach, FL	E0470	Respiratory Assist Device, Bi-Level Pressure Capability, Without Backup Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0015558914	795	441	2228.4			
Miami-Fort Lauderdale-West Palm Beach, FL	E0471	Respiratory Assist Device, Bi-Level Pressure Capability, With Back-Up Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0004760646	241	134	5221.9			
Miami-Fort Lauderdale-West Palm Beach, FL	E0472	Respiratory Assist Device, Bi-Level Pressure Capability, With Backup Rate Feature, Used With Invasive Interface, E.G., Tracheostomy Tube (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0000005851	1	1	5221.9			
Miami-Fort Lauderdale-West Palm Beach, FL	E0561	Humidifier, Non-Heated, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0000120530	3	1	102.36			
Miami-Fort Lauderdale-West Palm Beach, FL	E0562	Humidifier, Heated, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0091136843	3,326	2,834	288.17			
Miami-Fort Lauderdale-West Palm Beach, FL	E0601	Continuous Positive Airway Pressure (Cpap) Device	Purchase of one (1) new unit	0.0085112093	5,552	2,875	908.4			
Orlando-Kissimmee-Sanford, FL		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)	One (1) month's rental	0.2545084253	7,730	57,484	180.92			
Orlando-Kissimmee-Sanford, FL	E1390	Oxygen Concentrator, Single Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate								
Orlando-Kissimmee-Sanford, FL	E0424	Stationary Compressed Gaseous Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing								
Orlando-Kissimmee-Sanford, FL	E0439	Stationary Liquid Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, & Tubing								
Orlando-Kissimmee-Sanford, FL	E1391	Oxygen Concentrator, Dual Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate, Each								
Orlando-Kissimmee-Sanford, FL		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)	One (1) month's rental	0.1121276271	2,856	19,237	30.42			
Orlando-Kissimmee-Sanford, FL	E0431	Portable Gaseous Oxygen System, Rental; Includes Portable Container, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing								
Orlando-Kissimmee-Sanford, FL	E0434	Portable Liquid Oxygen System, Rental; Includes Portable Container, Supply Reservoir, Humidifier, Flowmeter, Refill Adaptor, Contents Gauge, Cannula Or Mask, And Tubing								
Orlando-Kissimmee-Sanford, FL		Payment Class C - Oxygen Generating Portable Equipment Only	One (1) month's rental	0.0389666194	860	9,868	51.63			
Orlando-Kissimmee-Sanford, FL	K0738	Portable Gaseous Oxygen System, Rental; Home Compressor Used To Fill Portable Oxygen Cylinders; Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing								
Orlando-Kissimmee-Sanford, FL	E0433	Portable Liquid Oxygen System, Rental; Home Liquefier Used To Fill Portable Liquid Oxygen Containers, Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask And Tubing, With Or Without Supply Reservoir And Contents Gauge								
Orlando-Kissimmee-Sanford, FL	E1392	Portable Oxygen Concentrator, Rental								

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• The **2014 Beneficiary Count** and **2014 Allowed Units** are combined for all HCPCS codes in the payment class
• You must submit a **single estimated capacity** and a **single bid amount** that includes all HCPCS codes in the payment class.

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• The **2014 Beneficiary Count** and **2014 Allowed Units** are combined for all HCPCS codes in the payment class
• You must submit a **single estimated capacity** and a **single bid amount** that includes all HCPCS codes in the payment class.

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		Payment Class D - Stationary Oxygen Contents Only	One (1) month's rental	0.0055344670	96	891	77.45					
Orlando-Kissimmee-Sanford, FL	E0442	Stationary Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit			For oxygen equipment and supplies only: • The Weight is combined for all HCPCS codes in the payment class • The Bid Limit is the same for each HCPCS code in the payment class • The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class • You must submit a single estimated capacity and a single bid amount that includes all HCPCS codes in the payment class.							
Orlando-Kissimmee-Sanford, FL	E0441	Stationary Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit										
Orlando-Kissimmee-Sanford, FL		Payment Class E - Portable Oxygen Contents Only	One (1) month's rental	0.0247908466	405	2,707	77.45					
Orlando-Kissimmee-Sanford, FL	E0443	Portable Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit			For oxygen equipment and supplies only: • The Weight is combined for all HCPCS codes in the payment class • The Bid Limit is the same for each HCPCS code in the payment class • The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class • You must submit a single estimated capacity and a single bid amount that includes all HCPCS codes in the payment class.							
Orlando-Kissimmee-Sanford, FL	E0444	Portable Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit										
Orlando-Kissimmee-Sanford, FL	A4604	Tubing With Integrated Heating Element For Use With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0088794990	1,643	3,090	63.9					
Orlando-Kissimmee-Sanford, FL	A7027	Combination Oral/Nasal Mask, Used With Continuous Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0003418725	62	99	199.07					
Orlando-Kissimmee-Sanford, FL	A7028	Oral Cushion For Combination Oral/Nasal Mask, Replacement Only, Each	Purchase of one (1) new unit	0.0008834388	53	342	55					
Orlando-Kissimmee-Sanford, FL	A7029	Nasal Pillows For Combination Oral/Nasal Mask, Replacement Only, Pair	Purchase of one (1) new unit	0.0009760305	51	395	22.46					
Orlando-Kissimmee-Sanford, FL	A7030	Full Face Mask Used With Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0236017821	3,570	6,519	180.47					
Orlando-Kissimmee-Sanford, FL	A7031	Face Mask Interface, Replacement For Full Face Mask, Each	Purchase of one (1) new unit	0.0340932541	2,845	11,712	66.75					
Orlando-Kissimmee-Sanford, FL	A7032	Cushion For Use On Nasal Mask Interface, Replacement Only, Each	Purchase of one (1) new unit	0.0561535675	3,123	24,361	38.77					
Orlando-Kissimmee-Sanford, FL	A7033	Pillow For Use On Nasal Cannula Type Interface, Replacement Only, Pair	Purchase of one (1) new unit	0.0467547067	3,395	29,919	27.18					
Orlando-Kissimmee-Sanford, FL	A7034	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Pressure Device, With Or Without Head Strap	Purchase of one (1) new unit	0.0344995459	7,380	13,820	112.53					
Orlando-Kissimmee-Sanford, FL	A7035	Headgear Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0401535191	10,047	13,085	33.18					
Orlando-Kissimmee-Sanford, FL	A7036	Chinstrap Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0039788681	1,524	1,740	14.79					
Orlando-Kissimmee-Sanford, FL	A7037	Tubing Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0419965179	8,398	15,743	36.67					
Orlando-Kissimmee-Sanford, FL	A7038	Filter, Disposable, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.2213902948	9,548	92,969	4.91					
Orlando-Kissimmee-Sanford, FL	A7039	Filter, Non Disposable, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0178460605	5,362	6,754	12.46					
Orlando-Kissimmee-Sanford, FL	A7044	Oral Interface Used With Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0000195130	9	11	115.67					
Orlando-Kissimmee-Sanford, FL	A7045	Exhalation Port With Or Without Swivel Used With Accessories For Positive Airway Devices, Replacement Only	Purchase of one (1) new unit	0.0000909242	1	1	18.62					
Orlando-Kissimmee-Sanford, FL	A7046	Water Chamber For Humidifier, Used With Positive Airway Pressure Device, Replacement, Each	Purchase of one (1) new unit	0.0127431322	4,620	5,840	18.66					
Orlando-Kissimmee-Sanford, FL	E0470	Respiratory Assist Device, Bi-Level Pressure Capability, Without Backup Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0015558914	779	422	2228.4					
Orlando-Kissimmee-Sanford, FL	E0471	Respiratory Assist Device, Bi-Level Pressure Capability, With Back-Up Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0004760646	217	122	5221.9					

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	E0472	Respiratory Assist Device, Bi-Level Pressure Capability, With Backup Rate Feature, Used With Invasive Interface, E. G., Tracheostomy Tube (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0000005851	1	1	5221.9			
Orlando-Kissimmee-Sanford, FL	E0561	Humidifier, Non-Heated, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0000120530	3	2	102.36			
Orlando-Kissimmee-Sanford, FL	E0562	Humidifier, Heated, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0091136843	3,180	2,743	288.17			
Orlando-Kissimmee-Sanford, FL	E0601	Continuous Positive Airway Pressure (Cpap) Device	Purchase of one (1) new unit	0.0085112093	4,670	2,533	908.4			
Pittsburgh, PA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)	One (1) month's rental	0.2545084253	6,566	48,515	180.92			
Pittsburgh, PA	E1390	Oxygen Concentrator, Single Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate								
Pittsburgh, PA	E0424	Stationary Compressed Gaseous Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing								
Pittsburgh, PA	E0439	Stationary Liquid Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, & Tubing								
Pittsburgh, PA	E1391	Oxygen Concentrator, Dual Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate, Each								
Pittsburgh, PA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)	One (1) month's rental	0.1121276271	1,323	11,528	30.42			
Pittsburgh, PA	E0431	Portable Gaseous Oxygen System, Rental; Includes Portable Container, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing								
Pittsburgh, PA	E0434	Portable Liquid Oxygen System, Rental; Includes Portable Container, Supply Reservoir, Humidifier, Flowmeter, Refill Adaptor, Contents Gauge, Cannula Or Mask, And Tubing								
Pittsburgh, PA		Payment Class C - Oxygen Generating Portable Equipment Only	One (1) month's rental	0.0389666194	1,818	13,587	51.63			
Pittsburgh, PA	K0738	Portable Gaseous Oxygen System, Rental; Home Compressor Used To Fill Portable Oxygen Cylinders; Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing								
Pittsburgh, PA	E0433	Portable Liquid Oxygen System, Rental; Home Liquefier Used To Fill Portable Liquid Oxygen Containers, Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask And Tubing, With Or Without Supply Reservoir And Contents Gauge								
Pittsburgh, PA	E1392	Portable Oxygen Concentrator, Rental								
Pittsburgh, PA		Payment Class D - Stationary Oxygen Contents Only	One (1) month's rental	0.0055344670	200	1,705	77.45			
Pittsburgh, PA	E0442	Stationary Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit								
Pittsburgh, PA	E0441	Stationary Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit								
Pittsburgh, PA		Payment Class E - Portable Oxygen Contents Only	One (1) month's rental	0.0247908466	251	3,174	77.45			
Pittsburgh, PA	E0443	Portable Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit								
Pittsburgh, PA	E0444	Portable Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit								
Pittsburgh, PA	A4604	Tubing With Integrated Heating Element For Use With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0088794990	758	1,157	63.9			
Pittsburgh, PA	A7027	Combination Oral/Nasal Mask, Used With Continuous Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0003418725	38	55	199.07			
Pittsburgh, PA	A7028	Oral Cushion For Combination Oral/Nasal Mask, Replacement Only, Each	Purchase of one (1) new unit	0.0008834388	21	202	55			

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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	A7029	Nasal Pillows For Combination Oral/Nasal Mask, Replacement Only, Pair	Purchase of one (1) new unit	0.0009760305	23	211	22.46			
Pittsburgh, PA	A7030	Full Face Mask Used With Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0236017821	1,760	3,048	180.47			
Pittsburgh, PA	A7031	Face Mask Interface, Replacement For Full Face Mask, Each	Purchase of one (1) new unit	0.0340932541	1,134	4,252	66.75			
Pittsburgh, PA	A7032	Cushion For Use On Nasal Mask Interface, Replacement Only, Each	Purchase of one (1) new unit	0.0561535675	968	6,842	38.77			
Pittsburgh, PA	A7033	Pillow For Use On Nasal Cannula Type Interface, Replacement Only, Pair	Purchase of one (1) new unit	0.0467547067	886	6,252	27.18			
Pittsburgh, PA	A7034	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Pressure Device, With Or Without Head Strap	Purchase of one (1) new unit	0.0344995459	2,758	4,861	112.53			
Pittsburgh, PA	A7035	Headgear Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0401535191	4,218	5,251	33.89			
Pittsburgh, PA	A7036	Chinstrap Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0039788681	392	448	17.4			
Pittsburgh, PA	A7037	Tubing Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0419965179	3,380	6,001	37.51			
Pittsburgh, PA	A7038	Filter, Disposable, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.2213902948	4,078	33,077	4.39			
Pittsburgh, PA	A7039	Filter, Non Disposable, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0178460605	2,626	3,221	14.66			
Pittsburgh, PA	A7044	Oral Interface Used With Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0000195130	1	3	115.67			
Pittsburgh, PA	A7045	Exhalation Port With Or Without Swivel Used With Accessories For Positive Airway Devices, Replacement Only	Purchase of one (1) new unit	0.0000909242	1	1	18.62			
Pittsburgh, PA	A7046	Water Chamber For Humidifier, Used With Positive Airway Pressure Device, Replacement, Each	Purchase of one (1) new unit	0.0127431322	2,267	2,628	18.66			
Pittsburgh, PA	E0470	Respiratory Assist Device, Bi-Level Pressure Capability, Without Backup Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0015558914	586	328	2086.6			
Pittsburgh, PA	E0471	Respiratory Assist Device, Bi-Level Pressure Capability, With Back-Up Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0004760646	65	33	5221.9			
Pittsburgh, PA	E0472	Respiratory Assist Device, Bi-Level Pressure Capability, With Backup Rate Feature, Used With Invasive Interface, E.G., Tracheostomy Tube (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0000005851	1	1	5221.9			
Pittsburgh, PA	E0561	Humidifier, Non-Heated, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0000120530	1	1	102.36			
Pittsburgh, PA	E0562	Humidifier, Heated, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0091136843	1,652	1,199	288.17			
Pittsburgh, PA	E0601	Continuous Positive Airway Pressure (Cpap) Device	Purchase of one (1) new unit	0.0085112093	1,702	909	978.1			
Riverside-San Bernardino-Ontario, CA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)	One (1) month's rental	0.2545084253	5,749	39,527	180.92			
Riverside-San Bernardino-Ontario, CA	E1390	Oxygen Concentrator, Single Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate								
Riverside-San Bernardino-Ontario, CA	E0424	Stationary Compressed Gaseous Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing								
Riverside-San Bernardino-Ontario, CA	E0439	Stationary Liquid Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, & Tubing								
Riverside-San Bernardino-Ontario, CA	E1391	Oxygen Concentrator, Dual Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate, Each								

For oxygen equipment and supplies only:
• The **Weight** is combined for all HCPCS codes in the payment class
• The **Bid Limit** is the same for each HCPCS code in the payment class
• The **2014 Beneficiary Count** and **2014 Allowed Units** are combined for all HCPCS codes in the payment class
• You must submit a **single estimated capacity** and a **single bid amount** that includes all HCPCS codes in the payment class.

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		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)	One (1) month's rental	0.1121276271	2,901	19,143	30.42					
Riverside-San Bernardino-Ontario, CA	E0431	Portable Gaseous Oxygen System, Rental; Includes Portable Container, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing			<p>For oxygen equipment and supplies only:</p> <ul style="list-style-type: none"> The Weight is combined for all HCPCS codes in the payment class The Bid Limit is the same for each HCPCS code in the payment class The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class You must submit a <u>single estimated capacity</u> and a <u>single bid amount</u> that includes all HCPCS codes in the payment class. 							
Riverside-San Bernardino-Ontario, CA	E0434	Portable Liquid Oxygen System, Rental; Includes Portable Container, Supply Reservoir, Humidifier, Flowmeter, Refill Adaptor, Contents Gauge, Cannula Or Mask, And Tubing										
Riverside-San Bernardino-Ontario, CA		Payment Class C - Oxygen Generating Portable Equipment Only	One (1) month's rental	0.0389666194	520	4,993	51.63					
Riverside-San Bernardino-Ontario, CA	K0738	Portable Gaseous Oxygen System, Rental; Home Compressor Used To Fill Portable Oxygen Cylinders; Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing			<p>For oxygen equipment and supplies only:</p> <ul style="list-style-type: none"> The Weight is combined for all HCPCS codes in the payment class The Bid Limit is the same for each HCPCS code in the payment class The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class You must submit a <u>single estimated capacity</u> and a <u>single bid amount</u> that includes all HCPCS codes in the payment class. 							
Riverside-San Bernardino-Ontario, CA	E0433	Portable Liquid Oxygen System, Rental; Home Liquefier Used To Fill Portable Liquid Oxygen Containers, Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask And Tubing, With Or Without Supply Reservoir And Contents Gauge										
Riverside-San Bernardino-Ontario, CA	E1392	Portable Oxygen Concentrator, Rental										
Riverside-San Bernardino-Ontario, CA		Payment Class D - Stationary Oxygen Contents Only	One (1) month's rental	0.0055344670	67	563	77.45					
Riverside-San Bernardino-Ontario, CA	E0442	Stationary Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit			<p>For oxygen equipment and supplies only:</p> <ul style="list-style-type: none"> The Weight is combined for all HCPCS codes in the payment class The Bid Limit is the same for each HCPCS code in the payment class The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class You must submit a <u>single estimated capacity</u> and a <u>single bid amount</u> that includes all HCPCS codes in the payment class. 							
Riverside-San Bernardino-Ontario, CA	E0441	Stationary Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit										
Riverside-San Bernardino-Ontario, CA		Payment Class E - Portable Oxygen Contents Only	One (1) month's rental	0.0247908466	553	3,660	77.45					
Riverside-San Bernardino-Ontario, CA	E0443	Portable Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit			<p>For oxygen equipment and supplies only:</p> <ul style="list-style-type: none"> The Weight is combined for all HCPCS codes in the payment class The Bid Limit is the same for each HCPCS code in the payment class The 2014 Beneficiary Count and 2014 Allowed Units are combined for all HCPCS codes in the payment class You must submit a <u>single estimated capacity</u> and a <u>single bid amount</u> that includes all HCPCS codes in the payment class. 							
Riverside-San Bernardino-Ontario, CA	E0444	Portable Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit										
Riverside-San Bernardino-Ontario, CA	A4604	Tubing With Integrated Heating Element For Use With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0088794990	359	675	63.9					
Riverside-San Bernardino-Ontario, CA	A7027	Combination Oral/Nasal Mask, Used With Continuous Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0003418725	19	28	207.03					
Riverside-San Bernardino-Ontario, CA	A7028	Oral Cushion For Combination Oral/Nasal Mask, Replacement Only, Each	Purchase of one (1) new unit	0.0008834388	8	100	55					
Riverside-San Bernardino-Ontario, CA	A7029	Nasal Pillows For Combination Oral/Nasal Mask, Replacement Only, Pair	Purchase of one (1) new unit	0.0009760305	14	94	22.46					
Riverside-San Bernardino-Ontario, CA	A7030	Full Face Mask Used With Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0236017821	1,660	2,657	180.47					
Riverside-San Bernardino-Ontario, CA	A7031	Face Mask Interface, Replacement For Full Face Mask, Each	Purchase of one (1) new unit	0.0340932541	947	3,562	66.75					
Riverside-San Bernardino-Ontario, CA	A7032	Cushion For Use On Nasal Mask Interface, Replacement Only, Each	Purchase of one (1) new unit	0.0561535675	968	6,520	38.77					
Riverside-San Bernardino-Ontario, CA	A7033	Pillow For Use On Nasal Cannula Type Interface, Replacement Only, Pair	Purchase of one (1) new unit	0.0467547067	661	5,176	27.18					
Riverside-San Bernardino-Ontario, CA	A7034	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Pressure Device, With Or Without Head Strap	Purchase of one (1) new unit	0.0344995459	2,426	3,880	112.53					
Riverside-San Bernardino-Ontario, CA	A7035	Headgear Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0401535191	3,790	4,693	38.01					
Riverside-San Bernardino-Ontario, CA	A7036	Chinstrap Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0039788681	287	329	17.4					
Riverside-San Bernardino-Ontario, CA	A7037	Tubing Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0419965179	3,291	5,209	39.23					

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	A7038	Filter, Disposable, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.2213902948	3,431	25,442	5.17			
Riverside-San Bernardino-Ontario, CA	A7039	Filter, Non Disposable, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0178460605	1,880	2,208	14.66			
Riverside-San Bernardino-Ontario, CA	A7044	Oral Interface Used With Positive Airway Pressure Device, Each	Purchase of one (1) new unit	0.0000195130	4	5	115.67			
Riverside-San Bernardino-Ontario, CA	A7045	Exhalation Port With Or Without Swivel Used With Accessories For Positive Airway Devices, Replacement Only	Purchase of one (1) new unit	0.0000909242	3	3	18.62			
Riverside-San Bernardino-Ontario, CA	A7046	Water Chamber For Humidifier, Used With Positive Airway Pressure Device, Replacement, Each	Purchase of one (1) new unit	0.0127431322	1,203	1,468	18.66			
Riverside-San Bernardino-Ontario, CA	E0470	Respiratory Assist Device, Bi-Level Pressure Capability, Without Backup Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0015558914	273	144	2356.4			
Riverside-San Bernardino-Ontario, CA	E0471	Respiratory Assist Device, Bi-Level Pressure Capability, With Back-Up Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0004760646	131	74	6143.4			
Riverside-San Bernardino-Ontario, CA	E0472	Respiratory Assist Device, Bi-Level Pressure Capability, With Backup Rate Feature, Used With Invasive Interface, E.G., Tracheostomy Tube (Intermittent Assist Device With Continuous Positive Airway Pressure Device)	Purchase of one (1) new unit	0.0000005851	1	1	6143.4			
Riverside-San Bernardino-Ontario, CA	E0561	Humidifier, Non-Heated, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0000120530	1	1	102.36			
Riverside-San Bernardino-Ontario, CA	E0562	Humidifier, Heated, Used With Positive Airway Pressure Device	Purchase of one (1) new unit	0.0091136843	1,390	1,271	288.17			
Riverside-San Bernardino-Ontario, CA	E0601	Continuous Positive Airway Pressure (Cpap) Device	Purchase of one (1) new unit	0.0085112093	2,050	1,020	1006.9			