

## FSY 2005 Fees for DMEPOS Codes Processed by WPS

The Centers for Medicare & Medicaid Services (CMS) has issued fees for durable medical equipment, prosthetics and orthotics (DMEPOS) codes processed by WPS. Reimbursement below is effective for dates of service January 1, 2005 and after.

Inclusion or exclusion of a fee schedule amount for an item or service does not imply any health insurance coverage.

Code	Narrative	Illinois	Michigan	Minnesota	Wisconsin
A4561	Pessary, rubber, any type	\$19.13	\$19.13	\$19.13	\$19.13
A4562	Pessary, non-rubber, any type	\$47.54	\$47.54	\$47.54	\$47.54
A6010*	Collagen based wound filler, dry form, per gram of collagen	\$30.96	\$30.96	\$30.96	\$30.96
A6011*	Collagen based wound filler, gel/paste, per gram of collagen	\$2.28	\$2.28	\$2.28	\$2.28
A6021*	Collagen dressing, pad size 16 square inches or less, each	\$21.02	\$21.02	\$21.02	\$21.02
A6022*	Collagen dressing, pad size more than 16 square inches but less than or equal to 48 square inches, each	\$21.02	\$21.02	\$21.02	\$21.02
A6023*	Collagen dressing, pad size more than 48 square inches, each	\$190.30	\$190.30	\$190.30	\$190.30
A6024*	Collagen dressing wound filler, per 6 inches	\$6.19	\$6.19	\$6.19	\$6.19
A6200*	Composite dressing, pad size 16 square inches or less, without adhesive border, each dressing	\$9.50	\$9.50	\$9.50	\$9.50
A6201*	Composite dressing, pad size more than 16 square inches but less than or equal to 48 square inches, without adhesive border, each dressing	\$20.80	\$20.80	\$20.80	\$20.80
A6202*	Composite dressing, pad size more than 48 square inches, without adhesive border, each dressing	\$34.88	\$34.88	\$34.88	\$34.88
A6231*	Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 square inches or less, each dressing	\$4.66	\$4.68	\$4.68	\$4.68
A6232*	Gauze, impregnated, hydrogel, for direct wound contact, pad size greater than 16 square inches but less than or equal to 48 square inches, each dressing	\$6.88	\$6.88	\$6.88	\$6.88

Code	Narrative	Illinois	Michigan	Minnesota	Wisconsin
A6233*	Gauze, impregnated, hydrogel, for direct wound contact, pad size more than 48 square inches, each dressing	\$19.19	\$19.19	\$19.19	\$19.19
A6407*	Packing strips, non-impregnated, up to 2 inches in width, per linear yard	\$1.88	\$1.88	\$1.88	\$1.88
A6410*	Eye pad, sterile, each	\$0.39	\$0.39	\$0.39	\$0.39
A7040	One way chest drain valve	\$37.76	\$37.76	\$37.76	\$37.76
A7041	Water seal draining container and tubing for use with implanted chest tube	\$70.97	\$70.97	\$70.97	\$70.97
A7042	Implanted pleural catheter, each	\$180.47	\$180.47	\$180.47	\$180.47
A7043	Vacuum drainage bottle and tubing for use with implanted catheter	\$23.72	\$23.72	\$23.72	\$23.72
E0749 RR/KF	Osteogenesis stimulator, electrical, surgically implanted - Rental	\$270.14	\$257.23	\$260.09	\$270.14
E0752	Implantable neurostimulator electrode, each	\$380.50	\$380.50	\$380.50	\$380.50
E0754	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator	\$919.96	\$919.96	\$919.96	\$919.96
E0756	Implantable neurostimulator pulse generator	\$ 6,911.68	\$ 6,911.68	\$ 6,911.68	\$ 6,911.68
E0757	Implantable neurostimulator radiofrequency receiver	\$ 4,938.25	\$ 4,938.25	\$ 4,938.25	\$ 4,938.25
E0758	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	\$ 4,346.79	\$ 4,346.79	\$ 4,346.79	\$ 4,346.79
E0759	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	\$682.08	\$682.08	\$682.08	\$682.08
E0781 RR	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient - Rental	\$264.87	\$261.44	\$264.87	\$264.87

Code	Narrative	Illinois	Michigan	Minnesota	Wisconsin
E0782 NU/KF	Infusion pumps, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.) - New purchase	\$ 3,546.66	\$ 3,466.79	\$ 3,466.79	\$ 3,466.79
E0782 RR/KF	Infusion pumps, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.) – Rental	\$354.68	\$346.69	\$346.69	\$346.69
E0782 UE/KF	Infusion pumps, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)- Used purchase	\$2,659.99	\$2,600.10	\$2,600.10	\$2,600.10
E0783 NU/KF	Infusion pumps, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.) - New purchase	\$7,777.24	\$7,777.24	\$7,777.24	\$7,777.24
E0783 RR/KF	Infusion pumps, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.) – Rental	\$777.74	\$777.74	\$777.74	\$777.73
E0783 UE/KF	Infusion pumps, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)- Used purchase	\$5,832.94	\$5,832.94	\$5,832.94	\$5,832.94
E0785 / KF	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement	\$448.86	\$448.86	\$448.86	\$448.86
E0786 NU/KF	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter) – New purchase	\$7,586.23	\$7,586.23	\$7,312.16	\$7,586.23
E0786 RR/KF	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter) – Rental	\$758.61	\$758.61	\$731.22	\$758.61
E0786 UE/KF	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter) – Used purchase	\$5,689.67	\$5,689.67	\$5,484.10	\$5,689.67

Code	Narrative	Illinois	Michigan	Minnesota	Wisconsin
L8600	Implantable breast prosthesis, silicone or equal	\$667.72	\$667.72	\$667.72	\$667.72
L8603	Injectable bulking agent, collagen implant, urinary tract, 2.5ml syringe, includes shipping and necessary supplies	\$351.17	\$351.17	\$351.17	\$351.17
L8606	Injectable bulking agent, synthetic implant, urinary tract, 1ml syringe, includes shipping and necessary supplies	\$165.67	\$165.67	\$165.67	\$165.67
L8610	Ocular implant	\$548.31	\$548.31	\$548.31	\$548.31
L8612	Aqueous shunt	\$638.42	\$638.42	\$638.42	\$638.42
L8613	Ossicula implant	\$274.12	\$274.12	\$274.12	\$274.12
L8614	Cochlear device/system	\$15,793.62	\$15,793.62	\$15,793.62	\$15,793.62
L8615	Headset/Headpiece For Use With Cochlear Implant Device, Replacement	\$363.80	\$363.80	\$363.80	\$363.80
L8616	Microphone For Use With Cochlear Implant Device, Replacement	\$84.73	\$84.73	\$84.73	\$84.73
L8617	Transmitting Coil For Use With Cochlear Implant Device, Replacement	\$74.01	\$74.01	\$74.01	\$74.01
L8618	Transmitter Cable For Use With Cochlear Implant Device, Replacement	\$21.15	\$21.15	\$21.15	\$21.15
L8619	Cochlear implant external speech processor, replacement	\$6,780.03	\$6,780.03	\$6,780.03	\$6,780.03
L8620	Lithium Ion Battery For Use With Cochlear Implant Device, Replacement, Each	\$52.18	\$52.18	\$52.18	\$52.18
L8621	Zinc Air Battery For Use With Cochlear Implant Device, Replacement, Each	\$0.50	\$0.50	\$0.50	\$0.50
L8622	Alkaline Battery For Use With Cochlear Implant Device, Any Size, Replacement, Each	\$0.27	\$0.27	\$0.27	\$0.27
L8630	Metacarpophalangeal joint implant	\$360.25	\$360.25	\$360.25	\$360.25
L8631	Metacarpal phalangeal joint replacement, two pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system)	\$1,774.41	\$1,774.41	\$1,774.41	\$1,774.41
L8641	Metatarsal joint implant	\$280.72	\$280.72	\$280.72	\$280.72

Code	Narrative	Illinois	Michigan	Minnesota	Wisconsin
L8642	Hallux implant	\$251.02	\$251.02	\$251.02	\$251.02
L8658	Interphalangeal joint spacer, silicone or equal, each	\$244.76	\$244.76	\$244.76	\$244.76
L8659	Interphalangeal finger joint replacement, 2 or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation, any size	\$1,556.54	\$1,556.54	\$1,556.54	\$1,556.54
L8670	Vascular graft material, synthetic, implant	\$446.41	\$446.41	\$446.41	\$446.41

\*These procedures are only payable if incident to a physician's service (not separately payable) or if supply for implanted prosthetic device or implanted DME. If other, DME REGIONAL CARRIER Jurisdiction.

\*\*CPT codes, descriptions and other data only are copyright 2004 American Medical Association. All rights reserved.