

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.								
CODE	ORTHOPEDIC SPECIALTY	MAXIMUM FEE	RENTAL ONLY	RENT-TO-PURCHASE	UNITS	BY REPORT	PRIOR AUTHORIZATION	LIMIT
<b>Medical and Surgical Supplies</b>								
A4206		0.29			60			720 PER YEAR
A4207		0.29			60			720 PER YEAR
A4208		0.29			60			720 PER YEAR
A4209		0.29			60			720 PER YEAR
A4213		1.94			31			372 PER YEAR
A4215		0.19			100			1200 PER YEAR
A4216		0.34			150			150 PER MONTH
A4223		34.39			1			52 PER YEAR
A4230		155.52			1			12 BOXES PER YEAR
A4231		87.12			1			12 BOXES PER YEAR
A4232		57.84			1			12 BOXES PER YEAR
A4244		0.78			12			144 PER YEAR
A4245		1.94			2			24 PER YEAR
A4247		7.28			2			2 BOXES PER MONTH
A4250		9.90			2			2 BOXES PER MONTH
A4253		29.55			4			4 BOXES PER MONTH
A4258		14.44			1			2 PER YEAR
A4259		9.70			2			24 PER YEAR
A4280		3.76			5			5 PER MONTH
<b>Incontinence Appliance and Care Supplies</b>								
A4311		4.46			3			36 PER YEAR
A4312		15.81			3			36 PER YEAR
A4313		10.39			3			36 PER YEAR

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A4331	1.68	31	372 PER YEAR
A4332	0.10	200	200 PER MONTH
A4333	2.43	31	31 PER MONTH
A4349	1.66	35	35 PER MONTH
A4351	1.60	186	186 PER MONTH
A4352	1.84	186	186 PER MONTH
A4353	5.33	186	186 PER MONTH
<b>External Urinary Supplies</b>			
A4357	7.76	2	24 PER YEAR
A4358	3.40	5	60 PER YEAR
<b>Ostomy Supplies</b>			
A4361	17.52	1	12 PER YEAR
A4362	2.91	20	240 PER YEAR
A4363	4.15	12	144 PER YEAR
A4364	2.13	4	48 PER YEAR
A4367	5.61	1	12 PER YEAR
A4368	0.20	200	200 PER MONTH
A4369	1.84	12	144 PER YEAR
A4371	2.78	12	144 PER YEAR
A4372	3.18	20	240 PER YEAR
A4373	4.79	31	372 PER YEAR
A4375	13.10	10	10 PER MONTH
A4376	36.30	10	10 PER MONTH
A4377	3.27	10	10 PER MONTH
A4378	23.46	10	10 PER MONTH
A4379	11.46	10	10 PER MONTH
A4380	28.48	20	240 PER YEAR
A4381	3.52	10	10 PER MONTH
A4382	18.78	10	10 PER MONTH
A4383	21.51	10	10 PER MONTH

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A4384	7.34	10	10 PER MONTH
A4385	3.88	10	10 PER MONTH
A4387	3.06	10	10 PER MONTH
A4388	3.32	10	10 PER MONTH
A4389	4.74	10	10 PER MONTH
A4390	7.33	10	10 PER MONTH
A4391	5.39	10	10 PER MONTH
A4392	5.07	10	10 PER MONTH
A4393	7.00	10	10 PER MONTH
A4394	1.96	10	10 PER MONTH
A4395	0.04	31	31 PER MONTH
A4396	30.89	2	2 PER MONTH
A4397	3.94	10	120 PER YEAR
A4398	23.28	2	24 PER YEAR
A4399	5.82	1	2 PER YEAR
A4400	31.70	1	6 PER YEAR
A4402	1.35	4	48 PER YEAR
A4404	1.29	31	372 PER YEAR
A4405	2.18	12	144 PER YEAR
A4406	3.67	12	144 PER YEAR
A4407	5.61	31	372 PER YEAR
A4408	6.32	31	372 PER YEAR
A4409	3.98	31	372 PER YEAR
A4410	5.78	31	372 PER YEAR
A4411	5.25	31	372 PER YEAR
A4412	3.00	31	31 PER MONTH
A4413	3.52	10	10 PER MONTH
A4414	3.15	31	372 PER YEAR
A4415	3.84	31	372 PER YEAR
A4416	1.76	31	31 PER MONTH
A4417	2.38	31	31 PER MONTH

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A4418	1.16	31		31 PER MONTH
A4420	1.28	31		31 PER MONTH
A4421	0.00	1	PA	12 PER YEAR
A4423	1.28	31		31 PER MONTH
A4424	3.04	31		31 PER MONTH
A4425	2.29	31		372 PER YEAR
A4426	1.51	31		372 PER YEAR
A4427	1.89	31		372 PER YEAR
A4428	4.17	31		372 PER YEAR
A4429	4.82	31		372 PER YEAR
A4430	5.46	31		372 PER YEAR
A4431	3.25	31		31 PER MONTH
A4432	2.30	31		31 PER MONTH
A4433	2.14	31		31 PER MONTH
A4434	2.41	31		372 PER YEAR
<b>Miscellaneous Supplies</b>				
A4450	0.30	200		2400 PER YEAR
A4452	0.40	200		2400 PER YEAR
A4455	1.16	4		48 PER YEAR
A4456	0.17	100		100 PER MONTH
A4481	0.28	31		31 PER MONTH
A4561	13.46	10		10 PER MONTH
A4562	36.46	10		10 PER MONTH
A4605	2.15	7		372 PER YEAR
A4608	46.66	5		5 PER MONTH
<b>Supplies for Respiratory and Oxygen Equipment</b>				
A4611	111.55	1		MEDICAL NECESSITY
A4612	41.23	1		MEDICAL NECESSITY
A4613	94.09	1		MEDICAL NECESSITY

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A4614	18.14	1	1 PER YEAR
A4616	0.21	25	300 PER YEAR
A4618	5.77	1	MEDICAL NECESSITY
A4623	6.25	5	60 PER YEAR
A4624	2.15	250	3000 PER YEAR
A4625	6.61	14	14 PER MEDICAL EVENT
A4626	1.46	1	12 PER YEAR
A4627	<u>27.50</u>	1	1 PER YEAR
A4629	3.44	31	31 PER MONTH
<b>Supplies for Other Durable Medical Equipment</b>			
A4635	1.79	2	2 PER YEAR
A4636	1.65	2	2 PER YEAR
A4637	1.21	4	4 PER YEAR
<b>Supplies for Dialysis</b>			
A4927	4.00	4	48 PER YEAR
A4930	0.34	100	1200 PER YEAR
<b>Additional Ostomy Supplies</b>			
A5051	1.66	31	372 PER YEAR
A5052	1.27	31	372 PER YEAR
A5053	1.28	31	372 PER YEAR
A5054	1.28	31	372 PER YEAR
A5055	1.21	31	31 PER MONTH
A5061	2.18	31	372 PER YEAR
A5062	1.89	31	372 PER YEAR
A5063	1.89	31	372 PER YEAR
A5071	2.82	31	372 PER YEAR
A5072	2.29	31	372 PER YEAR
A5073	2.09	31	372 PER YEAR
A5081	2.51	1	6 PER YEAR

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A5082	7.71	1	6 PER YEAR
A5093	1.55	10	120 PER YEAR
<b>Additional Incontinence and Ostomy Supplies</b>			
A5112	26.42	1	12 PER YEAR
A5120	0.17	50	600 PER YEAR
A5121	4.84	10	120 PER YEAR
A5122	9.81	10	120 PER YEAR
A5131	10.28	3	3 PER MONTH
<b>Diabetic Shoes, Fitting, and Modifications</b>			
A5500	50.40	2	2 PER MEDICAL EVENT
A5501	151.20	2	2 PER MEDICAL EVENT
A5503	25.60	2	2 PER FOOT PER YEAR
A5504	25.60	2	2 PER FOOT PER YEAR
A5505	25.60	2	2 PER FOOT PER YEAR
A5506	25.60	2	2 PER FOOT PER YEAR
A5507	26.83	2	2 PER FOOT PER YEAR
A5512	19.37	2	2 PER FOOT PER YEAR
A5513	28.91	2	2 PER FOOT PER YEAR
<b>Dressings</b>			
A6022	16.04	31	31 PER MONTH
A6023	145.21	15	15 PER MONTH
A6024	4.72	31	31 PER MONTH
A6231	3.56	31	31 PER MONTH
A6232	5.26	31	31 PER MONTH
A6233	14.64	31	31 PER MONTH
A6257	1.15	31	31 PER MONTH
A6457	0.91	2	2 EVERY 6 MONTHS

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<b>Gradient Compression Stockings</b>			
A6530	31.04	2	8 Stockings PER YEAR
A6531	34.61	2	8 Stockings PER YEAR
A6532	60.96	2	8 Stockings PER YEAR
A6533	40.74	2	8 Stockings PER YEAR
A6534	40.74	2	8 Stockings PER YEAR
A6535	40.74	2	8 Stockings PER YEAR
A6536	111.55	2	8 PER YEAR
A6537	111.55	2	8 PER YEAR
A6538	111.55	2	8 PER YEAR
A6539	111.55	2	8 PER YEAR
A6540	111.55	2	8 PER YEAR
A6541	111.55	2	8 PER YEAR
<b>Respiratory Durable Medical Equipment</b>			
A7000	6.94	1	4 PER YEAR
A7001	21.45	1	1 PER 2 YEARS
A7002	2.48	1	12 PER YEAR
A7003	3.88	3	36 PER YEAR
A7004	1.16	3	36 PER YEAR
A7005	19.99	1	2 PER YEAR
A7006	7.24	3	36 PER YEAR
A7007	3.88	3	36 PER YEAR
A7008	7.13	3	36 PER YEAR
A7009	29.79	1	1 PER YEAR
A7010	15.30	1	12 PER YEAR
A7012	2.74	1	12 PER YEAR
A7013	0.53	31	372 PER YEAR
A7014	3.30	1	12 PER YEAR
A7015	1.43	1	12 PER YEAR

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A7016	4.97	1		12 PER YEAR
A7017	102.28	1		1 PER YEAR
A7501	80.14	1		1 PER MONTH
A7502	38.09	1		1 PER MONTH
A7503	8.65	1		4 PER YEAR
A7504	0.51	31		372 PER YEAR
A7505	3.57	1		12 PER YEAR
A7506	0.26	31		31 PER MONTH
A7507	1.90	1		4 PER YEAR
A7508	2.19	31		31 PER MONTH
A7520	52.38	1		MEDICAL NECESSITY
<b>Tracheostomy Supplies</b>				
A7521	52.38	1		MEDICAL NECESSITY
A7522	52.38	1		MEDICAL NECESSITY
A7525	1.18	4		4 PER MONTH
A7526	1.18	14		14 PER MONTH
<b>Helmets</b>				
A8000	86.51	1		1 PER YEAR
A8001	86.51	1		1 PER YEAR
A8002	247.35	1		MEDICAL NECESSITY
A8003	247.35	1		MEDICAL NECESSITY
<b>Miscellaneous</b>				
A9900	0.00	1	PA	MEDICAL NECESSITY
<b>Enteral Formulae and Enteral Medical Supplies</b>				
B4034	4.69	31		31 PER MONTH
B4036	6.10	31		31 PER MONTH
B4087	14.55	2		24 PER YEAR
B4088	115.00	1		6 PER YEAR



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B4150	0.62	930		930 PER MONTH
B4150SC	0.62	930		930 PER MONTH
B4152	0.50	930		930 PER MONTH
B4152SC	0.50	930		930 PER MONTH
B4153	2.04	930		930 PER MONTH
B4153SC	2.04	930		930 PER MONTH
B4154	0.90	930		930 PER MONTH
B4154SC	0.90	930		930 PER MONTH
B4155	0.74	930		930 PER MONTH
B4155SC	0.74	930		930 PER MONTH
B4157	0.00	930	BR	930 PER MONTH
B4157SC	0.00	930	BR	930 PER MONTH
<b>Canes</b>				
E0100	15.52	1		1 PER YEAR
E0105	36.38	1		1 PER 3 YEARS
<b>Crutches</b>				
E0110	59.38	1		1 PER 2 YEARS
E0111	36.98	1		1 PER 2 YEARS
E0112	21.34	1		1 PER 2 YEARS
E0113	10.67	1		1 PER 2 YEARS
E0114	24.25	1		1 PER 2 YEARS
E0116	12.13	1		1 PER 2 YEARS
<b>Walkers</b>				
E0130	53.35	1		1 PER 3 YEARS
E0135	53.35	1		1 PER 3 YEARS
E0141	81.48	1		1 PER 3 YEARS
E0143	86.24	1		1 PER 3 YEARS

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E0147	439.93	1	1 PER 3 YEARS
E0148	97.24	1	1 PER 3 YEARS
E0149	170.82	1	1 PER 3 YEARS
E0153	34.44	2	2 PER 3 YEARS
E0154	40.26	2	2 PER 3 YEARS
E0155	27.71	1	1 PER 3 YEARS
<b>Attachments</b>			
E0156	17.14	1	1 PER 3 YEARS
E0157	39.77	1	1 PER 3 YEARS
E0158	16.98	4	4 PER 3 YEARS
E0159	13.64	1	2 PER 2 YEARS
<b>Commodes</b>			
E0160	9.70	1	1 PER 8 YEARS
E0161	24.25	1	1 PER 8 YEARS
E0163	71.78	1	1 PER 8 YEARS
E0165	72.27	1	1 PER 3 YEARS
E0167	7.28	1	1 PER YEAR
E0168	115.50	1	1 PER 3 YEARS
E0171	23.14	1	1 PER 3 YEARS
<b>Decubitus Care Equipment</b>			
E0185	121.25	1	1 PER 2 YEARS
E0197	121.25	1	1 PER 2 YEARS
E0198	121.25	1	1 PER 2 YEARS
E0199	22.31	1	1 PER 2 YEARS
<b>Bath and Toilet Aids</b>			
E0244	29.10	1	1 PER 8 YEARS
E0245	35.00	1	1 PER 8 YEARS
E0246	14.55	1	1 PER 8 YEARS
<b>Hospital Beds and Accessories</b>			

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E0250	795.40		79.54	1	PA	1 PER 8 YEARS
E0255	853.60		85.36	1	PA	1 PER 8 YEARS
E0271	121.25			1		1 PER 4 YEARS
E0272	121.25			1		1 PER 4 YEARS
E0275	7.76			1		1 PER 4 YEARS
E0276	9.22			1		1 PER 4 YEARS
E0303	2414.10		241.41	1	PA	1 PER 8 YEARS
E0325	6.31			1		1 PER 4 YEARS
E0326	8.73			1		1 PER 4 YEARS
<b>Oxygen and Related Respiratory Equipment</b>						
E0424	0.00	RO	213.40	1		1 PER MONTH
E0431	0.00	RO	38.53	1		1 PER MONTH
E0434	0.00	RO	38.53	1		1 PER MONTH
E0439	0.00	RO	213.40	1		1 PER MONTH
E0441	0.00	RO	126.10	1		1 PER MONTH
E0442	0.00	RO	126.10	1		1 PER MONTH
E0443	0.00	RO	19.52	1		1 PER MONTH
E0444	0.00	RO	19.52	1		1 PER MONTH
E0457	0.00	RO	36.86	1		MEDICAL NECESSITY
E0459	340.50		34.05	1		MEDICAL NECESSITY
<u>E0465</u>	<u>0.00</u>	<u>RO</u>	<u>756.60</u>	<u>1</u>		<u>MEDICAL NECESSITY</u>
<u>E0466</u>	<u>0.00</u>	<u>RO</u>	<u>756.60</u>	<u>1</u>		<u>MEDICAL NECESSITY</u>
E0470	0.00	RO	177.75	1		1 PER MONTH
E0471	0.00	RO	416.51	1		1 PER MONTH
E0472	0.00	RO	416.51	1		1 PER MONTH
E0480	373.50		37.35	1		1 PER 4 YEARS
E0482	5288.00			1	PA	MEDICAL NECESSITY
E0483	10676.25			1	PA	MEDICAL NECESSITY
E0485	0.00			1	PA	1 PER YEAR

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<b>IPPB Machines</b>						
E0500	0.00	RO	88.76	1		MEDICAL NECESSITY
<b>Humidifiers/Nebulizers/Compressors for Use with Oxygen</b>						
E0550	0.00	RO	48.50	1		MEDICAL NECESSITY
E0555	31.53			1		1 PER 2 YEARS
E0560	0.00	RO	14.55	1		MEDICAL NECESSITY
E0561	0.00	RO	8.74	1		1 PER MONTH
E0562	0.00	RO	8.74	1		1 PER MONTH
E0565	0.00	RO	29.10	1		MEDICAL NECESSITY
E0570	106.70			1		1 PER 2 YEARS
E0572	0.00	RO	26.84	1		1 PER MONTH
E0574	0.00	RO	28.36	1		1 PER MONTH
E0585	150.40		15.04	1		1 PER 2 YEARS
<b>Suction Pump/Room Vaporizers</b>						
E0600	303.90		30.39	1		1 PER 2 YEARS
E0601	0.00	RO	80.03	1		MEDICAL NECESSITY
E0603	124.00			1	PA	1 PER 5 YEARS
E0604		RO	58.07		PA	3 MONTHES MAX
E0605	18.92			1		1 PER 4 YEARS
E0606	160.10		16.01	1		1 PER 8 YEARS
<b>Monitoring Equipment</b>						
E0607	59.90			1		1 EVERY 5 YEARS
E0621	58.20			1		1 PER 4 YEARS
E0630	664.50		66.45	1	PA	1 PER 8 YEARS
E0635	664.50		66.45	1	PA	1 PER 8 YEARS
<b>Safety Equipment</b>						
E0705	40.75			1		3 PER LIFETIME

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<b>Transcutaneous and/or Neuromuscular Electrical Nerve Stimulators</b>						
E0747	0.00	RO	247.35	1		MAXIMUM 6 MOS RENTAL
<b>Infusion Supplies</b>						
E0784	0.00			1	PA	MEDICAL NECESSITY
<b>Traction: Overdoor</b>						
E0860	24.74			1		1 PER LIFETIME
<b>Trapeze Equipment, Fracture Frame, and Other Orthopedic Devices</b>						
E0910	150.40		15.04	1		1 PER 8 YEARS
E0940	266.80		26.68	1		1 PER 8 YEARS
<b>Wheelchair: Accessories</b>						
E0950	67.42			1		2 PER 4 YEARS
E0951	19.02			2		2 PER YEAR
E0952	14.38			2		2 PER YEAR
E0955	161.74			1	PA	1 PER 3 YEARS
E0956	78.86			6	PA	6 PER 3 YEARS
E0957	110.34			1	PA	1 PER 3 YEARS
E0958	309.80			1		1 PER 4 YEARS
E0959	57.35			2		2 PER 5 YEARS
E0960	79.12			1	PA	1 PER 3 YEARS
E0961	38.60			2		2 PER 4 YEARS
E0966	53.42			1		1 PER 5 YEARS
E0967	53.63			2		2 PER 4 YEARS
E0968	14.27			1		2 PER 4 YEARS
E0969	124.69			1		2 PER 4 YEARS
E0971	48.14			2		2 PER 4 YEARS
E0973	74.57			2		2 PER 4 YEARS
E0974	101.70			1		2 PER 4 YEARS

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E0977	44.26		1	2 PER 4 YEARS
E0978	29.65		1	1 PER MEDICAL EVENT
E0980	22.38		1	2 PER 4 YEARS
E0981	38.51		1	2 PER 4 YEARS
E0982	44.35		1	1 PER 5 YEARS
E0983	2225.04		1	PA 1 PER 5 YEARS
E0984	1457.89		1	PA 1 PER 5 YEARS
E0986	4864.24		1	PA 1 PER 5 YEARS
E0990	89.61		2	2 PER 4 YEARS
E0992	69.46		1	1 PER 5 YEARS
E0994	14.03		2	2 PER 4 YEARS
E0995	19.72		2	2 PER 4 YEARS
E1002	3290.41		1	PA 1 PER 5 YEARS
E1003	3513.04		1	PA 1 PER 5 YEARS
E1004	3895.24		1	PA 1 PER 5 YEARS
E1005	4216.28		1	PA 1 PER 5 YEARS
E1015	91.76		2	PA 2 PER 3 YEARS
E1016	105.04		2	PA 2 PER 3 YEARS
E1020	194.72		1	PA 1 PER 4 YEARS
E1028	165.32		6	PA 6 PER 5 YEARS
E1029	295.63		1	PA 1 PER 4 YEARS
<b>Rollabout Chair and Transfer System</b>				
E1031	341.70	34.17	1	1 PER 5 YEARS
<b>Wheelchair: Fully Reclining</b>				
E1050	689.00	68.90	1	1 PER 5 YEARS
E1060	853.00	85.30	1	1 PER 5 YEARS
E1065	0.00		1	PA 1 PER 5 YEARS
E1070	741.10	74.11	1	1 PER 5 YEARS
E1083	532.80	53.28	1	1 PER 5 YEARS
E1084	663.80	66.38	1	1 PER 5 YEARS

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

<b>Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.</b>				
E1087	856.00	85.60	1	1 PER 5 YEARS
E1088	1020.70	102.07	1	1 PER 5 YEARS
E1092	869.50	86.95	1	1 PER 5 YEARS
E1093	869.50	86.95	1	1 PER 5 YEARS
<b>Wheelchair: Semi-reclining</b>				
E1100	702.50	70.25	1	1 PER 5 YEARS
E1110	687.80	68.78	1	1 PER 5 YEARS
<b>Wheelchair: Standard</b>				
E1150	552.00	55.20	1	1 PER 5 YEARS
E1160	426.50	42.65	1	1 PER 5 YEARS
<b>Wheelchair: Amputee</b>				
E1170	604.30	60.43	1	1 PER 5 YEARS
E1171	542.40	54.24	1	1 PER 5 YEARS
E1172	662.70	66.27	1	1 PER 5 YEARS
E1180	685.60	68.56	1	1 PER 5 YEARS
E1190	792.10	79.21	1	1 PER 5 YEARS
E1195	850.00	85.00	1	1 PER 5 YEARS
E1200	588.70	58.87	1	1 PER 5 YEARS
<b>Wheelchair: Special Size</b>				
E1221	321.40	32.14	1	1 PER 5 YEARS
E1222	458.60	45.86	1	1 PER 5 YEARS
E1223	500.80	50.08	1	1 PER 5 YEARS
E1224	549.10	54.91	1	1 PER 5 YEARS
E1225	305.80	30.58	1	1 PER 5 YEARS
E1226	353.90		1	1 PER 5 YEARS
E1227	220.90		1	1 PER 5 YEARS
E1228	18.97		1	1 PER 5 YEARS

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

<b>Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.</b>						
<b>Wheelchair: Lightweight</b>						
E1240	697.00		69.70	1		1 PER 5 YEARS
E1270	534.20		53.42	1		1 PER 5 YEARS
<b>Wheelchair: Heavy Duty</b>						
E1280	888.20		88.82	1		1 PER 5 YEARS
E1295	821.90		82.19	1		1 PER 5 YEARS
E1296	391.39			1		1 PER 5 YEARS
E1297	83.27			1		1 PER 5 YEARS
E1298	299.29			1		1 PER 5 YEARS
<b>Additional Oxygen Related Equipment</b>						
E1390	0.00	RO	170.48	1		1 PER MONTH
E1392	0.00	RO	25.65	1		1 PER MONTH
E1399	0.00			1	PA	MEDICAL NECESSITY
<b>Other Orthopedic Devices</b>						
E1801	73.50			1		2 PER 2 YEARS
E1806	73.50			1		2 PER 2 YEARS
E1810	73.50			1		2 PER 2 YEARS
E1811	73.50			1		2 PER 2 YEARS
E1816	73.50			1		2 PER 2 YEARS
E1818	73.50			1		2 PER 2 YEARS
E1821	6.06			8		8 PER YEAR
E1840	73.50			2		2 PER 2 YEARS
<b>Micellaneous</b>						
E1902	0.00			1	PA	1 PER 5 YEARS
E2000	22.80			1		1 PER 2 YEARS
E2101	150.87			1		1 PER 2 YEARS



**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.

<b>Wheelchair Assessories</b>				
E2205	26.13	1		2 PER 4 YEARS
E2206	31.04	2		2 PER 4 YEARS
E2207	34.68	1		1 PER 5 YEARS
E2208	95.02	1		1 PER 5 YEARS
E2209	86.08	2		2 PER 4 YEARS
E2210	5.24	12		12 PER 4 YEARS
E2211	32.72	2		2 PER 2 YEARS
E2212	4.70	2		2 PER 2 YEARS
E2213	24.32	2		2 PER 2 YEARS
E2214	24.48	2		2 PER 2 YEARS
E2215	7.68	2		2 PER 2 YEARS
E2217	27.14	2		2 PER 2 YEARS
E2219	28.45	2		2 PER 2 YEARS
E2220	22.81	2		2 PER 2 YEARS
E2221	20.44	2		2 PER 2 YEARS
E2224	78.44	2		2 PER 2 YEARS
E2322	1128.28	1	PA	1 PER 5 YEARS
E2323	55.32	1		1 PER 5 YEARS
E2324	35.05	1		1 PER 5 YEARS
E2325	1077.46	1	PA	1 PER 5 YEARS
E2326	277.71	1		1 PER 5 YEARS
E2327	2089.90	1	PA	1 PER 5 YEARS
E2328	3964.25	1	PA	1 PER 5 YEARS
E2329	1412.90	1	PA	1 PER 5 YEARS
E2330	2737.67	1	PA	1 PER 5 YEARS
E2360	85.73	2		4 PER 3 YEARS
E2361	106.42	2		4 PER 3 YEARS
E2362	70.26	2		4 PER 3 YEARS
E2363	141.94	2		4 PER 3 YEARS
E2364	85.72	2		4 PER 3 YEARS

## Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients

Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.				
E2365	85.59	2		4 PER 3 YEARS
E2366	201.16	1		1 PER 5 YEARS
E2367	319.78	1		1 PER LIFETIME
E2368	413.25	2	PA	2 PER 5 YEARS
E2369	359.95	2	PA	2 PER 5 YEARS
E2370	642.27	2	PA	2 PER 5 YEARS
E2373	820.72	1	PA	1 PER 5 YEARS
E2374	427.22	1	PA	1 PER 5 YEARS
E2381	58.13	2		2 PER 4 YEARS
E2382	15.85	2		2 PER 4 YEARS
E2383	115.90	2		2 PER 4 YEARS
E2384	37.77	2		2 PER 4 YEARS
E2385	37.77	2		2 PER 4 YEARS
E2386	58.13	2		2 PER 4 YEARS
E2387	61.74	2		2 PER 4 YEARS
E2388	58.13	2		2 PER 4 YEARS
E2389	61.74	2		2 PER 4 YEARS
E2390	58.13	2		2 PER 4 YEARS
E2391	61.74	2		2 PER 4 YEARS
E2394	61.40	2		2 PER 4 YEARS
E2395	30.47	2		2 PER 4 YEARS
E2396	45.00	2		2 PER 4 YEARS
<b>Speech Device</b>				
E2500	336.03	1	PA	1 PER 5 YEARS
E2502	1027.54	1	PA	1 PER 5 YEARS
E2504	1355.47	1	PA	1 PER 5 YEARS
E2506	1987.53	1	PA	1 PER 5 YEARS
E2508	3073.38	1	PA	1 PER 5 YEARS
E2510	5815.95	1	PA	1 PER 5 YEARS
E2511	0.00	1	PA	1 PER 5 YEARS
E2512	0.00	1	PA	1 PER 5 YEARS

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.					
E2599	0.00		1	PA	1 PER 5 YEARS
<b>Wheelchair: Cushion</b>					
E2601	70.92		1	PA	1 PER 3 YEARS
E2602	129.50		1	PA	1 PER 3 YEARS
E2603	186.43		1	PA	1 PER 3 YEARS
E2604	252.60		1	PA	1 PER 3 YEARS
E2605	257.35		1	PA	1 PER 3 YEARS
E2606	348.85		1	PA	1 PER 3 YEARS
E2607	236.48		1	PA	1 PER 3 YEARS
E2608	283.20		1	PA	1 PER 3 YEARS
E2611	249.88		1	PA	1 PER 3 YEARS
E2612	338.03		1	PA	1 PER 3 YEARS
E2613	314.43		1	PA	1 PER 3 YEARS
E2614	435.14		1	PA	1 PER 3 YEARS
E2615	361.85		1	PA	1 PER 3 YEARS
E2616	486.86		1	PA	1 PER 3 YEARS
E2619	49.05		1		1 PER 3 YEARS
E2620	438.16		1	PA	1 PER 3 YEARS
E2621	459.81		1	PA	1 PER 3 YEARS
<b>Wheelchair and Accessories</b>					
K0001	354.30	35.43	1		1 PER 5 YEARS
K0002	530.70	53.07	1		1 PER 5 YEARS
K0003	581.10	58.11	1		1 PER 5 YEARS
K0004	866.80	86.68	1		1 PER 5 YEARS
K0005	1410.70		1		1 PER 5 YEARS
K0006	813.40	81.34	1		1 PER 5 YEARS
K0007	1263.90	126.39	1		1 PER 5 YEARS

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.					
K0008	0.00		1	PA	1 PER 5 YEARS
K0009	0.00		1	PA	1 PER 5 YEARS
K0010	2763.00	276.30	1	PA	1 PER 5 YEARS
K0012	2269.40	226.94	1	PA	1 PER 5 YEARS
K0013	0.00		1	PA	1 PER 5 YEARS
K0014	0.00		1	PA	1 PER 5 YEARS
K0015	138.65		2		2 PER 5 YEARS
K0017	39.00		2		2 PER 5 YEARS
K0018	21.78		2		2 PER 5 YEARS
K0019	12.47		2		2 PER 5 YEARS
K0020	35.45		1		2 PER 4 YEARS
K0037	36.75		2		2 PER 4 YEARS
K0038	18.51		2		2 PER 4 YEARS
K0039	41.11		2		2 PER 4 YEARS
K0040	56.98		2		2 PER 2 YEARS
K0041	40.38		2		2 PER 2 YEARS
K0042	27.79		2		2 PER 2 YEARS
K0043	14.90		2		2 PER 2 YEARS
K0044	12.97		2		2 PER 2 YEARS
K0045	43.00		2		2 PER 2 YEARS
K0046	14.90		2		2 PER 4 YEARS
K0047	58.36		2		2 PER 4 YEARS
K0050	24.80		2		2 PER 4 YEARS
K0051	40.14		2		2 PER 4 YEARS
K0052	70.54		2		2 PER 4 YEARS
K0053	77.84		2		2 PER 4 YEARS
K0056	72.65		1		1 PER 4 YEARS
K0065	33.93		2		1 PER 4 YEARS
K0069	76.24		2		1 PER 4 YEARS
K0070	139.77		2		1 PER 4 YEARS
K0071	83.36		2		1 PER 4 YEARS
K0072	50.18		2		1 PER 4 YEARS
K0073	25.54		2		1 PER 4 YEARS

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

<b>Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.</b>					
K0077	44.90		2		1 PER 4 YEARS
K0098	20.15		1		2 PER 4 YEARS
K0099	61.74		2		2 PER 4 YEARS
K0105	75.87		2		1 PER 5 YEARS
K0108	0.00		1	PA	MEDICAL NECESSITY
K0195	150.60	15.06	1		2 PER 4 YEARS
K0739	10.00		16		\$160.00 PER YEAR
K0800	957.40	95.74	1	PA	1 PER 5 YEARS
K0801	1543.60	154.36	1	PA	1 PER 5 YEARS
K0802	1746.90	174.69	1	PA	1 PER 5 YEARS
K0822	3699.70	369.97	1	PA	1 PER 5 YEARS
K0823	3699.70	369.97	1	PA	1 PER 5 YEARS
K0824	5379.90	537.99	1	PA	1 PER 5 YEARS
K0825	4925.30	492.53	1	PA	1 PER 5 YEARS
K0826	6965.00	696.50	1	PA	1 PER 5 YEARS
K0827	5922.30	592.23	1	PA	1 PER 5 YEARS
K0900	0.00		1	PA	PER MEDICAL EVENT
<b>Orthotic Devices: Spinal</b>					
L0120	12.13		1		2 PER MEDICAL EVENT
L0130	48.50		1		1 PER MEDICAL EVENT
L0140	38.80		1		1 PER YEAR
L0150	53.35		1		1 PER MEDICAL EVENT
L0160	87.30		1		1 PER MEDICAL EVENT
L0170	348.93		1		1 PER MEDICAL EVENT
L0172	43.17		1		2 PER MEDICAL EVENT
L0174	52.38		1		1 PER YEAR
L0180	180.42		1		1 PER MEDICAL EVENT
L0190	281.30		1		1 PER MEDICAL EVENT
L0200	197.88		1		1 PER MEDICAL EVENT
L0220	58.20		1		1 PER YEAR

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.

<b>Thoracic-Lumbar-Sacral</b>				
L0450	121.76	1		1 PER MEDICAL EVENT
L0452	227.53	1		1 PER MEDICAL EVENT
L0454	220.10	1		1 PER MEDICAL EVENT
L0456	220.10	1		1 PER MEDICAL EVENT
L0458	546.30	1		1 PER MEDICAL EVENT
L0460	546.30	1		1 PER MEDICAL EVENT
L0462	546.30	1		1 PER MEDICAL EVENT
L0464	546.30	1		1 PER MEDICAL EVENT
L0466	247.50	1		1 PER MEDICAL EVENT
L0468	310.30	1		1 PER MEDICAL EVENT
L0470	441.79	1		1 PER MEDICAL EVENT
L0472	277.30	1		1 PER MEDICAL EVENT
L0474	389.18	1		1 PER MEDICAL EVENT
L0480	857.50	1		1 PER MEDICAL EVENT
L0482	983.01	1		1 PER MEDICAL EVENT
L0484	1145.74	1		1 PER MEDICAL EVENT
L0486	1135.42	1		1 PER MEDICAL EVENT
L0488	227.53	1		1 PER MEDICAL EVENT
L0490	734.56	1		1 PER MEDICAL EVENT
L0491	497.29	1		1 PER 2 YEARS
<b>Sacroiliac, Lumbar, Sacral Orthosis</b>				
L0621	72.17	1		1 PER 2 YEARS
L0622	195.70	1		1 PER 2 YEARS
L0623	34.00	1		1 PER 2 YEARS
L0624	241.68	1		1 PER 2 YEARS
L0625	44.60	1		1 PER 2 YEARS
L0626	63.10	1		1 PER 2 YEARS
L0627	332.72	1		1 PER 2 YEARS
L0628	67.89	1		1 PER 2 YEARS

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

<b>Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.</b>				
L0629	173.63			MEDICAL NECESSITY
L0630	131.07	1		2 PER LIFETIME
L0631	830.92	1		2 PER LIFETIME
<b>Cervical- Thoracic Lumbare Sacral</b>				
L0700	1406.50	1		1 PER MEDICAL EVENT
L0710	1552.00	1		1 PER MEDICAL EVENT
<b>Halo Procedure</b>				
L0810	1552.00	1		1 PER MEDICAL EVENT
L0820	1164.00	1		1 PER MEDICAL EVENT
L0830	1527.75	1		1 PER MEDICAL EVENT
L0859	917.03	2		2 EVERY 2 YEARS
L0860	679.17	1		1 PER MEDICAL EVENT
<b>Additions to Spinal Orthoses</b>				
L0970	50.93	1		1 PER 2 YEARS
L0972	48.50	1		1 PER 2 YEARS
L0974	111.55	1		1 PER 2 YEARS
L0976	112.52	1		1 PER 2 YEARS
L0978	67.90	1		1 PER 2 YEARS
L0980	3.88	1		2 PER YEAR
L0984	33.84	2		2 PER YEAR
L0999	0.00	1	PA	MEDICAL NECESSITY
<b>Scoliosis: Cervical-Thoracic- Lumbar-Sacral</b>				
L1000	937.02	1		1 PER YEAR
L1005	60.00	1		1 PER 2 YEARS
L1010	33.95	1		1 PER YEAR
<b>Correction Pads</b>				
L1020	59.66	2		2 PER YEAR
L1025	78.57	1		1 PER YEAR
L1030	59.17	2		2 PER YEAR

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

<b>Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.</b>				
L1040	67.90	2		2 PER YEAR
L1050	39.77	1		1 PER YEAR
L1060	45.59	2		2 PER YEAR
L1070	33.95	2		2 PER YEAR
L1080	43.65	2		2 PER YEAR
L1085	66.93	1		1 PER YEAR
L1090	43.65	2		2 PER YEAR
L1100	72.75	1		1 PER YEAR
L1110	121.25	1		1 PER YEAR
L1120	21.34	6		6 PER YEAR
<b>Scoliosis: thoracic_Lumbar-Sacral (Low Profile)</b>				
L1200	679.00	1		1 PER YEAR
L1210	45.59	2		2 PER YEAR
L1220	45.59	1		1 PER YEAR
L1230	266.75	1		1 PER 2 YEARS
L1240	48.50	2		2 PER YEAR
L1250	30.07	2		2 PER YEAR
L1260	58.20	2		2 PER YEAR
L1270	50.44	2		2 PER YEAR
L1280	46.56	2		2 PER YEAR
L1290	43.65	2		2 PER YEAR
<b>Other Scoliosis Procedures</b>				
L1300	727.50	1		1 PER YEAR
L1310	776.00	1		1 PER MEDICAL EVENT
L1499	0.00	1	PA	MEDICAL NECESSITY
<b>Hip: Flexible</b>				
L1600	53.35	1		1 PER LIFETIME
L1620	43.65	1		1 PER 5 YEARS
L1630	53.35	1		1 PER LIFETIME
L1640	116.40	1		1 PER 5 YEARS



**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

<b>Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.</b>				
L1650		116.40	1	1 PER LIFETIME
L1652		184.66	1	1 PER MEDICAL EVENT
L1660		29.10	1	1 PER 5 YEARS
L1680		460.75	1	1 PER MEDICAL EVENT
L1685		819.65	1	1 PER MEDICAL EVENT
L1686		567.45	1	1 PER MEDICAL EVENT
L1690		1170.82	2	2 PER MEDICAL EVENT
<b>Legg Perthes</b>				
L1700		904.04	1	1 PER MEDICAL EVENT
L1710		557.75	1	1 PER MEDICAL EVENT
L1720		834.20	1	1 PER MEDICAL EVENT
L1730		557.75	1	1 PER MEDICAL EVENT
L1755		732.35	1	1 PER MEDICAL EVENT
<b>Knee</b>				
L1810	OS	79.06	2	2 PER YEAR
L1820	OS	58.20	2	2 PER YEAR
L1830	OS	48.50	2	2 PER YEAR
L1832	OS	559.32	2	2 PER 2 YEARS
L1834		630.50	2	2 PER YEAR
L1836	OS	69.12	2	2 PER YEAR
L1840		582.00	2	2 PER YEAR
L1843	OS	323.72	2	2 PER 2 YEARS
L1844		572.30	2	2 PER 2 YEARS
L1845	OS	572.30	2	2 PER 2 YEARS
L1846		577.15	2	2 PER YEAR
L1847	OS	348.25	2	2 PER MEDICAL EVENT
L1850	OS	134.83	2	2 PER 2 YEARS
L1860		485.00	2	2 PER 2 YEARS
<b>Ankle-Foot</b>				
L1900		189.15	2	2 PER 2 YEARS
L1902	OS	39.29	2	2 PER YEAR
L1904		221.65	2	2 PER YEAR
L1906	OS	83.91	2	2 PER MEDICAL EVENT

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

<b>Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.</b>				
L1910	OS	137.74	2	2 PER 2 YEARS
L1920		126.10	2	2 PER YEAR
L1930	OS	79.06	2	2 PER YEAR
L1940		261.90	2	2 PER YEAR
L1945		630.50	2	2 PER YEAR
L1950		215.34	2	2 PER YEAR
L1960		251.23	2	2 PER YEAR
L1970		363.75	2	2 PER YEAR
L1980		121.25	2	2 PER 2 YEARS
L1990		223.10	2	2 PER 2 YEARS
<b>Hip-Knee-Ankle-Foot</b>				
L2000		282.27	2	2 PER 2 YEARS
L2010		237.65	2	2 PER 2 YEARS
L2020		461.72	2	2 PER YEAR
L2030		295.85	2	2 PER 2 YEARS
L2034	OS	1236.00	1	2 PER 2 YEARS
L2036		1047.60	2	2 PER YEAR
L2037		1067.00	2	2 PER 2 YEARS
L2038		582.00	2	2 PER YEAR
L2039		1236.00	2	2 PER 2 YEARS
<b>Torsion Control</b>				
L2040		97.00	1	1 PER YEAR
L2050		232.80	1	1 PER YEAR
L2060		291.00	1	1 PER YEAR
L2070		60.14	1	1 PER YEAR
L2080		189.15	1	1 PER YEAR
L2090		262.79	2	2 PER 2 YEARS
<b>Fracture Orthoses</b>				
L2106		228.92	2	2 PER MEDICAL EVENT
L2108		598.49	2	2 PER MEDICAL EVENT
L2112	OS	331.74	2	2 PER MEDICAL EVENT
L2114	OS	465.60	2	2 PER MEDICAL EVENT
L2116	OS	465.60	2	2 PER MEDICAL EVENT

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

<b>Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.</b>				
L2126		776.49	2	2 PER MEDICAL EVENT
L2128		976.31	2	2 PER MEDICAL EVENT
L2132	OS	487.91	2	2 PER MEDICAL EVENT
L2134		487.91	2	2 PER MEDICAL EVENT
L2136		665.42	2	2 PER MEDICAL EVENT
<b>Additions to Fracture Orthosis</b>				
L2180		43.65	2	2 PER MEDICAL EVENT
L2182		41.16	2	2 PER MEDICAL EVENT
L2184		74.11	2	2 PER MEDICAL EVENT
L2186		43.65	2	2 PER MEDICAL EVENT
L2188		288.09	2	2 PER MEDICAL EVENT
L2190		48.02	2	2 PER MEDICAL EVENT
L2192		150.35	1	1 PER MEDICAL EVENT
<b>Additions to Lower Extremity Orthosis Shoe-Ankle-Shin-Knee</b>				
L2200		20.91	4	2 PER Individual ORTHOSIS
L2210		43.65	4	2 PER Individual ORTHOSIS
L2220		56.26	4	2 PER Individual ORTHOSIS
L2230		31.04	2	2 PER ORTHOSIS
L2240		31.04	2	2 PER ORTHOSIS
L2250		179.45	2	2 PER ORTHOSIS
L2260		67.90	2	2 PER ORTHOSIS
L2265		19.40	2	2 PER ORTHOSIS
L2270		31.04	4	1 PER ORTHOSIS
L2275		72.85	4	Only 2 PER ORTHOSIS
L2280		242.50	2	2 PER 3 YEARS
L2300		72.75	1	1 PER 2 YEARS
L2310		43.65	1	1 PER 2 YEARS
L2320		67.90	2	2 PER ORTHOSIS
L2330		161.99	2	2 PER ORTHOSIS
L2335		110.58	2	2 PER ORTHOSIS

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

<b>Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.</b>			
L2340	290.03	2	2 PER ORTHOSIS
L2350	363.75	4	2 PER Individual ORTHOSIS
L2360	29.10	4	4 PER YEAR
L2370	65.96	4	2 PER Individual ORTHOSIS
L2375	43.65	4	4 PER ORTHOSIS
L2380	43.65	4	4 PER ORTHOSIS
L2385	21.83	4	4 PER ORTHOSIS
L2390	42.20	4	4 PER ORTHOSIS
L2395	73.46	4	4 PER ORTHOSIS
L2397	65.34	2	4 PER ORTHOSIS
<b>Additions to Staright Knee or Offset Knee Joints</b>			
L2405	21.34	4	4 PER ORTHOSIS
L2415	142.11	4	4 PER ORTHOSIS
L2425	104.76	4	4 PER ORTHOSIS
L2430	58.30	4	2 PER ORTHOSIS
L2492	19.40	4	2 PER ORTHOSIS
<b>Additions to Thigh/Weight Bearing Gluteal/Ischial Weight Bearing</b>			
L2500	98.94	2	1 PER Individual ORTHOSIS
L2510	334.65	2	1 PER ORTHOSIS
L2520	174.60	2	1 PER ORTHOSIS
L2525	630.50	2	1 PER ORTHOSIS
L2526	436.50	2	1 PER ORTHOSIS
L2530	87.30	2	1 PER ORTHOSIS
L2540	161.99	2	1 PER ORTHOSIS
L2550	113.49	2	1 PER ORTHOSIS
<b>Additions to Pelvic and Thoracic Control</b>			
L2570	92.15	2	1 PER ORTHOSIS
L2580	355.99	1	1 PER 2 YEARS
L2600	82.45	2	2 PER ORTHOSIS

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

<b>Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.</b>				
L2610	106.94	2		2 PER ORTHOSIS
L2620	117.89	2		1 PER ORTHOSIS
L2622	83.91	2		2 PER ORTHOSIS
L2624	266.27	2		1 PER ORTHOSIS
L2627	665.42	1		1 PER 2 YEARS
L2628	1018.50	1		1 PER YEAR
L2630	82.45	1		1 PER ORTHOSIS
L2640	121.25	1		1 PER YEAR
L2650	48.50	1		2 PER YEAR
L2660	87.30	1		1 PER 2 YEARS
L2670	67.90	1		1 PER 2 YEARS
L2680	58.20	2		2 PER YEAR
<b>General Additions</b>				
L2750	46.60	2		4 PER ORTHOSIS
L2755	77.50	2		1 PER ORTHOSIS
L2760	27.16	8		4 PER ORTHOSIS
L2768	15.00	2		2 PER 2 YEARS
L2780	40.06	4		4 PER ORTHOSIS
L2785	21.34	4		2 PER KAFO
L2795	35.89	2		1 PER KAFO
L2800	48.99	2		1 PER KAFO
L2810	48.02	2		2 PER KAFO
L2820	30.56	2		1 PER KAFO
L2830	30.56	2		1 PER KAFO
L2840	37.60	2		2 PER MEDICAL EVENT
L2850	29.10	2		2 PER MEDICAL EVENT
L2999	0.00	1	PA	MEDICAL NECESSITY
<b>Insert, Removable, Molded to Patient Model</b>				
L3000	168.78	2		1 PER FOOT PER YEAR
L3001	29.10	2		2 PER FOOT PER YEAR
L3002	77.60	2		2 PER FOOT PER YEAR
L3010	77.60	2		1 PER FOOT PER YEAR

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

<b>Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.</b>				
L3020	77.60	2		1 PER FOOT PER YEAR
L3030	72.75	2		2 PER FOOT PER YEAR
<b>Arch Support, Removable, Premolded</b>				
L3040	58.20	2		2 PER FOOT PER YEAR
L3050	58.20	2		2 PER FOOT PER YEAR
L3060	77.60	2		2 PER FOOT PER YEAR
<b>Arch Support, Non-removable, Attached to Shoe</b>				
L3070	8.73	2		1 PER FOOT PER YEAR
L3080	4.37	2		1 PER FOOT PER YEAR
L3100	24.25	2		2 PER YEAR
<b>Abduction and Rotation Bars</b>				
L3140	35.41	1		2 PER YEAR
L3150	28.13	1		2 PER YEAR
L3170	15.52	2		2 PER FOOT PER YEAR
<b>Orthopedic Footwear</b>				
L3215	79.54	2		2 PER FOOT PER YEAR
L3216	79.54	2		2 PER FOOT PER YEAR
L3217	91.18	2		2 PER FOOT PER YEAR
L3219	79.54	2		2 PER FOOT PER YEAR
L3221	69.84	2		2 PER FOOT PER YEAR
L3222	96.03	2		2 PER FOOT PER YEAR
L3230	79.54	2		2 PER FOOT PER YEAR
L3251	213.44	2		2 PER FOOT PER YEAR
L3253	65.96	2		1 PER FOOT PER YEAR
L3254	1.99	2		6 PER YEAR
L3255	3.15	2		6 PER YEAR
L3257	0.00	1	PA	3 PER YEAR
<b>Shoe Modifications Lifts</b>				

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

<b>Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.</b>			
L3300	17.95	3	3 PER YEAR
L3310	35.41	3	3 PER YEAR
L3320	107.19	3	3 PER YEAR
L3330	291.84	3	3 PER YEAR
L3332	25.71	3	3 PER YEAR
L3334	16.98	3	3 PER YEAR
<b>Wedges</b>			
L3340	48.02	2	4 PER YEAR
L3350	12.61	2	4 PER YEAR
L3360	19.40	2	4 PER YEAR
L3370	14.55	2	4 PER YEAR
L3380	15.52	2	4 PER YEAR
L3390	22.80	2	4 PER YEAR
L3400	24.25	2	4 PER YEAR
L3410	11.16	2	4 PER YEAR
L3420	18.92	2	4 PER YEAR
<b>Heels</b>			
L3430	19.89	2	2 PER YEAR
L3440	28.13	2	2 PER YEAR
L3450	25.71	2	2 PER YEAR
L3460	9.22	2	2 PER YEAR
L3465	11.16	2	2 PER YEAR
L3470	14.55	2	2 PER YEAR
L3480	9.70	2	2 PER FOOT PER YEAR
<b>Additions to Orthopedic Shoes</b>			
L3570	20.37	2	6 PER YEAR
L3580	33.69	2	2 PER YEAR
L3590	27.74	2	2 PER YEAR
L3595	20.37	2	2 PER YEAR
<b>Transfer or Replacement</b>			
L3600	32.98	2	3 PER YEAR
L3610	52.18	2	3 PER YEAR

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

<b>Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.</b>					
L3620		32.01	2		3 PER YEAR
L3630		52.18	2		3 PER YEAR
L3640		22.46	1		3 PER YEAR
L3649		0.00	1	PA	MEDICAL NECESSITY
<b>Sholder</b>					
L3650	OS	27.16	2		2 PER MEDICAL EVENT
L3660	OS	43.17	2		2 PER MEDICAL EVENT
L3670	OS	58.20	2		2 PER MEDICAL EVENT
L3675	OS	96.70	1		1 PER 2 YEARS
L3677	OS	144.50	2		2 PER 2 YEARS
<b>Elbow</b>					
L3710	OS	79.10	2		2 PER YEAR
L3720		226.01	2		2 PER YEAR
L3730		376.36	2		2 PER YEAR
L3740		443.29	2		2 PER YEAR
L3760	OS	268.57	2		PER MEDICAL EVENT
L3762	OS	50.70	2		2 PER YEAR
L3763		218.25	2		2 PER MEDICAL EVENT
L3764		288.09	2		2 PER MEDICAL EVENT
<b>Wrist-Hand-Finder Orthosis</b>					
L3808		173.46	2		2 PER MEDICAL EVENT
<b>Additions and Extensions</b>					
L3900		887.55	2		2 PER YEAR
L3901		909.38	2		2 PER YEAR
<b>External Power</b>					
L3904		1945.40	2		1 PER ORTHOSIS
<b>Other Wrist-Hand-Finger Orthoses: Custom Fitted</b>					
L3906		241.53	2		2 PER MEDICAL EVENT
L3908	OS	17.46	2		4 PER YEAR
L3912	OS	19.40	2		2 PER 2 YEARS



**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.					
L3923	OS	21.88	1		PER MEDICAL EVENT
L3925	OS	33.35	2		2 PER YEAR
L3929	OS	53.14	2		2 PER YEAR
L3931	OS	128.55	2		2 PER YEAR
<b>Abduction Positioning: Custom Fitted</b>					
L3960	OS	296.34	2		2 PER MEDICAL EVENT
L3962	OS	186.24	2		2 PER 2 YEARS
<b>Fracture Orthoses</b>					
L3980	OS	121.25	2		2 PER MEDICAL EVENT
L3982	OS	218.25	2		2 PER MEDICAL EVENT
L3984	OS	244.44	2		2 PER MEDICAL EVENT
L3995	OS	11.64	2		6 PER MEDICAL EVENT
L3999		0.00	2	PA	MEDICAL NECESSITY
<b>Specific Repair</b>					
L4000		630.50	2		2 PER 2 YEARS
L4010		174.60	2		2 PER LIFETIME
L4020		334.65	2		2 PER YEAR
L4030		174.60	2		2 PER YEAR
L4040		176.54	2		2 PER YEAR
L4045		177.03	2		2 PER YEAR
L4050		160.05	2		2 PER YEAR
L4055		154.72	2		2 PER YEAR
L4060		205.64	2		2 PER YEAR
L4070		87.30	4		4 PER YEAR
L4080		46.01	2		2 PER YEAR
L4090		41.19	2		2 PER YEAR
L4100		36.86	2		2 PER YEAR
L4110		32.98	2		2 PER YEAR
L4130		290.03	2		2 PER YEAR
<b>Repairs</b>					
L4205		10.00	16		\$160.00 PER YEAR
L4210		0.00	1	PA	LIMITED TO \$160 PER YEAR

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.

<b>Ancillary Orthotic Services</b>					
L4350	OS	60.14	2		2 PER MEDICAL EVENT (One per Leg)
L4360	OS	184.78	2		2 PER MEDICAL EVENT (One per Leg)
L4370	OS	72.75	2		2 PER MEDICAL EVENT
L4386	OS	107.08	2		2 PER MEDICAL EVENT (One per Leg)
L4392		13.95	1		2 PER YEAR
L4394		10.20	1		2 PER YEAR
L4396		99.60	2		2 PER YEAR
L4398		45.80	2		2 PER 2 YEARS
<b>Partial Foot</b>					
L5000		129.98	2		2 PER PROSTHETIC PER 2 YEARS
L5010		527.20	2		2 PER PROSTHETIC PER 2 YEARS
L5020		527.20	2		2 PER PROSTHETIC PER 2 YEARS
<b>Ankle</b>					
L5050		1387.59	2		2 PER PROSTHETIC PER 2 YEARS
L5060		1251.30	2		2 PER PROSTHETIC PER 2 YEARS
<b>Below Knee</b>					
L5100		1377.40	2		2 PER PROSTHETIC PER YEAR
L5105		1719.81	2		2 PER PROSTHETIC PER YEAR
<b>Knee Disarticulation</b>					
L5150		1940.00	2		2 PER PROSTHETIC PER YEAR
L5160		2037.00	2		2 PER PROSTHETIC PER YEAR
<b>Above Knee</b>					
L5200		1713.02	2		2 PER PROSTHETIC PER YEAR
L5210		1261.00	2		2 PER PROSTHETIC PER YEAR
L5220		1261.00	2		2 PER PROSTHETIC PER YEAR
L5230		1746.00	2		2 PER PROSTHETIC PER YEAR
<b>Hip Disarticulation</b>					
L5250		2840.16	2		2 PER PROSTHETIC PER YEAR
L5280		3007.00	2		2 PER PROSTHETIC PER YEAR
<b>Endoskeleton: Below Knee</b>					

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

<p align="center"><b>Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.</b></p>			
L5301	1457.05	2	2 PER PROSTHETIC PER 2 YEARS
L5312	<u>2959.06</u>	<u>2</u>	2 PER PROSTHETIC PER 2 YEARS
<b>Endoskeletal: Above Knee</b>			
L5321	2530.27	2	2 PER PROSTHETIC PER 2 YEARS
<b>Endoskeletal: Hip Disarticulation</b>			
L5331	3224.08	2	2 PER PROSTHETIC PER 2 YEARS
<b>Endoskeletal: Hemipelvectomy</b>			
L5341	3356.28	2	2 PER PROSTHETIC PER 2 YEARS
<b>Immediate Postsurgical or Early Fitting Procedures</b>			
L5400	679.00	2	1 PER AMPUTATION
L5410	203.70	2	1 PER AMPUTATION
L5420	732.35	2	1 PER AMPUTATION
L5430	203.70	2	1 PER AMPUTATION
L5450	227.95	2	1 PER AMPUTATION
L5460	378.30	2	1 PER AMPUTATION
<b>Preparatory Prosthesis</b>			
L5530	877.85	2	1 PER AMPUTATION
L5535	727.50	2	1 PER AMPUTATION
L5540	877.85	2	1 PER AMPUTATION
L5560	873.00	4	2 PER AMPUTATION
L5580	945.75	2	1 PER AMPUTATION
L5585	803.16	2	1 PER AMPUTATION
L5590	1067.97	2	1 PER AMPUTATION
L5595	2075.80	2	1 PER AMPUTATION
L5600	2308.60	2	1 PER AMPUTATION
<b>Additions to Lower Extremity</b>			
L5610	920.53	2	2 PER PROSTHETIC PER 4 YEARS

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

<b>Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.</b>			
L5611	921.50	2	2 PER PROSTHETIC PER 4 YEARS
L5613	1697.50	2	2 PER PROSTHETIC PER 4 YEARS
L5616	485.00	2	2 PER PROSTHETIC PER 4 YEARS
L5617	323.00	2	2 PER PROSTHETIC PER 3 YEARS
<b>Additions to Test Sockets</b>			
L5618	169.75	2	2 PER PROSTHETIC PER 2 YEARS
L5620	145.50	2	2 PER PROSTHETIC PER 2 YEARS
L5622	169.75	2	2 PER PROSTHETIC PER 2 YEARS
L5624	162.96	2	2 PER PROSTHETIC PER 2 YEARS
L5626	169.75	2	2 PER PROSTHETIC PER 2 YEARS
L5628	169.75	2	2 PER PROSTHETIC PER 2 YEARS
L5629	121.25	2	1 PER PROSTHESIS
<b>Additions to Socket Variations</b>			
L5630	242.50	2	2 PER PROSTHETIC PER 4 YEARS
L5631	194.00	2	2 PER PROSTHETIC PER 4 YEARS
L5632	119.83	2	2 PER PROSTHETIC PER 4 YEARS
L5634	72.75	2	2 PER PROSTHETIC PER 4 YEARS
L5636	118.77	2	2 PER PROSTHETIC PER 4 YEARS
L5637	121.25	2	2 PER PROSTHETIC PER 4 YEARS
L5638	169.75	2	2 PER PROSTHETIC PER 4 YEARS
L5639	563.28	2	1 PER PROSTHESIS
L5640	371.51	2	2 PER PROSTHETIC PER 4 YEARS
L5642	371.51	2	2 PER PROSTHETIC PER 4 YEARS
L5643	399.16	2	2 PER PROSTHETIC PER 4 YEARS
L5644	97.00	2	2 PER PROSTHETIC PER 4 YEARS
L5645	132.89	2	2 PER PROSTHETIC PER 4 YEARS
L5646	211.46	2	2 PER PROSTHETIC PER 4 YEARS
L5647	266.27	2	2 PER PROSTHETIC PER 4 YEARS
L5648	211.46	2	2 PER PROSTHETIC PER 2 YEARS
L5649	1331.33	2	2 PER PROSTHETIC PER 2 YEARS
L5650	97.00	2	2 PER PROSTHETIC PER 4 YEARS

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

<b>Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.</b>			
L5651	443.29	2	2 PER PROSTHETIC PER 2 YEARS
L5652	218.25	2	2 PER PROSTHETIC PER 2 YEARS
L5653	242.50	2	2 PER PROSTHETIC PER 2 YEARS
<b>Additions to Socket Insert and Suspension</b>			
L5654	203.70	2	2 PER PROSTHETIC PER YEAR
L5655	162.96	2	2 PER PROSTHETIC PER YEAR
L5656	218.25	2	2 PER PROSTHETIC PER YEAR
L5658	218.25	2	2 PER PROSTHETIC PER YEAR
L5661	221.16	2	2 PER PROSTHETIC PER YEAR
L5665	198.85	2	2 PER PROSTHETIC PER YEAR
L5666	29.10	2	2 PER PROSTHETIC PER YEAR
L5668	77.60	2	2 PER PROSTHETIC PER YEAR
L5670	106.70	2	2 PER PROSTHETIC PER 2 YEARS
L5671	376.66	2	2 PER PROSTHETIC PER 2 YEARS
L5672	93.12	2	2 PER PROSTHETIC PER 2 YEARS
L5673	451.23	2	1 PER PROSTHESIS
L5676	214.37	2	2 PER PROSTHETIC PER 4 YEARS
L5677	252.69	2	2 PER PROSTHETIC PER 4 YEARS
L5678	9.70	2	2 PER PROSTHETIC PER 2 YEARS
L5679	376.02	2	2 PER PROSTHETIC PER YEAR
L5680	184.30	2	2 PER PROSTHETIC PER 4 YEARS
L5681	799.71	2	1 PER ORTHOSIS
L5682	194.00	2	2 PER PROSTHETIC PER 4 YEARS
L5684	14.55	2	2 PER PROSTHETIC PER 4 YEARS
L5685	45.59	2	6 PER PROSTHETIC PER YEAR
L5686	9.70	2	2 PER PROSTHETIC PER 2 YEARS
L5688	34.92	2	2 PER PROSTHETIC PER YEAR
L5690	50.44	2	2 PER PROSTHETIC PER YEAR
L5692	43.65	2	2 PER PROSTHETIC PER YEAR
L5694	81.48	2	2 PER PROSTHETIC PER YEAR
L5695	89.73	2	4 PER PROSTHETIC PER YEAR
L5696	92.15	2	2 PER PROSTHETIC PER 2 YEARS

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

<b>Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.</b>			
L5697	48.50	2	2 PER PROSTHETIC PER 2 YEARS
L5698	72.75	2	2 PER PROSTHETIC PER YEAR
L5699	38.80	2	2 PER PROSTHETIC PER YEAR
<b>Additions/Replacements to Feet-Ankle Units</b>			
L5700	1701.79	2	2 PER PROSTHETIC PER 4 YEARS
L5701	2043.73	2	2 PER PROSTHETIC PER 4 YEARS
L5702	2585.62	2	2 PER PROSTHETIC PER 4 YEARS
L5704	318.36	2	2 PER PROSTHETIC PER 4 YEARS
L5705	568.86	2	2 PER PROSTHETIC PER 4 YEARS
L5706	557.64	2	2 PER PROSTHETIC PER 4 YEARS
L5707	735.17	2	2 PER PROSTHETIC PER 4 YEARS
<b>Additions to Exoskeletal-Knee Shin System</b>			
L5710	97.00	2	2 PER PROSTHETIC PER 4 YEARS
L5711	88.27	2	2 PER PROSTHETIC PER 4 YEARS
L5712	242.50	2	2 PER PROSTHETIC PER 4 YEARS
L5714	209.87	2	2 PER PROSTHETIC PER 4 YEARS
L5716	242.50	2	2 PER PROSTHETIC PER 4 YEARS
L5718	399.16	2	2 PER PROSTHETIC PER 4 YEARS
L5722	492.76	2	2 PER PROSTHETIC PER 4 YEARS
L5724	650.87	2	2 PER PROSTHETIC PER 4 YEARS
L5726	643.11	2	2 PER PROSTHETIC PER 4 YEARS
L5728	1070.88	2	2 PER PROSTHETIC PER 4 YEARS
L5780	680.02	2	2 PER PROSTHETIC PER 4 YEARS
<b>Component Modification</b>			
L5785	309.92	2	2 PER PROSTHETIC PER 4 YEARS
L5790	528.55	2	2 PER PROSTHETIC PER 4 YEARS
L5795	1052.35	2	2 PER PROSTHETIC PER 4 YEARS
<b>Endoskeletal</b>			
L5810	88.27	2	2 PER PROSTHETIC PER 4 YEARS
L5811	341.97	2	2 PER PROSTHETIC PER 4 YEARS

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.			
L5812	315.25	2	2 PER PROSTHETIC PER 4 YEARS
L5814	2200.00	2	2 PER PROSTHETIC PER 2 YEARS
L5816	221.16	2	2 PER PROSTHETIC PER 4 YEARS
L5818	398.67	2	2 PER PROSTHETIC PER 4 YEARS
L5822	451.05	2	2 PER PROSTHETIC PER 4 YEARS
L5824	607.22	2	2 PER PROSTHETIC PER 4 YEARS
L5828	1065.06	2	2 PER PROSTHETIC PER 4 YEARS
L5830	785.70	2	2 PER PROSTHETIC PER 4 YEARS
L5840	2083.91	2	2 PER PROSTHETIC PER 4 YEARS
L5845	1066.00	2	2 PER PROSTHETIC PER 3 YEARS
L5850	43.65	2	2 PER PROSTHETIC PER 4 YEARS
L5855	204.18	2	2 PER PROSTHETIC PER 4 YEARS
L5910	88.27	2	2 PER PROSTHETIC PER 4 YEARS
L5920	177.03	2	2 PER PROSTHETIC PER 4 YEARS
L5940	340.47	2	2 PER PROSTHETIC PER 2 YEARS
L5950	576.54	2	2 PER PROSTHETIC PER 2 YEARS
L5960	1196.98	2	2 PER PROSTHETIC PER 4 YEARS
L5962	376.82	2	2 PER PROSTHETIC PER 4 YEARS
L5964	556.26	2	2 PER PROSTHETIC PER 4 YEARS
L5966	708.80	2	2 PER PROSTHETIC PER 4 YEARS
L5968	2204.51	2	2 PER PROSTHETIC PER 4 YEARS
L5970	48.50	2	2 PER PROSTHETIC PER 2 YEARS
L5972	177.03	2	2 PER PROSTHETIC PER 2 YEARS
L5974	67.90	2	2 PER PROSTHETIC PER 2 YEARS
L5975	281.24	2	2 PER PROSTHETIC PER 4 YEARS
L5976	291.00	2	2 PER PROSTHETIC PER 2 YEARS
L5978	135.80	2	2 PER PROSTHETIC PER 2 YEARS
L5979	1355.26	2	2 PER PROSTHETIC PER 2 YEARS
L5980	2202.21	2	2 PER PROSTHETIC PER 2 YEARS
L5981	1779.08	2	2 PER PROSTHETIC PER 2 YEARS
L5982	204.67	2	2 PER PROSTHETIC PER 2 YEARS
L5984	243.47	2	2 PER PROSTHETIC PER 2 YEARS
L5985	163.00	2	2 PER PROSTHETIC PER 3 YEARS

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

<b>Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.</b>				
L5986	203.70	2		2 PER PROSTHETIC PER 2 YEARS
L5987	4275.00	2		2 PER PROSTHETIC PER 2 YEARS
L5988	1211.88	2		2 PER PROSTHETIC PER 4 YEARS
L5990	39.45	2		2 PER PROSTHETIC PER 2 YEARS
L5999	0.00	1	PA	MEDICAL NECESSITY
<b>Partial Hand</b>				
L6000	638.26	2		2 PER 4 YEARS
L6010	638.26	2		2 PER 4 YEARS
L6020	638.26	2		2 PER 2 YEARS
<b>Wrist Disarticulation</b>				
L6050	1013.65	2		2 PER 2 YEARS
L6055	1237.72	2		2 PER 4 YEARS
<b>Below Elbow</b>				
L6100	1009.77	2		2 PER 2 YEARS
L6110	1057.30	2		2 PER 2 YEARS
L6120	1231.90	2		2 PER 4 YEARS
L6130	1231.90	2		2 PER 4 YEARS
<b>Elbow Disarticulation</b>				
L6200	1421.05	2		2 PER 4 YEARS
L6205	1641.24	2		2 PER 4 YEARS
<b>Above Elbow</b>				
L6250	1425.90	2		2 PER 2 YEARS
<b>Shoulder Disarticulation</b>				
L6300	1891.50	2		2 PER 2 YEARS
L6310	1891.50	2		2 PER 4 YEARS
L6320	630.50	2		2 PER 4 YEARS
<b>Interscapular Thoracic</b>				
L6350	1891.50	2		2 PER 2 YEARS
L6360	2085.50	2		2 PER 4 YEARS
L6370	630.50	2		2 PER 4 YEARS
<b>Immediate and Early Postsurgical Procedures</b>				
L6380	725.48	2		1 PER ORTHOSIS



**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

<b>Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.</b>			
L6382	1091.47	2	1 PER ORTHOSIS
L6384	1509.92	2	1 PER ORTHOSIS
L6386	238.52	2	1 PER ORTHOSIS
L6388	261.12	2	1 PER ORTHOSIS
<b>Endoskeletal: Below Elbow</b>			
L6400	1261.00	2	2 PER 4 YEARS
<b>Endoskeletal: Elbow Disarticulation</b>			
L6450	1818.75	2	2 PER 4 YEARS
<b>Endoskeletal: Above Elbow</b>			
L6500	1818.75	2	2 PER 4 YEARS
<b>Endoskeletal: Shoulder Disarticulation</b>			
L6550	1891.50	2	2 PER 4 YEARS
<b>Endoskeletal: Interscapular Thoracic</b>			
L6570	2085.50	2	2 PER 4 YEARS
L6580	992.50	2	2 PER 4 YEARS
L6582	898.93	2	2 PER 4 YEARS
L6584	1409.60	2	2 PER 4 YEARS
L6586	1319.30	2	2 PER 4 YEARS
L6588	2166.92	2	2 PER 4 YEARS
L6590	1646.61	2	2 PER 4 YEARS
<b>Additions to Upper Limb</b>			
L6600	53.35	2	2 PER 4 YEARS
L6605	53.35	2	2 PER 4 YEARS
L6610	53.35	2	2 PER 4 YEARS
L6615	128.04	2	2 PER 2 YEARS
L6616	43.65	2	6 PER 4 YEARS

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

<b>Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.</b>			
L6620	163.93	2	2 PER 2 YEARS
L6624	1407.61	2	1 PER ORTHOSIS
L6625	145.50	2	2 PER 4 YEARS
L6628	284.54	2	2 PER 4 YEARS
L6629	86.90	2	2 PER 4 YEARS
L6630	102.15	2	2 PER 2 YEARS
L6632	30.56	2	12 PER YEAR
L6635	75.66	2	2 PER 2 YEARS
L6637	223.14	2	2 PER 4 YEARS
L6640	156.66	2	2 PER 4 YEARS
L6641	52.87	2	2 PER 4 YEARS
L6642	66.93	2	2 PER 4 YEARS
L6645	236.20	2	2 PER 4 YEARS
L6650	249.29	2	2 PER 4 YEARS
L6655	19.40	2	2 PER YEAR
L6660	24.25	2	2 PER YEAR
L6665	21.15	2	2 PER YEAR
L6670	11.64	2	2 PER YEAR
L6672	38.80	2	2 PER YEAR
L6675	31.04	2	2 PER YEAR
L6676	77.60	2	2 PER YEAR
L6680	67.90	2	2 PER PROSTHESIS
L6682	77.60	2	2 PER PROSTHESIS
L6684	82.45	2	2 PER PROSTHESIS
L6686	309.92	2	2 PER 4 YEARS
L6687	266.27	2	2 PER 4 YEARS
L6688	266.27	2	2 PER 4 YEARS
L6689	398.67	2	2 PER 4 YEARS
L6690	398.67	2	2 PER 4 YEARS
L6691	199.34	2	2 PER YEAR
L6692	363.75	2	2 PER 2 YEARS
L6693	1722.26	2	2 PER 4 YEARS
<b>Hooks</b>			

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

<b>Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.</b>			
L6703	270.50	2	2 PER 4 YEARS
L6706	259.62	2	2 PER 4 YEARS
L6707	956.93	2	2 PER 4 YEARS
L6708	625.58	2	2 PER 4 YEARS
L6709	901.47	2	2 PER 4 YEARS
L6805	156.17	2	2 PER 4 YEARS
L6810	81.48	2	2 PER 4 YEARS
<b>Hands</b>			
L6881	500.00	2	2 PER 2 YEARS
L6882	2333.46	1	2 PER 2 YEARS
<b>Gloves for Above Hands</b>			
L6890	78.09	2	2 PER YEAR
<b>Hand Restoration</b>			
L6900	526.71	2	2 PER 4 YEARS
L6905	526.71	2	2 PER 4 YEARS
L6910	526.71	2	2 PER 4 YEARS
L6915	276.45	2	2 PER 4 YEARS
<b>Base Devices</b>			
L6920	2522.00	2	2 PER LIFETIME
L6925	3201.00	2	2 PER LIFETIME
L6930	2522.00	2	2 PER LIFETIME
L6935	3201.00	2	2 PER LIFETIME
L6940	3622.95	2	2 PER LIFETIME
L6945	4301.95	2	2 PER LIFETIME
L6950	4186.52	2	2 PER LIFETIME
L6955	4865.52	2	2 PER LIFETIME
L6960	6106.15	2	2 PER LIFETIME

## Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients

Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.				
L6965	5427.15	2		2 PER LIFETIME
L6970	6106.15	2		2 PER LIFETIME
L6975	6785.15	2		2 PER LIFETIME
<b>Terminal Devices</b>				
L7007	<del>0 2638.56</del>	2		2 PER LIFETIME
L7008	2172.80	2		2 PER LIFETIME
L7009	<del>0 2586.02</del>	2		2 PER LIFETIME
L7040	985.52	2		2 PER LIFETIME
L7045	467.54	2		2 PER LIFETIME
<b>Elbow</b>				
L7170	3415.37	2		2 PER LIFETIME
L7185	3415.37	2		2 PER LIFETIME
L7186	6294.33	2		2 PER LIFETIME
<b>Battery Components</b>				
L7360	79.54	2		2 PER 3 YEARS
L7362	79.54	2		1 PER LIFETIME
L7364	121.25	2		2 PER 3 YEARS
L7366	249.29	1		1 PER 3 YEARS
<b>Other/Repair</b>				
L7499	0.00	2	PA	MEDICAL NECESSITY
L7520	0.00	1	PA	MEDICAL NECESSITY
<b>Breast Prostheses</b>				
L8000	26.13	2		2 PER YEAR
L8001	125.00	2		2 PER 2 YEARS
L8002	165.00	2		2 PER 2 YEARS
L8010	37.15	6		6 PER YEAR
L8015	34.42	2		2 PER 4 YEARS
L8020	135.42	2		2 PER YEAR
L8030	146.47	2		2 PER 2 YEARS

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

<b>Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.</b>				
<b>Trusses</b>				
L8300	63.05	1		2 PER YEAR
L8310	169.75	1		2 PER YEAR
<b>Prosthetic Socks</b>				
L8400	5.82	6		72 PER PROSTHETIC PER YEAR
L8410	5.82	6		72 PER PROSTHETIC PER YEAR
L8415	8.73	6		72 PER PROSTHETIC PER YEAR
L8417	44.50	2		6 PER PROSTHETIC PER YEAR
L8420	12.61	6		72 PER PROSTHETIC PER YEAR
L8430	13.58	6		72 PER PROSTHETIC PER YEAR
L8435	12.61	6		72 PER PROSTHETIC PER YEAR
L8440	29.10	2		4 PER PROSTHETIC PER YEAR
L8460	43.17	2		4 PER PROSTHETIC PER YEAR
L8465	35.41	2		4 PER PROSTHETIC PER YEAR
L8470	1.94	6		72 PER PROSTHETIC PER YEAR
L8480	2.43	6		72 PER PROSTHETIC PER YEAR
L8485	6.60	2		72 PER PROSTHETIC PER YEAR
L8499	0.00	1	PA	MEDICAL NECESSITY
<b>Larynx, Tracheoesophageal</b>				
L8500	392.00	1		1 PER LIFETIME
L8501	116.40	1		6 PER YEAR
L8507	116.40	1		1 PER 5 YEARS
<b>Drugs</b>				
Q4074	24.88	5		155 PER MONTH
<b>Temporary National Codes Established by Private Payers</b>				
S5560	25.00	1		1 EVERY 3 YEARS
S5561	29.00	1		1 EVERY 3 YEARS
S8490	27.90	1		1 PER MONTH

## Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients

<b>Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.</b>				
<b>Prosthetic Eye</b>				
V2623	567.45		2	MEDICAL NECESSITY
V2624	38.80		2	2 PER YEAR
V2625	242.50		2	1 PER PROSTHESIS
V2626	155.20		2	1 PER PROSTHESIS
V2627	902.10		2	MEDICAL NECESSITY
V2628	208.55		2	MEDICAL NECESSITY
<b>Repair/Modifications</b>				
V5336	0.00		1	PA MEDICAL NECESSITY

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## Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients

**Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.**

eQ Health Prior Authorization Pricing Reference Guide  
 The below codes, descriptions, and reimbursement rates are used by eQHealth Solutions for pricing purposes only. These codes are not separately available through the DME program.  
 Fee-for-Service providers will be reimbursed for codes submitted in conjunction with custom wheelchair and wheelchair repair requests.

E0988	247.34
E1006	4,781.32
E1007	6,474.09
E1008	6,474.67
E1010	847.13
E1014	313.77
E1017	122.59
E1086	786.60
E1089	1,187.10
E1090	1,268.90
E1130	456.12
E1140	636.11
E1161	2,033.18
E1250	729.30
E1260	900.90
E1285	1,183.60
E1290	1,034.50
E2201	320.61
E2202	407.29
E2203	411.65
E2204	698.96
E2216	29.24
E2218	45.10
E2219	40.65
E2225	14.95
E2226	32.61

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.

E2227	1,545.63
E2228	804.53
E2231	132.06
E2310	866.72
E2311	1,754.72
E2312	1,666.34
E2313	264.61
E2321	1,176.94
E2340	307.94
E2341	461.94
E2342	384.95
E2343	615.93
E2351	517.43
E2359	143.86
E2371	111.64
E2375	634.40
E2376	994.13
E2392	39.90
E2622	245.50
E2623	312.38
E2624	247.51
E2625	313.34
E2626	533.73
E2627	851.66
E2628	641.59
E2629	811.92
E2630	567.78
E2631	227.12
E2632	144.42



**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.

E2633	120.24
K0733	22.38
K0806	1,158.28
K0807	1,757.56
K0808	2,719.32
K0813	1,875.92
K0814	2,401.54
K0815	2,734.35
K0816	2,618.82
K0820	2,003.83
K0821	2,572.34
K0828	5,372.34
K0829	4,933.34
K0835	3,155.32
K0836	3,272.25
K0837	3,765.94
K0838	3,369.02
K0839	4,875.53
K0840	7,386.34
K0841	3,358.49
K0842	3,358.49
K0843	4,043.54
K0848	4,109.45
K0849	3,951.14
K0850	4,766.89
K0851	4,583.32
K0852	5,507.82
K0853	5,657.96
K0854	7,495.49

## Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients

Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.

K0855	7,080.58
K0856	4,411.12
K0857	4,499.49
K0858	5,472.94
K0859	5,219.42
K0860	7,818.72
K0861	5,691.22
K0862	4,418.18
K0863	5,472.94
K0864	7,818.72

### Enteral Formula Category List for All Medicaid Recipients

<b>B4150</b>	0.62	930	930 PER MONTH
<b>B4150SC</b>	0.62	930	930 PER MONTH

Name
Boost
Boost High Protein
Ensure
Ensure High Protein
Fibersource HN
Isosource HN
Isosource
Jevity 1 Cal
Jevity 1.2 Cal
Lipistart
Nutren 1.0
Nutren Replete
Nutren 1.0 Fiber
Osmolite

## Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients

Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.

Osmolite 1 Cal				
Osmolite 1.2 Cal				
Promote				
Promote with Fiber				
Replete				
Replete with Fiber				
<b>B4152</b>	0.50	930	930 PER MONTH	
<b>B4152SC</b>	0.50	930	930 PER MONTH	
Name				
Boost Plus				
Ensure Complete				
Ensure Plus				
Ensure Plus HN				
Isosource 1.5				
Jevity 1.5				
Resource 2.0				
Nutren 1.5				
Nutren 2.0				
Osmolite 1.5 Cal				
Resurgex Plus				
TwoCal HN				
<b>B4153</b>	2.04	930	930 PER MONTH	
<b>B4153SC</b>	2.04	930	930 PER MONTH	
Name				
Impact Peptide 1.5				
Impact Glutamine				
L-Emental				

## Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients

Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.

Peptamen			
Peptamen 1.5			
Peptamen AF			
Peptamen with PreBio1			
Perative			
Tolerex			
Vital 1.0 Cal			
Vital AF 1.2 Cal			
Vital 1.5 Cal			
Vital HN			
Vivonex Plus			
Vivonex RTF			
Vivonex TEN			
<b>B4154</b>	0.90	930	930 PER MONTH
<b>B4154SC</b>	0.90	930	930 PER MONTH
Name			
Glucerna 1.0			
Glucerna 1.2			
Glucerna 1.5			
Glytrol			
Impact			
Impact with Fiber			
Impact 1.5			
Impact Advanced Recovery			
KetoCal			
KetoCal 3.1			
KetoCal 4.1			

## Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients

Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.

KetoVie			
Nutren Pulmonary			
NutriHep			
NutriRenal			
Nepro			
NovaSource Renal			
Oxepa			
Pulmocare			
Renalcal			
Ren/Gen			
Resource Diabetic			
Suplena			
<b>B4155</b>	0.74	930	930 PER MONTH
<b>B4155SC</b>	0.74	930	930 PER MONTH
Name			
Complex MSD Amino Acid Blend			
Duocal			
GlutarAde GA-1 Amino Acid Blend			
Liquigen			
Glycosade			
Microlipid			
MCT Oil			
MCT procal			
OS 2 (Milupa OS 2)			

## Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients

Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.

PhenylAde Amino Acid Blend
MTE
Polycose
ProMod
ProPhree
Proteinex Liquid
ProViMin
Beneprotein
Ross Carbohydrate Free
SolCarb

<b>B4157</b>	0.00	930	BR	930 PER MONTH
<b>B4157SC</b>	0.00	930	BR	930 PER MONTH

Name	Caloric Density
Acerflex	454g
Camino pro- MSUD	140ml
Camino pro- PKU	140ml
Complex Essential MSD	454g
Cyclinex - 2	400g
Glutarex - 2	400g
HCY 2	454g
Hominex - 2	400g
I – Valex - 2	400g
Ketonex – 2	400g
MSUD Maxamum	454g

**Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients**

Florida Medicaid reimburses procedure codes identified with "OS" to physicians with an orthopedic specialty and durable medical equipment providers. Procedure codes not identified with "OS" are only reimbursable to durable medical equipment providers.

Periflex Junior	454g
Phenex - 2	400g
PhenylAde Essential	454g
Phenyl-Free 2	454g
Phenyl-Free 2HP	454g
Propimex – 2	400g
Tyrex - 2	400g
WND 2	400g
XLEU Maxamum	454g
XLYS, TRY Maxamum	500g
XMET Maxamum	454g
XP Maxamum	500g
MSUD 2 (Milupa)	500g