

DMEPOS Competitive Bidding Program
Bid Preparation Worksheet – Round 1 Re compete
Estimated Capacity & Bid Amount Calculations

**General Home Equipment and
Related Supplies and Accessories**

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

| | |
|---|----|
| Charlotte-Gastonia-Rock Hill, NC-SC | 1 |
| Cincinnati-Middletown, OH-KY-IN | 3 |
| Cleveland-Elyria-Mentor, OH | 5 |
| Dallas-Fort Worth-Arlington, TX | 6 |
| Kansas City, MO-KS | 8 |
| Miami-Fort Lauderdale-Pompano Beach, FL | 10 |
| Orlando-Kissimmee-Sanford, FL | 12 |
| Pittsburgh, PA | 14 |
| Riverside-San Bernardino-Ontario, CA | 15 |

DMEPOS Competitive Bidding Bid Preparation Worksheet – Round 1 Reopen
Estimated Capacity & Bid Amount Calculations

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

| General Notes | |
|--|--|
| * The bidding units defined in this worksheet are for bidding purposes ONLY . Please carefully review the definition of a bidding unit for each HCPCS code and make sure you submit your bid amount correctly. In some cases, suppliers are required to submit purchase bids that are then used to generate monthly rental payments. Do NOT submit a rental bid amount when the definition of the bidding unit is for the purchase of a new item. The definition of a bidding unit (purchase or rental) is not necessarily an indication that this is how payment will be made for the item under the competitive bidding program. | |
| * In all situations where a competitive bidding area (CBA) covers more than one state, the fee schedule amount for the state with the highest allowed charges (the sum of Medicare approved payments) for items subject to competitive bidding is used as the bid limit. | |
| * 2011 Beneficiary Count may exceed 2011 Allowed Units because the beneficiary may have used the item for less than 10 months. (For bidding purposes, 10 months of rental are calculated as one unit). | |
| * Items that are currently paid on a monthly rental basis will continue to be paid on a monthly rental basis under the competitive bidding program. | |
| <u>How Purchase Bids Will Be Converted to Rental Payments</u> | |
| * Capped Rental Durable Medical Equipment (DME) except power wheelchairs - single payment amount for rental months 1 - 3 based on 10 percent of purchase bids and single payment amount for rental months 4 - 13 based on 7.5 percent of purchase bids | |
| * Inexpensive or Routinely Purchased (IRP) DME - single payment amount for rental based on 10 percent of purchase of bids | |

| Product Category: General Home Equipment and Related Supplies and Accessories | | | | | Reference Data for Background Information Purposes Only | Reference Data for Background Information Purposes Only | Bidder Data (You will enter your estimated capacity and bid amount information in DBiS on Form B) | | | |
|---|------------|--|------------------------------|---|---|--|--|---|--|--|
| CBA Name | HCPCS Code | HCPCS Code Description | Definition of a Bidding Unit | Weight (The relative market importance of the item in the product category based on utilization) | 2011 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2011) | 2011 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2011) | Bid Limit (2012 Fee Schedule: Bid amount must be at or below this amount) | Your Cost to Purchase One (1) Unit (Should be less than your bid amount) | Your Bid Amount (To provide one (1) unit as described in Definition of a Bidding Unit should include cost to buy unit, overhead and profit) | Your Estimated Capacity (Number of units you can furnish in the CBA for one [1] year) |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0250 | Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0004049763 | 1 | 1 | \$845.20 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0251 | Hospital Bed, Fixed Height, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000168631 | 1 | 1 | \$685.80 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0255 | Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0010722495 | 3 | 1 | \$975.70 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0256 | Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000489607 | 1 | 1 | \$736.70 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0260 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.1051709626 | 2,204 | 1,011 | \$1,300.40 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0261 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0043495158 | 69 | 26 | \$1,077.60 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0271 | Mattress, Innerspring | Purchase of one (1) new unit | 0.0048683835 | 18 | 18 | \$205.57 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0272 | Mattress, Foam Rubber | Purchase of one (1) new unit | 0.0009728047 | 1 | 1 | \$187.35 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0280 | Bed Cradle, Any Type | Purchase of one (1) new unit | 0.0000408706 | 1 | 1 | \$30.06 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0290 | Hospital Bed, Fixed Height, Without Side Rails, With Mattress | Purchase of one (1) new unit | 0.0000038349 | 1 | 1 | \$609.20 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0291 | Hospital Bed, Fixed Height, Without Side Rails, Without Mattress | Purchase of one (1) new unit | 0.000006829 | 1 | 1 | \$451.50 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0292 | Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, With Mattress | Purchase of one (1) new unit | 0.0000095610 | 1 | 1 | \$661.30 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0293 | Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000069343 | 1 | 1 | \$562.80 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0294 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, With Mattress | Purchase of one (1) new unit | 0.0004507325 | 1 | 1 | \$1,028.10 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0295 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0005443987 | 1 | 1 | \$1,002.10 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0301 | Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0002922932 | 4 | 2 | \$2,506.30 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0302 | Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000216961 | 1 | 1 | \$6,623.40 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0303 | Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0021641463 | 40 | 17 | \$2,814.20 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0304 | Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0001067469 | 2 | 1 | \$7,134.80 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0305 | Bed Side Rails, Half Length | Purchase of one (1) new unit | 0.0003721432 | 1 | 1 | \$140.00 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0310 | Bed Side Rails, Full Length | Purchase of one (1) new unit | 0.0007136072 | 2 | 1 | \$164.67 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0316 | Safety Enclosure Frame/Canopy For Use With Hospital Bed, Any Type | Purchase of one (1) new unit | 0.0000020488 | 1 | 1 | \$1,956.00 | | | |

| CBA Name | HCPCS Code | HCPCS Code Description | Definition of a Bidding Unit | Weight (The relative market importance of the item in the product category based on utilization) | 2011 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2011) | 2011 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2011) | Bid Limit (2012 Fee Schedule: Bid amount must be at or below this amount) | Your Cost to Purchase One (1) Unit (Should be less than your bid amount) | Your Bid Amount (To provide one (1) unit as described in Definition of a Bidding Unit should include cost to buy unit, overhead and profit) | Your Estimated Capacity (Number of units you can furnish in the CBA for one [1] year) |
|-------------------------------------|------------|---|------------------------------|---|---|--|--|---|--|--|
| Charlotte-Gastonia-Rock Hill, NC-SC | E0910 | Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar | Purchase of one (1) new unit | 0.0092198430 | 185 | 80 | \$157.30 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0911 | Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Attached To Bed, With Grab Bar | Purchase of one (1) new unit | 0.0001149946 | 1 | 1 | \$461.40 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0912 | Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete With Grab Bar | Purchase of one (1) new unit | 0.0007955586 | 21 | 12 | \$1,059.80 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0940 | Trapeze Bar, Free Standing, Complete With Grab Bar | Purchase of one (1) new unit | 0.0024834414 | 39 | 16 | \$273.60 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | A4640 | Replacement Pad For Use With Medically Necessary Alternating Pressure Pad Owned By Patient | Purchase of one (1) new unit | 0.0002446458 | 1 | 1 | \$61.30 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0181 | Powered Pressure Reducing Mattress Overlay/Pad, Alternating, With Pump, Includes Heavy Duty | Purchase of one (1) new unit | 0.0106996954 | 79 | 33 | \$279.90 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0182 | Pump For Alternating Pressure Pad, For Replacement Only | Purchase of one (1) new unit | 0.0000701840 | 1 | 1 | \$239.00 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0184 | Dry Pressure Mattress | Purchase of one (1) new unit | 0.0051514309 | 18 | 18 | \$209.14 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0185 | Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0265768256 | 373 | 346 | \$343.56 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0186 | Air Pressure Mattress | Purchase of one (1) new unit | 0.0000823716 | 1 | 1 | \$185.40 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0187 | Water Pressure Mattress | Purchase of one (1) new unit | 0.0000004728 | 1 | 1 | \$211.90 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0188 | Synthetic Sheepskin Pad | Purchase of one (1) new unit | 0.0007635660 | 1 | 1 | \$28.39 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0189 | Lambswool Sheepskin Pad, Any Size | Purchase of one (1) new unit | 0.0002348222 | 1 | 1 | \$55.82 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0193 | Powered Air Flotation Bed (Low Air Loss Therapy) | Purchase of one (1) new unit | 0.0000358800 | 1 | 1 | \$8,364.10 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0196 | Gel Pressure Mattress | Purchase of one (1) new unit | 0.0001512423 | 1 | 1 | \$349.00 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0197 | Air Pressure Pad For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0007032582 | 1 | 1 | \$202.31 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0199 | Dry Pressure Pad For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0006298697 | 1 | 1 | \$29.27 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0277 | Powered Pressure-Reducing Air Mattress | Purchase of one (1) new unit | 0.0064029227 | 112 | 42 | \$6,512.60 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0371 | Nonpowered Advanced Pressure Reducing Overlay For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0000784842 | 1 | 1 | \$4,114.90 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0372 | Powered Air Overlay For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0001187244 | 2 | 1 | \$4,993.10 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0373 | Nonpowered Advanced Pressure Reducing Mattress | Purchase of one (1) new unit | 0.0000280000 | 1 | 1 | \$5,688.70 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0160 | Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode | Purchase of one (1) new unit | 0.0000990771 | 1 | 1 | \$30.18 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0161 | Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode, With Faucet Attachment/S | Purchase of one (1) new unit | 0.0000137111 | 1 | 1 | \$28.17 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0163 | Commode Chair, Mobile Or Stationary, With Fixed Arms | Purchase of one (1) new unit | 0.1912502531 | 2,724 | 2,720 | \$101.14 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0165 | Commode Chair, Mobile Or Stationary, With Detachable Arms | Purchase of one (1) new unit | 0.0050396408 | 281 | 151 | \$169.70 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0167 | Pail Or Pan For Use With Commode Chair, Replacement Only | Purchase of one (1) new unit | 0.0001024917 | 2 | 2 | \$12.42 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0168 | Commode Chair, Extra Wide And/Or Heavy Duty, Stationary Or Mobile, With Or Without Arms, Any Type, Each | Purchase of one (1) new unit | 0.0069884546 | 85 | 83 | \$162.11 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0170 | Commode Chair With Integrated Seat Lift Mechanism, Electric, Any Type | Purchase of one (1) new unit | 0.0000000000 | 1 | 1 | \$1,726.40 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0171 | Commode Chair With Integrated Seat Lift Mechanism, Non-Electric, Any Type | Purchase of one (1) new unit | 0.0000272646 | 1 | 1 | \$310.70 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0275 | Bed Pan, Standard, Metal Or Plastic | Purchase of one (1) new unit | 0.0001608558 | 1 | 1 | \$15.72 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0276 | Bed Pan, Fracture, Metal Or Plastic | Purchase of one (1) new unit | 0.0000787994 | 1 | 1 | \$12.16 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0325 | Urinal; Male, Jug-Type, Any Material | Purchase of one (1) new unit | 0.0009453299 | 4 | 5 | \$9.23 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0326 | Urinal; Female, Jug-Type, Any Material | Purchase of one (1) new unit | 0.0000740714 | 1 | 1 | \$9.59 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0621 | Sling Or Seat, Patient Lift, Canvas Or Nylon | Purchase of one (1) new unit | 0.0010422006 | 9 | 8 | \$90.38 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0630 | Patient Lift, Hydraulic Or Mechanical, Includes Any Seat, Sling, Strap(S) Or Pad(S) | Purchase of one (1) new unit | 0.0156135724 | 310 | 140 | \$1,094.30 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0635 | Patient Lift, Electric With Seat Or Sling | Purchase of one (1) new unit | 0.0003423571 | 2 | 1 | \$1,314.30 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0636 | Multi-Positional Patient Support System, With Integrated Lift, Patient Accessible Controls | Purchase of one (1) new unit | 0.0000697637 | 1 | 1 | \$11,327.30 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E1035 | Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To And Including 300 Lbs | Purchase of one (1) new unit | 0.0002786346 | 1 | 1 | \$6,586.60 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E1036 | Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat, Operated By Caregiver, Patient Weight Capacity Greater Than 300 Lbs | Purchase of one (1) new unit | 0.0000256886 | 1 | 1 | \$9,233.70 | | | |

| CBA Name | HCPCS Code | HCPCS Code Description | Definition of a Bidding Unit | Weight (The relative market importance of the item in the product category based on utilization) | 2011 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2011) | 2011 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2011) | Bid Limit (2012 Fee Schedule: Bid amount must be at or below this amount) | Your Cost to Purchase One (1) Unit (Should be less than your bid amount) | Your Bid Amount (To provide one (1) unit as described in Definition of a Bidding Unit should include cost to buy unit, overhead and profit) | Your Estimated Capacity (Number of units you can furnish in the CBA for one [1] year) |
|-------------------------------------|------------|--|------------------------------|---|---|--|--|---|--|--|
| Charlotte-Gastonia-Rock Hill, NC-SC | E0627 | Seat Lift Mechanism Incorporated Into A Combination Lift-Chair Mechanism | Purchase of one (1) new unit | 0.0165227072 | 127 | 127 | \$362.33 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0628 | Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Electric | Purchase of one (1) new unit | 0.0026847475 | 72 | 72 | \$362.33 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0629 | Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Non-Electric | Purchase of one (1) new unit | 0.0014553721 | 28 | 28 | \$355.23 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | A4557 | Lead Wires, (E.G., Apnea Monitor), Per Pair | Purchase of one (1) new unit | 0.0244325367 | 188 | 355 | \$22.67 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | A4595 | Electrical Stimulator Supplies, 2 Lead, Per Month, (E.G. Tens, Nmes) | Purchase of one (1) new unit | 0.4755537522 | 998 | 7,400 | \$30.95 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0720 | Transcutaneous Electrical Nerve Stimulation (Tens) Device, Two Lead, Localized Stimulation | Purchase of one (1) new unit | 0.0067951335 | 23 | 12 | \$394.82 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0730 | Transcutaneous Electrical Nerve Stimulation (Tens) Device, Four Or More Leads, For Multiple Nerve Stimulation | Purchase of one (1) new unit | 0.0514692880 | 1,287 | 849 | \$398.03 | | | |
| Charlotte-Gastonia-Rock Hill, NC-SC | E0731 | Form Fitting Conductive Garment For Delivery Of Tens Or Nmes (With Conductive Fibers Separated From The Patient's Skin By Layers Of Fabric) | Purchase of one (1) new unit | 0.0127136501 | 120 | 142 | \$383.13 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0250 | Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0004049763 | 2 | 1 | \$905.00 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0251 | Hospital Bed, Fixed Height, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000168631 | 1 | 1 | \$665.20 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0255 | Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0010722495 | 6 | 3 | \$1,087.60 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0256 | Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000489607 | 1 | 1 | \$657.70 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0260 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.1051709626 | 2,013 | 984 | \$1,300.40 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0261 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0043495158 | 124 | 60 | \$1,267.80 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0271 | Mattress, Innerspring | Purchase of one (1) new unit | 0.0048683835 | 29 | 27 | \$174.73 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0272 | Mattress, Foam Rubber | Purchase of one (1) new unit | 0.0009728047 | 5 | 5 | \$176.47 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0280 | Bed Cradle, Any Type | Purchase of one (1) new unit | 0.0000408706 | 1 | 1 | \$30.06 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0290 | Hospital Bed, Fixed Height, Without Side Rails, With Mattress | Purchase of one (1) new unit | 0.0000038349 | 1 | 1 | \$588.10 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0291 | Hospital Bed, Fixed Height, Without Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000006829 | 1 | 1 | \$427.30 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0292 | Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, With Mattress | Purchase of one (1) new unit | 0.0000095610 | 1 | 1 | \$661.30 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0293 | Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000069343 | 1 | 1 | \$562.80 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0294 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, With Mattress | Purchase of one (1) new unit | 0.0004507325 | 2 | 1 | \$1,196.60 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0295 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0005443987 | 2 | 2 | \$1,178.90 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0301 | Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0002922932 | 2 | 2 | \$2,506.30 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0302 | Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000216961 | 1 | 1 | \$6,623.40 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0303 | Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0021641463 | 61 | 34 | \$2,814.20 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0304 | Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0001067469 | 1 | 1 | \$7,134.80 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0305 | Bed Side Rails, Half Length | Purchase of one (1) new unit | 0.0003721432 | 1 | 1 | \$156.40 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0310 | Bed Side Rails, Full Length | Purchase of one (1) new unit | 0.0007136072 | 4 | 7 | \$154.78 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0316 | Safety Enclosure Frame/Canopy For Use With Hospital Bed, Any Type | Purchase of one (1) new unit | 0.0000020488 | 1 | 1 | \$1,837.50 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0910 | Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar | Purchase of one (1) new unit | 0.0092198430 | 101 | 55 | \$179.00 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0911 | Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Attached To Bed, With Grab Bar | Purchase of one (1) new unit | 0.0001149946 | 1 | 1 | \$461.40 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0912 | Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete With Grab Bar | Purchase of one (1) new unit | 0.0007955586 | 21 | 10 | \$1,059.80 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0940 | Trapeze Bar, Free Standing, Complete With Grab Bar | Purchase of one (1) new unit | 0.0024834414 | 25 | 11 | \$321.90 | | | |
| Cincinnati-Middletown, OH-KY-IN | A4640 | Replacement Pad For Use With Medically Necessary Alternating Pressure Pad Owned By Patient | Purchase of one (1) new unit | 0.0002446458 | 1 | 1 | \$58.19 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0181 | Powered Pressure Reducing Mattress Overlay/Pad, Alternating, With Pump, Includes Heavy Duty | Purchase of one (1) new unit | 0.0106996954 | 92 | 47 | \$279.90 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0182 | Pump For Alternating Pressure Pad, For Replacement Only | Purchase of one (1) new unit | 0.0000701840 | 2 | 1 | \$251.30 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0184 | Dry Pressure Mattress | Purchase of one (1) new unit | 0.0051514309 | 85 | 75 | \$177.77 | | | |

| CBA Name | HCPCS Code | HCPCS Code Description | Definition of a Bidding Unit | Weight (The relative market importance of the item in the product category based on utilization) | 2011 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2011) | 2011 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2011) | Bid Limit (2012 Fee Schedule: Bid amount must be at or below this amount) | Your Cost to Purchase One (1) Unit (Should be less than your bid amount) | Your Bid Amount (To provide one (1) unit as described in Definition of a Bidding Unit should include cost to buy unit, overhead and profit) | Your Estimated Capacity (Number of units you can furnish in the CBA for one [1] year) |
|---------------------------------|------------|---|------------------------------|---|---|--|--|---|--|--|
| Cincinnati-Middletown, OH-KY-IN | E0185 | Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0265768256 | 255 | 217 | \$292.03 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0186 | Air Pressure Mattress | Purchase of one (1) new unit | 0.0000823716 | 2 | 2 | \$218.10 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0187 | Water Pressure Mattress | Purchase of one (1) new unit | 0.0000004728 | 1 | 1 | \$249.30 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0188 | Synthetic Sheepskin Pad | Purchase of one (1) new unit | 0.0007635660 | 5 | 5 | \$28.39 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0189 | Lamb Wool Sheepskin Pad, Any Size | Purchase of one (1) new unit | 0.0002348222 | 9 | 9 | \$47.45 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0193 | Powered Air Flotation Bed (Low Air Loss Therapy) | Purchase of one (1) new unit | 0.0000358800 | 2 | 1 | \$8,364.10 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0196 | Gel Pressure Mattress | Purchase of one (1) new unit | 0.0001512423 | 1 | 1 | \$349.00 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0197 | Air Pressure Pad For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0007032582 | 5 | 2 | \$238.01 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0199 | Dry Pressure Pad For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0006298697 | 1 | 1 | \$29.27 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0277 | Powered Pressure-Reducing Air Mattress | Purchase of one (1) new unit | 0.0064029227 | 125 | 50 | \$6,512.60 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0371 | Nonpowered Advanced Pressure Reducing Overlay For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0000784842 | 5 | 1 | \$4,114.90 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0372 | Powered Air Overlay For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0001187244 | 6 | 3 | \$4,993.10 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0373 | Nonpowered Advanced Pressure Reducing Mattress | Purchase of one (1) new unit | 0.0000280000 | 1 | 1 | \$5,688.70 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0160 | Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode | Purchase of one (1) new unit | 0.0000990771 | 1 | 1 | \$30.18 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0161 | Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode, With Faucet Attachment/S | Purchase of one (1) new unit | 0.0000137111 | 1 | 1 | \$28.17 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0163 | Commode Chair, Mobile Or Stationary, With Fixed Arms | Purchase of one (1) new unit | 0.1912502531 | 1,079 | 1,078 | \$110.57 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0165 | Commode Chair, Mobile Or Stationary, With Detachable Arms | Purchase of one (1) new unit | 0.0050396408 | 101 | 58 | \$169.70 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0167 | Pail Or Pan For Use With Commode Chair, Replacement Only | Purchase of one (1) new unit | 0.0001024917 | 1 | 1 | \$12.89 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0168 | Commode Chair, Extra Wide And/Or Heavy Duty, Stationary Or Mobile, With Or Without Arms, Any Type, Each | Purchase of one (1) new unit | 0.0069884546 | 59 | 56 | \$162.11 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0170 | Commode Chair With Integrated Seat Lift Mechanism, Electric, Any Type | Purchase of one (1) new unit | 0.0000000000 | 1 | 1 | \$1,726.40 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0171 | Commode Chair With Integrated Seat Lift Mechanism, Non-Electric, Any Type | Purchase of one (1) new unit | 0.0000272646 | 1 | 1 | \$310.70 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0275 | Bed Pan, Standard, Metal Or Plastic | Purchase of one (1) new unit | 0.0001608558 | 1 | 1 | \$16.45 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0276 | Bed Pan, Fracture, Metal Or Plastic | Purchase of one (1) new unit | 0.0000787994 | 1 | 1 | \$12.69 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0325 | Urinal, Male, Jug-Type, Any Material | Purchase of one (1) new unit | 0.0009453299 | 2 | 2 | \$9.23 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0326 | Urinal, Female, Jug-Type, Any Material | Purchase of one (1) new unit | 0.0000740714 | 1 | 1 | \$11.28 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0621 | Sling Or Seat, Patient Lift, Canvas Or Nylon | Purchase of one (1) new unit | 0.0010422006 | 11 | 10 | \$103.11 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0630 | Patient Lift, Hydraulic Or Mechanical, Includes Any Seat, Sling, Strap(S) Or Pad(S) | Purchase of one (1) new unit | 0.0156135724 | 251 | 125 | \$1,094.30 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0635 | Patient Lift, Electric With Seat Or Sling | Purchase of one (1) new unit | 0.0003423571 | 2 | 1 | \$1,117.20 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0636 | Multipositional Patient Support System, With Integrated Lift, Patient Accessible Controls | Purchase of one (1) new unit | 0.0000697637 | 1 | 1 | \$11,327.30 | | | |
| Cincinnati-Middletown, OH-KY-IN | E1035 | Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To And Including 300 Lbs | Purchase of one (1) new unit | 0.00002786346 | 1 | 1 | \$6,586.60 | | | |
| Cincinnati-Middletown, OH-KY-IN | E1036 | Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat, Operated By Caregiver, Patient Weight Capacity Greater Than 300 Lbs | Purchase of one (1) new unit | 0.0000256886 | 1 | 1 | \$9,233.70 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0627 | Seat Lift Mechanism Incorporated Into A Combination Lift-Chair Mechanism | Purchase of one (1) new unit | 0.0165227072 | 255 | 255 | \$355.23 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0628 | Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Electric | Purchase of one (1) new unit | 0.0026847475 | 43 | 43 | \$355.23 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0629 | Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Non-Electric | Purchase of one (1) new unit | 0.0014553721 | 20 | 20 | \$355.23 | | | |
| Cincinnati-Middletown, OH-KY-IN | A4557 | Lead Wires, (E.G., Apnea Monitor), Per Pair | Purchase of one (1) new unit | 0.0244325367 | 184 | 338 | \$22.67 | | | |
| Cincinnati-Middletown, OH-KY-IN | A4595 | Electrical Stimulator Supplies, 2 Lead, Per Month, (E.G. Tens, Nmes) | Purchase of one (1) new unit | 0.4755537522 | 713 | 6,003 | \$30.95 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0720 | Transcutaneous Electrical Nerve Stimulation (Tens) Device, Two Lead, Localized Stimulation | Purchase of one (1) new unit | 0.0067951335 | 85 | 56 | \$394.58 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0730 | Transcutaneous Electrical Nerve Stimulation (Tens) Device, Four Or More Leads, For Multiple Nerve Stimulation | Purchase of one (1) new unit | 0.0514692880 | 1,002 | 611 | \$394.01 | | | |
| Cincinnati-Middletown, OH-KY-IN | E0731 | Form Fitting Conductive Garment For Delivery Of Tens Or Nmes (With Conductive Fibers Separated From The Patient's Skin By Layers Of Fabric) | Purchase of one (1) new unit | 0.0127136501 | 97 | 100 | \$325.66 | | | |

| CBA Name | HCPCS Code | HCPCS Code Description | Definition of a Bidding Unit | Weight (The relative market importance of the item in the product category based on utilization) | 2011 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2011) | 2011 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2011) | Bid Limit (2012 Fee Schedule: Bid amount must be at or below this amount) | Your Cost to Purchase One (1) Unit (Should be less than your bid amount) | Your Bid Amount (To provide one (1) unit as described in Definition of a Bidding Unit should include cost to buy unit, overhead and profit) | Your Estimated Capacity (Number of units you can furnish in the CBA for one [1] year) |
|-----------------------------|------------|--|------------------------------|---|---|--|--|---|--|--|
| Cleveland-Elyria-Mentor, OH | E0250 | Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0004049763 | 3 | 1 | \$905.00 | | | |
| Cleveland-Elyria-Mentor, OH | E0251 | Hospital Bed, Fixed Height, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000168631 | 1 | 1 | \$665.20 | | | |
| Cleveland-Elyria-Mentor, OH | E0255 | Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0010722495 | 27 | 12 | \$1,087.60 | | | |
| Cleveland-Elyria-Mentor, OH | E0256 | Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000489607 | 1 | 1 | \$657.70 | | | |
| Cleveland-Elyria-Mentor, OH | E0260 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.1051709626 | 3,103 | 1,486 | \$1,300.40 | | | |
| Cleveland-Elyria-Mentor, OH | E0261 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0043495158 | 64 | 26 | \$1,267.80 | | | |
| Cleveland-Elyria-Mentor, OH | E0271 | Mattress, Innerspring | Purchase of one (1) new unit | 0.0048683835 | 41 | 41 | \$174.73 | | | |
| Cleveland-Elyria-Mentor, OH | E0272 | Mattress, Foam Rubber | Purchase of one (1) new unit | 0.0009728047 | 5 | 5 | \$176.47 | | | |
| Cleveland-Elyria-Mentor, OH | E0280 | Bed Cradle, Any Type | Purchase of one (1) new unit | 0.0000408706 | 1 | 1 | \$30.06 | | | |
| Cleveland-Elyria-Mentor, OH | E0290 | Hospital Bed, Fixed Height, Without Side Rails, With Mattress | Purchase of one (1) new unit | 0.0000038349 | 1 | 1 | \$588.10 | | | |
| Cleveland-Elyria-Mentor, OH | E0291 | Hospital Bed, Fixed Height, Without Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000006829 | 1 | 1 | \$427.30 | | | |
| Cleveland-Elyria-Mentor, OH | E0292 | Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, With Mattress | Purchase of one (1) new unit | 0.0000095610 | 1 | 1 | \$661.30 | | | |
| Cleveland-Elyria-Mentor, OH | E0293 | Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000069343 | 1 | 1 | \$562.80 | | | |
| Cleveland-Elyria-Mentor, OH | E0294 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, With Mattress | Purchase of one (1) new unit | 0.0004507325 | 4 | 2 | \$1,196.60 | | | |
| Cleveland-Elyria-Mentor, OH | E0295 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0005443987 | 1 | 1 | \$1,178.90 | | | |
| Cleveland-Elyria-Mentor, OH | E0301 | Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0002922932 | 3 | 1 | \$2,506.30 | | | |
| Cleveland-Elyria-Mentor, OH | E0302 | Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000216961 | 1 | 1 | \$6,623.40 | | | |
| Cleveland-Elyria-Mentor, OH | E0303 | Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0021641463 | 75 | 43 | \$2,814.20 | | | |
| Cleveland-Elyria-Mentor, OH | E0304 | Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0001067469 | 4 | 1 | \$7,134.80 | | | |
| Cleveland-Elyria-Mentor, OH | E0305 | Bed Side Rails, Half Length | Purchase of one (1) new unit | 0.0003721432 | 6 | 2 | \$156.40 | | | |
| Cleveland-Elyria-Mentor, OH | E0310 | Bed Side Rails, Full Length | Purchase of one (1) new unit | 0.0007136072 | 1 | 1 | \$154.78 | | | |
| Cleveland-Elyria-Mentor, OH | E0316 | Safety Enclosure Frame/Canopy For Use With Hospital Bed, Any Type | Purchase of one (1) new unit | 0.0000020488 | 1 | 1 | \$1,837.50 | | | |
| Cleveland-Elyria-Mentor, OH | E0910 | Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar | Purchase of one (1) new unit | 0.0092198430 | 194 | 95 | \$179.00 | | | |
| Cleveland-Elyria-Mentor, OH | E0911 | Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Attached To Bed, With Grab Bar | Purchase of one (1) new unit | 0.0001149946 | 9 | 4 | \$461.40 | | | |
| Cleveland-Elyria-Mentor, OH | E0912 | Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete With Grab Bar | Purchase of one (1) new unit | 0.0007955586 | 15 | 10 | \$1,059.80 | | | |
| Cleveland-Elyria-Mentor, OH | E0940 | Trapeze Bar, Free Standing, Complete With Grab Bar | Purchase of one (1) new unit | 0.0024834414 | 28 | 15 | \$321.90 | | | |
| Cleveland-Elyria-Mentor, OH | A4640 | Replacement Pad For Use With Medically Necessary Alternating Pressure Pad Owned By Patient | Purchase of one (1) new unit | 0.0002446458 | 4 | 4 | \$58.19 | | | |
| Cleveland-Elyria-Mentor, OH | E0181 | Powered Pressure Reducing Mattress Overlay/Pad, Alternating, With Pump, Includes Heavy Duty | Purchase of one (1) new unit | 0.0106996954 | 279 | 123 | \$279.90 | | | |
| Cleveland-Elyria-Mentor, OH | E0182 | Pump For Alternating Pressure Pad, For Replacement Only | Purchase of one (1) new unit | 0.0000701840 | 1 | 1 | \$251.30 | | | |
| Cleveland-Elyria-Mentor, OH | E0184 | Dry Pressure Mattress | Purchase of one (1) new unit | 0.0051514309 | 15 | 15 | \$177.77 | | | |
| Cleveland-Elyria-Mentor, OH | E0185 | Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0265768256 | 392 | 384 | \$292.03 | | | |
| Cleveland-Elyria-Mentor, OH | E0186 | Air Pressure Mattress | Purchase of one (1) new unit | 0.0000823716 | 1 | 1 | \$218.10 | | | |
| Cleveland-Elyria-Mentor, OH | E0187 | Water Pressure Mattress | Purchase of one (1) new unit | 0.0000004728 | 1 | 1 | \$249.30 | | | |
| Cleveland-Elyria-Mentor, OH | E0188 | Synthetic Sheepskin Pad | Purchase of one (1) new unit | 0.0007635660 | 1 | 1 | \$28.39 | | | |
| Cleveland-Elyria-Mentor, OH | E0189 | Lambswool Sheepskin Pad, Any Size | Purchase of one (1) new unit | 0.0002348222 | 1 | 1 | \$47.45 | | | |
| Cleveland-Elyria-Mentor, OH | E0193 | Powered Air Flotation Bed (Low Air Loss Therapy) | Purchase of one (1) new unit | 0.0000358800 | 1 | 1 | \$8,364.10 | | | |
| Cleveland-Elyria-Mentor, OH | E0196 | Gel Pressure Mattress | Purchase of one (1) new unit | 0.0001512423 | 1 | 1 | \$349.00 | | | |
| Cleveland-Elyria-Mentor, OH | E0197 | Air Pressure Pad For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0007032582 | 11 | 11 | \$238.01 | | | |

| CBA Name | HCPCS Code | HCPCS Code Description | Definition of a Bidding Unit | Weight (The relative market importance of the item in the product category based on utilization) | 2011 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2011) | 2011 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2011) | Bid Limit (2012 Fee Schedule: Bid amount must be at or below this amount) | Your Cost to Purchase One (1) Unit (Should be less than your bid amount) | Your Bid Amount (To provide one (1) unit as described in Definition of a Bidding Unit should include cost to buy unit, overhead and profit) | Your Estimated Capacity (Number of units you can furnish in the CBA for one [1] year) |
|---------------------------------|------------|---|------------------------------|---|---|--|--|---|--|--|
| Cleveland-Elyria-Mentor, OH | E0199 | Dry Pressure Pad For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0006298697 | 4 | 4 | \$29.27 | | | |
| Cleveland-Elyria-Mentor, OH | E0277 | Powered Pressure-Reducing Air Mattress | Purchase of one (1) new unit | 0.0064029227 | 125 | 54 | \$6,512.60 | | | |
| Cleveland-Elyria-Mentor, OH | E0371 | Nonpowered Advanced Pressure Reducing Overlay For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0000784842 | 9 | 4 | \$4,114.90 | | | |
| Cleveland-Elyria-Mentor, OH | E0372 | Powered Air Overlay For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0001187244 | 1 | 1 | \$4,993.10 | | | |
| Cleveland-Elyria-Mentor, OH | E0373 | Nonpowered Advanced Pressure Reducing Mattress | Purchase of one (1) new unit | 0.0000280000 | 1 | 1 | \$5,688.70 | | | |
| Cleveland-Elyria-Mentor, OH | E0160 | Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode | Purchase of one (1) new unit | 0.0000990771 | 3 | 2 | \$30.18 | | | |
| Cleveland-Elyria-Mentor, OH | E0161 | Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode, With Faucet Attachment/S | Purchase of one (1) new unit | 0.0000137111 | 2 | 2 | \$28.17 | | | |
| Cleveland-Elyria-Mentor, OH | E0163 | Commode Chair, Mobile Or Stationary, With Fixed Arms | Purchase of one (1) new unit | 0.1912502531 | 2,469 | 2,462 | \$110.57 | | | |
| Cleveland-Elyria-Mentor, OH | E0165 | Commode Chair, Mobile Or Stationary, With Detachable Arms | Purchase of one (1) new unit | 0.0050396408 | 158 | 86 | \$169.70 | | | |
| Cleveland-Elyria-Mentor, OH | E0167 | Pail Or Pan For Use With Commode Chair, Replacement Only | Purchase of one (1) new unit | 0.0001024917 | 2 | 2 | \$12.89 | | | |
| Cleveland-Elyria-Mentor, OH | E0168 | Commode Chair, Extra Wide And/OR Heavy Duty, Stationary Or Mobile, With Or Without Arms, Any Type, Each | Purchase of one (1) new unit | 0.0069884546 | 105 | 100 | \$162.11 | | | |
| Cleveland-Elyria-Mentor, OH | E0170 | Commode Chair With Integrated Seat Lift Mechanism, Electric, Any Type | Purchase of one (1) new unit | 0.0000000000 | 1 | 1 | \$1,726.40 | | | |
| Cleveland-Elyria-Mentor, OH | E0171 | Commode Chair With Integrated Seat Lift Mechanism, Non-Electric, Any Type | Purchase of one (1) new unit | 0.0000272846 | 1 | 1 | \$310.70 | | | |
| Cleveland-Elyria-Mentor, OH | E0275 | Bed Pan, Standard, Metal Or Plastic | Purchase of one (1) new unit | 0.0001608558 | 1 | 1 | \$16.45 | | | |
| Cleveland-Elyria-Mentor, OH | E0276 | Bed Pan, Fracture, Metal Or Plastic | Purchase of one (1) new unit | 0.0000787994 | 2 | 2 | \$12.69 | | | |
| Cleveland-Elyria-Mentor, OH | E0325 | Urinal; Male, Jug-Type, Any Material | Purchase of one (1) new unit | 0.0009453299 | 8 | 8 | \$9.23 | | | |
| Cleveland-Elyria-Mentor, OH | E0326 | Urinal; Female, Jug-Type, Any Material | Purchase of one (1) new unit | 0.0000740714 | 1 | 1 | \$11.28 | | | |
| Cleveland-Elyria-Mentor, OH | E0621 | Sling Or Seat, Patient Lift, Canvas Or Nylon | Purchase of one (1) new unit | 0.0010422006 | 12 | 11 | \$103.11 | | | |
| Cleveland-Elyria-Mentor, OH | E0630 | Patient Lift, Hydraulic Or Mechanical, Includes Any Seat, Sling, Strap(S) Or Pad(S) | Purchase of one (1) new unit | 0.0156135724 | 413 | 182 | \$1,094.30 | | | |
| Cleveland-Elyria-Mentor, OH | E0635 | Patient Lift, Electric With Seat Or Sling | Purchase of one (1) new unit | 0.0003423571 | 4 | 1 | \$1,117.20 | | | |
| Cleveland-Elyria-Mentor, OH | E0636 | Multipositional Patient Support System, With Integrated Lift, Patient Accessible Controls | Purchase of one (1) new unit | 0.0000697637 | 1 | 1 | \$11,327.30 | | | |
| Cleveland-Elyria-Mentor, OH | E1035 | Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To And Including 300 Lbs | Purchase of one (1) new unit | 0.0002786346 | 2 | 1 | \$6,586.60 | | | |
| Cleveland-Elyria-Mentor, OH | E1036 | Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat, Operated By Caregiver, Patient Weight Capacity Greater Than 300 Lbs | Purchase of one (1) new unit | 0.0000256886 | 1 | 1 | \$9,233.70 | | | |
| Cleveland-Elyria-Mentor, OH | E0627 | Seat Lift Mechanism Incorporated Into A Combination Lift-Chair Mechanism | Purchase of one (1) new unit | 0.0165227072 | 278 | 278 | \$355.23 | | | |
| Cleveland-Elyria-Mentor, OH | E0628 | Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Electric | Purchase of one (1) new unit | 0.0026847475 | 47 | 47 | \$355.23 | | | |
| Cleveland-Elyria-Mentor, OH | E0629 | Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Non-Electric | Purchase of one (1) new unit | 0.0014553721 | 25 | 25 | \$355.23 | | | |
| Cleveland-Elyria-Mentor, OH | A4557 | Lead Wires, (E.G., Apnea Monitor), Per Pair | Purchase of one (1) new unit | 0.0244325367 | 359 | 674 | \$22.67 | | | |
| Cleveland-Elyria-Mentor, OH | A4595 | Electrical Stimulator Supplies, 2 Lead, Per Month, (E.G. Tens, Nmes) | Purchase of one (1) new unit | 0.4755537522 | 1,590 | 17,459 | \$30.95 | | | |
| Cleveland-Elyria-Mentor, OH | E0720 | Transcutaneous Electrical Nerve Stimulation (Tens) Device, Two Lead, Localized Stimulation | Purchase of one (1) new unit | 0.0067951335 | 24 | 13 | \$394.58 | | | |
| Cleveland-Elyria-Mentor, OH | E0730 | Transcutaneous Electrical Nerve Stimulation (Tens) Device, Four Or More Leads, For Multiple Nerve Stimulation | Purchase of one (1) new unit | 0.0514692880 | 1,438 | 1,008 | \$394.01 | | | |
| Cleveland-Elyria-Mentor, OH | E0731 | Form Fitting Conductive Garment For Delivery Of Tens Or Nmes (With Conductive Fibers Separated From The Patient's Skin By Layers Of Fabric) | Purchase of one (1) new unit | 0.0127136501 | 93 | 97 | \$325.66 | | | |
| Dallas-Fort Worth-Arlington, TX | E0250 | Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0004049763 | 1 | 1 | \$905.00 | | | |
| Dallas-Fort Worth-Arlington, TX | E0251 | Hospital Bed, Fixed Height, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000168631 | 1 | 1 | \$685.80 | | | |
| Dallas-Fort Worth-Arlington, TX | E0255 | Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0010722495 | 11 | 4 | \$1,087.60 | | | |
| Dallas-Fort Worth-Arlington, TX | E0256 | Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000489607 | 1 | 1 | \$771.60 | | | |
| Dallas-Fort Worth-Arlington, TX | E0260 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.1051709626 | 6,257 | 3,090 | \$1,300.40 | | | |
| Dallas-Fort Worth-Arlington, TX | E0261 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0043495158 | 99 | 50 | \$1,267.80 | | | |
| Dallas-Fort Worth-Arlington, TX | E0271 | Mattress, Innerspring | Purchase of one (1) new unit | 0.0048683835 | 106 | 99 | \$190.59 | | | |
| Dallas-Fort Worth-Arlington, TX | E0272 | Mattress, Foam Rubber | Purchase of one (1) new unit | 0.0009728047 | 10 | 8 | \$171.28 | | | |

| CBA Name | HCPCS Code | HCPCS Code Description | Definition of a Bidding Unit | Weight (The relative market importance of the item in the product category based on utilization) | 2011 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2011) | 2011 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2011) | Bid Limit (2012 Fee Schedule: Bid amount must be at or below this amount) | Your Cost to Purchase One (1) Unit (Should be less than your bid amount) | Your Bid Amount (To provide one (1) unit as described in Definition of a Bidding Unit should include cost to buy unit, overhead and profit) | Your Estimated Capacity (Number of units you can furnish in the CBA for one [1] year) |
|---------------------------------|------------|--|------------------------------|---|---|--|--|---|--|--|
| Dallas-Fort Worth-Arlington, TX | E0280 | Bed Cradle, Any Type | Purchase of one (1) new unit | 0.0000408706 | 1 | 1 | \$35.37 | | | |
| Dallas-Fort Worth-Arlington, TX | E0290 | Hospital Bed, Fixed Height, Without Side Rails, With Mattress | Purchase of one (1) new unit | 0.0000038349 | 1 | 1 | \$691.90 | | | |
| Dallas-Fort Worth-Arlington, TX | E0291 | Hospital Bed, Fixed Height, Without Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000006829 | 1 | 1 | \$502.70 | | | |
| Dallas-Fort Worth-Arlington, TX | E0292 | Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, With Mattress | Purchase of one (1) new unit | 0.0000095610 | 1 | 1 | \$778.00 | | | |
| Dallas-Fort Worth-Arlington, TX | E0293 | Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000069343 | 1 | 1 | \$662.10 | | | |
| Dallas-Fort Worth-Arlington, TX | E0294 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, With Mattress | Purchase of one (1) new unit | 0.0004507325 | 4 | 3 | \$1,209.50 | | | |
| Dallas-Fort Worth-Arlington, TX | E0295 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0005443987 | 71 | 35 | \$1,178.90 | | | |
| Dallas-Fort Worth-Arlington, TX | E0301 | Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0002922932 | 20 | 10 | \$2,506.30 | | | |
| Dallas-Fort Worth-Arlington, TX | E0302 | Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000216961 | 2 | 1 | \$6,623.40 | | | |
| Dallas-Fort Worth-Arlington, TX | E0303 | Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0021641463 | 178 | 98 | \$2,814.20 | | | |
| Dallas-Fort Worth-Arlington, TX | E0304 | Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0001067469 | 9 | 6 | \$7,134.80 | | | |
| Dallas-Fort Worth-Arlington, TX | E0305 | Bed Side Rails, Half Length | Purchase of one (1) new unit | 0.0003721432 | 9 | 4 | \$164.70 | | | |
| Dallas-Fort Worth-Arlington, TX | E0310 | Bed Side Rails, Full Length | Purchase of one (1) new unit | 0.0007136072 | 17 | 13 | \$168.88 | | | |
| Dallas-Fort Worth-Arlington, TX | E0316 | Safety Enclosure Frame/Canopy For Use With Hospital Bed, Any Type | Purchase of one (1) new unit | 0.0000020488 | 1 | 1 | \$1,786.50 | | | |
| Dallas-Fort Worth-Arlington, TX | E0910 | Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar | Purchase of one (1) new unit | 0.0092198430 | 550 | 264 | \$185.10 | | | |
| Dallas-Fort Worth-Arlington, TX | E0911 | Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Attached To Bed, With Grab Bar | Purchase of one (1) new unit | 0.0001149946 | 3 | 1 | \$461.40 | | | |
| Dallas-Fort Worth-Arlington, TX | E0912 | Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete With Grab Bar | Purchase of one (1) new unit | 0.0007955586 | 65 | 36 | \$1,059.80 | | | |
| Dallas-Fort Worth-Arlington, TX | E0940 | Trapeze Bar, Free Standing, Complete With Grab Bar | Purchase of one (1) new unit | 0.0024834414 | 148 | 72 | \$321.90 | | | |
| Dallas-Fort Worth-Arlington, TX | A4640 | Replacement Pad For Use With Medically Necessary Alternating Pressure Pad Owned By Patient | Purchase of one (1) new unit | 0.0002446458 | 10 | 10 | \$57.81 | | | |
| Dallas-Fort Worth-Arlington, TX | E0181 | Powered Pressure Reducing Mattress Overlay/Pad, Alternating, With Pump, Includes Heavy Duty | Purchase of one (1) new unit | 0.0106996954 | 353 | 174 | \$279.90 | | | |
| Dallas-Fort Worth-Arlington, TX | E0182 | Pump For Alternating Pressure Pad, For Replacement Only | Purchase of one (1) new unit | 0.0000701840 | 1 | 1 | \$239.00 | | | |
| Dallas-Fort Worth-Arlington, TX | E0184 | Dry Pressure Mattress | Purchase of one (1) new unit | 0.0051514309 | 50 | 50 | \$177.77 | | | |
| Dallas-Fort Worth-Arlington, TX | E0185 | Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0265768256 | 776 | 762 | \$343.56 | | | |
| Dallas-Fort Worth-Arlington, TX | E0186 | Air Pressure Mattress | Purchase of one (1) new unit | 0.0000823716 | 2 | 1 | \$218.10 | | | |
| Dallas-Fort Worth-Arlington, TX | E0187 | Water Pressure Mattress | Purchase of one (1) new unit | 0.0000004728 | 1 | 1 | \$249.30 | | | |
| Dallas-Fort Worth-Arlington, TX | E0188 | Synthetic Sheepskin Pad | Purchase of one (1) new unit | 0.0007635660 | 8 | 9 | \$24.13 | | | |
| Dallas-Fort Worth-Arlington, TX | E0189 | Lambswool Sheepskin Pad, Any Size | Purchase of one (1) new unit | 0.0002348222 | 4 | 4 | \$55.82 | | | |
| Dallas-Fort Worth-Arlington, TX | E0193 | Powered Air Flotation Bed (Low Air Loss Therapy) | Purchase of one (1) new unit | 0.0000358800 | 3 | 1 | \$8,364.10 | | | |
| Dallas-Fort Worth-Arlington, TX | E0196 | Gel Pressure Mattress | Purchase of one (1) new unit | 0.0001512423 | 11 | 6 | \$349.00 | | | |
| Dallas-Fort Worth-Arlington, TX | E0197 | Air Pressure Pad For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0007032582 | 1 | 1 | \$202.31 | | | |
| Dallas-Fort Worth-Arlington, TX | E0199 | Dry Pressure Pad For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0006298697 | 12 | 12 | \$33.53 | | | |
| Dallas-Fort Worth-Arlington, TX | E0277 | Powered Pressure-Reducing Air Mattress | Purchase of one (1) new unit | 0.0064029227 | 495 | 200 | \$6,512.60 | | | |
| Dallas-Fort Worth-Arlington, TX | E0371 | Nonpowered Advanced Pressure Reducing Overlay For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0000784842 | 5 | 2 | \$4,114.90 | | | |
| Dallas-Fort Worth-Arlington, TX | E0372 | Powered Air Overlay For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0001187244 | 12 | 2 | \$4,993.10 | | | |
| Dallas-Fort Worth-Arlington, TX | E0373 | Nonpowered Advanced Pressure Reducing Mattress | Purchase of one (1) new unit | 0.0000280000 | 1 | 1 | \$5,688.70 | | | |
| Dallas-Fort Worth-Arlington, TX | E0160 | Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode | Purchase of one (1) new unit | 0.0000990771 | 1 | 1 | \$30.18 | | | |
| Dallas-Fort Worth-Arlington, TX | E0161 | Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode, With Faucet Attachment/S | Purchase of one (1) new unit | 0.0000137111 | 1 | 1 | \$23.94 | | | |
| Dallas-Fort Worth-Arlington, TX | E0163 | Commode Chair, Mobile Or Stationary, With Fixed Arms | Purchase of one (1) new unit | 0.1912502531 | 7,999 | 7,989 | \$118.46 | | | |

| CBA Name | HCPCS Code | HCPCS Code Description | Definition of a Bidding Unit | Weight (The relative market importance of the item in the product category based on utilization) | 2011 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2011) | 2011 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2011) | Bid Limit (2012 Fee Schedule: Bid amount must be at or below this amount) | Your Cost to Purchase One (1) Unit (Should be less than your bid amount) | Your Bid Amount (To provide one (1) unit as described in Definition of a Bidding Unit should include cost to buy unit, overhead and profit) | Your Estimated Capacity (Number of units you can furnish in the CBA for one [1] year) |
|---------------------------------|------------|---|------------------------------|---|---|--|--|---|--|--|
| Dallas-Fort Worth-Arlington, TX | E0165 | Commode Chair, Mobile Or Stationary, With Detachable Arms | Purchase of one (1) new unit | 0.0050396408 | 351 | 196 | \$199.60 | | | |
| Dallas-Fort Worth-Arlington, TX | E0167 | Pail Or Pan For Use With Commode Chair, Replacement Only | Purchase of one (1) new unit | 0.0001024917 | 3 | 3 | \$12.83 | | | |
| Dallas-Fort Worth-Arlington, TX | E0168 | Commode Chair, Extra Wide And/Or Heavy Duty, Stationary Or Mobile, With Or Without Arms, Any Type, Each | Purchase of one (1) new unit | 0.0069884546 | 385 | 381 | \$162.11 | | | |
| Dallas-Fort Worth-Arlington, TX | E0170 | Commode Chair With Integrated Seat Lift Mechanism, Electric, Any Type | Purchase of one (1) new unit | 0.0000000000 | 1 | 1 | \$1,726.40 | | | |
| Dallas-Fort Worth-Arlington, TX | E0171 | Commode Chair With Integrated Seat Lift Mechanism, Non-Electric, Any Type | Purchase of one (1) new unit | 0.0000272646 | 5 | 3 | \$310.70 | | | |
| Dallas-Fort Worth-Arlington, TX | E0275 | Bed Pan, Standard, Metal Or Plastic | Purchase of one (1) new unit | 0.0001608558 | 6 | 5 | \$16.45 | | | |
| Dallas-Fort Worth-Arlington, TX | E0276 | Bed Pan, Fracture, Metal Or Plastic | Purchase of one (1) new unit | 0.0000787994 | 1 | 1 | \$14.30 | | | |
| Dallas-Fort Worth-Arlington, TX | E0325 | Urinal; Male, Jug-Type, Any Material | Purchase of one (1) new unit | 0.0009453299 | 15 | 17 | \$10.86 | | | |
| Dallas-Fort Worth-Arlington, TX | E0326 | Urinal; Female, Jug-Type, Any Material | Purchase of one (1) new unit | 0.0000740714 | 2 | 2 | \$11.28 | | | |
| Dallas-Fort Worth-Arlington, TX | E0621 | Sling Or Seat, Patient Lift, Canvas Or Nylon | Purchase of one (1) new unit | 0.0010422006 | 17 | 16 | \$103.11 | | | |
| Dallas-Fort Worth-Arlington, TX | E0630 | Patient Lift, Hydraulic Or Mechanical, Includes Any Seat, Sling, Strap(S) Or Pad(S) | Purchase of one (1) new unit | 0.0156135724 | 709 | 303 | \$1,094.30 | | | |
| Dallas-Fort Worth-Arlington, TX | E0635 | Patient Lift, Electric With Seat Or Sling | Purchase of one (1) new unit | 0.0003423571 | 42 | 23 | \$1,314.30 | | | |
| Dallas-Fort Worth-Arlington, TX | E0636 | Multipositional Patient Support System, With Integrated Lift, Patient Accessible Controls | Purchase of one (1) new unit | 0.0000697637 | 1 | 1 | \$11,327.30 | | | |
| Dallas-Fort Worth-Arlington, TX | E1035 | Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To And Including 300 Lbs | Purchase of one (1) new unit | 0.0002786346 | 65 | 39 | \$6,586.60 | | | |
| Dallas-Fort Worth-Arlington, TX | E1036 | Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat, Operated By Caregiver, Patient Weight Capacity Greater Than 300 Lbs | Purchase of one (1) new unit | 0.0000256886 | 6 | 4 | \$9,233.70 | | | |
| Dallas-Fort Worth-Arlington, TX | E0627 | Seat Lift Mechanism Incorporated Into A Combination Lift-Chair Mechanism | Purchase of one (1) new unit | 0.0165227072 | 313 | 312 | \$355.24 | | | |
| Dallas-Fort Worth-Arlington, TX | E0628 | Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Electric | Purchase of one (1) new unit | 0.0026847475 | 114 | 114 | \$355.24 | | | |
| Dallas-Fort Worth-Arlington, TX | E0629 | Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Non-Electric | Purchase of one (1) new unit | 0.0014553721 | 43 | 43 | \$355.23 | | | |
| Dallas-Fort Worth-Arlington, TX | A4557 | Lead Wires, (E.G., Apnea Monitor), Per Pair | Purchase of one (1) new unit | 0.0244325367 | 310 | 615 | \$22.67 | | | |
| Dallas-Fort Worth-Arlington, TX | A4595 | Electrical Stimulator Supplies, 2 Lead, Per Month, (E.G. Tens, Nmes) | Purchase of one (1) new unit | 0.4755537522 | 2,241 | 18,855 | \$30.95 | | | |
| Dallas-Fort Worth-Arlington, TX | E0720 | Transcutaneous Electrical Nerve Stimulation (Tens) Device, Two Lead, Localized Stimulation | Purchase of one (1) new unit | 0.0067951335 | 298 | 209 | \$375.67 | | | |
| Dallas-Fort Worth-Arlington, TX | E0730 | Transcutaneous Electrical Nerve Stimulation (Tens) Device, Four Or More Leads, For Multiple Nerve Stimulation | Purchase of one (1) new unit | 0.0514692880 | 2,951 | 2,037 | \$384.28 | | | |
| Dallas-Fort Worth-Arlington, TX | E0731 | Form Fitting Conductive Garment For Delivery Of Tens Or Nmes (With Conductive Fibers Separated From The Patient's Skin By Layers Of Fabric) | Purchase of one (1) new unit | 0.0127136501 | 898 | 1,266 | \$325.66 | | | |
| Kansas City, MO-KS | E0250 | Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0004049763 | 7 | 2 | \$905.00 | | | |
| Kansas City, MO-KS | E0251 | Hospital Bed, Fixed Height, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000168631 | 1 | 1 | \$685.80 | | | |
| Kansas City, MO-KS | E0255 | Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0010722495 | 9 | 5 | \$924.50 | | | |
| Kansas City, MO-KS | E0256 | Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000489607 | 1 | 1 | \$655.90 | | | |
| Kansas City, MO-KS | E0260 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.1051709626 | 1,561 | 722 | \$1,300.40 | | | |
| Kansas City, MO-KS | E0261 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0043495158 | 24 | 11 | \$1,077.60 | | | |
| Kansas City, MO-KS | E0271 | Mattress, Innerspring | Purchase of one (1) new unit | 0.0048683835 | 16 | 10 | \$193.09 | | | |
| Kansas City, MO-KS | E0272 | Mattress, Foam Rubber | Purchase of one (1) new unit | 0.0009728047 | 14 | 11 | \$163.70 | | | |
| Kansas City, MO-KS | E0280 | Bed Cradle, Any Type | Purchase of one (1) new unit | 0.0000408706 | 1 | 1 | \$35.37 | | | |
| Kansas City, MO-KS | E0290 | Hospital Bed, Fixed Height, Without Side Rails, With Mattress | Purchase of one (1) new unit | 0.0000038349 | 1 | 1 | \$588.10 | | | |
| Kansas City, MO-KS | E0291 | Hospital Bed, Fixed Height, Without Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000006829 | 1 | 1 | \$435.40 | | | |
| Kansas City, MO-KS | E0292 | Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, With Mattress | Purchase of one (1) new unit | 0.0000095610 | 1 | 1 | \$705.50 | | | |
| Kansas City, MO-KS | E0293 | Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000069343 | 1 | 1 | \$562.80 | | | |
| Kansas City, MO-KS | E0294 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, With Mattress | Purchase of one (1) new unit | 0.0004507325 | 3 | 2 | \$1,028.10 | | | |
| Kansas City, MO-KS | E0295 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0005443987 | 46 | 25 | \$1,002.10 | | | |

| CBA Name | HCPCS Code | HCPCS Code Description | Definition of a Bidding Unit | Weight (The relative market importance of the item in the product category based on utilization) | 2011 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2011) | 2011 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2011) | Bid Limit (2012 Fee Schedule: Bid amount must be at or below this amount) | Your Cost to Purchase One (1) Unit (Should be less than your bid amount) | Your Bid Amount (To provide one (1) unit as described in Definition of a Bidding Unit should include cost to buy unit, overhead and profit) | Your Estimated Capacity (Number of units you can furnish in the CBA for one [1] year) |
|--------------------|------------|--|------------------------------|---|---|--|--|---|--|--|
| Kansas City, MO-KS | E0301 | Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0002922932 | 5 | 2 | \$2,506.30 | | | |
| Kansas City, MO-KS | E0302 | Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000216961 | 1 | 1 | \$6,623.40 | | | |
| Kansas City, MO-KS | E0303 | Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0021641463 | 36 | 20 | \$2,814.20 | | | |
| Kansas City, MO-KS | E0304 | Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0001067469 | 1 | 1 | \$7,134.80 | | | |
| Kansas City, MO-KS | E0305 | Bed Side Rails, Half Length | Purchase of one (1) new unit | 0.0003721432 | 24 | 13 | \$164.70 | | | |
| Kansas City, MO-KS | E0310 | Bed Side Rails, Full Length | Purchase of one (1) new unit | 0.0007136072 | 15 | 9 | \$179.73 | | | |
| Kansas City, MO-KS | E0316 | Safety Enclosure Frame/Canopy For Use With Hospital Bed, Any Type | Purchase of one (1) new unit | 0.0000020488 | 1 | 1 | \$1,956.00 | | | |
| Kansas City, MO-KS | E0910 | Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar | Purchase of one (1) new unit | 0.0092198430 | 119 | 51 | \$182.80 | | | |
| Kansas City, MO-KS | E0911 | Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Attached To Bed, With Grab Bar | Purchase of one (1) new unit | 0.0001149946 | 1 | 1 | \$461.40 | | | |
| Kansas City, MO-KS | E0912 | Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete With Grab Bar | Purchase of one (1) new unit | 0.0007955586 | 13 | 8 | \$1,059.80 | | | |
| Kansas City, MO-KS | E0940 | Trapeze Bar, Free Standing, Complete With Grab Bar | Purchase of one (1) new unit | 0.0024834414 | 37 | 17 | \$321.90 | | | |
| Kansas City, MO-KS | A4640 | Replacement Pad For Use With Medically Necessary Alternating Pressure Pad Owned By Patient | Purchase of one (1) new unit | 0.0002446458 | 2 | 2 | \$68.01 | | | |
| Kansas City, MO-KS | E0181 | Powered Pressure Reducing Mattress Overlay/Pad, Alternating, With Pump, Includes Heavy Duty | Purchase of one (1) new unit | 0.0106996954 | 146 | 64 | \$279.90 | | | |
| Kansas City, MO-KS | E0182 | Pump For Alternating Pressure Pad, For Replacement Only | Purchase of one (1) new unit | 0.0000701840 | 1 | 1 | \$281.20 | | | |
| Kansas City, MO-KS | E0184 | Dry Pressure Mattress | Purchase of one (1) new unit | 0.0051514309 | 24 | 22 | \$209.14 | | | |
| Kansas City, MO-KS | E0185 | Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0265768256 | 50 | 45 | \$343.56 | | | |
| Kansas City, MO-KS | E0186 | Air Pressure Mattress | Purchase of one (1) new unit | 0.0000823716 | 1 | 1 | \$218.10 | | | |
| Kansas City, MO-KS | E0187 | Water Pressure Mattress | Purchase of one (1) new unit | 0.0000004728 | 1 | 1 | \$211.90 | | | |
| Kansas City, MO-KS | E0188 | Synthetic Sheepskin Pad | Purchase of one (1) new unit | 0.0007635660 | 1 | 1 | \$28.39 | | | |
| Kansas City, MO-KS | E0189 | Lambswool Sheepskin Pad, Any Size | Purchase of one (1) new unit | 0.0002348222 | 1 | 1 | \$55.14 | | | |
| Kansas City, MO-KS | E0193 | Powered Air Flotation Bed (Low Air Loss Therapy) | Purchase of one (1) new unit | 0.0000358800 | 2 | 1 | \$8,364.10 | | | |
| Kansas City, MO-KS | E0196 | Gel Pressure Mattress | Purchase of one (1) new unit | 0.0001512423 | 1 | 1 | \$344.40 | | | |
| Kansas City, MO-KS | E0197 | Air Pressure Pad For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0007032582 | 3 | 2 | \$238.01 | | | |
| Kansas City, MO-KS | E0199 | Dry Pressure Pad For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0006298697 | 1 | 1 | \$31.67 | | | |
| Kansas City, MO-KS | E0277 | Powered Pressure-Reducing Air Mattress | Purchase of one (1) new unit | 0.0064029227 | 83 | 31 | \$6,512.60 | | | |
| Kansas City, MO-KS | E0371 | Nonpowered Advanced Pressure Reducing Overlay For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0000784842 | 1 | 1 | \$4,114.90 | | | |
| Kansas City, MO-KS | E0372 | Powered Air Overlay For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0001187244 | 7 | 3 | \$4,993.10 | | | |
| Kansas City, MO-KS | E0373 | Nonpowered Advanced Pressure Reducing Mattress | Purchase of one (1) new unit | 0.0000280000 | 1 | 1 | \$5,688.70 | | | |
| Kansas City, MO-KS | E0160 | Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode | Purchase of one (1) new unit | 0.0000990771 | 1 | 1 | \$35.51 | | | |
| Kansas City, MO-KS | E0161 | Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode, With Faucet Attachment/S | Purchase of one (1) new unit | 0.0000137111 | 1 | 1 | \$25.96 | | | |
| Kansas City, MO-KS | E0163 | Commode Chair, Mobile Or Stationary, With Fixed Arms | Purchase of one (1) new unit | 0.1912502531 | 1,337 | 1,333 | \$118.46 | | | |
| Kansas City, MO-KS | E0165 | Commode Chair, Mobile Or Stationary, With Detachable Arms | Purchase of one (1) new unit | 0.0050396408 | 88 | 47 | \$199.60 | | | |
| Kansas City, MO-KS | E0167 | Pail Or Pan For Use With Commode Chair, Replacement Only | Purchase of one (1) new unit | 0.0001024917 | 1 | 1 | \$12.89 | | | |
| Kansas City, MO-KS | E0168 | Commode Chair, Extra Wide And/Or Heavy Duty, Stationary Or Mobile, With Or Without Arms, Any Type, Each | Purchase of one (1) new unit | 0.0069884546 | 63 | 55 | \$162.11 | | | |
| Kansas City, MO-KS | E0170 | Commode Chair With Integrated Seat Lift Mechanism, Electric, Any Type | Purchase of one (1) new unit | 0.0000000000 | 1 | 1 | \$1,726.40 | | | |
| Kansas City, MO-KS | E0171 | Commode Chair With Integrated Seat Lift Mechanism, Non-Electric, Any Type | Purchase of one (1) new unit | 0.0000272646 | 1 | 1 | \$310.70 | | | |
| Kansas City, MO-KS | E0275 | Bed Pan, Standard, Metal Or Plastic | Purchase of one (1) new unit | 0.0001608558 | 1 | 1 | \$13.98 | | | |
| Kansas City, MO-KS | E0276 | Bed Pan, Fracture, Metal Or Plastic | Purchase of one (1) new unit | 0.0000787994 | 1 | 1 | \$12.16 | | | |

| CBA Name | HCPCS Code | HCPCS Code Description | Definition of a Bidding Unit | Weight (The relative market importance of the item in the product category based on utilization) | 2011 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2011) | 2011 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2011) | Bid Limit (2012 Fee Schedule: Bid amount must be at or below this amount) | Your Cost to Purchase One (1) Unit (Should be less than your bid amount) | Your Bid Amount (To provide one (1) unit as described in Definition of a Bidding Unit should include cost to buy unit, overhead and profit) | Your Estimated Capacity (Number of units you can furnish in the CBA for one [1] year) |
|---|------------|--|------------------------------|---|---|--|--|---|--|--|
| Kansas City, MO-KS | E0325 | Urinal; Male, Jug-Type, Any Material | Purchase of one (1) new unit | 0.0009453299 | 1 | 1 | \$10.86 | | | |
| Kansas City, MO-KS | E0326 | Urinal; Female, Jug-Type, Any Material | Purchase of one (1) new unit | 0.0000740714 | 1 | 1 | \$9.59 | | | |
| Kansas City, MO-KS | E0621 | Sling Or Seat, Patient Lift, Canvas Or Nylon | Purchase of one (1) new unit | 0.0010422006 | 18 | 20 | \$87.64 | | | |
| Kansas City, MO-KS | E0630 | Patient Lift, Hydraulic Or Mechanical, Includes Any Seat, Sling, Strap(S) Or Pad(S) | Purchase of one (1) new unit | 0.0156135724 | 211 | 97 | \$1,094.30 | | | |
| Kansas City, MO-KS | E0635 | Patient Lift, Electric With Seat Or Sling | Purchase of one (1) new unit | 0.0003423571 | 5 | 2 | \$1,117.20 | | | |
| Kansas City, MO-KS | E0636 | Multipositional Patient Support System, With Integrated Lift, Patient Accessible Controls | Purchase of one (1) new unit | 0.0000697637 | 1 | 1 | \$11,327.30 | | | |
| Kansas City, MO-KS | E1035 | Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To And Including 300 Lbs | Purchase of one (1) new unit | 0.0002786346 | 2 | 1 | \$6,586.60 | | | |
| Kansas City, MO-KS | E1036 | Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat, Operated By Caregiver, Patient Weight Capacity Greater Than 300 Lbs | Purchase of one (1) new unit | 0.0000256886 | 1 | 1 | \$9,233.70 | | | |
| Kansas City, MO-KS | E0627 | Seat Lift Mechanism Incorporated Into A Combination Lift-Chair Mechanism | Purchase of one (1) new unit | 0.0165227072 | 103 | 103 | \$362.33 | | | |
| Kansas City, MO-KS | E0628 | Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Electric | Purchase of one (1) new unit | 0.0026847475 | 28 | 28 | \$362.33 | | | |
| Kansas City, MO-KS | E0629 | Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Non-Electric | Purchase of one (1) new unit | 0.0014553721 | 15 | 15 | \$355.23 | | | |
| Kansas City, MO-KS | A4557 | Lead Wires, (E.G., Apnea Monitor), Per Pair | Purchase of one (1) new unit | 0.0244325367 | 133 | 256 | \$19.27 | | | |
| Kansas City, MO-KS | A4595 | Electrical Stimulator Supplies, 2 Lead, Per Month, (E.G. Tens, Nmes) | Purchase of one (1) new unit | 0.4755537522 | 850 | 4,968 | \$30.95 | | | |
| Kansas City, MO-KS | E0720 | Transcutaneous Electrical Nerve Stimulation (Tens) Device, Two Lead, Localized Stimulation | Purchase of one (1) new unit | 0.0067951335 | 327 | 256 | \$394.82 | | | |
| Kansas City, MO-KS | E0730 | Transcutaneous Electrical Nerve Stimulation (Tens) Device, Four Or More Leads, For Multiple Nerve Stimulation | Purchase of one (1) new unit | 0.0514692880 | 684 | 489 | \$389.68 | | | |
| Kansas City, MO-KS | E0731 | Form Fitting Conductive Garment For Delivery Of Tens Or Nmes (With Conductive Fibers Separated From The Patient's Skin By Layers Of Fabric) | Purchase of one (1) new unit | 0.0127136501 | 150 | 162 | \$325.66 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0250 | Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0004049763 | 29 | 16 | \$905.00 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0251 | Hospital Bed, Fixed Height, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000168631 | 1 | 1 | \$685.80 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0255 | Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0010722495 | 56 | 25 | \$1,039.50 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0256 | Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000489607 | 1 | 1 | \$730.30 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0260 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.1051709626 | 7,412 | 3,558 | \$1,300.40 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0261 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0043495158 | 352 | 137 | \$1,077.60 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0271 | Mattress, Innerspring | Purchase of one (1) new unit | 0.0048683835 | 87 | 92 | \$174.73 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0272 | Mattress, Foam Rubber | Purchase of one (1) new unit | 0.0009728047 | 31 | 31 | \$176.80 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0280 | Bed Cradle, Any Type | Purchase of one (1) new unit | 0.0000408706 | 1 | 1 | \$34.26 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0290 | Hospital Bed, Fixed Height, Without Side Rails, With Mattress | Purchase of one (1) new unit | 0.0000038349 | 1 | 1 | \$691.90 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0291 | Hospital Bed, Fixed Height, Without Side Rails, Without Mattress | Purchase of one (1) new unit | 0.000006829 | 1 | 1 | \$502.70 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0292 | Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, With Mattress | Purchase of one (1) new unit | 0.0000095610 | 2 | 1 | \$731.90 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0293 | Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000069343 | 1 | 1 | \$623.20 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0294 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, With Mattress | Purchase of one (1) new unit | 0.0004507325 | 8 | 3 | \$1,028.10 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0295 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0005443987 | 13 | 9 | \$1,002.10 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0301 | Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0002922932 | 7 | 3 | \$2,428.00 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0302 | Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000216961 | 1 | 1 | \$6,623.40 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0303 | Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0021641463 | 62 | 32 | \$2,736.10 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0304 | Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0001067469 | 5 | 1 | \$7,134.80 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0305 | Bed Side Rails, Half Length | Purchase of one (1) new unit | 0.0003721432 | 7 | 3 | \$140.00 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0310 | Bed Side Rails, Full Length | Purchase of one (1) new unit | 0.0007136072 | 13 | 10 | \$170.25 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0316 | Safety Enclosure Frame/Canopy For Use With Hospital Bed, Any Type | Purchase of one (1) new unit | 0.0000020488 | 1 | 1 | \$1,956.00 | | | |

| CBA Name | HCPCS Code | HCPCS Code Description | Definition of a Bidding Unit | Weight (The relative market importance of the item in the product category based on utilization) | 2011 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2011) | 2011 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2011) | Bid Limit (2012 Fee Schedule: Bid amount must be at or below this amount) | Your Cost to Purchase One (1) Unit (Should be less than your bid amount) | Your Bid Amount (To provide one (1) unit as described in Definition of a Bidding Unit should include cost to buy unit, overhead and profit) | Your Estimated Capacity (Number of units you can furnish in the CBA for one [1] year) |
|---|------------|---|------------------------------|---|---|--|--|---|--|--|
| Miami-Fort Lauderdale-Pompano Beach, FL | E0910 | Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar | Purchase of one (1) new unit | 0.0092198430 | 180 | 80 | \$185.10 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0911 | Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Attached To Bed, With Grab Bar | Purchase of one (1) new unit | 0.0001149946 | 2 | 1 | \$461.40 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0912 | Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete With Grab Bar | Purchase of one (1) new unit | 0.0007955586 | 20 | 8 | \$1,059.80 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0940 | Trapeze Bar, Free Standing, Complete With Grab Bar | Purchase of one (1) new unit | 0.0024834414 | 60 | 34 | \$285.30 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | A4640 | Replacement Pad For Use With Medically Necessary Alternating Pressure Pad Owned By Patient | Purchase of one (1) new unit | 0.0002446458 | 1 | 1 | \$57.81 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0181 | Powered Pressure Reducing Mattress Overlay/Pad, Alternating, With Pump, Includes Heavy Duty | Purchase of one (1) new unit | 0.0106996954 | 469 | 212 | \$279.90 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0182 | Pump For Alternating Pressure Pad, For Replacement Only | Purchase of one (1) new unit | 0.0000701840 | 1 | 1 | \$239.00 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0184 | Dry Pressure Mattress | Purchase of one (1) new unit | 0.0051514309 | 24 | 21 | \$209.14 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0185 | Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0265768256 | 1,624 | 1,605 | \$319.39 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0186 | Air Pressure Mattress | Purchase of one (1) new unit | 0.0000823716 | 1 | 1 | \$218.10 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0187 | Water Pressure Mattress | Purchase of one (1) new unit | 0.0000004728 | 1 | 1 | \$218.10 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0188 | Synthetic Sheepskin Pad | Purchase of one (1) new unit | 0.0007635660 | 4 | 4 | \$24.13 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0189 | Lambswool Sheepskin Pad, Any Size | Purchase of one (1) new unit | 0.0002348222 | 1 | 1 | \$55.82 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0193 | Powered Air Flotation Bed (Low Air Loss Therapy) | Purchase of one (1) new unit | 0.0000358800 | 1 | 1 | \$7,469.10 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0196 | Gel Pressure Mattress | Purchase of one (1) new unit | 0.0001512423 | 7 | 3 | \$349.00 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0197 | Air Pressure Pad For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0007032582 | 24 | 20 | \$202.31 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0199 | Dry Pressure Pad For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0006298697 | 1 | 1 | \$33.05 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0277 | Powered Pressure-Reducing Air Mattress | Purchase of one (1) new unit | 0.0064029227 | 608 | 248 | \$6,435.00 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0371 | Nonpowered Advanced Pressure Reducing Overlay For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0000784842 | 2 | 1 | \$3,766.70 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0372 | Powered Air Overlay For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0001187244 | 38 | 22 | \$4,570.50 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0373 | Nonpowered Advanced Pressure Reducing Mattress | Purchase of one (1) new unit | 0.0000280000 | 9 | 6 | \$5,235.60 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0160 | Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode | Purchase of one (1) new unit | 0.0000990771 | 1 | 1 | \$30.18 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0161 | Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode, With Faucet Attachment/S | Purchase of one (1) new unit | 0.0000137111 | 1 | 1 | \$28.17 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0163 | Commode Chair, Mobile Or Stationary, With Fixed Arms | Purchase of one (1) new unit | 0.1912502531 | 10,173 | 10,167 | \$115.16 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0165 | Commode Chair, Mobile Or Stationary, With Detachable Arms | Purchase of one (1) new unit | 0.0050396408 | 123 | 60 | \$199.60 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0167 | Pail Or Pan For Use With Commode Chair, Replacement Only | Purchase of one (1) new unit | 0.0001024917 | 1 | 1 | \$10.98 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0168 | Commode Chair, Extra Wide And/Or Heavy Duty, Stationary Or Mobile, With Or Without Arms, Any Type, Each | Purchase of one (1) new unit | 0.0069884546 | 142 | 142 | \$162.11 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0170 | Commode Chair With Integrated Seat Lift Mechanism, Electric, Any Type | Purchase of one (1) new unit | 0.0000000000 | 1 | 1 | \$1,726.40 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0171 | Commode Chair With Integrated Seat Lift Mechanism, Non-Electric, Any Type | Purchase of one (1) new unit | 0.0000272646 | 3 | 1 | \$310.70 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0275 | Bed Pan, Standard, Metal Or Plastic | Purchase of one (1) new unit | 0.0001608558 | 1 | 1 | \$13.98 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0276 | Bed Pan, Fracture, Metal Or Plastic | Purchase of one (1) new unit | 0.0000787994 | 1 | 1 | \$12.71 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0325 | Urinal; Male, Jug-Type, Any Material | Purchase of one (1) new unit | 0.0009453299 | 7 | 7 | \$9.58 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0326 | Urinal; Female, Jug-Type, Any Material | Purchase of one (1) new unit | 0.0000740714 | 1 | 1 | \$11.28 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0621 | Sling Or Seat, Patient Lift, Canvas Or Nylon | Purchase of one (1) new unit | 0.0010422006 | 19 | 19 | \$91.12 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0630 | Patient Lift, Hydraulic Or Mechanical, Includes Any Seat, Sling, Strap(S) Or Pad(S) | Purchase of one (1) new unit | 0.0156135724 | 1,302 | 593 | \$930.20 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0635 | Patient Lift, Electric With Seat Or Sling | Purchase of one (1) new unit | 0.0003423571 | 16 | 8 | \$1,117.20 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0636 | Multipositional Patient Support System, With Integrated Lift, Patient Accessible Controls | Purchase of one (1) new unit | 0.0000697637 | 1 | 1 | \$11,327.30 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E1035 | Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To And Including 300 Lbs | Purchase of one (1) new unit | 0.0002786346 | 1 | 1 | \$6,586.60 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E1036 | Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat, Operated By Caregiver, Patient Weight Capacity Greater Than 300 Lbs | Purchase of one (1) new unit | 0.0000256886 | 1 | 1 | \$9,233.70 | | | |

| CBA Name | HCPCS Code | HCPCS Code Description | Definition of a Bidding Unit | Weight (The relative market importance of the item in the product category based on utilization) | 2011 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2011) | 2011 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2011) | Bid Limit (2012 Fee Schedule: Bid amount must be at or below this amount) | Your Cost to Purchase One (1) Unit (Should be less than your bid amount) | Your Bid Amount (To provide one (1) unit as described in Definition of a Bidding Unit should include cost to buy unit, overhead and profit) | Your Estimated Capacity (Number of units you can furnish in the CBA for one [1] year) |
|---|------------|--|------------------------------|---|---|--|--|---|--|--|
| Miami-Fort Lauderdale-Pompano Beach, FL | E0627 | Seat Lift Mechanism Incorporated Into A Combination Lift-Chair Mechanism | Purchase of one (1) new unit | 0.0165227072 | 627 | 626 | \$362.33 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0628 | Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Electric | Purchase of one (1) new unit | 0.0026847475 | 54 | 54 | \$362.33 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0629 | Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Non-Electric | Purchase of one (1) new unit | 0.0014553721 | 44 | 44 | \$355.23 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | A4557 | Lead Wires, (E.G., Apnea Monitor), Per Pair | Purchase of one (1) new unit | 0.0244325367 | 210 | 403 | \$22.67 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | A4595 | Electrical Stimulator Supplies, 2 Lead, Per Month, (E.G. Tens, Nmes) | Purchase of one (1) new unit | 0.4755537522 | 1,322 | 8,989 | \$30.95 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0720 | Transcutaneous Electrical Nerve Stimulation (Tens) Device, Two Lead, Localized Stimulation | Purchase of one (1) new unit | 0.0067951335 | 396 | 280 | \$394.82 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0730 | Transcutaneous Electrical Nerve Stimulation (Tens) Device, Four Or More Leads, For Multiple Nerve Stimulation | Purchase of one (1) new unit | 0.0514692880 | 2,382 | 1,576 | \$398.03 | | | |
| Miami-Fort Lauderdale-Pompano Beach, FL | E0731 | Form Fitting Conductive Garment For Delivery Of Tens Or Nmes (With Conductive Fibers Separated From The Patient's Skin By Layers Of Fabric) | Purchase of one (1) new unit | 0.0127136501 | 534 | 944 | \$383.13 | | | |
| Orlando-Kissimmee-Sanford, FL | E0250 | Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0004049763 | 17 | 10 | \$905.00 | | | |
| Orlando-Kissimmee-Sanford, FL | E0251 | Hospital Bed, Fixed Height, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000168631 | 1 | 1 | \$685.80 | | | |
| Orlando-Kissimmee-Sanford, FL | E0255 | Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0010722495 | 14 | 7 | \$1,039.50 | | | |
| Orlando-Kissimmee-Sanford, FL | E0256 | Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000489607 | 1 | 1 | \$730.30 | | | |
| Orlando-Kissimmee-Sanford, FL | E0260 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.1051709626 | 2,299 | 1,110 | \$1,300.40 | | | |
| Orlando-Kissimmee-Sanford, FL | E0261 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0043495158 | 132 | 78 | \$1,077.60 | | | |
| Orlando-Kissimmee-Sanford, FL | E0271 | Mattress, Innerspring | Purchase of one (1) new unit | 0.0048683835 | 3 | 2 | \$174.73 | | | |
| Orlando-Kissimmee-Sanford, FL | E0272 | Mattress, Foam Rubber | Purchase of one (1) new unit | 0.0009728047 | 5 | 5 | \$176.80 | | | |
| Orlando-Kissimmee-Sanford, FL | E0280 | Bed Cradle, Any Type | Purchase of one (1) new unit | 0.0000408706 | 1 | 1 | \$34.26 | | | |
| Orlando-Kissimmee-Sanford, FL | E0290 | Hospital Bed, Fixed Height, Without Side Rails, With Mattress | Purchase of one (1) new unit | 0.0000038349 | 1 | 1 | \$691.90 | | | |
| Orlando-Kissimmee-Sanford, FL | E0291 | Hospital Bed, Fixed Height, Without Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000006829 | 1 | 1 | \$502.70 | | | |
| Orlando-Kissimmee-Sanford, FL | E0292 | Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, With Mattress | Purchase of one (1) new unit | 0.0000095610 | 1 | 1 | \$731.90 | | | |
| Orlando-Kissimmee-Sanford, FL | E0293 | Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000069343 | 1 | 1 | \$623.20 | | | |
| Orlando-Kissimmee-Sanford, FL | E0294 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, With Mattress | Purchase of one (1) new unit | 0.0004507325 | 16 | 7 | \$1,028.10 | | | |
| Orlando-Kissimmee-Sanford, FL | E0295 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0005443987 | 5 | 2 | \$1,002.10 | | | |
| Orlando-Kissimmee-Sanford, FL | E0301 | Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0002922932 | 10 | 5 | \$2,428.00 | | | |
| Orlando-Kissimmee-Sanford, FL | E0302 | Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000216961 | 1 | 1 | \$6,623.40 | | | |
| Orlando-Kissimmee-Sanford, FL | E0303 | Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0021641463 | 37 | 18 | \$2,736.10 | | | |
| Orlando-Kissimmee-Sanford, FL | E0304 | Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0001067469 | 3 | 2 | \$7,134.80 | | | |
| Orlando-Kissimmee-Sanford, FL | E0305 | Bed Side Rails, Half Length | Purchase of one (1) new unit | 0.0003721432 | 2 | 1 | \$140.00 | | | |
| Orlando-Kissimmee-Sanford, FL | E0310 | Bed Side Rails, Full Length | Purchase of one (1) new unit | 0.0007136072 | 3 | 2 | \$170.25 | | | |
| Orlando-Kissimmee-Sanford, FL | E0316 | Safety Enclosure Frame/Canopy For Use With Hospital Bed, Any Type | Purchase of one (1) new unit | 0.0000020488 | 1 | 1 | \$1,956.00 | | | |
| Orlando-Kissimmee-Sanford, FL | E0910 | Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar | Purchase of one (1) new unit | 0.0092198430 | 119 | 59 | \$185.10 | | | |
| Orlando-Kissimmee-Sanford, FL | E0911 | Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Attached To Bed, With Grab Bar | Purchase of one (1) new unit | 0.0001149946 | 3 | 1 | \$461.40 | | | |
| Orlando-Kissimmee-Sanford, FL | E0912 | Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete With Grab Bar | Purchase of one (1) new unit | 0.0007955586 | 12 | 7 | \$1,059.80 | | | |
| Orlando-Kissimmee-Sanford, FL | E0940 | Trapeze Bar, Free Standing, Complete With Grab Bar | Purchase of one (1) new unit | 0.0024834414 | 34 | 17 | \$285.30 | | | |
| Orlando-Kissimmee-Sanford, FL | A4640 | Replacement Pad For Use With Medically Necessary Alternating Pressure Pad Owned By Patient | Purchase of one (1) new unit | 0.0002446458 | 1 | 1 | \$57.81 | | | |
| Orlando-Kissimmee-Sanford, FL | E0181 | Powered Pressure Reducing Mattress Overlay/Pad, Alternating, With Pump, Includes Heavy Duty | Purchase of one (1) new unit | 0.0106996954 | 211 | 97 | \$279.90 | | | |
| Orlando-Kissimmee-Sanford, FL | E0182 | Pump For Alternating Pressure Pad, For Replacement Only | Purchase of one (1) new unit | 0.0000701840 | 1 | 1 | \$239.00 | | | |
| Orlando-Kissimmee-Sanford, FL | E0184 | Dry Pressure Mattress | Purchase of one (1) new unit | 0.0051514309 | 54 | 49 | \$209.14 | | | |

| CBA Name | HCPCS Code | HCPCS Code Description | Definition of a Bidding Unit | Weight (The relative market importance of the item in the product category based on utilization) | 2011 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2011) | 2011 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2011) | Bid Limit (2012 Fee Schedule: Bid amount must be at or below this amount) | Your Cost to Purchase One (1) Unit (Should be less than your bid amount) | Your Bid Amount (To provide one (1) unit as described in Definition of a Bidding Unit should include cost to buy unit, overhead and profit) | Your Estimated Capacity (Number of units you can furnish in the CBA for one [1] year) |
|-------------------------------|------------|---|------------------------------|---|---|--|--|---|--|--|
| Orlando-Kissimmee-Sanford, FL | E0185 | Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0265768256 | 152 | 145 | \$319.39 | | | |
| Orlando-Kissimmee-Sanford, FL | E0186 | Air Pressure Mattress | Purchase of one (1) new unit | 0.0000823716 | 1 | 1 | \$218.10 | | | |
| Orlando-Kissimmee-Sanford, FL | E0187 | Water Pressure Mattress | Purchase of one (1) new unit | 0.0000004728 | 1 | 1 | \$218.10 | | | |
| Orlando-Kissimmee-Sanford, FL | E0188 | Synthetic Sheepskin Pad | Purchase of one (1) new unit | 0.0007635660 | 1 | 1 | \$24.13 | | | |
| Orlando-Kissimmee-Sanford, FL | E0189 | Lamb Wool Sheepskin Pad, Any Size | Purchase of one (1) new unit | 0.0002348222 | 1 | 1 | \$55.82 | | | |
| Orlando-Kissimmee-Sanford, FL | E0193 | Powered Air Flotation Bed (Low Air Loss Therapy) | Purchase of one (1) new unit | 0.0000358800 | 1 | 1 | \$7,469.10 | | | |
| Orlando-Kissimmee-Sanford, FL | E0196 | Gel Pressure Mattress | Purchase of one (1) new unit | 0.0001512423 | 3 | 2 | \$349.00 | | | |
| Orlando-Kissimmee-Sanford, FL | E0197 | Air Pressure Pad For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0007032582 | 5 | 3 | \$202.31 | | | |
| Orlando-Kissimmee-Sanford, FL | E0199 | Dry Pressure Pad For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0006298697 | 1 | 1 | \$33.05 | | | |
| Orlando-Kissimmee-Sanford, FL | E0277 | Powered Pressure-Reducing Air Mattress | Purchase of one (1) new unit | 0.0064029227 | 146 | 57 | \$6,435.00 | | | |
| Orlando-Kissimmee-Sanford, FL | E0371 | Nonpowered Advanced Pressure Reducing Overlay For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0000784842 | 1 | 1 | \$3,766.70 | | | |
| Orlando-Kissimmee-Sanford, FL | E0372 | Powered Air Overlay For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0001187244 | 1 | 1 | \$4,570.50 | | | |
| Orlando-Kissimmee-Sanford, FL | E0373 | Nonpowered Advanced Pressure Reducing Mattress | Purchase of one (1) new unit | 0.0000280000 | 1 | 1 | \$5,235.60 | | | |
| Orlando-Kissimmee-Sanford, FL | E0160 | Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode | Purchase of one (1) new unit | 0.0000990771 | 1 | 1 | \$30.18 | | | |
| Orlando-Kissimmee-Sanford, FL | E0161 | Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode, With Faucet Attachment/S | Purchase of one (1) new unit | 0.0000137111 | 1 | 1 | \$28.17 | | | |
| Orlando-Kissimmee-Sanford, FL | E0163 | Commode Chair, Mobile Or Stationary, With Fixed Arms | Purchase of one (1) new unit | 0.1912502531 | 3,708 | 3,702 | \$115.16 | | | |
| Orlando-Kissimmee-Sanford, FL | E0165 | Commode Chair, Mobile Or Stationary, With Detachable Arms | Purchase of one (1) new unit | 0.0050396408 | 46 | 25 | \$199.60 | | | |
| Orlando-Kissimmee-Sanford, FL | E0167 | Pail Or Pan For Use With Commode Chair, Replacement Only | Purchase of one (1) new unit | 0.0001024917 | 1 | 1 | \$10.98 | | | |
| Orlando-Kissimmee-Sanford, FL | E0168 | Commode Chair, Extra Wide And/Or Heavy Duty, Stationary Or Mobile, With Or Without Arms, Any Type, Each | Purchase of one (1) new unit | 0.0069884546 | 79 | 79 | \$162.11 | | | |
| Orlando-Kissimmee-Sanford, FL | E0170 | Commode Chair With Integrated Seat Lift Mechanism, Electric, Any Type | Purchase of one (1) new unit | 0.0000000000 | 1 | 1 | \$1,726.40 | | | |
| Orlando-Kissimmee-Sanford, FL | E0171 | Commode Chair With Integrated Seat Lift Mechanism, Non-Electric, Any Type | Purchase of one (1) new unit | 0.0000272646 | 1 | 1 | \$310.70 | | | |
| Orlando-Kissimmee-Sanford, FL | E0275 | Bed Pan, Standard, Metal Or Plastic | Purchase of one (1) new unit | 0.0001608558 | 1 | 1 | \$13.98 | | | |
| Orlando-Kissimmee-Sanford, FL | E0276 | Bed Pan, Fracture, Metal Or Plastic | Purchase of one (1) new unit | 0.0000787994 | 1 | 1 | \$12.71 | | | |
| Orlando-Kissimmee-Sanford, FL | E0325 | Urinal, Male, Jug-Type, Any Material | Purchase of one (1) new unit | 0.0009453299 | 1 | 1 | \$9.58 | | | |
| Orlando-Kissimmee-Sanford, FL | E0326 | Urinal, Female, Jug-Type, Any Material | Purchase of one (1) new unit | 0.0000740714 | 1 | 1 | \$11.28 | | | |
| Orlando-Kissimmee-Sanford, FL | E0621 | Sling Or Seat, Patient Lift, Canvas Or Nylon | Purchase of one (1) new unit | 0.0010422006 | 4 | 3 | \$91.12 | | | |
| Orlando-Kissimmee-Sanford, FL | E0630 | Patient Lift, Hydraulic Or Mechanical, Includes Any Seat, Sling, Strap(S) Or Pad(S) | Purchase of one (1) new unit | 0.0156135724 | 320 | 157 | \$930.20 | | | |
| Orlando-Kissimmee-Sanford, FL | E0635 | Patient Lift, Electric With Seat Or Sling | Purchase of one (1) new unit | 0.0003423571 | 9 | 3 | \$1,117.20 | | | |
| Orlando-Kissimmee-Sanford, FL | E0636 | Multipositional Patient Support System, With Integrated Lift, Patient Accessible Controls | Purchase of one (1) new unit | 0.0000697637 | 1 | 1 | \$11,327.30 | | | |
| Orlando-Kissimmee-Sanford, FL | E1035 | Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To And Including 300 Lbs | Purchase of one (1) new unit | 0.0002786346 | 1 | 1 | \$6,586.60 | | | |
| Orlando-Kissimmee-Sanford, FL | E1036 | Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat, Operated By Caregiver, Patient Weight Capacity Greater Than 300 Lbs | Purchase of one (1) new unit | 0.0000256886 | 1 | 1 | \$9,233.70 | | | |
| Orlando-Kissimmee-Sanford, FL | E0627 | Seat Lift Mechanism Incorporated Into A Combination Lift-Chair Mechanism | Purchase of one (1) new unit | 0.0165227072 | 233 | 233 | \$362.33 | | | |
| Orlando-Kissimmee-Sanford, FL | E0628 | Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Electric | Purchase of one (1) new unit | 0.0026847475 | 26 | 26 | \$362.33 | | | |
| Orlando-Kissimmee-Sanford, FL | E0629 | Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Non-Electric | Purchase of one (1) new unit | 0.0014553721 | 15 | 15 | \$355.23 | | | |
| Orlando-Kissimmee-Sanford, FL | A4557 | Lead Wires, (E.G., Apnea Monitor), Per Pair | Purchase of one (1) new unit | 0.0244325367 | 212 | 417 | \$22.67 | | | |
| Orlando-Kissimmee-Sanford, FL | A4595 | Electrical Stimulator Supplies, 2 Lead, Per Month, (E.G. Tens, Nmes) | Purchase of one (1) new unit | 0.4755537522 | 854 | 5,652 | \$30.95 | | | |
| Orlando-Kissimmee-Sanford, FL | E0720 | Transcutaneous Electrical Nerve Stimulation (Tens) Device, Two Lead, Localized Stimulation | Purchase of one (1) new unit | 0.0067951335 | 122 | 81 | \$394.82 | | | |
| Orlando-Kissimmee-Sanford, FL | E0730 | Transcutaneous Electrical Nerve Stimulation (Tens) Device, Four Or More Leads, For Multiple Nerve Stimulation | Purchase of one (1) new unit | 0.0514692880 | 1,230 | 829 | \$398.03 | | | |
| Orlando-Kissimmee-Sanford, FL | E0731 | Form Fitting Conductive Garment For Delivery Of Tens Or Nmes (With Conductive Fibers Separated From The Patient's Skin By Layers Of Fabric) | Purchase of one (1) new unit | 0.0127136501 | 121 | 165 | \$383.13 | | | |

| CBA Name | HCPCS Code | HCPCS Code Description | Definition of a Bidding Unit | Weight (The relative market importance of the item in the product category based on utilization) | 2011 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2011) | 2011 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2011) | Bid Limit (2012 Fee Schedule: Bid amount must be at or below this amount) | Your Cost to Purchase One (1) Unit (Should be less than your bid amount) | Your Bid Amount (To provide one (1) unit as described in Definition of a Bidding Unit should include cost to buy unit, overhead and profit) | Your Estimated Capacity (Number of units you can furnish in the CBA for one [1] year) |
|----------------|------------|--|------------------------------|---|---|--|--|---|--|--|
| Pittsburgh, PA | E0250 | Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0004049763 | 5 | 2 | \$905.00 | | | |
| Pittsburgh, PA | E0251 | Hospital Bed, Fixed Height, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000168631 | 1 | 1 | \$685.80 | | | |
| Pittsburgh, PA | E0255 | Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0010722495 | 13 | 5 | \$1,058.80 | | | |
| Pittsburgh, PA | E0256 | Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000489607 | 1 | 1 | \$722.90 | | | |
| Pittsburgh, PA | E0260 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.1051709626 | 2,457 | 1,111 | \$1,300.40 | | | |
| Pittsburgh, PA | E0261 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0043495158 | 17 | 8 | \$1,191.00 | | | |
| Pittsburgh, PA | E0271 | Mattress, Innerspring | Purchase of one (1) new unit | 0.0048683835 | 31 | 26 | \$197.02 | | | |
| Pittsburgh, PA | E0272 | Mattress, Foam Rubber | Purchase of one (1) new unit | 0.0009728047 | 1 | 1 | \$180.44 | | | |
| Pittsburgh, PA | E0280 | Bed Cradle, Any Type | Purchase of one (1) new unit | 0.0000408706 | 1 | 1 | \$34.26 | | | |
| Pittsburgh, PA | E0290 | Hospital Bed, Fixed Height, Without Side Rails, With Mattress | Purchase of one (1) new unit | 0.0000038349 | 1 | 1 | \$691.90 | | | |
| Pittsburgh, PA | E0291 | Hospital Bed, Fixed Height, Without Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000006829 | 1 | 1 | \$502.70 | | | |
| Pittsburgh, PA | E0292 | Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, With Mattress | Purchase of one (1) new unit | 0.0000095610 | 1 | 1 | \$750.60 | | | |
| Pittsburgh, PA | E0293 | Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000069343 | 2 | 1 | \$662.10 | | | |
| Pittsburgh, PA | E0294 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, With Mattress | Purchase of one (1) new unit | 0.0004507325 | 53 | 22 | \$1,209.50 | | | |
| Pittsburgh, PA | E0295 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0005443987 | 10 | 5 | \$1,178.90 | | | |
| Pittsburgh, PA | E0301 | Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0002922932 | 3 | 2 | \$2,394.70 | | | |
| Pittsburgh, PA | E0302 | Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000216961 | 1 | 1 | \$6,623.40 | | | |
| Pittsburgh, PA | E0303 | Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0021641463 | 26 | 12 | \$2,702.40 | | | |
| Pittsburgh, PA | E0304 | Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0001067469 | 2 | 1 | \$7,134.80 | | | |
| Pittsburgh, PA | E0305 | Bed Side Rails, Half Length | Purchase of one (1) new unit | 0.0003721432 | 4 | 2 | \$148.20 | | | |
| Pittsburgh, PA | E0310 | Bed Side Rails, Full Length | Purchase of one (1) new unit | 0.0007136072 | 4 | 5 | \$152.77 | | | |
| Pittsburgh, PA | E0316 | Safety Enclosure Frame/Canopy For Use With Hospital Bed, Any Type | Purchase of one (1) new unit | 0.0000020488 | 1 | 1 | \$1,956.00 | | | |
| Pittsburgh, PA | E0910 | Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar | Purchase of one (1) new unit | 0.0092198430 | 101 | 47 | \$185.10 | | | |
| Pittsburgh, PA | E0911 | Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Attached To Bed, With Grab Bar | Purchase of one (1) new unit | 0.0001149946 | 1 | 1 | \$461.40 | | | |
| Pittsburgh, PA | E0912 | Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete With Grab Bar | Purchase of one (1) new unit | 0.0007955586 | 13 | 7 | \$1,059.80 | | | |
| Pittsburgh, PA | E0940 | Trapeze Bar, Free Standing, Complete With Grab Bar | Purchase of one (1) new unit | 0.0024834414 | 16 | 9 | \$273.60 | | | |
| Pittsburgh, PA | A4640 | Replacement Pad For Use With Medically Necessary Alternating Pressure Pad Owned By Patient | Purchase of one (1) new unit | 0.0002446458 | 2 | 2 | \$57.81 | | | |
| Pittsburgh, PA | E0181 | Powered Pressure Reducing Mattress Overlay/Pad, Alternating, With Pump, Includes Heavy Duty | Purchase of one (1) new unit | 0.0106996954 | 370 | 175 | \$279.90 | | | |
| Pittsburgh, PA | E0182 | Pump For Alternating Pressure Pad, For Replacement Only | Purchase of one (1) new unit | 0.0000701840 | 11 | 7 | \$281.20 | | | |
| Pittsburgh, PA | E0184 | Dry Pressure Mattress | Purchase of one (1) new unit | 0.0051514309 | 30 | 29 | \$209.14 | | | |
| Pittsburgh, PA | E0185 | Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0265768256 | 140 | 114 | \$293.41 | | | |
| Pittsburgh, PA | E0186 | Air Pressure Mattress | Purchase of one (1) new unit | 0.0000823716 | 3 | 2 | \$218.10 | | | |
| Pittsburgh, PA | E0187 | Water Pressure Mattress | Purchase of one (1) new unit | 0.0000004728 | 1 | 1 | \$249.30 | | | |
| Pittsburgh, PA | E0188 | Synthetic Sheepskin Pad | Purchase of one (1) new unit | 0.0007635660 | 1 | 1 | \$28.39 | | | |
| Pittsburgh, PA | E0189 | Lambswool Sheepskin Pad, Any Size | Purchase of one (1) new unit | 0.0002348222 | 1 | 1 | \$47.45 | | | |
| Pittsburgh, PA | E0193 | Powered Air Flotation Bed (Low Air Loss Therapy) | Purchase of one (1) new unit | 0.0000358800 | 1 | 1 | \$8,364.10 | | | |
| Pittsburgh, PA | E0196 | Gel Pressure Mattress | Purchase of one (1) new unit | 0.0001512423 | 1 | 1 | \$349.00 | | | |
| Pittsburgh, PA | E0197 | Air Pressure Pad For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0007032582 | 2 | 2 | \$238.01 | | | |

| CBA Name | HCPCS Code | HCPCS Code Description | Definition of a Bidding Unit | Weight (The relative market importance of the item in the product category based on utilization) | 2011 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2011) | 2011 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2011) | Bid Limit (2012 Fee Schedule: Bid amount must be at or below this amount) | Your Cost to Purchase One (1) Unit (Should be less than your bid amount) | Your Bid Amount (To provide one (1) unit as described in Definition of a Bidding Unit should include cost to buy unit, overhead and profit) | Your Estimated Capacity (Number of units you can furnish in the CBA for one [1] year) |
|--------------------------------------|------------|---|------------------------------|---|---|--|--|---|--|--|
| Pittsburgh, PA | E0199 | Dry Pressure Pad For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0006298697 | 1 | 1 | \$34.43 | | | |
| Pittsburgh, PA | E0277 | Powered Pressure-Reducing Air Mattress | Purchase of one (1) new unit | 0.0064029227 | 99 | 35 | \$5,975.70 | | | |
| Pittsburgh, PA | E0371 | Nonpowered Advanced Pressure Reducing Overlay For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0000784842 | 1 | 1 | \$3,943.40 | | | |
| Pittsburgh, PA | E0372 | Powered Air Overlay For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0001187244 | 1 | 1 | \$4,785.20 | | | |
| Pittsburgh, PA | E0373 | Nonpowered Advanced Pressure Reducing Mattress | Purchase of one (1) new unit | 0.0000280000 | 1 | 1 | \$5,481.50 | | | |
| Pittsburgh, PA | E0160 | Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode | Purchase of one (1) new unit | 0.0000990771 | 1 | 1 | \$31.74 | | | |
| Pittsburgh, PA | E0161 | Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode, With Faucet Attachment/S | Purchase of one (1) new unit | 0.0000137111 | 1 | 1 | \$28.17 | | | |
| Pittsburgh, PA | E0163 | Commode Chair, Mobile Or Stationary, With Fixed Arms | Purchase of one (1) new unit | 0.1912502531 | 2,328 | 2,323 | \$114.38 | | | |
| Pittsburgh, PA | E0165 | Commode Chair, Mobile Or Stationary, With Detachable Arms | Purchase of one (1) new unit | 0.0050396408 | 119 | 59 | \$169.70 | | | |
| Pittsburgh, PA | E0167 | Pail Or Pan For Use With Commode Chair, Replacement Only | Purchase of one (1) new unit | 0.0001024917 | 1 | 1 | \$10.96 | | | |
| Pittsburgh, PA | E0168 | Commode Chair, Extra Wide And/OR Heavy Duty, Stationary Or Mobile, With Or Without Arms, Any Type, Each | Purchase of one (1) new unit | 0.0069884546 | 54 | 53 | \$162.11 | | | |
| Pittsburgh, PA | E0170 | Commode Chair With Integrated Seat Lift Mechanism, Electric, Any Type | Purchase of one (1) new unit | 0.0000000000 | 1 | 1 | \$1,726.40 | | | |
| Pittsburgh, PA | E0171 | Commode Chair With Integrated Seat Lift Mechanism, Non-Electric, Any Type | Purchase of one (1) new unit | 0.0000272846 | 1 | 1 | \$310.70 | | | |
| Pittsburgh, PA | E0275 | Bed Pan, Standard, Metal Or Plastic | Purchase of one (1) new unit | 0.0001608558 | 1 | 1 | \$16.45 | | | |
| Pittsburgh, PA | E0276 | Bed Pan, Fracture, Metal Or Plastic | Purchase of one (1) new unit | 0.0000787994 | 1 | 1 | \$14.30 | | | |
| Pittsburgh, PA | E0325 | Urinal; Male, Jug-Type, Any Material | Purchase of one (1) new unit | 0.0009453299 | 6 | 6 | \$10.86 | | | |
| Pittsburgh, PA | E0326 | Urinal; Female, Jug-Type, Any Material | Purchase of one (1) new unit | 0.0000740714 | 1 | 1 | \$10.65 | | | |
| Pittsburgh, PA | E0621 | Sling Or Seat, Patient Lift, Canvas Or Nylon | Purchase of one (1) new unit | 0.0010422006 | 10 | 8 | \$99.67 | | | |
| Pittsburgh, PA | E0630 | Patient Lift, Hydraulic Or Mechanical, Includes Any Seat, Sling, Strap(S) Or Pad(S) | Purchase of one (1) new unit | 0.0156135724 | 243 | 110 | \$1,094.30 | | | |
| Pittsburgh, PA | E0635 | Patient Lift, Electric With Seat Or Sling | Purchase of one (1) new unit | 0.0003423571 | 1 | 1 | \$1,117.20 | | | |
| Pittsburgh, PA | E0636 | Multipositional Patient Support System, With Integrated Lift, Patient Accessible Controls | Purchase of one (1) new unit | 0.0000697637 | 1 | 1 | \$11,327.30 | | | |
| Pittsburgh, PA | E1035 | Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To And Including 300 Lbs | Purchase of one (1) new unit | 0.0002786346 | 1 | 1 | \$6,586.60 | | | |
| Pittsburgh, PA | E1036 | Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat, Operated By Caregiver, Patient Weight Capacity Greater Than 300 Lbs | Purchase of one (1) new unit | 0.0000256886 | 1 | 1 | \$9,233.70 | | | |
| Pittsburgh, PA | E0627 | Seat Lift Mechanism Incorporated Into A Combination Lift-Chair Mechanism | Purchase of one (1) new unit | 0.0165227072 | 159 | 159 | \$355.23 | | | |
| Pittsburgh, PA | E0628 | Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Electric | Purchase of one (1) new unit | 0.0026847475 | 60 | 60 | \$355.23 | | | |
| Pittsburgh, PA | E0629 | Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Non-Electric | Purchase of one (1) new unit | 0.0014553721 | 10 | 10 | \$355.23 | | | |
| Pittsburgh, PA | A4557 | Lead Wires, (E.G., Apnea Monitor), Per Pair | Purchase of one (1) new unit | 0.0244325367 | 124 | 241 | \$19.27 | | | |
| Pittsburgh, PA | A4595 | Electrical Stimulator Supplies, 2 Lead, Per Month, (E.G. Tens, Nmes) | Purchase of one (1) new unit | 0.4755537522 | 515 | 3,669 | \$30.95 | | | |
| Pittsburgh, PA | E0720 | Transcutaneous Electrical Nerve Stimulation (Tens) Device, Two Lead, Localized Stimulation | Purchase of one (1) new unit | 0.0067951335 | 49 | 17 | \$352.93 | | | |
| Pittsburgh, PA | E0730 | Transcutaneous Electrical Nerve Stimulation (Tens) Device, Four Or More Leads, For Multiple Nerve Stimulation | Purchase of one (1) new unit | 0.0514692880 | 673 | 418 | \$338.33 | | | |
| Pittsburgh, PA | E0731 | Form Fitting Conductive Garment For Delivery Of Tens Or Nmes (With Conductive Fibers Separated From The Patient's Skin By Layers Of Fabric) | Purchase of one (1) new unit | 0.0127136501 | 85 | 90 | \$383.13 | | | |
| Riverside-San Bernardino-Ontario, CA | E0250 | Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0000409763 | 1 | 1 | \$837.60 | | | |
| Riverside-San Bernardino-Ontario, CA | E0251 | Hospital Bed, Fixed Height, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000168631 | 1 | 1 | \$685.80 | | | |
| Riverside-San Bernardino-Ontario, CA | E0255 | Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0010722495 | 3 | 3 | \$955.30 | | | |
| Riverside-San Bernardino-Ontario, CA | E0256 | Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000489607 | 1 | 1 | \$655.90 | | | |
| Riverside-San Bernardino-Ontario, CA | E0260 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.1051709626 | 3,421 | 1,621 | \$1,300.40 | | | |
| Riverside-San Bernardino-Ontario, CA | E0261 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0043495158 | 63 | 34 | \$1,178.30 | | | |
| Riverside-San Bernardino-Ontario, CA | E0271 | Mattress, Innerspring | Purchase of one (1) new unit | 0.0048683835 | 11 | 9 | \$176.80 | | | |
| Riverside-San Bernardino-Ontario, CA | E0272 | Mattress, Foam Rubber | Purchase of one (1) new unit | 0.0009728047 | 2 | 2 | \$187.35 | | | |

| CBA Name | HCPCS Code | HCPCS Code Description | Definition of a Bidding Unit | Weight (The relative market importance of the item in the product category based on utilization) | 2011 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2011) | 2011 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2011) | Bid Limit (2012 Fee Schedule: Bid amount must be at or below this amount) | Your Cost to Purchase One (1) Unit (Should be less than your bid amount) | Your Bid Amount (To provide one (1) unit as described in Definition of a Bidding Unit should include cost to buy unit, overhead and profit) | Your Estimated Capacity (Number of units you can furnish in the CBA for one [1] year) |
|--------------------------------------|------------|--|------------------------------|---|---|--|--|---|--|--|
| Riverside-San Bernardino-Ontario, CA | E0280 | Bed Cradle, Any Type | Purchase of one (1) new unit | 0.0000408706 | 1 | 1 | \$35.37 | | | |
| Riverside-San Bernardino-Ontario, CA | E0290 | Hospital Bed, Fixed Height, Without Side Rails, With Mattress | Purchase of one (1) new unit | 0.0000038349 | 1 | 1 | \$588.10 | | | |
| Riverside-San Bernardino-Ontario, CA | E0291 | Hospital Bed, Fixed Height, Without Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000006829 | 1 | 1 | \$427.30 | | | |
| Riverside-San Bernardino-Ontario, CA | E0292 | Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, With Mattress | Purchase of one (1) new unit | 0.0000095610 | 1 | 1 | \$661.30 | | | |
| Riverside-San Bernardino-Ontario, CA | E0293 | Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000069343 | 1 | 1 | \$562.80 | | | |
| Riverside-San Bernardino-Ontario, CA | E0294 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, With Mattress | Purchase of one (1) new unit | 0.0004507325 | 3 | 2 | \$1,150.70 | | | |
| Riverside-San Bernardino-Ontario, CA | E0295 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0005443987 | 45 | 24 | \$1,178.90 | | | |
| Riverside-San Bernardino-Ontario, CA | E0301 | Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0002922932 | 7 | 3 | \$2,378.60 | | | |
| Riverside-San Bernardino-Ontario, CA | E0302 | Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress | Purchase of one (1) new unit | 0.0000216961 | 1 | 1 | \$6,623.40 | | | |
| Riverside-San Bernardino-Ontario, CA | E0303 | Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0021641463 | 44 | 28 | \$2,686.40 | | | |
| Riverside-San Bernardino-Ontario, CA | E0304 | Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress | Purchase of one (1) new unit | 0.0001067469 | 6 | 4 | \$7,134.80 | | | |
| Riverside-San Bernardino-Ontario, CA | E0305 | Bed Side Rails, Half Length | Purchase of one (1) new unit | 0.0003721432 | 3 | 1 | \$164.70 | | | |
| Riverside-San Bernardino-Ontario, CA | E0310 | Bed Side Rails, Full Length | Purchase of one (1) new unit | 0.0007136072 | 3 | 3 | \$176.32 | | | |
| Riverside-San Bernardino-Ontario, CA | E0316 | Safety Enclosure Frame/Canopy For Use With Hospital Bed, Any Type | Purchase of one (1) new unit | 0.0000020488 | 1 | 1 | \$1,881.00 | | | |
| Riverside-San Bernardino-Ontario, CA | E0910 | Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar | Purchase of one (1) new unit | 0.0092198430 | 247 | 115 | \$163.20 | | | |
| Riverside-San Bernardino-Ontario, CA | E0911 | Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Attached To Bed, With Grab Bar | Purchase of one (1) new unit | 0.0001149946 | 4 | 2 | \$461.40 | | | |
| Riverside-San Bernardino-Ontario, CA | E0912 | Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete With Grab Bar | Purchase of one (1) new unit | 0.0007955586 | 20 | 11 | \$1,059.80 | | | |
| Riverside-San Bernardino-Ontario, CA | E0940 | Trapeze Bar, Free Standing, Complete With Grab Bar | Purchase of one (1) new unit | 0.0024834414 | 108 | 48 | \$313.70 | | | |
| Riverside-San Bernardino-Ontario, CA | A4640 | Replacement Pad For Use With Medically Necessary Alternating Pressure Pad Owned By Patient | Purchase of one (1) new unit | 0.0002446458 | 1 | 1 | \$60.66 | | | |
| Riverside-San Bernardino-Ontario, CA | E0181 | Powered Pressure Reducing Mattress Overlay/Pad, Alternating, With Pump, Includes Heavy Duty | Purchase of one (1) new unit | 0.0106996954 | 227 | 107 | \$279.90 | | | |
| Riverside-San Bernardino-Ontario, CA | E0182 | Pump For Alternating Pressure Pad, For Replacement Only | Purchase of one (1) new unit | 0.0000701840 | 4 | 2 | \$281.20 | | | |
| Riverside-San Bernardino-Ontario, CA | E0184 | Dry Pressure Mattress | Purchase of one (1) new unit | 0.0051514309 | 15 | 15 | \$177.77 | | | |
| Riverside-San Bernardino-Ontario, CA | E0185 | Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0265768256 | 521 | 518 | \$343.56 | | | |
| Riverside-San Bernardino-Ontario, CA | E0186 | Air Pressure Mattress | Purchase of one (1) new unit | 0.0000823716 | 1 | 1 | \$218.10 | | | |
| Riverside-San Bernardino-Ontario, CA | E0187 | Water Pressure Mattress | Purchase of one (1) new unit | 0.0000004728 | 1 | 1 | \$249.30 | | | |
| Riverside-San Bernardino-Ontario, CA | E0188 | Synthetic Sheepskin Pad | Purchase of one (1) new unit | 0.0007635660 | 1 | 1 | \$28.39 | | | |
| Riverside-San Bernardino-Ontario, CA | E0189 | Lambswool Sheepskin Pad, Any Size | Purchase of one (1) new unit | 0.0002348222 | 8 | 9 | \$55.82 | | | |
| Riverside-San Bernardino-Ontario, CA | E0193 | Powered Air Flotation Bed (Low Air Loss Therapy) | Purchase of one (1) new unit | 0.0000358800 | 1 | 1 | \$8,364.10 | | | |
| Riverside-San Bernardino-Ontario, CA | E0196 | Gel Pressure Mattress | Purchase of one (1) new unit | 0.0001512423 | 3 | 1 | \$349.00 | | | |
| Riverside-San Bernardino-Ontario, CA | E0197 | Air Pressure Pad For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0007032582 | 99 | 99 | \$238.01 | | | |
| Riverside-San Bernardino-Ontario, CA | E0199 | Dry Pressure Pad For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0006298697 | 10 | 10 | \$34.43 | | | |
| Riverside-San Bernardino-Ontario, CA | E0277 | Powered Pressure-Reducing Air Mattress | Purchase of one (1) new unit | 0.0064029227 | 372 | 167 | \$6,513.00 | | | |
| Riverside-San Bernardino-Ontario, CA | E0371 | Nonpowered Advanced Pressure Reducing Overlay For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0000784842 | 1 | 1 | \$3,920.00 | | | |
| Riverside-San Bernardino-Ontario, CA | E0372 | Powered Air Overlay For Mattress, Standard Mattress Length And Width | Purchase of one (1) new unit | 0.0001187244 | 2 | 1 | \$4,756.50 | | | |
| Riverside-San Bernardino-Ontario, CA | E0373 | Nonpowered Advanced Pressure Reducing Mattress | Purchase of one (1) new unit | 0.0000280000 | 1 | 1 | \$5,448.90 | | | |
| Riverside-San Bernardino-Ontario, CA | E0160 | Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode | Purchase of one (1) new unit | 0.0000990771 | 1 | 1 | \$35.51 | | | |
| Riverside-San Bernardino-Ontario, CA | E0161 | Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode, With Faucet Attachment/S | Purchase of one (1) new unit | 0.0000137111 | 1 | 1 | \$23.94 | | | |
| Riverside-San Bernardino-Ontario, CA | E0163 | Commode Chair, Mobile Or Stationary, With Fixed Arms | Purchase of one (1) new unit | 0.1912502531 | 3,505 | 3,501 | \$118.46 | | | |

| CBA Name | HCPCS Code | HCPCS Code Description | Definition of a Bidding Unit | Weight (The relative market importance of the item in the product category based on utilization) | 2011 Beneficiary Count (Number of unique Medicare beneficiaries in the CBA that received the product in CY 2011) | 2011 Allowed Units (Number of units for the CBA and HCPCS code paid by Medicare in CY 2011) | Bid Limit (2012 Fee Schedule: Bid amount must be at or below this amount) | Your Cost to Purchase One (1) Unit (Should be less than your bid amount) | Your Bid Amount (To provide one (1) unit as described in Definition of a Bidding Unit should include cost to buy unit, overhead and profit) | Your Estimated Capacity (Number of units you can furnish in the CBA for one [1] year) |
|--------------------------------------|------------|---|------------------------------|---|---|--|--|---|--|--|
| Riverside-San Bernardino-Ontario, CA | E0165 | Commode Chair, Mobile Or Stationary, With Detachable Arms | Purchase of one (1) new unit | 0.0050396408 | 129 | 69 | \$181.70 | | | |
| Riverside-San Bernardino-Ontario, CA | E0167 | Pail Or Pan For Use With Commode Chair, Replacement Only | Purchase of one (1) new unit | 0.0001024917 | 1 | 1 | \$12.89 | | | |
| Riverside-San Bernardino-Ontario, CA | E0168 | Commode Chair, Extra Wide And/Or Heavy Duty, Stationary Or Mobile, With Or Without Arms, Any Type, Each | Purchase of one (1) new unit | 0.0069884546 | 82 | 82 | \$162.11 | | | |
| Riverside-San Bernardino-Ontario, CA | E0170 | Commode Chair With Integrated Seat Lift Mechanism, Electric, Any Type | Purchase of one (1) new unit | 0.0000000000 | 1 | 1 | \$1,726.40 | | | |
| Riverside-San Bernardino-Ontario, CA | E0171 | Commode Chair With Integrated Seat Lift Mechanism, Non-Electric, Any Type | Purchase of one (1) new unit | 0.0000272646 | 1 | 1 | \$310.70 | | | |
| Riverside-San Bernardino-Ontario, CA | E0275 | Bed Pan, Standard, Metal Or Plastic | Purchase of one (1) new unit | 0.0001608558 | 5 | 5 | \$16.45 | | | |
| Riverside-San Bernardino-Ontario, CA | E0276 | Bed Pan, Fracture, Metal Or Plastic | Purchase of one (1) new unit | 0.0000787994 | 2 | 2 | \$14.30 | | | |
| Riverside-San Bernardino-Ontario, CA | E0325 | Urinal; Male, Jug-Type, Any Material | Purchase of one (1) new unit | 0.0009453299 | 12 | 19 | \$9.23 | | | |
| Riverside-San Bernardino-Ontario, CA | E0326 | Urinal; Female, Jug-Type, Any Material | Purchase of one (1) new unit | 0.0000740714 | 4 | 4 | \$11.28 | | | |
| Riverside-San Bernardino-Ontario, CA | E0621 | Sling Or Seat, Patient Lift, Canvas Or Nylon | Purchase of one (1) new unit | 0.0010422006 | 11 | 11 | \$96.48 | | | |
| Riverside-San Bernardino-Ontario, CA | E0630 | Patient Lift, Hydraulic Or Mechanical, Includes Any Seat, Sling, Strap(S) Or Pad(S) | Purchase of one (1) new unit | 0.0156135724 | 567 | 261 | \$953.80 | | | |
| Riverside-San Bernardino-Ontario, CA | E0635 | Patient Lift, Electric With Seat Or Sling | Purchase of one (1) new unit | 0.0003423571 | 10 | 5 | \$1,314.30 | | | |
| Riverside-San Bernardino-Ontario, CA | E0636 | Multipositional Patient Support System, With Integrated Lift, Patient Accessible Controls | Purchase of one (1) new unit | 0.0000697637 | 19 | 4 | \$11,327.30 | | | |
| Riverside-San Bernardino-Ontario, CA | E1035 | Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To And Including 300 Lbs | Purchase of one (1) new unit | 0.0002786346 | 39 | 23 | \$6,586.60 | | | |
| Riverside-San Bernardino-Ontario, CA | E1036 | Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat, Operated By Caregiver, Patient Weight Capacity Greater Than 300 Lbs | Purchase of one (1) new unit | 0.0000256886 | 1 | 1 | \$9,233.70 | | | |
| Riverside-San Bernardino-Ontario, CA | E0627 | Seat Lift Mechanism Incorporated Into A Combination Lift-Chair Mechanism | Purchase of one (1) new unit | 0.0165227072 | 86 | 86 | \$355.23 | | | |
| Riverside-San Bernardino-Ontario, CA | E0628 | Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Electric | Purchase of one (1) new unit | 0.0026847475 | 20 | 20 | \$355.23 | | | |
| Riverside-San Bernardino-Ontario, CA | E0629 | Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Non-Electric | Purchase of one (1) new unit | 0.0014553721 | 33 | 33 | \$355.23 | | | |
| Riverside-San Bernardino-Ontario, CA | A4557 | Lead Wires, (E.G., Apnea Monitor), Per Pair | Purchase of one (1) new unit | 0.0244325367 | 138 | 237 | \$19.27 | | | |
| Riverside-San Bernardino-Ontario, CA | A4595 | Electrical Stimulator Supplies, 2 Lead, Per Month, (E.G. Tens, Nmes) | Purchase of one (1) new unit | 0.4755537522 | 615 | 5,959 | \$30.45 | | | |
| Riverside-San Bernardino-Ontario, CA | E0720 | Transcutaneous Electrical Nerve Stimulation (Tens) Device, Two Lead, Localized Stimulation | Purchase of one (1) new unit | 0.0067951335 | 78 | 50 | \$335.60 | | | |
| Riverside-San Bernardino-Ontario, CA | E0730 | Transcutaneous Electrical Nerve Stimulation (Tens) Device, Four Or More Leads, For Multiple Nerve Stimulation | Purchase of one (1) new unit | 0.0514692880 | 1,171 | 884 | \$338.33 | | | |
| Riverside-San Bernardino-Ontario, CA | E0731 | Form Fitting Conductive Garment For Delivery Of Tens Or Nmes (With Conductive Fibers Separated From The Patient's Skin By Layers Of Fabric) | Purchase of one (1) new unit | 0.0127136501 | 570 | 1,165 | \$383.13 | | | |