

Single Payment Amounts

General Home Equipment and Related Supplies and Accessories

Charlotte-Concord-Gastonia, NC	
Commodes, Urinals, Bedpans	4
Hospital Beds (Manual)	17
Hospital Beds (Semi-Electric)	21
Hospital Bed Accessories	26
Patient Lifts	33
Seat Lift Mechanisms	37
Support Surfaces (Group 1 & 2)	40
Chester, Lancaster & York Counties, SC	
Commodes, Urinals, Bedpans	4
Hospital Beds (Manual)	17
Hospital Beds (Semi-Electric)	21
Hospital Bed Accessories	26
Patient Lifts	33
Seat Lift Mechanisms	37
Support Surfaces (Group 1 & 2)	40
Cincinnati, OH	
Commodes, Urinals, Bedpans	6
Hospital Beds (Manual)	17
Hospital Beds (Semi-Electric)	21
Hospital Bed Accessories	27
Patient Lifts	33
Seat Lift Mechanisms	37
Support Surfaces (Group 1 & 2)	42
Cleveland-Elyria, OH	
Commodes, Urinals, Bedpans	6
Hospital Beds (Manual)	17
Hospital Beds (Semi-Electric)	22
Hospital Bed Accessories	27
Patient Lifts	33
Seat Lift Mechanisms	37
Support Surfaces (Group 1 & 2)	42



Covington-Florence-Newport, KY	
Commodes, Urinals, Bedpans	7
Hospital Beds (Manual)	18
Hospital Beds (Electric)	22
Hospital Bed Accessories	28
Patient Lifts	34
Seat Lift Mechanisms	37
Support Surfaces (Group 1 & 2)	43
Dallas-Fort Worth-Arlington, TX	
Commodes, Urinals, Bedpans	8
Hospital Beds (Manual)	18
Hospital Beds (Semi-Electric)	22
Hospital Bed Accessories	28
Patient Lifts	34
Seat Lift Mechanisms	38
Support Surfaces (Group 1 & 2)	44
Dearborn, Franklin, Ohio & Union Counties, IN	
Commodes, Urinals, Bedpans	9
Hospital Beds (Manual)	18
Hospital Beds (Semi-Electric)	23
Hospital Bed Accessories	28
Patient Lifts	34
Seat Lift Mechanisms	38
Support Surfaces (Group 1 & 2)	45
Kansas City, MO	
Commodes, Urinals, Bedpans	10
Hospital Beds (Manual)	18
Hospital Beds (Semi-Electric)	23
Hospital Bed Accessories	29
Patient Lifts	34
Seat Lift Mechanisms	38
Support Surfaces (Group 1 & 2)	46
Kansas City-Overland Park-Ottawa, KS	
Commodes, Urinals, Bedpans	11
Hospital Beds (Manual)	18
Hospital Beds (Semi-Electric)	23
Hospital Bed Accessories	29
Patient Lifts	35
Seat Lift Mechanisms	38
Support Surfaces (Group 1 & 2)	47
Miami-Fort Lauderdale-West Palm Beach, FL	
Commodes, Urinals, Bedpans	12
Hospital Beds (Manual)	19
Hospital Beds (Semi-Electric)	24
Hospital Bed Accessories	30
Patient Lifts	35
Seat Lift Mechanisms	39
Support Surfaces (Group 1 & 2)	48

Orlando-Kissimmee-Sanford, FL	
Commodes, Urinals, Bedpans	13
Hospital Beds (Manual)	19
Hospital Beds (Semi-Electric)	24
Hospital Bed Accessories	31
Patient Lifts	35
Seat Lift Mechanisms	39
Support Surfaces (Group 1 & 2)	49
Pittsburgh, PA	
Commodes, Urinals, Bedpans	14
Hospital Beds (Manual)	19
Hospital Beds (Semi-Electric)	24
Hospital Bed Accessories	31
Patient Lifts	36
Seat Lift Mechanisms	39
Support Surfaces (Group 1 & 2)	50
Riverside-San Bernardino-Ontario, CA	
Commodes, Urinals, Bedpans	15
Hospital Beds (Manual)	20
Hospital Beds (Semi-Electric)	25
Hospital Bed Accessories	32
Patient Lifts	36
Seat Lift Mechanisms	39
Support Surfaces (Group 1 & 2)	51

Single Payment Amounts
General Home Equipment and Related Supplies and Accessories
 Commodes, Urinals, Bedpans

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Concord-Gastonia, NC	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE	NU			\$29.63
Charlotte-Concord-Gastonia, NC	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE	RR			\$2.96
Charlotte-Concord-Gastonia, NC	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE	UE			\$22.22
Charlotte-Concord-Gastonia, NC	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE, WITH FAUCET ATTACHMENT/S	NU			\$28.00
Charlotte-Concord-Gastonia, NC	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE, WITH FAUCET ATTACHMENT/S	RR			\$2.80
Charlotte-Concord-Gastonia, NC	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE, WITH FAUCET ATTACHMENT/S	UE			\$21.00
Charlotte-Concord-Gastonia, NC	E0163	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	NU			\$52.92
Charlotte-Concord-Gastonia, NC	E0163	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	RR			\$5.29
Charlotte-Concord-Gastonia, NC	E0163	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	UE			\$39.69
Charlotte-Concord-Gastonia, NC	E0165	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	RR			\$13.82
Charlotte-Concord-Gastonia, NC	E0167	PAIL OR PAN FOR USE WITH COMMODOE CHAIR, REPLACEMENT ONLY	NU			\$12.00
Charlotte-Concord-Gastonia, NC	E0167	PAIL OR PAN FOR USE WITH COMMODOE CHAIR, REPLACEMENT ONLY	RR			\$1.20
Charlotte-Concord-Gastonia, NC	E0167	PAIL OR PAN FOR USE WITH COMMODOE CHAIR, REPLACEMENT ONLY	UE			\$9.00
Charlotte-Concord-Gastonia, NC	E0168	COMMODOE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	NU			\$133.90
Charlotte-Concord-Gastonia, NC	E0168	COMMODOE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	RR			\$13.39
Charlotte-Concord-Gastonia, NC	E0168	COMMODOE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	UE			\$100.43
Charlotte-Concord-Gastonia, NC	E0170	COMMODOE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	RR			\$169.48
Charlotte-Concord-Gastonia, NC	E0171	COMMODOE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	RR			\$30.76
Charlotte-Concord-Gastonia, NC	E0275	BED PAN, STANDARD, METAL OR PLASTIC	NU			\$15.00
Charlotte-Concord-Gastonia, NC	E0275	BED PAN, STANDARD, METAL OR PLASTIC	RR			\$1.50
Charlotte-Concord-Gastonia, NC	E0275	BED PAN, STANDARD, METAL OR PLASTIC	UE			\$11.25
Charlotte-Concord-Gastonia, NC	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	NU			\$12.00
Charlotte-Concord-Gastonia, NC	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	RR			\$1.20
Charlotte-Concord-Gastonia, NC	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	UE			\$9.00
Charlotte-Concord-Gastonia, NC	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	NU			\$8.95
Charlotte-Concord-Gastonia, NC	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	RR			\$0.90
Charlotte-Concord-Gastonia, NC	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	UE			\$6.71
Charlotte-Concord-Gastonia, NC	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	NU			\$9.00
Charlotte-Concord-Gastonia, NC	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	RR			\$0.90
Charlotte-Concord-Gastonia, NC	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	UE			\$6.75
Chester, Lancaster & York Counties, SC	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE	NU			\$29.00
Chester, Lancaster & York Counties, SC	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE	RR			\$2.90

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chester, Lancaster & York Counties, SC	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE	UE			\$21.75
Chester, Lancaster & York Counties, SC	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE, WITH FAUCET ATTACHMENT/S	NU			\$27.65
Chester, Lancaster & York Counties, SC	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE, WITH FAUCET ATTACHMENT/S	RR			\$2.77
Chester, Lancaster & York Counties, SC	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE, WITH FAUCET ATTACHMENT/S	UE			\$20.74
Chester, Lancaster & York Counties, SC	E0163	COMMUNE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	NU			\$47.64
Chester, Lancaster & York Counties, SC	E0163	COMMUNE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	RR			\$4.76
Chester, Lancaster & York Counties, SC	E0163	COMMUNE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	UE			\$35.73
Chester, Lancaster & York Counties, SC	E0165	COMMUNE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	RR			\$12.30
Chester, Lancaster & York Counties, SC	E0167	PAIL OR PAN FOR USE WITH COMMUNE CHAIR, REPLACEMENT ONLY	NU			\$12.00
Chester, Lancaster & York Counties, SC	E0167	PAIL OR PAN FOR USE WITH COMMUNE CHAIR, REPLACEMENT ONLY	RR			\$1.20
Chester, Lancaster & York Counties, SC	E0167	PAIL OR PAN FOR USE WITH COMMUNE CHAIR, REPLACEMENT ONLY	UE			\$9.00
Chester, Lancaster & York Counties, SC	E0168	COMMUNE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	NU			\$125.00
Chester, Lancaster & York Counties, SC	E0168	COMMUNE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	RR			\$12.50
Chester, Lancaster & York Counties, SC	E0168	COMMUNE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	UE			\$93.75
Chester, Lancaster & York Counties, SC	E0170	COMMUNE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	RR			\$169.48
Chester, Lancaster & York Counties, SC	E0171	COMMUNE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	RR			\$30.50
Chester, Lancaster & York Counties, SC	E0275	BED PAN, STANDARD, METAL OR PLASTIC	NU			\$15.44
Chester, Lancaster & York Counties, SC	E0275	BED PAN, STANDARD, METAL OR PLASTIC	RR			\$1.54
Chester, Lancaster & York Counties, SC	E0275	BED PAN, STANDARD, METAL OR PLASTIC	UE			\$11.58
Chester, Lancaster & York Counties, SC	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	NU			\$12.00
Chester, Lancaster & York Counties, SC	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	RR			\$1.20
Chester, Lancaster & York Counties, SC	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	UE			\$9.00
Chester, Lancaster & York Counties, SC	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	NU			\$9.00
Chester, Lancaster & York Counties, SC	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	RR			\$0.90
Chester, Lancaster & York Counties, SC	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	UE			\$6.75

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chester, Lancaster & York Counties, SC	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	NU			\$9.41
Chester, Lancaster & York Counties, SC	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	RR			\$0.94
Chester, Lancaster & York Counties, SC	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	UE			\$7.06
Cincinnati, OH	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE	NU			\$24.98
Cincinnati, OH	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE	RR			\$2.50
Cincinnati, OH	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE	UE			\$18.74
Cincinnati, OH	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE, WITH FAUCET ATTACHMENT/S	NU			\$23.14
Cincinnati, OH	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE, WITH FAUCET ATTACHMENT/S	RR			\$2.31
Cincinnati, OH	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE, WITH FAUCET ATTACHMENT/S	UE			\$17.36
Cincinnati, OH	E0163	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	NU			\$52.73
Cincinnati, OH	E0163	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	RR			\$5.27
Cincinnati, OH	E0163	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	UE			\$39.55
Cincinnati, OH	E0165	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	RR			\$12.20
Cincinnati, OH	E0167	PAIL OR PAN FOR USE WITH COMMODOE CHAIR, REPLACEMENT ONLY	NU			\$10.58
Cincinnati, OH	E0167	PAIL OR PAN FOR USE WITH COMMODOE CHAIR, REPLACEMENT ONLY	RR			\$1.06
Cincinnati, OH	E0167	PAIL OR PAN FOR USE WITH COMMODOE CHAIR, REPLACEMENT ONLY	UE			\$7.94
Cincinnati, OH	E0168	COMMODOE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	NU			\$120.00
Cincinnati, OH	E0168	COMMODOE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	RR			\$12.00
Cincinnati, OH	E0168	COMMODOE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	UE			\$90.00
Cincinnati, OH	E0170	COMMODOE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	RR			\$169.74
Cincinnati, OH	E0171	COMMODOE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	RR			\$30.25
Cincinnati, OH	E0275	BED PAN, STANDARD, METAL OR PLASTIC	NU			\$13.55
Cincinnati, OH	E0275	BED PAN, STANDARD, METAL OR PLASTIC	RR			\$1.36
Cincinnati, OH	E0275	BED PAN, STANDARD, METAL OR PLASTIC	UE			\$10.16
Cincinnati, OH	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	NU			\$11.88
Cincinnati, OH	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	RR			\$1.19
Cincinnati, OH	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	UE			\$8.91
Cincinnati, OH	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	NU			\$8.18
Cincinnati, OH	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	RR			\$0.82
Cincinnati, OH	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	UE			\$6.14
Cincinnati, OH	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	NU			\$9.80
Cincinnati, OH	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	RR			\$0.98
Cincinnati, OH	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	UE			\$7.35
Cleveland-Elyria, OH	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE	NU			\$26.50
Cleveland-Elyria, OH	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE	RR			\$2.65
Cleveland-Elyria, OH	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE	UE			\$19.88
Cleveland-Elyria, OH	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE, WITH FAUCET ATTACHMENT/S	NU			\$22.64

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria, OH	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE, WITH FAUCET ATTACHMENT/S	RR			\$2.26
Cleveland-Elyria, OH	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE, WITH FAUCET ATTACHMENT/S	UE			\$16.98
Cleveland-Elyria, OH	E0163	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	NU			\$50.41
Cleveland-Elyria, OH	E0163	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	RR			\$5.04
Cleveland-Elyria, OH	E0163	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	UE			\$37.81
Cleveland-Elyria, OH	E0165	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	RR			\$12.45
Cleveland-Elyria, OH	E0167	PAIL OR PAN FOR USE WITH COMMODOE CHAIR, REPLACEMENT ONLY	NU			\$10.00
Cleveland-Elyria, OH	E0167	PAIL OR PAN FOR USE WITH COMMODOE CHAIR, REPLACEMENT ONLY	RR			\$1.00
Cleveland-Elyria, OH	E0167	PAIL OR PAN FOR USE WITH COMMODOE CHAIR, REPLACEMENT ONLY	UE			\$7.50
Cleveland-Elyria, OH	E0168	COMMODOE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	NU			\$120.00
Cleveland-Elyria, OH	E0168	COMMODOE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	RR			\$12.00
Cleveland-Elyria, OH	E0168	COMMODOE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	UE			\$90.00
Cleveland-Elyria, OH	E0170	COMMODOE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	RR			\$172.42
Cleveland-Elyria, OH	E0171	COMMODOE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	RR			\$30.50
Cleveland-Elyria, OH	E0275	BED PAN, STANDARD, METAL OR PLASTIC	NU			\$13.30
Cleveland-Elyria, OH	E0275	BED PAN, STANDARD, METAL OR PLASTIC	RR			\$1.33
Cleveland-Elyria, OH	E0275	BED PAN, STANDARD, METAL OR PLASTIC	UE			\$9.98
Cleveland-Elyria, OH	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	NU			\$11.50
Cleveland-Elyria, OH	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	RR			\$1.15
Cleveland-Elyria, OH	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	UE			\$8.63
Cleveland-Elyria, OH	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	NU			\$8.50
Cleveland-Elyria, OH	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	RR			\$0.85
Cleveland-Elyria, OH	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	UE			\$6.38
Cleveland-Elyria, OH	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	NU			\$10.15
Cleveland-Elyria, OH	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	RR			\$1.02
Cleveland-Elyria, OH	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	UE			\$7.61
Covington-Florence-Newport, KY	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE	NU			\$25.00
Covington-Florence-Newport, KY	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE	RR			\$2.50
Covington-Florence-Newport, KY	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE	UE			\$18.75
Covington-Florence-Newport, KY	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE, WITH FAUCET ATTACHMENT/S	NU			\$22.00
Covington-Florence-Newport, KY	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE, WITH FAUCET ATTACHMENT/S	RR			\$2.20
Covington-Florence-Newport, KY	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE, WITH FAUCET ATTACHMENT/S	UE			\$16.50
Covington-Florence-Newport, KY	E0163	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	NU			\$50.82
Covington-Florence-Newport, KY	E0163	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	RR			\$5.08
Covington-Florence-Newport, KY	E0163	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	UE			\$38.12
Covington-Florence-Newport, KY	E0165	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	RR			\$12.40
Covington-Florence-Newport, KY	E0167	PAIL OR PAN FOR USE WITH COMMODOE CHAIR, REPLACEMENT ONLY	NU			\$10.00
Covington-Florence-Newport, KY	E0167	PAIL OR PAN FOR USE WITH COMMODOE CHAIR, REPLACEMENT ONLY	RR			\$1.00
Covington-Florence-Newport, KY	E0167	PAIL OR PAN FOR USE WITH COMMODOE CHAIR, REPLACEMENT ONLY	UE			\$7.50

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Covington-Florence-Newport, KY	E0168	COMMUNE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	NU			\$115.00
Covington-Florence-Newport, KY	E0168	COMMUNE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	RR			\$11.50
Covington-Florence-Newport, KY	E0168	COMMUNE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	UE			\$86.25
Covington-Florence-Newport, KY	E0170	COMMUNE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	RR			\$169.48
Covington-Florence-Newport, KY	E0171	COMMUNE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	RR			\$30.76
Covington-Florence-Newport, KY	E0275	BED PAN, STANDARD, METAL OR PLASTIC	NU			\$13.50
Covington-Florence-Newport, KY	E0275	BED PAN, STANDARD, METAL OR PLASTIC	RR			\$1.35
Covington-Florence-Newport, KY	E0275	BED PAN, STANDARD, METAL OR PLASTIC	UE			\$10.13
Covington-Florence-Newport, KY	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	NU			\$11.92
Covington-Florence-Newport, KY	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	RR			\$1.19
Covington-Florence-Newport, KY	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	UE			\$8.94
Covington-Florence-Newport, KY	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	NU			\$9.31
Covington-Florence-Newport, KY	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	RR			\$0.93
Covington-Florence-Newport, KY	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	UE			\$6.98
Covington-Florence-Newport, KY	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	NU			\$9.41
Covington-Florence-Newport, KY	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	RR			\$0.94
Covington-Florence-Newport, KY	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	UE			\$7.06
Dallas-Fort Worth-Arlington, TX	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE	NU			\$24.98
Dallas-Fort Worth-Arlington, TX	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE	RR			\$2.50
Dallas-Fort Worth-Arlington, TX	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE	UE			\$18.74
Dallas-Fort Worth-Arlington, TX	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE, WITH FAUCET ATTACHMENT/S	NU			\$22.50
Dallas-Fort Worth-Arlington, TX	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE, WITH FAUCET ATTACHMENT/S	RR			\$2.25
Dallas-Fort Worth-Arlington, TX	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE, WITH FAUCET ATTACHMENT/S	UE			\$16.88
Dallas-Fort Worth-Arlington, TX	E0163	COMMUNE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	NU			\$51.20
Dallas-Fort Worth-Arlington, TX	E0163	COMMUNE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	RR			\$5.12
Dallas-Fort Worth-Arlington, TX	E0163	COMMUNE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	UE			\$38.40
Dallas-Fort Worth-Arlington, TX	E0165	COMMUNE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	RR			\$11.37
Dallas-Fort Worth-Arlington, TX	E0167	PAIL OR PAN FOR USE WITH COMMUNE CHAIR, REPLACEMENT ONLY	NU			\$9.81
Dallas-Fort Worth-Arlington, TX	E0167	PAIL OR PAN FOR USE WITH COMMUNE CHAIR, REPLACEMENT ONLY	RR			\$0.98
Dallas-Fort Worth-Arlington, TX	E0167	PAIL OR PAN FOR USE WITH COMMUNE CHAIR, REPLACEMENT ONLY	UE			\$7.36
Dallas-Fort Worth-Arlington, TX	E0168	COMMUNE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	NU			\$108.36
Dallas-Fort Worth-Arlington, TX	E0168	COMMUNE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	RR			\$10.84
Dallas-Fort Worth-Arlington, TX	E0168	COMMUNE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	UE			\$81.27
Dallas-Fort Worth-Arlington, TX	E0170	COMMUNE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	RR			\$148.14
Dallas-Fort Worth-Arlington, TX	E0171	COMMUNE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	RR			\$27.93
Dallas-Fort Worth-Arlington, TX	E0275	BED PAN, STANDARD, METAL OR PLASTIC	NU			\$13.44
Dallas-Fort Worth-Arlington, TX	E0275	BED PAN, STANDARD, METAL OR PLASTIC	RR			\$1.34
Dallas-Fort Worth-Arlington, TX	E0275	BED PAN, STANDARD, METAL OR PLASTIC	UE			\$10.08

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	NU			\$12.02
Dallas-Fort Worth-Arlington, TX	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	RR			\$1.20
Dallas-Fort Worth-Arlington, TX	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	UE			\$9.02
Dallas-Fort Worth-Arlington, TX	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	NU			\$9.34
Dallas-Fort Worth-Arlington, TX	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	RR			\$0.93
Dallas-Fort Worth-Arlington, TX	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	UE			\$7.01
Dallas-Fort Worth-Arlington, TX	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	NU			\$9.62
Dallas-Fort Worth-Arlington, TX	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	RR			\$0.96
Dallas-Fort Worth-Arlington, TX	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	UE			\$7.22
Dearborn, Franklin, Ohio & Union Counties, IN	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE	NU			\$27.92
Dearborn, Franklin, Ohio & Union Counties, IN	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE	RR			\$2.79
Dearborn, Franklin, Ohio & Union Counties, IN	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE	UE			\$20.94
Dearborn, Franklin, Ohio & Union Counties, IN	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE, WITH FAUCET ATTACHMENT/S	NU			\$22.50
Dearborn, Franklin, Ohio & Union Counties, IN	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE, WITH FAUCET ATTACHMENT/S	RR			\$2.25
Dearborn, Franklin, Ohio & Union Counties, IN	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE, WITH FAUCET ATTACHMENT/S	UE			\$16.88
Dearborn, Franklin, Ohio & Union Counties, IN	E0163	COMMUNE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	NU			\$49.78
Dearborn, Franklin, Ohio & Union Counties, IN	E0163	COMMUNE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	RR			\$4.98
Dearborn, Franklin, Ohio & Union Counties, IN	E0163	COMMUNE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	UE			\$37.34
Dearborn, Franklin, Ohio & Union Counties, IN	E0165	COMMUNE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	RR			\$12.50
Dearborn, Franklin, Ohio & Union Counties, IN	E0167	PAIL OR PAN FOR USE WITH COMMUNE CHAIR, REPLACEMENT ONLY	NU			\$10.60
Dearborn, Franklin, Ohio & Union Counties, IN	E0167	PAIL OR PAN FOR USE WITH COMMUNE CHAIR, REPLACEMENT ONLY	RR			\$1.06
Dearborn, Franklin, Ohio & Union Counties, IN	E0167	PAIL OR PAN FOR USE WITH COMMUNE CHAIR, REPLACEMENT ONLY	UE			\$7.95
Dearborn, Franklin, Ohio & Union Counties, IN	E0168	COMMUNE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	NU			\$117.00
Dearborn, Franklin, Ohio & Union Counties, IN	E0168	COMMUNE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	RR			\$11.70
Dearborn, Franklin, Ohio & Union Counties, IN	E0168	COMMUNE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	UE			\$87.75
Dearborn, Franklin, Ohio & Union Counties, IN	E0170	COMMUNE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	RR			\$169.74
Dearborn, Franklin, Ohio & Union Counties, IN	E0171	COMMUNE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	RR			\$30.63
Dearborn, Franklin, Ohio & Union Counties, IN	E0275	BED PAN, STANDARD, METAL OR PLASTIC	NU			\$13.75
Dearborn, Franklin, Ohio & Union Counties, IN	E0275	BED PAN, STANDARD, METAL OR PLASTIC	RR			\$1.38

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dearborn, Franklin, Ohio & Union Counties, IN	E0275	BED PAN, STANDARD, METAL OR PLASTIC	UE			\$10.31
Dearborn, Franklin, Ohio & Union Counties, IN	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	NU			\$12.38
Dearborn, Franklin, Ohio & Union Counties, IN	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	RR			\$1.24
Dearborn, Franklin, Ohio & Union Counties, IN	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	UE			\$9.29
Dearborn, Franklin, Ohio & Union Counties, IN	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	NU			\$9.18
Dearborn, Franklin, Ohio & Union Counties, IN	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	RR			\$0.92
Dearborn, Franklin, Ohio & Union Counties, IN	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	UE			\$6.89
Dearborn, Franklin, Ohio & Union Counties, IN	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	NU			\$9.50
Dearborn, Franklin, Ohio & Union Counties, IN	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	RR			\$0.95
Dearborn, Franklin, Ohio & Union Counties, IN	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	UE			\$7.13
Kansas City, MO	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE	NU			\$29.00
Kansas City, MO	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE	RR			\$2.90
Kansas City, MO	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE	UE			\$21.75
Kansas City, MO	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE, WITH FAUCET ATTACHMENT/S	NU			\$25.20
Kansas City, MO	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE, WITH FAUCET ATTACHMENT/S	RR			\$2.52
Kansas City, MO	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE, WITH FAUCET ATTACHMENT/S	UE			\$18.90
Kansas City, MO	E0163	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	NU			\$53.60
Kansas City, MO	E0163	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	RR			\$5.36
Kansas City, MO	E0163	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	UE			\$40.20
Kansas City, MO	E0165	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	RR			\$12.57
Kansas City, MO	E0167	PAIL OR PAN FOR USE WITH COMMODOE CHAIR, REPLACEMENT ONLY	NU			\$10.00
Kansas City, MO	E0167	PAIL OR PAN FOR USE WITH COMMODOE CHAIR, REPLACEMENT ONLY	RR			\$1.00
Kansas City, MO	E0167	PAIL OR PAN FOR USE WITH COMMODOE CHAIR, REPLACEMENT ONLY	UE			\$7.50
Kansas City, MO	E0168	COMMODOE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	NU			\$105.78
Kansas City, MO	E0168	COMMODOE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	RR			\$10.58
Kansas City, MO	E0168	COMMODOE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	UE			\$79.34
Kansas City, MO	E0170	COMMODOE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	RR			\$169.50
Kansas City, MO	E0171	COMMODOE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	RR			\$31.10
Kansas City, MO	E0275	BED PAN, STANDARD, METAL OR PLASTIC	NU			\$14.00
Kansas City, MO	E0275	BED PAN, STANDARD, METAL OR PLASTIC	RR			\$1.40
Kansas City, MO	E0275	BED PAN, STANDARD, METAL OR PLASTIC	UE			\$10.50
Kansas City, MO	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	NU			\$12.00
Kansas City, MO	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	RR			\$1.20

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	UE			\$9.00
Kansas City, MO	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	NU			\$9.50
Kansas City, MO	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	RR			\$0.95
Kansas City, MO	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	UE			\$7.13
Kansas City, MO	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	NU			\$9.00
Kansas City, MO	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	RR			\$0.90
Kansas City, MO	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	UE			\$6.75
Kansas City-Overland Park-Ottawa, KS	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE	NU			\$26.74
Kansas City-Overland Park-Ottawa, KS	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE	RR			\$2.67
Kansas City-Overland Park-Ottawa, KS	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE	UE			\$20.06
Kansas City-Overland Park-Ottawa, KS	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE, WITH FAUCET ATTACHMENT/S	NU			\$24.08
Kansas City-Overland Park-Ottawa, KS	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE, WITH FAUCET ATTACHMENT/S	RR			\$2.41
Kansas City-Overland Park-Ottawa, KS	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE, WITH FAUCET ATTACHMENT/S	UE			\$18.06
Kansas City-Overland Park-Ottawa, KS	E0163	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	NU			\$58.75
Kansas City-Overland Park-Ottawa, KS	E0163	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	RR			\$5.88
Kansas City-Overland Park-Ottawa, KS	E0163	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	UE			\$44.06
Kansas City-Overland Park-Ottawa, KS	E0165	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	RR			\$13.85
Kansas City-Overland Park-Ottawa, KS	E0167	PAIL OR PAN FOR USE WITH COMMODOE CHAIR, REPLACEMENT ONLY	NU			\$10.00
Kansas City-Overland Park-Ottawa, KS	E0167	PAIL OR PAN FOR USE WITH COMMODOE CHAIR, REPLACEMENT ONLY	RR			\$1.00
Kansas City-Overland Park-Ottawa, KS	E0167	PAIL OR PAN FOR USE WITH COMMODOE CHAIR, REPLACEMENT ONLY	UE			\$7.50
Kansas City-Overland Park-Ottawa, KS	E0168	COMMODOE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	NU			\$111.38
Kansas City-Overland Park-Ottawa, KS	E0168	COMMODOE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	RR			\$11.14
Kansas City-Overland Park-Ottawa, KS	E0168	COMMODOE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	UE			\$83.54
Kansas City-Overland Park-Ottawa, KS	E0170	COMMODOE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	RR			\$154.98
Kansas City-Overland Park-Ottawa, KS	E0171	COMMODOE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	RR			\$31.05
Kansas City-Overland Park-Ottawa, KS	E0275	BED PAN, STANDARD, METAL OR PLASTIC	NU			\$12.00
Kansas City-Overland Park-Ottawa, KS	E0275	BED PAN, STANDARD, METAL OR PLASTIC	RR			\$1.20
Kansas City-Overland Park-Ottawa, KS	E0275	BED PAN, STANDARD, METAL OR PLASTIC	UE			\$9.00

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City-Overland Park-Ottawa, KS	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	NU			\$11.43
Kansas City-Overland Park-Ottawa, KS	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	RR			\$1.14
Kansas City-Overland Park-Ottawa, KS	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	UE			\$8.57
Kansas City-Overland Park-Ottawa, KS	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	NU			\$9.16
Kansas City-Overland Park-Ottawa, KS	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	RR			\$0.92
Kansas City-Overland Park-Ottawa, KS	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	UE			\$6.87
Kansas City-Overland Park-Ottawa, KS	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	NU			\$8.72
Kansas City-Overland Park-Ottawa, KS	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	RR			\$0.87
Kansas City-Overland Park-Ottawa, KS	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	UE			\$6.54
Miami-Fort Lauderdale-West Palm Beach, FL	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODO	NU			\$20.11
Miami-Fort Lauderdale-West Palm Beach, FL	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODO	RR			\$2.01
Miami-Fort Lauderdale-West Palm Beach, FL	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODO	UE			\$15.08
Miami-Fort Lauderdale-West Palm Beach, FL	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODO, WITH FAUCET ATTACHMENT/S	NU			\$19.82
Miami-Fort Lauderdale-West Palm Beach, FL	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODO, WITH FAUCET ATTACHMENT/S	RR			\$1.98
Miami-Fort Lauderdale-West Palm Beach, FL	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODO, WITH FAUCET ATTACHMENT/S	UE			\$14.87
Miami-Fort Lauderdale-West Palm Beach, FL	E0163	COMMODO CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	NU			\$51.91
Miami-Fort Lauderdale-West Palm Beach, FL	E0163	COMMODO CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	RR			\$5.19
Miami-Fort Lauderdale-West Palm Beach, FL	E0163	COMMODO CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	UE			\$38.93
Miami-Fort Lauderdale-West Palm Beach, FL	E0165	COMMODO CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	RR			\$12.28
Miami-Fort Lauderdale-West Palm Beach, FL	E0167	PAIL OR PAN FOR USE WITH COMMODO CHAIR, REPLACEMENT ONLY	NU			\$7.70
Miami-Fort Lauderdale-West Palm Beach, FL	E0167	PAIL OR PAN FOR USE WITH COMMODO CHAIR, REPLACEMENT ONLY	RR			\$0.77
Miami-Fort Lauderdale-West Palm Beach, FL	E0167	PAIL OR PAN FOR USE WITH COMMODO CHAIR, REPLACEMENT ONLY	UE			\$5.78
Miami-Fort Lauderdale-West Palm Beach, FL	E0168	COMMODO CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	NU			\$106.86
Miami-Fort Lauderdale-West Palm Beach, FL	E0168	COMMODO CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	RR			\$10.69
Miami-Fort Lauderdale-West Palm Beach, FL	E0168	COMMODO CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	UE			\$80.15

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-West Palm Beach, FL	E0170	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	RR			\$129.28
Miami-Fort Lauderdale-West Palm Beach, FL	E0171	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	RR			\$22.42
Miami-Fort Lauderdale-West Palm Beach, FL	E0275	BED PAN, STANDARD, METAL OR PLASTIC	NU			\$9.79
Miami-Fort Lauderdale-West Palm Beach, FL	E0275	BED PAN, STANDARD, METAL OR PLASTIC	RR			\$0.98
Miami-Fort Lauderdale-West Palm Beach, FL	E0275	BED PAN, STANDARD, METAL OR PLASTIC	UE			\$7.34
Miami-Fort Lauderdale-West Palm Beach, FL	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	NU			\$9.11
Miami-Fort Lauderdale-West Palm Beach, FL	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	RR			\$0.91
Miami-Fort Lauderdale-West Palm Beach, FL	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	UE			\$6.83
Miami-Fort Lauderdale-West Palm Beach, FL	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	NU			\$7.22
Miami-Fort Lauderdale-West Palm Beach, FL	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	RR			\$0.72
Miami-Fort Lauderdale-West Palm Beach, FL	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	UE			\$5.42
Miami-Fort Lauderdale-West Palm Beach, FL	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	NU			\$7.88
Miami-Fort Lauderdale-West Palm Beach, FL	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	RR			\$0.79
Miami-Fort Lauderdale-West Palm Beach, FL	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	UE			\$5.91
Orlando-Kissimmee-Sanford, FL	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	NU			\$22.11
Orlando-Kissimmee-Sanford, FL	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	RR			\$2.21
Orlando-Kissimmee-Sanford, FL	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	UE			\$16.58
Orlando-Kissimmee-Sanford, FL	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	NU			\$21.16
Orlando-Kissimmee-Sanford, FL	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	RR			\$2.12
Orlando-Kissimmee-Sanford, FL	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	UE			\$15.87
Orlando-Kissimmee-Sanford, FL	E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	NU			\$59.74
Orlando-Kissimmee-Sanford, FL	E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	RR			\$5.97
Orlando-Kissimmee-Sanford, FL	E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	UE			\$44.81
Orlando-Kissimmee-Sanford, FL	E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	RR			\$13.40
Orlando-Kissimmee-Sanford, FL	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	NU			\$8.33
Orlando-Kissimmee-Sanford, FL	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	RR			\$0.83
Orlando-Kissimmee-Sanford, FL	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	UE			\$6.25
Orlando-Kissimmee-Sanford, FL	E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	NU			\$108.89
Orlando-Kissimmee-Sanford, FL	E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	RR			\$10.89
Orlando-Kissimmee-Sanford, FL	E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	UE			\$81.67

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E0170	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	RR			\$140.00
Orlando-Kissimmee-Sanford, FL	E0171	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	RR			\$27.71
Orlando-Kissimmee-Sanford, FL	E0275	BED PAN, STANDARD, METAL OR PLASTIC	NU			\$10.80
Orlando-Kissimmee-Sanford, FL	E0275	BED PAN, STANDARD, METAL OR PLASTIC	RR			\$1.08
Orlando-Kissimmee-Sanford, FL	E0275	BED PAN, STANDARD, METAL OR PLASTIC	UE			\$8.10
Orlando-Kissimmee-Sanford, FL	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	NU			\$9.52
Orlando-Kissimmee-Sanford, FL	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	RR			\$0.95
Orlando-Kissimmee-Sanford, FL	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	UE			\$7.14
Orlando-Kissimmee-Sanford, FL	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	NU			\$7.60
Orlando-Kissimmee-Sanford, FL	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	RR			\$0.76
Orlando-Kissimmee-Sanford, FL	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	UE			\$5.70
Orlando-Kissimmee-Sanford, FL	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	NU			\$8.29
Orlando-Kissimmee-Sanford, FL	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	RR			\$0.83
Orlando-Kissimmee-Sanford, FL	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	UE			\$6.22
Pittsburgh, PA	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	NU			\$27.32
Pittsburgh, PA	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	RR			\$2.73
Pittsburgh, PA	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	UE			\$20.49
Pittsburgh, PA	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	NU			\$27.65
Pittsburgh, PA	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	RR			\$2.77
Pittsburgh, PA	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	UE			\$20.74
Pittsburgh, PA	E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	NU			\$48.12
Pittsburgh, PA	E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	RR			\$4.81
Pittsburgh, PA	E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	UE			\$36.09
Pittsburgh, PA	E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	RR			\$11.40
Pittsburgh, PA	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	NU			\$10.10
Pittsburgh, PA	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	RR			\$1.01
Pittsburgh, PA	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	UE			\$7.58
Pittsburgh, PA	E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	NU			\$120.24
Pittsburgh, PA	E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	RR			\$12.02
Pittsburgh, PA	E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	UE			\$90.18
Pittsburgh, PA	E0170	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	RR			\$169.48
Pittsburgh, PA	E0171	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	RR			\$30.50
Pittsburgh, PA	E0275	BED PAN, STANDARD, METAL OR PLASTIC	NU			\$15.25
Pittsburgh, PA	E0275	BED PAN, STANDARD, METAL OR PLASTIC	RR			\$1.53
Pittsburgh, PA	E0275	BED PAN, STANDARD, METAL OR PLASTIC	UE			\$11.44
Pittsburgh, PA	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	NU			\$12.38
Pittsburgh, PA	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	RR			\$1.24
Pittsburgh, PA	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	UE			\$9.29
Pittsburgh, PA	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	NU			\$9.04
Pittsburgh, PA	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	RR			\$0.90

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	UE			\$6.78
Pittsburgh, PA	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	NU			\$9.94
Pittsburgh, PA	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	RR			\$0.99
Pittsburgh, PA	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	UE			\$7.46
Riverside-San Bernardino-Ontario, CA	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE	NU			\$29.52
Riverside-San Bernardino-Ontario, CA	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE	RR			\$2.95
Riverside-San Bernardino-Ontario, CA	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE	UE			\$22.14
Riverside-San Bernardino-Ontario, CA	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE, WITH FAUCET ATTACHMENT/S	NU			\$22.55
Riverside-San Bernardino-Ontario, CA	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE, WITH FAUCET ATTACHMENT/S	RR			\$2.26
Riverside-San Bernardino-Ontario, CA	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE, WITH FAUCET ATTACHMENT/S	UE			\$16.91
Riverside-San Bernardino-Ontario, CA	E0163	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	NU			\$52.90
Riverside-San Bernardino-Ontario, CA	E0163	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	RR			\$5.29
Riverside-San Bernardino-Ontario, CA	E0163	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	UE			\$39.68
Riverside-San Bernardino-Ontario, CA	E0165	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	RR			\$14.13
Riverside-San Bernardino-Ontario, CA	E0167	PAIL OR PAN FOR USE WITH COMMODOE CHAIR, REPLACEMENT ONLY	NU			\$11.02
Riverside-San Bernardino-Ontario, CA	E0167	PAIL OR PAN FOR USE WITH COMMODOE CHAIR, REPLACEMENT ONLY	RR			\$1.10
Riverside-San Bernardino-Ontario, CA	E0167	PAIL OR PAN FOR USE WITH COMMODOE CHAIR, REPLACEMENT ONLY	UE			\$8.27
Riverside-San Bernardino-Ontario, CA	E0168	COMMODOE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	NU			\$128.17
Riverside-San Bernardino-Ontario, CA	E0168	COMMODOE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	RR			\$12.82
Riverside-San Bernardino-Ontario, CA	E0168	COMMODOE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	UE			\$96.13
Riverside-San Bernardino-Ontario, CA	E0170	COMMODOE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	RR			\$172.42
Riverside-San Bernardino-Ontario, CA	E0171	COMMODOE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	RR			\$31.11
Riverside-San Bernardino-Ontario, CA	E0275	BED PAN, STANDARD, METAL OR PLASTIC	NU			\$14.50
Riverside-San Bernardino-Ontario, CA	E0275	BED PAN, STANDARD, METAL OR PLASTIC	RR			\$1.45
Riverside-San Bernardino-Ontario, CA	E0275	BED PAN, STANDARD, METAL OR PLASTIC	UE			\$10.88
Riverside-San Bernardino-Ontario, CA	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	NU			\$12.04
Riverside-San Bernardino-Ontario, CA	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	RR			\$1.20

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	UE			\$9.03
Riverside-San Bernardino-Ontario, CA	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	NU			\$9.02
Riverside-San Bernardino-Ontario, CA	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	RR			\$0.90
Riverside-San Bernardino-Ontario, CA	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	UE			\$6.77
Riverside-San Bernardino-Ontario, CA	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	NU			\$9.90
Riverside-San Bernardino-Ontario, CA	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	RR			\$0.99
Riverside-San Bernardino-Ontario, CA	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	UE			\$7.43

Single Payment Amounts
General Home Equipment and Related Supplies and Accessories
Hospital Bed (Manual)

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Concord-Gastonia, NC	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$68.06
Charlotte-Concord-Gastonia, NC	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$67.33
Charlotte-Concord-Gastonia, NC	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.34
Charlotte-Concord-Gastonia, NC	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$65.00
Charlotte-Concord-Gastonia, NC	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$59.80
Charlotte-Concord-Gastonia, NC	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$44.33
Charlotte-Concord-Gastonia, NC	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$64.91
Charlotte-Concord-Gastonia, NC	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$55.25
Chester, Lancaster & York Counties, SC	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$57.76
Chester, Lancaster & York Counties, SC	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$59.04
Chester, Lancaster & York Counties, SC	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$62.00
Chester, Lancaster & York Counties, SC	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$53.69
Chester, Lancaster & York Counties, SC	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$59.00
Chester, Lancaster & York Counties, SC	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$43.28
Chester, Lancaster & York Counties, SC	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$66.96
Chester, Lancaster & York Counties, SC	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$57.00
Cincinnati, OH	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$74.90
Cincinnati, OH	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$61.77
Cincinnati, OH	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.91
Cincinnati, OH	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$54.68
Cincinnati, OH	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$52.39
Cincinnati, OH	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$41.73
Cincinnati, OH	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$56.75
Cincinnati, OH	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$47.71
Cleveland-Elyria, OH	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$75.15
Cleveland-Elyria, OH	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$59.62
Cleveland-Elyria, OH	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.00
Cleveland-Elyria, OH	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$55.00
Cleveland-Elyria, OH	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$55.01
Cleveland-Elyria, OH	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$42.54
Cleveland-Elyria, OH	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$64.91

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria, OH	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$50.00
Covington-Florence-Newport, KY	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$64.02
Covington-Florence-Newport, KY	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$59.04
Covington-Florence-Newport, KY	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.83
Covington-Florence-Newport, KY	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$55.00
Covington-Florence-Newport, KY	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$59.00
Covington-Florence-Newport, KY	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$43.28
Covington-Florence-Newport, KY	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$64.91
Covington-Florence-Newport, KY	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$48.90
Dallas-Fort Worth-Arlington, TX	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$60.46
Dallas-Fort Worth-Arlington, TX	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$58.38
Dallas-Fort Worth-Arlington, TX	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$65.00
Dallas-Fort Worth-Arlington, TX	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$58.78
Dallas-Fort Worth-Arlington, TX	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$58.39
Dallas-Fort Worth-Arlington, TX	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$46.59
Dallas-Fort Worth-Arlington, TX	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$65.82
Dallas-Fort Worth-Arlington, TX	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$58.25
Dearborn, Franklin, Ohio & Union Counties, IN	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$71.98
Dearborn, Franklin, Ohio & Union Counties, IN	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$66.32
Dearborn, Franklin, Ohio & Union Counties, IN	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.91
Dearborn, Franklin, Ohio & Union Counties, IN	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$57.97
Dearborn, Franklin, Ohio & Union Counties, IN	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$58.39
Dearborn, Franklin, Ohio & Union Counties, IN	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$43.72
Dearborn, Franklin, Ohio & Union Counties, IN	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$64.91
Dearborn, Franklin, Ohio & Union Counties, IN	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$53.78
Kansas City, MO	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$68.25
Kansas City, MO	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$62.98
Kansas City, MO	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$71.80
Kansas City, MO	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$55.00
Kansas City, MO	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$59.00
Kansas City, MO	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$43.90
Kansas City, MO	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$66.96
Kansas City, MO	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$53.00
Kansas City-Overland Park-Ottawa, KS	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$72.75
Kansas City-Overland Park-Ottawa, KS	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$60.00

CBA Name	HCPSC Code	HCPSC Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City-Overland Park-Ottawa, KS	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$73.24
Kansas City-Overland Park-Ottawa, KS	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$58.35
Kansas City-Overland Park-Ottawa, KS	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$56.70
Kansas City-Overland Park-Ottawa, KS	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$42.61
Kansas City-Overland Park-Ottawa, KS	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$65.60
Kansas City-Overland Park-Ottawa, KS	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$53.48
Miami-Fort Lauderdale-West Palm Beach, FL	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$57.88
Miami-Fort Lauderdale-West Palm Beach, FL	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$46.48
Miami-Fort Lauderdale-West Palm Beach, FL	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$64.45
Miami-Fort Lauderdale-West Palm Beach, FL	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$47.75
Miami-Fort Lauderdale-West Palm Beach, FL	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$47.36
Miami-Fort Lauderdale-West Palm Beach, FL	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$37.66
Miami-Fort Lauderdale-West Palm Beach, FL	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$48.83
Miami-Fort Lauderdale-West Palm Beach, FL	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$41.88
Orlando-Kissimmee-Sanford, FL	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$64.83
Orlando-Kissimmee-Sanford, FL	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$53.15
Orlando-Kissimmee-Sanford, FL	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$68.75
Orlando-Kissimmee-Sanford, FL	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$55.43
Orlando-Kissimmee-Sanford, FL	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$52.70
Orlando-Kissimmee-Sanford, FL	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$41.40
Orlando-Kissimmee-Sanford, FL	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$56.73
Orlando-Kissimmee-Sanford, FL	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$48.90
Pittsburgh, PA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$62.72
Pittsburgh, PA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$59.52
Pittsburgh, PA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$67.65
Pittsburgh, PA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$57.40
Pittsburgh, PA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$55.70
Pittsburgh, PA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$43.13
Pittsburgh, PA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$64.91
Pittsburgh, PA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$56.12

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.02
Riverside-San Bernardino-Ontario, CA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$63.66
Riverside-San Bernardino-Ontario, CA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$71.15
Riverside-San Bernardino-Ontario, CA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$62.20
Riverside-San Bernardino-Ontario, CA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$53.77
Riverside-San Bernardino-Ontario, CA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$42.71
Riverside-San Bernardino-Ontario, CA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$60.46
Riverside-San Bernardino-Ontario, CA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$53.88

Single Payment Amounts
General Home Equipment and Related Supplies and Accessories
Hospital Bed (Semi-Electric)

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Concord-Gastonia, NC	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$65.85
Charlotte-Concord-Gastonia, NC	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$65.00
Charlotte-Concord-Gastonia, NC	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$73.55
Charlotte-Concord-Gastonia, NC	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$74.70
Charlotte-Concord-Gastonia, NC	E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$193.10
Charlotte-Concord-Gastonia, NC	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$650.00
Charlotte-Concord-Gastonia, NC	E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$198.95
Charlotte-Concord-Gastonia, NC	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$499.52
Chester, Lancaster & York Counties, SC	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$59.45
Chester, Lancaster & York Counties, SC	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$57.82
Chester, Lancaster & York Counties, SC	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$65.73
Chester, Lancaster & York Counties, SC	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$62.18
Chester, Lancaster & York Counties, SC	E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$174.40
Chester, Lancaster & York Counties, SC	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$460.00
Chester, Lancaster & York Counties, SC	E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$180.90
Chester, Lancaster & York Counties, SC	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$489.18
Cincinnati, OH	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$59.32
Cincinnati, OH	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$65.00
Cincinnati, OH	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$75.76
Cincinnati, OH	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$70.96

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati, OH	E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$180.50
Cincinnati, OH	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$455.66
Cincinnati, OH	E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$180.00
Cincinnati, OH	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$518.40
Cleveland-Elyria, OH	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$60.00
Cleveland-Elyria, OH	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$62.58
Cleveland-Elyria, OH	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$78.26
Cleveland-Elyria, OH	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$70.86
Cleveland-Elyria, OH	E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$172.92
Cleveland-Elyria, OH	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$479.00
Cleveland-Elyria, OH	E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$179.45
Cleveland-Elyria, OH	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$506.14
Covington-Florence-Newport, KY	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$59.00
Covington-Florence-Newport, KY	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$58.52
Covington-Florence-Newport, KY	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$75.00
Covington-Florence-Newport, KY	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$73.00
Covington-Florence-Newport, KY	E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$180.00
Covington-Florence-Newport, KY	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$480.00
Covington-Florence-Newport, KY	E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$180.00
Covington-Florence-Newport, KY	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$510.00
Dallas-Fort Worth-Arlington, TX	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$59.19
Dallas-Fort Worth-Arlington, TX	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$59.86
Dallas-Fort Worth-Arlington, TX	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$65.13

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$63.79
Dallas-Fort Worth-Arlington, TX	E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$162.89
Dallas-Fort Worth-Arlington, TX	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$422.05
Dallas-Fort Worth-Arlington, TX	E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$169.40
Dallas-Fort Worth-Arlington, TX	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$434.70
Dearborn, Franklin, Ohio & Union Counties, IN	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$56.75
Dearborn, Franklin, Ohio & Union Counties, IN	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$60.75
Dearborn, Franklin, Ohio & Union Counties, IN	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$77.95
Dearborn, Franklin, Ohio & Union Counties, IN	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$70.96
Dearborn, Franklin, Ohio & Union Counties, IN	E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$174.17
Dearborn, Franklin, Ohio & Union Counties, IN	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$473.44
Dearborn, Franklin, Ohio & Union Counties, IN	E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$181.25
Dearborn, Franklin, Ohio & Union Counties, IN	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$507.14
Kansas City, MO	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$59.89
Kansas City, MO	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$64.00
Kansas City, MO	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$75.00
Kansas City, MO	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$70.00
Kansas City, MO	E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$170.00
Kansas City, MO	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$480.00
Kansas City, MO	E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$175.00
Kansas City, MO	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$500.00
Kansas City-Overland Park-Ottawa, KS	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$65.90
Kansas City-Overland Park-Ottawa, KS	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$64.70

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City-Overland Park-Ottawa, KS	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$77.02
Kansas City-Overland Park-Ottawa, KS	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$74.25
Kansas City-Overland Park-Ottawa, KS	E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$173.15
Kansas City-Overland Park-Ottawa, KS	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$487.60
Kansas City-Overland Park-Ottawa, KS	E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$178.20
Kansas City-Overland Park-Ottawa, KS	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$505.00
Miami-Fort Lauderdale-West Palm Beach, FL	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$65.20
Miami-Fort Lauderdale-West Palm Beach, FL	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$61.75
Miami-Fort Lauderdale-West Palm Beach, FL	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$65.25
Miami-Fort Lauderdale-West Palm Beach, FL	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$64.25
Miami-Fort Lauderdale-West Palm Beach, FL	E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$151.23
Miami-Fort Lauderdale-West Palm Beach, FL	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$423.59
Miami-Fort Lauderdale-West Palm Beach, FL	E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$164.84
Miami-Fort Lauderdale-West Palm Beach, FL	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$450.00
Orlando-Kissimmee-Sanford, FL	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$67.19
Orlando-Kissimmee-Sanford, FL	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$63.00
Orlando-Kissimmee-Sanford, FL	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$69.06
Orlando-Kissimmee-Sanford, FL	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$67.31
Orlando-Kissimmee-Sanford, FL	E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$163.09
Orlando-Kissimmee-Sanford, FL	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$449.37
Orlando-Kissimmee-Sanford, FL	E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$171.65
Orlando-Kissimmee-Sanford, FL	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$479.23
Pittsburgh, PA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$59.19

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$63.45
Pittsburgh, PA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$72.67
Pittsburgh, PA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$67.51
Pittsburgh, PA	E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$163.42
Pittsburgh, PA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$485.04
Pittsburgh, PA	E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$168.83
Pittsburgh, PA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$484.20
Riverside-San Bernardino-Ontario, CA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$62.87
Riverside-San Bernardino-Ontario, CA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$65.61
Riverside-San Bernardino-Ontario, CA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$74.95
Riverside-San Bernardino-Ontario, CA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$74.42
Riverside-San Bernardino-Ontario, CA	E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$159.99
Riverside-San Bernardino-Ontario, CA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$516.66
Riverside-San Bernardino-Ontario, CA	E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$166.34
Riverside-San Bernardino-Ontario, CA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$500.00

Single Payment Amounts
General Home Equipment and Related Supplies and Accessories
Hospital Bed Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Concord-Gastonia, NC	E0271	MATTRESS, INNERSPRING	NU			\$132.87
Charlotte-Concord-Gastonia, NC	E0271	MATTRESS, INNERSPRING	RR			\$13.29
Charlotte-Concord-Gastonia, NC	E0271	MATTRESS, INNERSPRING	UE			\$99.65
Charlotte-Concord-Gastonia, NC	E0272	MATTRESS, FOAM RUBBER	NU			\$160.00
Charlotte-Concord-Gastonia, NC	E0272	MATTRESS, FOAM RUBBER	RR			\$16.00
Charlotte-Concord-Gastonia, NC	E0272	MATTRESS, FOAM RUBBER	UE			\$120.00
Charlotte-Concord-Gastonia, NC	E0280	BED CRADLE, ANY TYPE	NU			\$30.00
Charlotte-Concord-Gastonia, NC	E0280	BED CRADLE, ANY TYPE	RR			\$3.00
Charlotte-Concord-Gastonia, NC	E0280	BED CRADLE, ANY TYPE	UE			\$22.50
Charlotte-Concord-Gastonia, NC	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$11.43
Charlotte-Concord-Gastonia, NC	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$113.86
Charlotte-Concord-Gastonia, NC	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$11.39
Charlotte-Concord-Gastonia, NC	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$85.40
Charlotte-Concord-Gastonia, NC	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.30
Charlotte-Concord-Gastonia, NC	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$44.90
Charlotte-Concord-Gastonia, NC	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$89.67
Charlotte-Concord-Gastonia, NC	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$20.45
Chester, Lancaster & York Counties, SC	E0271	MATTRESS, INNERSPRING	NU			\$120.00
Chester, Lancaster & York Counties, SC	E0271	MATTRESS, INNERSPRING	RR			\$12.00
Chester, Lancaster & York Counties, SC	E0271	MATTRESS, INNERSPRING	UE			\$90.00
Chester, Lancaster & York Counties, SC	E0272	MATTRESS, FOAM RUBBER	NU			\$146.00
Chester, Lancaster & York Counties, SC	E0272	MATTRESS, FOAM RUBBER	RR			\$14.60
Chester, Lancaster & York Counties, SC	E0272	MATTRESS, FOAM RUBBER	UE			\$109.50
Chester, Lancaster & York Counties, SC	E0280	BED CRADLE, ANY TYPE	NU			\$31.00
Chester, Lancaster & York Counties, SC	E0280	BED CRADLE, ANY TYPE	RR			\$3.10
Chester, Lancaster & York Counties, SC	E0280	BED CRADLE, ANY TYPE	UE			\$23.25
Chester, Lancaster & York Counties, SC	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$13.75
Chester, Lancaster & York Counties, SC	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$110.00
Chester, Lancaster & York Counties, SC	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$11.00

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chester, Lancaster & York Counties, SC	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$82.50
Chester, Lancaster & York Counties, SC	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.42
Chester, Lancaster & York Counties, SC	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$44.00
Chester, Lancaster & York Counties, SC	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$83.00
Chester, Lancaster & York Counties, SC	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$19.30
Cincinnati, OH	E0271	MATTRESS, INNERSPRING	NU			\$131.89
Cincinnati, OH	E0271	MATTRESS, INNERSPRING	RR			\$13.19
Cincinnati, OH	E0271	MATTRESS, INNERSPRING	UE			\$98.92
Cincinnati, OH	E0272	MATTRESS, FOAM RUBBER	NU			\$132.50
Cincinnati, OH	E0272	MATTRESS, FOAM RUBBER	RR			\$13.25
Cincinnati, OH	E0272	MATTRESS, FOAM RUBBER	UE			\$99.38
Cincinnati, OH	E0280	BED CRADLE, ANY TYPE	NU			\$28.78
Cincinnati, OH	E0280	BED CRADLE, ANY TYPE	RR			\$2.88
Cincinnati, OH	E0280	BED CRADLE, ANY TYPE	UE			\$21.59
Cincinnati, OH	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$9.88
Cincinnati, OH	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$102.28
Cincinnati, OH	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$10.23
Cincinnati, OH	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$76.71
Cincinnati, OH	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$12.75
Cincinnati, OH	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$39.11
Cincinnati, OH	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$85.78
Cincinnati, OH	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$20.33
Cleveland-Elyria, OH	E0271	MATTRESS, INNERSPRING	NU			\$119.04
Cleveland-Elyria, OH	E0271	MATTRESS, INNERSPRING	RR			\$11.90
Cleveland-Elyria, OH	E0271	MATTRESS, INNERSPRING	UE			\$89.28
Cleveland-Elyria, OH	E0272	MATTRESS, FOAM RUBBER	NU			\$130.14
Cleveland-Elyria, OH	E0272	MATTRESS, FOAM RUBBER	RR			\$13.01
Cleveland-Elyria, OH	E0272	MATTRESS, FOAM RUBBER	UE			\$97.61
Cleveland-Elyria, OH	E0280	BED CRADLE, ANY TYPE	NU			\$29.26
Cleveland-Elyria, OH	E0280	BED CRADLE, ANY TYPE	RR			\$2.93
Cleveland-Elyria, OH	E0280	BED CRADLE, ANY TYPE	UE			\$21.95
Cleveland-Elyria, OH	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$10.83
Cleveland-Elyria, OH	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$112.30
Cleveland-Elyria, OH	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$11.23
Cleveland-Elyria, OH	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$84.23
Cleveland-Elyria, OH	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$12.62
Cleveland-Elyria, OH	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$36.57
Cleveland-Elyria, OH	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$77.91

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria, OH	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$21.01
Covington-Florence-Newport, KY	E0271	MATTRESS, INNERSPRING	NU			\$133.78
Covington-Florence-Newport, KY	E0271	MATTRESS, INNERSPRING	RR			\$13.38
Covington-Florence-Newport, KY	E0271	MATTRESS, INNERSPRING	UE			\$100.34
Covington-Florence-Newport, KY	E0272	MATTRESS, FOAM RUBBER	NU			\$136.00
Covington-Florence-Newport, KY	E0272	MATTRESS, FOAM RUBBER	RR			\$13.60
Covington-Florence-Newport, KY	E0272	MATTRESS, FOAM RUBBER	UE			\$102.00
Covington-Florence-Newport, KY	E0280	BED CRADLE, ANY TYPE	NU			\$29.52
Covington-Florence-Newport, KY	E0280	BED CRADLE, ANY TYPE	RR			\$2.95
Covington-Florence-Newport, KY	E0280	BED CRADLE, ANY TYPE	UE			\$22.14
Covington-Florence-Newport, KY	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$9.90
Covington-Florence-Newport, KY	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$102.60
Covington-Florence-Newport, KY	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$10.26
Covington-Florence-Newport, KY	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$76.95
Covington-Florence-Newport, KY	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.74
Covington-Florence-Newport, KY	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$38.14
Covington-Florence-Newport, KY	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$77.70
Covington-Florence-Newport, KY	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$20.15
Dallas-Fort Worth-Arlington, TX	E0271	MATTRESS, INNERSPRING	NU			\$109.62
Dallas-Fort Worth-Arlington, TX	E0271	MATTRESS, INNERSPRING	RR			\$10.96
Dallas-Fort Worth-Arlington, TX	E0271	MATTRESS, INNERSPRING	UE			\$82.22
Dallas-Fort Worth-Arlington, TX	E0272	MATTRESS, FOAM RUBBER	NU			\$115.96
Dallas-Fort Worth-Arlington, TX	E0272	MATTRESS, FOAM RUBBER	RR			\$11.60
Dallas-Fort Worth-Arlington, TX	E0272	MATTRESS, FOAM RUBBER	UE			\$86.97
Dallas-Fort Worth-Arlington, TX	E0280	BED CRADLE, ANY TYPE	NU			\$34.65
Dallas-Fort Worth-Arlington, TX	E0280	BED CRADLE, ANY TYPE	RR			\$3.47
Dallas-Fort Worth-Arlington, TX	E0280	BED CRADLE, ANY TYPE	UE			\$25.99
Dallas-Fort Worth-Arlington, TX	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$9.45
Dallas-Fort Worth-Arlington, TX	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$98.04
Dallas-Fort Worth-Arlington, TX	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$9.80
Dallas-Fort Worth-Arlington, TX	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$73.53
Dallas-Fort Worth-Arlington, TX	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.55
Dallas-Fort Worth-Arlington, TX	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$39.41
Dallas-Fort Worth-Arlington, TX	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$74.11
Dallas-Fort Worth-Arlington, TX	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$19.73
Dearborn, Franklin, Ohio & Union Counties, IN	E0271	MATTRESS, INNERSPRING	NU			\$133.78
Dearborn, Franklin, Ohio & Union Counties, IN	E0271	MATTRESS, INNERSPRING	RR			\$13.38
Dearborn, Franklin, Ohio & Union Counties, IN	E0271	MATTRESS, INNERSPRING	UE			\$100.34
Dearborn, Franklin, Ohio & Union Counties, IN	E0272	MATTRESS, FOAM RUBBER	NU			\$137.20

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dearborn, Franklin, Ohio & Union Counties, IN	E0272	MATTRESS, FOAM RUBBER	RR			\$13.72
Dearborn, Franklin, Ohio & Union Counties, IN	E0272	MATTRESS, FOAM RUBBER	UE			\$102.90
Dearborn, Franklin, Ohio & Union Counties, IN	E0280	BED CRADLE, ANY TYPE	NU			\$29.90
Dearborn, Franklin, Ohio & Union Counties, IN	E0280	BED CRADLE, ANY TYPE	RR			\$2.99
Dearborn, Franklin, Ohio & Union Counties, IN	E0280	BED CRADLE, ANY TYPE	UE			\$22.43
Dearborn, Franklin, Ohio & Union Counties, IN	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$10.15
Dearborn, Franklin, Ohio & Union Counties, IN	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$103.32
Dearborn, Franklin, Ohio & Union Counties, IN	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$10.33
Dearborn, Franklin, Ohio & Union Counties, IN	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$77.49
Dearborn, Franklin, Ohio & Union Counties, IN	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$12.37
Dearborn, Franklin, Ohio & Union Counties, IN	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$41.07
Dearborn, Franklin, Ohio & Union Counties, IN	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$77.25
Dearborn, Franklin, Ohio & Union Counties, IN	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$20.25
Kansas City, MO	E0271	MATTRESS, INNERSPRING	NU			\$121.03
Kansas City, MO	E0271	MATTRESS, INNERSPRING	RR			\$12.10
Kansas City, MO	E0271	MATTRESS, INNERSPRING	UE			\$90.77
Kansas City, MO	E0272	MATTRESS, FOAM RUBBER	NU			\$130.40
Kansas City, MO	E0272	MATTRESS, FOAM RUBBER	RR			\$13.04
Kansas City, MO	E0272	MATTRESS, FOAM RUBBER	UE			\$97.80
Kansas City, MO	E0280	BED CRADLE, ANY TYPE	NU			\$35.00
Kansas City, MO	E0280	BED CRADLE, ANY TYPE	RR			\$3.50
Kansas City, MO	E0280	BED CRADLE, ANY TYPE	UE			\$26.25
Kansas City, MO	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$11.51
Kansas City, MO	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$113.00
Kansas City, MO	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$11.30
Kansas City, MO	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$84.75
Kansas City, MO	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.02
Kansas City, MO	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$43.30
Kansas City, MO	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$87.45
Kansas City, MO	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$21.80
Kansas City-Overland Park-Ottawa, KS	E0271	MATTRESS, INNERSPRING	NU			\$130.38
Kansas City-Overland Park-Ottawa, KS	E0271	MATTRESS, INNERSPRING	RR			\$13.04

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City-Overland Park-Ottawa, KS	E0271	MATTRESS, INNERSPRING	UE			\$97.79
Kansas City-Overland Park-Ottawa, KS	E0272	MATTRESS, FOAM RUBBER	NU			\$132.55
Kansas City-Overland Park-Ottawa, KS	E0272	MATTRESS, FOAM RUBBER	RR			\$13.26
Kansas City-Overland Park-Ottawa, KS	E0272	MATTRESS, FOAM RUBBER	UE			\$99.41
Kansas City-Overland Park-Ottawa, KS	E0280	BED CRADLE, ANY TYPE	NU			\$30.36
Kansas City-Overland Park-Ottawa, KS	E0280	BED CRADLE, ANY TYPE	RR			\$3.04
Kansas City-Overland Park-Ottawa, KS	E0280	BED CRADLE, ANY TYPE	UE			\$22.77
Kansas City-Overland Park-Ottawa, KS	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$11.66
Kansas City-Overland Park-Ottawa, KS	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$115.92
Kansas City-Overland Park-Ottawa, KS	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$11.59
Kansas City-Overland Park-Ottawa, KS	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$86.94
Kansas City-Overland Park-Ottawa, KS	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$12.46
Kansas City-Overland Park-Ottawa, KS	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$41.40
Kansas City-Overland Park-Ottawa, KS	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$88.10
Kansas City-Overland Park-Ottawa, KS	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$21.90
Miami-Fort Lauderdale-West Palm Beach, FL	E0271	MATTRESS, INNERSPRING	NU			\$112.98
Miami-Fort Lauderdale-West Palm Beach, FL	E0271	MATTRESS, INNERSPRING	RR			\$11.30
Miami-Fort Lauderdale-West Palm Beach, FL	E0271	MATTRESS, INNERSPRING	UE			\$84.74
Miami-Fort Lauderdale-West Palm Beach, FL	E0272	MATTRESS, FOAM RUBBER	NU			\$113.75
Miami-Fort Lauderdale-West Palm Beach, FL	E0272	MATTRESS, FOAM RUBBER	RR			\$11.38
Miami-Fort Lauderdale-West Palm Beach, FL	E0272	MATTRESS, FOAM RUBBER	UE			\$85.31
Miami-Fort Lauderdale-West Palm Beach, FL	E0280	BED CRADLE, ANY TYPE	NU			\$26.00
Miami-Fort Lauderdale-West Palm Beach, FL	E0280	BED CRADLE, ANY TYPE	RR			\$2.60
Miami-Fort Lauderdale-West Palm Beach, FL	E0280	BED CRADLE, ANY TYPE	UE			\$19.50
Miami-Fort Lauderdale-West Palm Beach, FL	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$9.29

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-West Palm Beach, FL	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$100.00
Miami-Fort Lauderdale-West Palm Beach, FL	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$10.00
Miami-Fort Lauderdale-West Palm Beach, FL	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$75.00
Miami-Fort Lauderdale-West Palm Beach, FL	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.73
Miami-Fort Lauderdale-West Palm Beach, FL	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$34.90
Miami-Fort Lauderdale-West Palm Beach, FL	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$77.08
Miami-Fort Lauderdale-West Palm Beach, FL	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$18.24
Orlando-Kissimmee-Sanford, FL	E0271	MATTRESS, INNERSPRING	NU			\$117.36
Orlando-Kissimmee-Sanford, FL	E0271	MATTRESS, INNERSPRING	RR			\$11.74
Orlando-Kissimmee-Sanford, FL	E0271	MATTRESS, INNERSPRING	UE			\$88.02
Orlando-Kissimmee-Sanford, FL	E0272	MATTRESS, FOAM RUBBER	NU			\$118.75
Orlando-Kissimmee-Sanford, FL	E0272	MATTRESS, FOAM RUBBER	RR			\$11.88
Orlando-Kissimmee-Sanford, FL	E0272	MATTRESS, FOAM RUBBER	UE			\$89.06
Orlando-Kissimmee-Sanford, FL	E0280	BED CRADLE, ANY TYPE	NU			\$26.55
Orlando-Kissimmee-Sanford, FL	E0280	BED CRADLE, ANY TYPE	RR			\$2.66
Orlando-Kissimmee-Sanford, FL	E0280	BED CRADLE, ANY TYPE	UE			\$19.91
Orlando-Kissimmee-Sanford, FL	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$9.90
Orlando-Kissimmee-Sanford, FL	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$102.39
Orlando-Kissimmee-Sanford, FL	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$10.24
Orlando-Kissimmee-Sanford, FL	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$76.79
Orlando-Kissimmee-Sanford, FL	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.74
Orlando-Kissimmee-Sanford, FL	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$36.00
Orlando-Kissimmee-Sanford, FL	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$78.00
Orlando-Kissimmee-Sanford, FL	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$19.35
Pittsburgh, PA	E0271	MATTRESS, INNERSPRING	NU			\$128.40
Pittsburgh, PA	E0271	MATTRESS, INNERSPRING	RR			\$12.84
Pittsburgh, PA	E0271	MATTRESS, INNERSPRING	UE			\$96.30
Pittsburgh, PA	E0272	MATTRESS, FOAM RUBBER	NU			\$137.28
Pittsburgh, PA	E0272	MATTRESS, FOAM RUBBER	RR			\$13.73
Pittsburgh, PA	E0272	MATTRESS, FOAM RUBBER	UE			\$102.96
Pittsburgh, PA	E0280	BED CRADLE, ANY TYPE	NU			\$29.52
Pittsburgh, PA	E0280	BED CRADLE, ANY TYPE	RR			\$2.95
Pittsburgh, PA	E0280	BED CRADLE, ANY TYPE	UE			\$22.14
Pittsburgh, PA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$9.83
Pittsburgh, PA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$99.48
Pittsburgh, PA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$9.95
Pittsburgh, PA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$74.61
Pittsburgh, PA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.82

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$42.18
Pittsburgh, PA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$84.39
Pittsburgh, PA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$21.06
Riverside-San Bernardino-Ontario, CA	E0271	MATTRESS, INNERSPRING	NU			\$124.30
Riverside-San Bernardino-Ontario, CA	E0271	MATTRESS, INNERSPRING	RR			\$12.43
Riverside-San Bernardino-Ontario, CA	E0271	MATTRESS, INNERSPRING	UE			\$93.23
Riverside-San Bernardino-Ontario, CA	E0272	MATTRESS, FOAM RUBBER	NU			\$141.50
Riverside-San Bernardino-Ontario, CA	E0272	MATTRESS, FOAM RUBBER	RR			\$14.15
Riverside-San Bernardino-Ontario, CA	E0272	MATTRESS, FOAM RUBBER	UE			\$106.13
Riverside-San Bernardino-Ontario, CA	E0280	BED CRADLE, ANY TYPE	NU			\$29.59
Riverside-San Bernardino-Ontario, CA	E0280	BED CRADLE, ANY TYPE	RR			\$2.96
Riverside-San Bernardino-Ontario, CA	E0280	BED CRADLE, ANY TYPE	UE			\$22.19
Riverside-San Bernardino-Ontario, CA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$10.43
Riverside-San Bernardino-Ontario, CA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$110.60
Riverside-San Bernardino-Ontario, CA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$11.06
Riverside-San Bernardino-Ontario, CA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$82.95
Riverside-San Bernardino-Ontario, CA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.79
Riverside-San Bernardino-Ontario, CA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$41.50
Riverside-San Bernardino-Ontario, CA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$83.70
Riverside-San Bernardino-Ontario, CA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$20.37

Single Payment Amount
General Home Equipment and Related Supplies and Accessories
Patient Lifts

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Concord-Gastonia, NC	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	NU			\$85.00
Charlotte-Concord-Gastonia, NC	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	RR			\$8.50
Charlotte-Concord-Gastonia, NC	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	UE			\$63.75
Charlotte-Concord-Gastonia, NC	E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	RR			\$61.00
Charlotte-Concord-Gastonia, NC	E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	RR			\$125.74
Charlotte-Concord-Gastonia, NC	E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	RR			\$1,032.54
Charlotte-Concord-Gastonia, NC	E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	RR			\$630.00
Charlotte-Concord-Gastonia, NC	E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	RR			\$906.46
Chester, Lancaster & York Counties, SC	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	NU			\$88.72
Chester, Lancaster & York Counties, SC	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	RR			\$8.87
Chester, Lancaster & York Counties, SC	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	UE			\$66.54
Chester, Lancaster & York Counties, SC	E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	RR			\$54.21
Chester, Lancaster & York Counties, SC	E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	RR			\$112.00
Chester, Lancaster & York Counties, SC	E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	RR			\$955.00
Chester, Lancaster & York Counties, SC	E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	RR			\$593.80
Chester, Lancaster & York Counties, SC	E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	RR			\$880.00
Cincinnati, OH	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	NU			\$79.50
Cincinnati, OH	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	RR			\$7.95
Cincinnati, OH	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	UE			\$59.63
Cincinnati, OH	E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	RR			\$57.03
Cincinnati, OH	E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	RR			\$102.74
Cincinnati, OH	E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	RR			\$992.63
Cincinnati, OH	E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	RR			\$583.62
Cincinnati, OH	E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	RR			\$830.00
Cleveland-Elyria, OH	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	NU			\$84.50
Cleveland-Elyria, OH	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	RR			\$8.45
Cleveland-Elyria, OH	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	UE			\$63.38

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria, OH	E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	RR			\$58.65
Cleveland-Elyria, OH	E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	RR			\$109.58
Cleveland-Elyria, OH	E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	RR			\$1,024.85
Cleveland-Elyria, OH	E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	RR			\$606.60
Cleveland-Elyria, OH	E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	RR			\$903.23
Covington-Florence-Newport, KY	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	NU			\$69.00
Covington-Florence-Newport, KY	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	RR			\$6.90
Covington-Florence-Newport, KY	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	UE			\$51.75
Covington-Florence-Newport, KY	E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	RR			\$55.00
Covington-Florence-Newport, KY	E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	RR			\$112.00
Covington-Florence-Newport, KY	E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	RR			\$1,053.46
Covington-Florence-Newport, KY	E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	RR			\$612.57
Covington-Florence-Newport, KY	E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	RR			\$906.46
Dallas-Fort Worth-Arlington, TX	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	NU			\$79.46
Dallas-Fort Worth-Arlington, TX	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	RR			\$7.95
Dallas-Fort Worth-Arlington, TX	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	UE			\$59.60
Dallas-Fort Worth-Arlington, TX	E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	RR			\$55.00
Dallas-Fort Worth-Arlington, TX	E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	RR			\$105.05
Dallas-Fort Worth-Arlington, TX	E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	RR			\$963.42
Dallas-Fort Worth-Arlington, TX	E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	RR			\$511.43
Dallas-Fort Worth-Arlington, TX	E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	RR			\$718.50
Dearborn, Franklin, Ohio & Union Counties, IN	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	NU			\$78.24
Dearborn, Franklin, Ohio & Union Counties, IN	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	RR			\$7.82
Dearborn, Franklin, Ohio & Union Counties, IN	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	UE			\$58.68
Dearborn, Franklin, Ohio & Union Counties, IN	E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	RR			\$55.00
Dearborn, Franklin, Ohio & Union Counties, IN	E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	RR			\$114.59
Dearborn, Franklin, Ohio & Union Counties, IN	E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	RR			\$1,122.99
Dearborn, Franklin, Ohio & Union Counties, IN	E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	RR			\$633.05
Dearborn, Franklin, Ohio & Union Counties, IN	E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	RR			\$920.48
Kansas City, MO	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	NU			\$76.13

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	RR			\$7.61
Kansas City, MO	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	UE			\$57.10
Kansas City, MO	E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	RR			\$58.00
Kansas City, MO	E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	RR			\$112.00
Kansas City, MO	E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	RR			\$956.84
Kansas City, MO	E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	RR			\$586.59
Kansas City, MO	E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	RR			\$858.70
Kansas City-Overland Park-Ottawa, KS	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	NU			\$74.06
Kansas City-Overland Park-Ottawa, KS	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	RR			\$7.41
Kansas City-Overland Park-Ottawa, KS	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	UE			\$55.55
Kansas City-Overland Park-Ottawa, KS	E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	RR			\$63.56
Kansas City-Overland Park-Ottawa, KS	E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	RR			\$114.80
Kansas City-Overland Park-Ottawa, KS	E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	RR			\$1,087.30
Kansas City-Overland Park-Ottawa, KS	E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	RR			\$635.14
Kansas City-Overland Park-Ottawa, KS	E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	RR			\$912.54
Miami-Fort Lauderdale-West Palm Beach, FL	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	NU			\$61.89
Miami-Fort Lauderdale-West Palm Beach, FL	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	RR			\$6.19
Miami-Fort Lauderdale-West Palm Beach, FL	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	UE			\$46.42
Miami-Fort Lauderdale-West Palm Beach, FL	E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	RR			\$55.00
Miami-Fort Lauderdale-West Palm Beach, FL	E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	RR			\$96.44
Miami-Fort Lauderdale-West Palm Beach, FL	E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	RR			\$810.28
Miami-Fort Lauderdale-West Palm Beach, FL	E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	RR			\$461.06
Miami-Fort Lauderdale-West Palm Beach, FL	E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	RR			\$684.34
Orlando-Kissimmee-Sanford, FL	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	NU			\$63.81
Orlando-Kissimmee-Sanford, FL	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	RR			\$6.38
Orlando-Kissimmee-Sanford, FL	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	UE			\$47.86
Orlando-Kissimmee-Sanford, FL	E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	RR			\$55.48
Orlando-Kissimmee-Sanford, FL	E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	RR			\$99.80

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	RR			\$850.00
Orlando-Kissimmee-Sanford, FL	E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	RR			\$494.78
Orlando-Kissimmee-Sanford, FL	E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	RR			\$693.00
Pittsburgh, PA	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	NU			\$86.38
Pittsburgh, PA	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	RR			\$8.64
Pittsburgh, PA	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	UE			\$64.79
Pittsburgh, PA	E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	RR			\$55.86
Pittsburgh, PA	E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	RR			\$100.67
Pittsburgh, PA	E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	RR			\$895.00
Pittsburgh, PA	E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	RR			\$517.74
Pittsburgh, PA	E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	RR			\$820.56
Riverside-San Bernardino-Ontario, CA	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	NU			\$79.85
Riverside-San Bernardino-Ontario, CA	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	RR			\$7.99
Riverside-San Bernardino-Ontario, CA	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	UE			\$59.89
Riverside-San Bernardino-Ontario, CA	E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	RR			\$55.26
Riverside-San Bernardino-Ontario, CA	E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	RR			\$127.38
Riverside-San Bernardino-Ontario, CA	E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	RR			\$1,007.39
Riverside-San Bernardino-Ontario, CA	E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	RR			\$599.40
Riverside-San Bernardino-Ontario, CA	E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	RR			\$894.23

Single Payment Amounts
General Home Equipment and Related Supplies and Accessories
Seat Lift Mechanisms

UPDATE: HCPCS E0628 (Separate Seat Lift Mechanism for Use with Patient Owned Furniture - Electric) is no longer effective for claims with dates of service on or after January 1, 2017.

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Concord-Gastonia, NC	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	NU			\$250.00
Charlotte-Concord-Gastonia, NC	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	RR			\$25.00
Charlotte-Concord-Gastonia, NC	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	UE			\$187.50
Charlotte-Concord-Gastonia, NC	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	NU			\$265.87
Charlotte-Concord-Gastonia, NC	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	RR			\$26.59
Charlotte-Concord-Gastonia, NC	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	UE			\$199.40
Chester, Lancaster & York Counties, SC	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	NU			\$245.00
Chester, Lancaster & York Counties, SC	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	RR			\$24.50
Chester, Lancaster & York Counties, SC	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	UE			\$183.75
Chester, Lancaster & York Counties, SC	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	NU			\$260.00
Chester, Lancaster & York Counties, SC	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	RR			\$26.00
Chester, Lancaster & York Counties, SC	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	UE			\$195.00
Cincinnati, OH	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	NU			\$286.83
Cincinnati, OH	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	RR			\$28.68
Cincinnati, OH	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	UE			\$215.12
Cincinnati, OH	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	NU			\$294.33
Cincinnati, OH	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	RR			\$29.43
Cincinnati, OH	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	UE			\$220.75
Cleveland-Elyria, OH	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	NU			\$284.17
Cleveland-Elyria, OH	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	RR			\$28.42
Cleveland-Elyria, OH	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	UE			\$213.13
Cleveland-Elyria, OH	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	NU			\$294.33
Cleveland-Elyria, OH	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	RR			\$29.43
Cleveland-Elyria, OH	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	UE			\$220.75
Covington-Florence-Newport, KY	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	NU			\$289.00

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Covington-Florence-Newport, KY	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	RR			\$28.90
Covington-Florence-Newport, KY	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	UE			\$216.75
Covington-Florence-Newport, KY	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	NU			\$314.14
Covington-Florence-Newport, KY	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	RR			\$31.41
Covington-Florence-Newport, KY	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	UE			\$235.61
Dallas-Fort Worth-Arlington, TX	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	NU			\$223.75
Dallas-Fort Worth-Arlington, TX	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	RR			\$22.38
Dallas-Fort Worth-Arlington, TX	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	UE			\$167.81
Dallas-Fort Worth-Arlington, TX	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	NU			\$240.75
Dallas-Fort Worth-Arlington, TX	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	RR			\$24.08
Dallas-Fort Worth-Arlington, TX	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	UE			\$180.56
Dearborn, Franklin, Ohio & Union Counties, IN	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	NU			\$306.98
Dearborn, Franklin, Ohio & Union Counties, IN	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	RR			\$30.70
Dearborn, Franklin, Ohio & Union Counties, IN	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	UE			\$230.24
Dearborn, Franklin, Ohio & Union Counties, IN	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	NU			\$301.94
Dearborn, Franklin, Ohio & Union Counties, IN	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	RR			\$30.19
Dearborn, Franklin, Ohio & Union Counties, IN	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	UE			\$226.46
Kansas City, MO	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	NU			\$250.00
Kansas City, MO	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	RR			\$25.00
Kansas City, MO	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	UE			\$187.50
Kansas City, MO	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	NU			\$279.74
Kansas City, MO	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	RR			\$27.97
Kansas City, MO	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	UE			\$209.81
Kansas City-Overland Park-Ottawa, KS	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	NU			\$256.25
Kansas City-Overland Park-Ottawa, KS	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	RR			\$25.63
Kansas City-Overland Park-Ottawa, KS	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	UE			\$192.19
Kansas City-Overland Park-Ottawa, KS	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	NU			\$296.94
Kansas City-Overland Park-Ottawa, KS	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	RR			\$29.69
Kansas City-Overland Park-Ottawa, KS	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	UE			\$222.71

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-West Palm Beach, FL	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	NU			\$222.32
Miami-Fort Lauderdale-West Palm Beach, FL	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	RR			\$22.23
Miami-Fort Lauderdale-West Palm Beach, FL	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	UE			\$166.74
Miami-Fort Lauderdale-West Palm Beach, FL	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	NU			\$240.00
Miami-Fort Lauderdale-West Palm Beach, FL	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	RR			\$24.00
Miami-Fort Lauderdale-West Palm Beach, FL	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	UE			\$180.00
Orlando-Kissimmee-Sanford, FL	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	NU			\$240.00
Orlando-Kissimmee-Sanford, FL	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	RR			\$24.00
Orlando-Kissimmee-Sanford, FL	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	UE			\$180.00
Orlando-Kissimmee-Sanford, FL	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	NU			\$240.00
Orlando-Kissimmee-Sanford, FL	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	RR			\$24.00
Orlando-Kissimmee-Sanford, FL	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	UE			\$180.00
Pittsburgh, PA	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	NU			\$239.00
Pittsburgh, PA	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	RR			\$23.90
Pittsburgh, PA	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	UE			\$179.25
Pittsburgh, PA	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	NU			\$263.38
Pittsburgh, PA	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	RR			\$26.34
Pittsburgh, PA	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	UE			\$197.54
Riverside-San Bernardino-Ontario, CA	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	NU			\$280.83
Riverside-San Bernardino-Ontario, CA	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	RR			\$28.08
Riverside-San Bernardino-Ontario, CA	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	UE			\$210.62
Riverside-San Bernardino-Ontario, CA	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	NU			\$296.56
Riverside-San Bernardino-Ontario, CA	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	RR			\$29.66
Riverside-San Bernardino-Ontario, CA	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	UE			\$222.42

Single Payment Amounts
General Home Equipment and Related Supplies and Accessories
Support Surfaces (Group 1 & 2)

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Concord-Gastonia, NC	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	NU			\$51.00
Charlotte-Concord-Gastonia, NC	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	RR			\$5.10
Charlotte-Concord-Gastonia, NC	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	UE			\$38.25
Charlotte-Concord-Gastonia, NC	E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	RR			\$16.84
Charlotte-Concord-Gastonia, NC	E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	RR			\$23.90
Charlotte-Concord-Gastonia, NC	E0184	DRY PRESSURE MATTRESS	NU			\$162.00
Charlotte-Concord-Gastonia, NC	E0184	DRY PRESSURE MATTRESS	RR			\$16.20
Charlotte-Concord-Gastonia, NC	E0184	DRY PRESSURE MATTRESS	UE			\$121.50
Charlotte-Concord-Gastonia, NC	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$182.98
Charlotte-Concord-Gastonia, NC	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$18.30
Charlotte-Concord-Gastonia, NC	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$137.24
Charlotte-Concord-Gastonia, NC	E0186	AIR PRESSURE MATTRESS	RR			\$18.19
Charlotte-Concord-Gastonia, NC	E0187	WATER PRESSURE MATTRESS	RR			\$20.81
Charlotte-Concord-Gastonia, NC	E0188	SYNTHETIC SHEEPSKIN PAD	NU			\$26.21
Charlotte-Concord-Gastonia, NC	E0188	SYNTHETIC SHEEPSKIN PAD	RR			\$2.62
Charlotte-Concord-Gastonia, NC	E0188	SYNTHETIC SHEEPSKIN PAD	UE			\$19.66
Charlotte-Concord-Gastonia, NC	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	NU			\$56.52
Charlotte-Concord-Gastonia, NC	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	RR			\$5.65
Charlotte-Concord-Gastonia, NC	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	UE			\$42.39
Charlotte-Concord-Gastonia, NC	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$790.00
Charlotte-Concord-Gastonia, NC	E0196	GEL PRESSURE MATTRESS	RR			\$32.54
Charlotte-Concord-Gastonia, NC	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$17.50
Charlotte-Concord-Gastonia, NC	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$28.34
Charlotte-Concord-Gastonia, NC	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$2.83
Charlotte-Concord-Gastonia, NC	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$21.26
Charlotte-Concord-Gastonia, NC	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$239.05
Charlotte-Concord-Gastonia, NC	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$400.00
Charlotte-Concord-Gastonia, NC	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$329.97
Charlotte-Concord-Gastonia, NC	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$550.00
Chester, Lancaster & York Counties, SC	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	NU			\$58.00
Chester, Lancaster & York Counties, SC	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	RR			\$5.80

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chester, Lancaster & York Counties, SC	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	UE			\$43.50
Chester, Lancaster & York Counties, SC	E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	RR			\$14.60
Chester, Lancaster & York Counties, SC	E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	RR			\$24.00
Chester, Lancaster & York Counties, SC	E0184	DRY PRESSURE MATTRESS	NU			\$160.48
Chester, Lancaster & York Counties, SC	E0184	DRY PRESSURE MATTRESS	RR			\$16.05
Chester, Lancaster & York Counties, SC	E0184	DRY PRESSURE MATTRESS	UE			\$120.36
Chester, Lancaster & York Counties, SC	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$152.00
Chester, Lancaster & York Counties, SC	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$15.20
Chester, Lancaster & York Counties, SC	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$114.00
Chester, Lancaster & York Counties, SC	E0186	AIR PRESSURE MATTRESS	RR			\$18.77
Chester, Lancaster & York Counties, SC	E0187	WATER PRESSURE MATTRESS	RR			\$20.81
Chester, Lancaster & York Counties, SC	E0188	SYNTHETIC SHEEPSKIN PAD	NU			\$25.00
Chester, Lancaster & York Counties, SC	E0188	SYNTHETIC SHEEPSKIN PAD	RR			\$2.50
Chester, Lancaster & York Counties, SC	E0188	SYNTHETIC SHEEPSKIN PAD	UE			\$18.75
Chester, Lancaster & York Counties, SC	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	NU			\$55.00
Chester, Lancaster & York Counties, SC	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	RR			\$5.50
Chester, Lancaster & York Counties, SC	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	UE			\$41.25
Chester, Lancaster & York Counties, SC	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$699.90
Chester, Lancaster & York Counties, SC	E0196	GEL PRESSURE MATTRESS	RR			\$30.04
Chester, Lancaster & York Counties, SC	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$15.50
Chester, Lancaster & York Counties, SC	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$29.00
Chester, Lancaster & York Counties, SC	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$2.90
Chester, Lancaster & York Counties, SC	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$21.75
Chester, Lancaster & York Counties, SC	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$207.00
Chester, Lancaster & York Counties, SC	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$299.30

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Chester, Lancaster & York Counties, SC	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$270.00
Chester, Lancaster & York Counties, SC	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$359.00
Cincinnati, OH	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	NU			\$46.56
Cincinnati, OH	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	RR			\$4.66
Cincinnati, OH	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	UE			\$34.92
Cincinnati, OH	E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	RR			\$16.59
Cincinnati, OH	E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	RR			\$19.00
Cincinnati, OH	E0184	DRY PRESSURE MATTRESS	NU			\$150.00
Cincinnati, OH	E0184	DRY PRESSURE MATTRESS	RR			\$15.00
Cincinnati, OH	E0184	DRY PRESSURE MATTRESS	UE			\$112.50
Cincinnati, OH	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$163.64
Cincinnati, OH	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$16.36
Cincinnati, OH	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$122.73
Cincinnati, OH	E0186	AIR PRESSURE MATTRESS	RR			\$18.01
Cincinnati, OH	E0187	WATER PRESSURE MATTRESS	RR			\$20.80
Cincinnati, OH	E0188	SYNTHETIC SHEEPSKIN PAD	NU			\$27.04
Cincinnati, OH	E0188	SYNTHETIC SHEEPSKIN PAD	RR			\$2.70
Cincinnati, OH	E0188	SYNTHETIC SHEEPSKIN PAD	UE			\$20.28
Cincinnati, OH	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	NU			\$45.79
Cincinnati, OH	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	RR			\$4.58
Cincinnati, OH	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	UE			\$34.34
Cincinnati, OH	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$753.15
Cincinnati, OH	E0196	GEL PRESSURE MATTRESS	RR			\$32.02
Cincinnati, OH	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$17.25
Cincinnati, OH	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$27.84
Cincinnati, OH	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$2.78
Cincinnati, OH	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$20.88
Cincinnati, OH	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$212.38
Cincinnati, OH	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$255.10
Cincinnati, OH	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$314.99
Cincinnati, OH	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$324.66
Cleveland-Elyria, OH	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	NU			\$46.50
Cleveland-Elyria, OH	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	RR			\$4.65
Cleveland-Elyria, OH	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	UE			\$34.88

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria, OH	E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	RR			\$16.34
Cleveland-Elyria, OH	E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	RR			\$19.90
Cleveland-Elyria, OH	E0184	DRY PRESSURE MATTRESS	NU			\$150.00
Cleveland-Elyria, OH	E0184	DRY PRESSURE MATTRESS	RR			\$15.00
Cleveland-Elyria, OH	E0184	DRY PRESSURE MATTRESS	UE			\$112.50
Cleveland-Elyria, OH	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$172.64
Cleveland-Elyria, OH	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$17.26
Cleveland-Elyria, OH	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$129.48
Cleveland-Elyria, OH	E0186	AIR PRESSURE MATTRESS	RR			\$19.82
Cleveland-Elyria, OH	E0187	WATER PRESSURE MATTRESS	RR			\$21.83
Cleveland-Elyria, OH	E0188	SYNTHETIC SHEEPSKIN PAD	NU			\$27.00
Cleveland-Elyria, OH	E0188	SYNTHETIC SHEEPSKIN PAD	RR			\$2.70
Cleveland-Elyria, OH	E0188	SYNTHETIC SHEEPSKIN PAD	UE			\$20.25
Cleveland-Elyria, OH	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	NU			\$45.79
Cleveland-Elyria, OH	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	RR			\$4.58
Cleveland-Elyria, OH	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	UE			\$34.34
Cleveland-Elyria, OH	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$801.25
Cleveland-Elyria, OH	E0196	GEL PRESSURE MATTRESS	RR			\$34.13
Cleveland-Elyria, OH	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$18.40
Cleveland-Elyria, OH	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$27.90
Cleveland-Elyria, OH	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$2.79
Cleveland-Elyria, OH	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$20.93
Cleveland-Elyria, OH	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$215.00
Cleveland-Elyria, OH	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$262.12
Cleveland-Elyria, OH	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$343.49
Cleveland-Elyria, OH	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$357.81
Covington-Florence-Newport, KY	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	NU			\$50.00
Covington-Florence-Newport, KY	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	RR			\$5.00
Covington-Florence-Newport, KY	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	UE			\$37.50
Covington-Florence-Newport, KY	E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	RR			\$15.59
Covington-Florence-Newport, KY	E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	RR			\$20.00
Covington-Florence-Newport, KY	E0184	DRY PRESSURE MATTRESS	NU			\$150.00
Covington-Florence-Newport, KY	E0184	DRY PRESSURE MATTRESS	RR			\$15.00
Covington-Florence-Newport, KY	E0184	DRY PRESSURE MATTRESS	UE			\$112.50
Covington-Florence-Newport, KY	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$170.88
Covington-Florence-Newport, KY	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$17.09

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Covington-Florence-Newport, KY	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$128.16
Covington-Florence-Newport, KY	E0186	AIR PRESSURE MATTRESS	RR			\$18.19
Covington-Florence-Newport, KY	E0187	WATER PRESSURE MATTRESS	RR			\$20.81
Covington-Florence-Newport, KY	E0188	SYNTHETIC SHEEPSKIN PAD	NU			\$27.87
Covington-Florence-Newport, KY	E0188	SYNTHETIC SHEEPSKIN PAD	RR			\$2.79
Covington-Florence-Newport, KY	E0188	SYNTHETIC SHEEPSKIN PAD	UE			\$20.90
Covington-Florence-Newport, KY	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	NU			\$49.03
Covington-Florence-Newport, KY	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	RR			\$4.90
Covington-Florence-Newport, KY	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	UE			\$36.77
Covington-Florence-Newport, KY	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$778.81
Covington-Florence-Newport, KY	E0196	GEL PRESSURE MATTRESS	RR			\$30.50
Covington-Florence-Newport, KY	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$16.72
Covington-Florence-Newport, KY	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$28.74
Covington-Florence-Newport, KY	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$2.87
Covington-Florence-Newport, KY	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$21.56
Covington-Florence-Newport, KY	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$205.22
Covington-Florence-Newport, KY	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$251.20
Covington-Florence-Newport, KY	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$329.97
Covington-Florence-Newport, KY	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$400.00
Dallas-Fort Worth-Arlington, TX	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	NU			\$44.00
Dallas-Fort Worth-Arlington, TX	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	RR			\$4.40
Dallas-Fort Worth-Arlington, TX	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	UE			\$33.00
Dallas-Fort Worth-Arlington, TX	E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	RR			\$14.53
Dallas-Fort Worth-Arlington, TX	E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	RR			\$15.42
Dallas-Fort Worth-Arlington, TX	E0184	DRY PRESSURE MATTRESS	NU			\$140.62
Dallas-Fort Worth-Arlington, TX	E0184	DRY PRESSURE MATTRESS	RR			\$14.06
Dallas-Fort Worth-Arlington, TX	E0184	DRY PRESSURE MATTRESS	UE			\$105.47
Dallas-Fort Worth-Arlington, TX	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$153.70
Dallas-Fort Worth-Arlington, TX	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$15.37
Dallas-Fort Worth-Arlington, TX	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$115.28
Dallas-Fort Worth-Arlington, TX	E0186	AIR PRESSURE MATTRESS	RR			\$17.74
Dallas-Fort Worth-Arlington, TX	E0187	WATER PRESSURE MATTRESS	RR			\$20.73
Dallas-Fort Worth-Arlington, TX	E0188	SYNTHETIC SHEEPSKIN PAD	NU			\$23.17
Dallas-Fort Worth-Arlington, TX	E0188	SYNTHETIC SHEEPSKIN PAD	RR			\$2.32
Dallas-Fort Worth-Arlington, TX	E0188	SYNTHETIC SHEEPSKIN PAD	UE			\$17.38
Dallas-Fort Worth-Arlington, TX	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	NU			\$55.48
Dallas-Fort Worth-Arlington, TX	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	RR			\$5.55
Dallas-Fort Worth-Arlington, TX	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	UE			\$41.61

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$620.03
Dallas-Fort Worth-Arlington, TX	E0196	GEL PRESSURE MATTRESS	RR			\$29.02
Dallas-Fort Worth-Arlington, TX	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$15.30
Dallas-Fort Worth-Arlington, TX	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$29.86
Dallas-Fort Worth-Arlington, TX	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$2.99
Dallas-Fort Worth-Arlington, TX	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$22.40
Dallas-Fort Worth-Arlington, TX	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$201.15
Dallas-Fort Worth-Arlington, TX	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$272.03
Dallas-Fort Worth-Arlington, TX	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$238.80
Dallas-Fort Worth-Arlington, TX	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$324.11
Dearborn, Franklin, Ohio & Union Counties, IN	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	NU			\$50.27
Dearborn, Franklin, Ohio & Union Counties, IN	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	RR			\$5.03
Dearborn, Franklin, Ohio & Union Counties, IN	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	UE			\$37.70
Dearborn, Franklin, Ohio & Union Counties, IN	E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	RR			\$15.50
Dearborn, Franklin, Ohio & Union Counties, IN	E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	RR			\$20.25
Dearborn, Franklin, Ohio & Union Counties, IN	E0184	DRY PRESSURE MATTRESS	NU			\$154.05
Dearborn, Franklin, Ohio & Union Counties, IN	E0184	DRY PRESSURE MATTRESS	RR			\$15.41
Dearborn, Franklin, Ohio & Union Counties, IN	E0184	DRY PRESSURE MATTRESS	UE			\$115.54
Dearborn, Franklin, Ohio & Union Counties, IN	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$159.81
Dearborn, Franklin, Ohio & Union Counties, IN	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$15.98
Dearborn, Franklin, Ohio & Union Counties, IN	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$119.86
Dearborn, Franklin, Ohio & Union Counties, IN	E0186	AIR PRESSURE MATTRESS	RR			\$18.65
Dearborn, Franklin, Ohio & Union Counties, IN	E0187	WATER PRESSURE MATTRESS	RR			\$21.13
Dearborn, Franklin, Ohio & Union Counties, IN	E0188	SYNTHETIC SHEEPSKIN PAD	NU			\$28.04
Dearborn, Franklin, Ohio & Union Counties, IN	E0188	SYNTHETIC SHEEPSKIN PAD	RR			\$2.80
Dearborn, Franklin, Ohio & Union Counties, IN	E0188	SYNTHETIC SHEEPSKIN PAD	UE			\$21.03
Dearborn, Franklin, Ohio & Union Counties, IN	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	NU			\$48.02
Dearborn, Franklin, Ohio & Union Counties, IN	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	RR			\$4.80
Dearborn, Franklin, Ohio & Union Counties, IN	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	UE			\$36.02

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dearborn, Franklin, Ohio & Union Counties, IN	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$821.09
Dearborn, Franklin, Ohio & Union Counties, IN	E0196	GEL PRESSURE MATTRESS	RR			\$34.26
Dearborn, Franklin, Ohio & Union Counties, IN	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$16.45
Dearborn, Franklin, Ohio & Union Counties, IN	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$28.74
Dearborn, Franklin, Ohio & Union Counties, IN	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$2.87
Dearborn, Franklin, Ohio & Union Counties, IN	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$21.56
Dearborn, Franklin, Ohio & Union Counties, IN	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$210.29
Dearborn, Franklin, Ohio & Union Counties, IN	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$255.22
Dearborn, Franklin, Ohio & Union Counties, IN	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$322.27
Dearborn, Franklin, Ohio & Union Counties, IN	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$380.99
Kansas City, MO	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	NU			\$48.00
Kansas City, MO	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	RR			\$4.80
Kansas City, MO	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	UE			\$36.00
Kansas City, MO	E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	RR			\$15.75
Kansas City, MO	E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	RR			\$20.00
Kansas City, MO	E0184	DRY PRESSURE MATTRESS	NU			\$165.00
Kansas City, MO	E0184	DRY PRESSURE MATTRESS	RR			\$16.50
Kansas City, MO	E0184	DRY PRESSURE MATTRESS	UE			\$123.75
Kansas City, MO	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$177.50
Kansas City, MO	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$17.75
Kansas City, MO	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$133.13
Kansas City, MO	E0186	AIR PRESSURE MATTRESS	RR			\$19.00
Kansas City, MO	E0187	WATER PRESSURE MATTRESS	RR			\$21.50
Kansas City, MO	E0188	SYNTHETIC SHEEPSKIN PAD	NU			\$28.00
Kansas City, MO	E0188	SYNTHETIC SHEEPSKIN PAD	RR			\$2.80
Kansas City, MO	E0188	SYNTHETIC SHEEPSKIN PAD	UE			\$21.00
Kansas City, MO	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	NU			\$55.00
Kansas City, MO	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	RR			\$5.50
Kansas City, MO	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	UE			\$41.25
Kansas City, MO	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$658.68
Kansas City, MO	E0196	GEL PRESSURE MATTRESS	RR			\$32.40
Kansas City, MO	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$18.74

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$29.95
Kansas City, MO	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$3.00
Kansas City, MO	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$22.46
Kansas City, MO	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$252.00
Kansas City, MO	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$272.46
Kansas City, MO	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$299.50
Kansas City, MO	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$358.39
Kansas City-Overland Park-Ottawa, KS	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	NU			\$47.50
Kansas City-Overland Park-Ottawa, KS	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	RR			\$4.75
Kansas City-Overland Park-Ottawa, KS	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	UE			\$35.63
Kansas City-Overland Park-Ottawa, KS	E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	RR			\$16.13
Kansas City-Overland Park-Ottawa, KS	E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	RR			\$19.87
Kansas City-Overland Park-Ottawa, KS	E0184	DRY PRESSURE MATTRESS	NU			\$166.00
Kansas City-Overland Park-Ottawa, KS	E0184	DRY PRESSURE MATTRESS	RR			\$16.60
Kansas City-Overland Park-Ottawa, KS	E0184	DRY PRESSURE MATTRESS	UE			\$124.50
Kansas City-Overland Park-Ottawa, KS	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$191.03
Kansas City-Overland Park-Ottawa, KS	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$19.10
Kansas City-Overland Park-Ottawa, KS	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$143.27
Kansas City-Overland Park-Ottawa, KS	E0186	AIR PRESSURE MATTRESS	RR			\$18.85
Kansas City-Overland Park-Ottawa, KS	E0187	WATER PRESSURE MATTRESS	RR			\$20.16
Kansas City-Overland Park-Ottawa, KS	E0188	SYNTHETIC SHEEPSKIN PAD	NU			\$27.10
Kansas City-Overland Park-Ottawa, KS	E0188	SYNTHETIC SHEEPSKIN PAD	RR			\$2.71
Kansas City-Overland Park-Ottawa, KS	E0188	SYNTHETIC SHEEPSKIN PAD	UE			\$20.33
Kansas City-Overland Park-Ottawa, KS	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	NU			\$47.96
Kansas City-Overland Park-Ottawa, KS	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	RR			\$4.80
Kansas City-Overland Park-Ottawa, KS	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	UE			\$35.97
Kansas City-Overland Park-Ottawa, KS	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$694.43
Kansas City-Overland Park-Ottawa, KS	E0196	GEL PRESSURE MATTRESS	RR			\$30.25

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City-Overland Park-Ottawa, KS	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$17.65
Kansas City-Overland Park-Ottawa, KS	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$27.80
Kansas City-Overland Park-Ottawa, KS	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$2.78
Kansas City-Overland Park-Ottawa, KS	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$20.85
Kansas City-Overland Park-Ottawa, KS	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$277.02
Kansas City-Overland Park-Ottawa, KS	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$267.95
Kansas City-Overland Park-Ottawa, KS	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$306.99
Kansas City-Overland Park-Ottawa, KS	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$358.39
Miami-Fort Lauderdale-West Palm Beach, FL	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	NU			\$38.81
Miami-Fort Lauderdale-West Palm Beach, FL	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	RR			\$3.88
Miami-Fort Lauderdale-West Palm Beach, FL	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	UE			\$29.11
Miami-Fort Lauderdale-West Palm Beach, FL	E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	RR			\$15.46
Miami-Fort Lauderdale-West Palm Beach, FL	E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	RR			\$15.04
Miami-Fort Lauderdale-West Palm Beach, FL	E0184	DRY PRESSURE MATTRESS	NU			\$140.62
Miami-Fort Lauderdale-West Palm Beach, FL	E0184	DRY PRESSURE MATTRESS	RR			\$14.06
Miami-Fort Lauderdale-West Palm Beach, FL	E0184	DRY PRESSURE MATTRESS	UE			\$105.47
Miami-Fort Lauderdale-West Palm Beach, FL	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$165.66
Miami-Fort Lauderdale-West Palm Beach, FL	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$16.57
Miami-Fort Lauderdale-West Palm Beach, FL	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$124.25
Miami-Fort Lauderdale-West Palm Beach, FL	E0186	AIR PRESSURE MATTRESS	RR			\$15.25
Miami-Fort Lauderdale-West Palm Beach, FL	E0187	WATER PRESSURE MATTRESS	RR			\$15.25
Miami-Fort Lauderdale-West Palm Beach, FL	E0188	SYNTHETIC SHEEPSKIN PAD	NU			\$17.50
Miami-Fort Lauderdale-West Palm Beach, FL	E0188	SYNTHETIC SHEEPSKIN PAD	RR			\$1.75
Miami-Fort Lauderdale-West Palm Beach, FL	E0188	SYNTHETIC SHEEPSKIN PAD	UE			\$13.13
Miami-Fort Lauderdale-West Palm Beach, FL	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	NU			\$39.23

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-West Palm Beach, FL	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	RR			\$3.92
Miami-Fort Lauderdale-West Palm Beach, FL	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	UE			\$29.42
Miami-Fort Lauderdale-West Palm Beach, FL	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$522.17
Miami-Fort Lauderdale-West Palm Beach, FL	E0196	GEL PRESSURE MATTRESS	RR			\$24.02
Miami-Fort Lauderdale-West Palm Beach, FL	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$13.28
Miami-Fort Lauderdale-West Palm Beach, FL	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$23.20
Miami-Fort Lauderdale-West Palm Beach, FL	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$2.32
Miami-Fort Lauderdale-West Palm Beach, FL	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$17.40
Miami-Fort Lauderdale-West Palm Beach, FL	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$224.68
Miami-Fort Lauderdale-West Palm Beach, FL	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$233.60
Miami-Fort Lauderdale-West Palm Beach, FL	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$222.73
Miami-Fort Lauderdale-West Palm Beach, FL	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$282.41
Orlando-Kissimmee-Sanford, FL	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	NU			\$41.00
Orlando-Kissimmee-Sanford, FL	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	RR			\$4.10
Orlando-Kissimmee-Sanford, FL	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	UE			\$30.75
Orlando-Kissimmee-Sanford, FL	E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	RR			\$16.84
Orlando-Kissimmee-Sanford, FL	E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	RR			\$16.05
Orlando-Kissimmee-Sanford, FL	E0184	DRY PRESSURE MATTRESS	NU			\$143.43
Orlando-Kissimmee-Sanford, FL	E0184	DRY PRESSURE MATTRESS	RR			\$14.34
Orlando-Kissimmee-Sanford, FL	E0184	DRY PRESSURE MATTRESS	UE			\$107.57
Orlando-Kissimmee-Sanford, FL	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$185.00
Orlando-Kissimmee-Sanford, FL	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$18.50
Orlando-Kissimmee-Sanford, FL	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$138.75
Orlando-Kissimmee-Sanford, FL	E0186	AIR PRESSURE MATTRESS	RR			\$18.08
Orlando-Kissimmee-Sanford, FL	E0187	WATER PRESSURE MATTRESS	RR			\$17.46
Orlando-Kissimmee-Sanford, FL	E0188	SYNTHETIC SHEEPSKIN PAD	NU			\$20.79
Orlando-Kissimmee-Sanford, FL	E0188	SYNTHETIC SHEEPSKIN PAD	RR			\$2.08
Orlando-Kissimmee-Sanford, FL	E0188	SYNTHETIC SHEEPSKIN PAD	UE			\$15.59
Orlando-Kissimmee-Sanford, FL	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	NU			\$48.00
Orlando-Kissimmee-Sanford, FL	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	RR			\$4.80
Orlando-Kissimmee-Sanford, FL	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	UE			\$36.00

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Orlando-Kissimmee-Sanford, FL	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$571.15
Orlando-Kissimmee-Sanford, FL	E0196	GEL PRESSURE MATTRESS	RR			\$27.50
Orlando-Kissimmee-Sanford, FL	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$14.16
Orlando-Kissimmee-Sanford, FL	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$25.26
Orlando-Kissimmee-Sanford, FL	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$2.53
Orlando-Kissimmee-Sanford, FL	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$18.95
Orlando-Kissimmee-Sanford, FL	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$272.41
Orlando-Kissimmee-Sanford, FL	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$259.24
Orlando-Kissimmee-Sanford, FL	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$250.00
Orlando-Kissimmee-Sanford, FL	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$315.67
Pittsburgh, PA	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	NU			\$50.00
Pittsburgh, PA	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	RR			\$5.00
Pittsburgh, PA	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	UE			\$37.50
Pittsburgh, PA	E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	RR			\$16.51
Pittsburgh, PA	E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	RR			\$24.35
Pittsburgh, PA	E0184	DRY PRESSURE MATTRESS	NU			\$156.60
Pittsburgh, PA	E0184	DRY PRESSURE MATTRESS	RR			\$15.66
Pittsburgh, PA	E0184	DRY PRESSURE MATTRESS	UE			\$117.45
Pittsburgh, PA	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$159.52
Pittsburgh, PA	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$15.95
Pittsburgh, PA	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$119.64
Pittsburgh, PA	E0186	AIR PRESSURE MATTRESS	RR			\$18.88
Pittsburgh, PA	E0187	WATER PRESSURE MATTRESS	RR			\$21.23
Pittsburgh, PA	E0188	SYNTHETIC SHEEPSKIN PAD	NU			\$26.31
Pittsburgh, PA	E0188	SYNTHETIC SHEEPSKIN PAD	RR			\$2.63
Pittsburgh, PA	E0188	SYNTHETIC SHEEPSKIN PAD	UE			\$19.73
Pittsburgh, PA	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	NU			\$47.50
Pittsburgh, PA	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	RR			\$4.75
Pittsburgh, PA	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	UE			\$35.63
Pittsburgh, PA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$655.00
Pittsburgh, PA	E0196	GEL PRESSURE MATTRESS	RR			\$31.67
Pittsburgh, PA	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$18.50
Pittsburgh, PA	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$28.74
Pittsburgh, PA	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$2.87
Pittsburgh, PA	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$21.56
Pittsburgh, PA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$227.00
Pittsburgh, PA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$289.61
Pittsburgh, PA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$299.50

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Pittsburgh, PA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$391.04
Riverside-San Bernardino-Ontario, CA	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	NU			\$46.88
Riverside-San Bernardino-Ontario, CA	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	RR			\$4.69
Riverside-San Bernardino-Ontario, CA	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	UE			\$35.16
Riverside-San Bernardino-Ontario, CA	E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	RR			\$15.99
Riverside-San Bernardino-Ontario, CA	E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	RR			\$21.66
Riverside-San Bernardino-Ontario, CA	E0184	DRY PRESSURE MATTRESS	NU			\$157.93
Riverside-San Bernardino-Ontario, CA	E0184	DRY PRESSURE MATTRESS	RR			\$15.79
Riverside-San Bernardino-Ontario, CA	E0184	DRY PRESSURE MATTRESS	UE			\$118.45
Riverside-San Bernardino-Ontario, CA	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$176.66
Riverside-San Bernardino-Ontario, CA	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$17.67
Riverside-San Bernardino-Ontario, CA	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$132.50
Riverside-San Bernardino-Ontario, CA	E0186	AIR PRESSURE MATTRESS	RR			\$19.70
Riverside-San Bernardino-Ontario, CA	E0187	WATER PRESSURE MATTRESS	RR			\$21.98
Riverside-San Bernardino-Ontario, CA	E0188	SYNTHETIC SHEEPSKIN PAD	NU			\$26.60
Riverside-San Bernardino-Ontario, CA	E0188	SYNTHETIC SHEEPSKIN PAD	RR			\$2.66
Riverside-San Bernardino-Ontario, CA	E0188	SYNTHETIC SHEEPSKIN PAD	UE			\$19.95
Riverside-San Bernardino-Ontario, CA	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	NU			\$52.08
Riverside-San Bernardino-Ontario, CA	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	RR			\$5.21
Riverside-San Bernardino-Ontario, CA	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	UE			\$39.06
Riverside-San Bernardino-Ontario, CA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$739.35
Riverside-San Bernardino-Ontario, CA	E0196	GEL PRESSURE MATTRESS	RR			\$31.60
Riverside-San Bernardino-Ontario, CA	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$18.19
Riverside-San Bernardino-Ontario, CA	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$30.44
Riverside-San Bernardino-Ontario, CA	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$3.04
Riverside-San Bernardino-Ontario, CA	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$22.83

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$190.98
Riverside-San Bernardino-Ontario, CA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$289.26
Riverside-San Bernardino-Ontario, CA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$302.19
Riverside-San Bernardino-Ontario, CA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$399.63