

Affected Programs: BadgerCare Plus, Medicaid

To: HealthCheck Providers, Home Health Agencies, Hospice Providers, Individual Medical Supply Providers, Medical Equipment Vendors, Nursing Homes, Occupational Therapists, Personal Care Agencies, Pharmacies, Physical Therapists, Physician Assistants, Physician Clinics, Physicians, Rehabilitation Agencies, Speech and Hearing Clinics, Speech-Language Pathologists, Therapy Groups, HMOs and Other Managed Care Programs

Changes to Certain Durable Medical Equipment Maximum Allowable Fees

In response to federal legislation, this *ForwardHealth Update* announces there will be reductions to certain durable medical equipment (DME) maximum allowable fees effective on and after January 1, 2019.

Overview of Rate Changes

The federal Consolidated Appropriation Act of 2016 and the federal 21st Century Cures Act of 2016 limit Medicaid funding for certain DME based on the lowest Medicare max fee rates in each state. The federal Centers for Medicare and Medicaid Services (CMS) have identified the DME Healthcare Common Procedure Coding System (HCPCS) codes impacted by the federal legislation. Refer to the Attachment of this *Update* for the complete list of impacted DME codes.

To comply with this federal legislation, effective for dates of service (DOS) **on and after** January 1, 2019, ForwardHealth will:

- Reduce max fees for all impacted DME where the current ForwardHealth max fee is above the lowest corresponding 2019 Medicare max fee for Wisconsin.
- Establish max fees for all impacted DME that are currently manually priced where Medicare has a max fee.

DME Rate Reduction

For DOS on and after January 1, 2019, ForwardHealth will reduce max fees for all impacted DME where the current ForwardHealth max fee is above the lowest corresponding 2019 Medicare max fee for Wisconsin. The reduced max fee will be set equal to the lowest corresponding 2019 Medicare max fee for Wisconsin.

ForwardHealth will finalize max fees for impacted DME effective for DOS on and after January 1, 2019, when Medicare releases their 2019 max fees. Refer to the Attachment for anticipated max fee changes based on a comparison of current ForwardHealth max fees to the 2018 Medicare max fees.

Following the publication of Medicare's 2019 max fees, ForwardHealth will post the final max fees for impacted DME effective for January 1, 2019, in the DME Index and in the maximum allowable fee schedules on the ForwardHealth Portal.

Rate Reductions for Certain Oxygen and Continuous Positive Airway Pressure HCPCS Codes

The federal legislation impacts the following oxygen and Continuous Positive Airway Pressure (CPAP) HCPCS procedure codes where the current ForwardHealth max fee

differs significantly from the lowest corresponding 2019 Medicare max fee for Wisconsin:

- E0431 (Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing)
- E0434 (Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing)
- E0439 (Stationary liquid oxygen system; rental, includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing)
- E0601 (Continuous positive airway pressure [CPAP] device)
- E1390 (Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate)

To minimize impact on providers and members, ForwardHealth will gradually reduce max fees over four calendar years for these five HCPCS codes. Beginning January 1, 2019, ForwardHealth will annually reduce the rate for each code by 25 percent of the difference between the current ForwardHealth max fee and the lowest corresponding Medicare max fee in Wisconsin. The intent is for the ForwardHealth max fee of these five HCPCS codes to reflect the lowest corresponding Medicare max fee in Wisconsin by January 1, 2022.

Establish ForwardHealth Max Fees for Manually Priced DME

Effective for DOS on and after January 1, 2019, ForwardHealth will establish max fees for all impacted DME codes that are currently manually priced where Medicare has a max fee. Refer to the Attachment for a list of impacted DME codes that will have max fees established.

Following the publication of Medicare's 2019 max fees, ForwardHealth will post the final max fees for impacted DME effective for January 1, 2019, in the DME Index and in the fee schedules on the Portal.

Future DME Rate Changes

To comply with the federal legislation, ForwardHealth will annually compare max fees for all impacted DME codes to Medicare's annual max fee updates. ForwardHealth will reduce max fees for any impacted DME codes where ForwardHealth's max fee is above the lowest corresponding Medicare max fee for Wisconsin in that given year.

For current max fees, refer to the DME Index on the Portal or the fee schedules by clicking the Fee Schedules link in the Providers quick links box on the home page of the Portal at www.forwardhealth.wi.gov/.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization (MCO). MCOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services, the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

P-1250

ATTACHMENT

DME Codes Impacted by the Federal Consolidated Appropriation Act of 2016 and the Federal 21st Century Cures Act of 2016

The federal Centers for Medicare and Medicaid Services (CMS) have identified the following DME codes as impacted by the federal Consolidated Appropriation Act of 2016 and the federal 21st Century Cures Act of 2016. To comply with this federal legislation, effective for dates of service (DOS) **on and after** January 1, 2019, ForwardHealth will reduce maximum allowable fees for all impacted DME codes where the current ForwardHealth max fee is above the lowest corresponding 2019 Medicare max fee for Wisconsin. ForwardHealth will also establish max fees for all impacted DME codes that are currently manually priced where Medicare has a max fee.

ForwardHealth will finalize max fees for impacted DME effective for DOS on and after January 1, 2019, when Medicare releases their 2019 max fees. The 2019 Anticipated Rate Change column shows the anticipated max fee change for each impacted DME code based on a comparison of current ForwardHealth max fees to the 2018 Medicare max fees.

Note: The final max fees effective for January 1, 2019, are subject to change based on the final 2019 Medicare max fees. The list of impacted DME codes is subject to change annually based on updates by the federal CMS.

HCPCS Code	Modifier	Procedure Code Description	Modifier Description	2019 Anticipated Rate Change
A7007		Large volume nebulizer, disposable, prefilled, used with aerosol compressor	Purchase	Anticipated reduction
A7007	22	Large volume nebulizer, disposable, prefilled, used with aerosol compressor	Increased Procedural Service	Anticipated reduction
A7007	SC	Large volume nebulizer, disposable, prefilled, used with aerosol compressor	Medically Necessary Service or Supply	Set max fee; currently manually priced
A7009		Reservoir bottle, nondisposable, used with large volume ultrasonic nebulizer	Purchase	No change anticipated
A7009	SC	Reservoir bottle, nondisposable, used with large volume ultrasonic nebulizer	Medically Necessary Service or Supply	Set max fee; currently manually priced

HCPCS Code	Modifier	Procedure Code Description	Modifier Description	2019 Anticipated Rate Change
E0100		Cane, includes canes of all materials, adjustable or fixed, with tip	Purchase	No change anticipated
E0105		Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips	Purchase	No change anticipated
E0110		Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips	Purchase	No change anticipated
E0111		Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tips and handgrips	Purchase	No change anticipated
E0112		Crutches, underarm, wood, adjustable or fixed, each with pad, tip, and handgrip	Purchase	No change anticipated
E0113		Crutch underarm, wood, adjustable or fixed, each, with pad, tip, and handgrip	Purchase	No change anticipated
E0114		Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips	Purchase	No change anticipated
E0116		Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each	Purchase	No change anticipated
E0130		Walker, rigid (pickup), adjustable or fixed height	Purchase	Anticipated reduction
E0130	RR	Walker, rigid (pickup), adjustable or fixed height	Rental	Anticipated reduction
E0135		Walker, folding (pickup), adjustable or fixed height	Purchase	Anticipated reduction
E0135	RR	Walker, folding (pickup), adjustable or fixed height	Rental	Anticipated reduction
E0140		Walker, with trunk support, adjustable or fixed height, any type	Purchase	No change anticipated
E0140	RR	Walker, with trunk support, adjustable or fixed height, any type	Rental	Anticipated reduction
E0141		Walker, rigid, wheeled, adjustable or fixed height	Purchase	Anticipated reduction
E0141	RR	Walker, rigid, wheeled, adjustable or fixed height	Rental	Anticipated reduction
E0143		Walker, folding, wheeled, adjustable or fixed height	Purchase	Anticipated reduction

HCPCS Code	Modifier	Procedure Code Description	Modifier Description	2019 Anticipated Rate Change
E0143	RR	Walker, folding, wheeled, adjustable or fixed height	Rental	Anticipated reduction
E0147		Walker, heavy duty, multiple braking system, variable wheel resistance	Purchase	No change anticipated
E0147	RR	Walker, heavy duty, multiple braking system, variable wheel resistance	Rental	No change anticipated
E0148		Walker, heavy duty, without wheels, rigid or folding, any type, each	Purchase	Anticipated reduction
E0148	RR	Walker, heavy duty, without wheels, rigid or folding, any type, each	Rental	Anticipated reduction
E0149		Walker, heavy duty, wheeled, rigid or folding, any type	Purchase	Anticipated reduction
E0149	RR	Walker, heavy duty, wheeled, rigid or folding, any type	Rental	Anticipated reduction
E0160		Sitz type bath or equipment, portable, used with or without commode	Purchase	Anticipated reduction
E0161		Sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s	Purchase	Anticipated reduction
E0163		Commode chair, mobile or stationary, with fixed arms	Purchase	Anticipated reduction
E0163	RR	Commode chair, mobile or stationary, with fixed arms	Rental	Anticipated reduction
E0167		Pail or pan for use with commode chair, replacement only	Purchase	Anticipated reduction
E0168		Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each	Purchase	Anticipated reduction
E0181		Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	Purchase	Anticipated reduction
E0181	RR	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	Rental	Anticipated reduction
E0184		Dry pressure mattress	Purchase	Anticipated reduction
E0185		Gel or gel-like pressure pad for mattress, standard mattress length and width	Purchase	Anticipated reduction

HCPCS Code	Modifier	Procedure Code Description	Modifier Description	2019 Anticipated Rate Change
E0185	RR	Gel or gel-like pressure pad for mattress, standard mattress length and width	Rental	Anticipated reduction
E0186		Air pressure mattress	Purchase	Anticipated reduction
E0186	RR	Air pressure mattress	Rental	Anticipated reduction
E0188		Synthetic sheepskin pad	Purchase	Anticipated reduction
E0189		Lambswool sheepskin pad, any size	Purchase	Anticipated reduction
E0193	RR	Powered air flotation bed (low air loss therapy)	Rental	No change anticipated
E0194	RR	Air fluidized bed	Rental	No change anticipated
E0196		Gel pressure mattress	Purchase	No change anticipated
E0196	RR	Gel pressure mattress	Rental	Anticipated reduction
E0197		Air pressure pad for mattress, standard mattress length and width	Purchase	Anticipated reduction
E0197	RR	Air pressure pad for mattress, standard mattress length and width	Rental	Anticipated reduction
E0199		Dry pressure pad for mattress, standard mattress length and width	Purchase	Anticipated reduction
E0250		Hospital bed, fixed height, with any type side rails, with mattress	Purchase	Anticipated reduction
E0250	RR	Hospital bed, fixed height, with any type side rails, with mattress	Rental	Anticipated reduction
E0251		Hospital bed, fixed height, with any type side rails, without mattress	Purchase	Anticipated reduction
E0251	RR	Hospital bed, fixed height, with any type side rails, without mattress	Rental	Anticipated reduction
E0255		Hospital bed, variable height, hi-lo, with any type side rails, with mattress	Purchase	Anticipated reduction
E0255	RR	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	Rental	Anticipated reduction

HCPCS Code	Modifier	Procedure Code Description	Modifier Description	2019 Anticipated Rate Change
E0256		Hospital bed, variable height, hi-lo, with any type side rails, without mattress	Purchase	Anticipated reduction
E0256	RR	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	Rental	Anticipated reduction
E0260		Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	Purchase	Anticipated reduction
E0260	RR	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	Rental	Anticipated reduction
E0261		Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	Purchase	Anticipated reduction
E0261	RR	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	Rental	Anticipated reduction
E0265		Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress	Purchase	Anticipated reduction
E0265	RR	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress	Rental	No change anticipated
E0266		Hospital bed, total electric (head foot and height adjustments), with any type side rails, without mattress	Purchase	Anticipated reduction
E0266	RR	Hospital bed, total electric (head foot and height adjustments), with any type side rails, without mattress	Rental	Anticipated reduction
E0277		Powered pressure-reducing air mattress	Purchase	Anticipated reduction
E0277	RR	Powered pressure-reducing air mattress	Rental	Anticipated reduction
E0290		Hospital bed, fixed height, without side rails, with mattress	Purchase	No change anticipated
E0290	RR	Hospital bed, fixed height, without side rails, with mattress	Rental	Anticipated reduction
E0291		Hospital bed, fixed height, without side rails, without mattress	Purchase	No change anticipated

HCPCS Code	Modifier	Procedure Code Description	Modifier Description	2019 Anticipated Rate Change
E0291	RR	Hospital bed, fixed height, without side rails, without mattress	Rental	Anticipated reduction
E0292		Hospital bed, variable height, hi-lo, without side rails, with mattress	Purchase	Anticipated reduction
E0292	RR	Hospital bed, variable height, hi-lo, without side rails, with mattress	Rental	Anticipated reduction
E0293		Hospital bed, variable height, hi-lo, without side rails, without mattress	Purchase	Anticipated reduction
E0293	RR	Hospital bed, variable height, hi-lo, without side rails, without mattress	Rental	Anticipated reduction
E0294		Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	Purchase	Anticipated reduction
E0294	RR	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	Rental	Anticipated reduction
E0295		Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	Purchase	Anticipated reduction
E0295	RR	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	Rental	Anticipated reduction
E0296		Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress	Purchase	Anticipated reduction
E0296	RR	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress	Rental	Anticipated reduction
E0297		Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress	Purchase	Anticipated reduction
E0297	RR	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress	Rental	Anticipated reduction

HCPSC Code	Modifier	Procedure Code Description	Modifier Description	2019 Anticipated Rate Change
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	Anticipated reduction
E0301	RR	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	Rental	Anticipated reduction
E0302		Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	Purchase	Anticipated reduction
E0302	RR	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	Rental	No change anticipated
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	Anticipated reduction
E0303	RR	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	Rental	Anticipated reduction
E0304		Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	Purchase	Anticipated reduction
E0304	RR	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	Rental	No change anticipated

HCPCS Code	Modifier	Procedure Code Description	Modifier Description	2019 Anticipated Rate Change
E0372		Powered air overlay for mattress, standard mattress length and width	Purchase	Anticipated reduction
E0372	RR	Powered air overlay for mattress, standard mattress length and width	Rental	Anticipated reduction
E0424	RR	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Rental	Anticipated reduction
E0424	RR, QE	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Rental Low Flow	Anticipated reduction
E0424	RR, QE, TW	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Rental Low Flow Back-Up	No change anticipated
E0424	RR, QG	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Rental High Flow	Anticipated reduction
E0424	RR, QG, TW	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Rental High Flow Back-Up	Anticipated reduction
E0424	RR, TW	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Rental Back-Up	Anticipated reduction
E0431*	RR	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	Rental	Anticipated reduction
E0431*	RR, TW	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	Rental Back-Up	Anticipated reduction

HCPSC Code	Modifier	Procedure Code Description	Modifier Description	2019 Anticipated Rate Change
E0434*	RR	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	Rental	Anticipated reduction
E0434*	RR, TW	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	Rental Back-Up	Anticipated reduction
E0439*	RR	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	Rental	Anticipated reduction
E0439*	RR, QE	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	Rental Low Flow	Anticipated reduction
E0439*	RR, QE, TW	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	Rental Low Flow Back-Up	No change anticipated
E0439*	RR, QG	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	Rental High Flow	Anticipated reduction
E0439*	RR, QG, TW	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	Rental High Flow Back-Up	Anticipated reduction
E0439*	RR, TW	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	Rental Back-Up	Anticipated reduction
E0441		Stationary oxygen contents, gaseous, 1 month's supply = 1 unit	Purchase	Anticipated reduction
E0442		Stationary oxygen contents, liquid, 1 month's supply = 1 unit	Purchase	Anticipated reduction

HCPCS Code	Modifier	Procedure Code Description	Modifier Description	2019 Anticipated Rate Change
E0443		Portable oxygen contents, gaseous, 1 month's supply = 1 unit	Purchase	Anticipated reduction
E0444		Portable oxygen contents, liquid, 1 month's supply = 1 unit	Purchase	Anticipated reduction
E0465		Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Purchase	Anticipated reduction
E0465	TW	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Purchase Back-Up	No change anticipated
E0465	RR	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Rental	No change anticipated
E0465	RR, TW	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Rental Back-Up	No change anticipated
E0466		Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	Purchase	No change anticipated
E0466	TW	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	Purchase Back-Up	No change anticipated
E0466	RR	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	Rental	No change anticipated
E0466	RR, TW	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	Rental Back-Up	No change anticipated
E0471		Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with non-invasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Purchase	Anticipated reduction
E0471	RR	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with non-invasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Rental	No change anticipated

HCPCS Code	Modifier	Procedure Code Description	Modifier Description	2019 Anticipated Rate Change
E0472		Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	Purchase	Anticipated reduction
E0472	TW	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	Purchase Back-Up	No change anticipated
E0472	RR	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	Rental	No change anticipated
E0472	RR, 52	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	Rental Extended	No change anticipated
E0472	RR, 52, TW	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	Rental Extended Back-Up	No change anticipated
E0472	RR, TW	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	Rental Back-Up	No change anticipated
E0482		Cough stimulating device, alternating positive and negative airway pressure	Purchase	No change anticipated
E0482	TW	Cough stimulating device, alternating positive and negative airway pressure	Purchase Back-Up	No change anticipated

HCPCS Code	Modifier	Procedure Code Description	Modifier Description	2019 Anticipated Rate Change
E0482	RR	Cough stimulating device, alternating positive and negative airway pressure	Rental	No change anticipated
E0482	RR, TW	Cough stimulating device, alternating positive and negative airway pressure	Rental Back-Up	No change anticipated
E0483		High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each	Purchase	Anticipated reduction
E0483	RR	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each	Rental	No change anticipated
E0500		IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	Purchase	No change anticipated
E0500	RR	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	Rental	No change anticipated
E0570		Nebulizer, with compressor	Purchase	Anticipated reduction
E0570	TW	Nebulizer, with compressor	Purchase Back-Up	Anticipated reduction
E0570	RR	Nebulizer, with compressor	Rental	Anticipated reduction
E0570	RR, TW	Nebulizer, with compressor	Rental Back-Up	Anticipated reduction
E0580		Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	Purchase	No change anticipated
E0580	TW	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	Purchase Back-Up	No change anticipated
E0585		Nebulizer, with compressor and heater	Purchase	Anticipated reduction
E0585	TW	Nebulizer, with compressor and heater	Purchase Back-Up	No change anticipated
E0585	RR	Nebulizer, with compressor and heater	Rental	Anticipated reduction
E0585	RR, TW	Nebulizer, with compressor and heater	Rental Back-Up	Anticipated reduction
E0600		Respiratory suction pump, home model, portable or stationary, electric	Purchase	No change anticipated

HCPSC Code	Modifier	Procedure Code Description	Modifier Description	2019 Anticipated Rate Change
E0600	TW	Respiratory suction pump, home model, portable or stationary, electric	Purchase Back-Up	No change anticipated
E0600	RR	Respiratory suction pump, home model, portable or stationary, electric	Rental	No change anticipated
E0600	RR, TW	Respiratory suction pump, home model, portable or stationary, electric	Rental Back-Up	No change anticipated
E0601*		Continous positive airway pressure (CPAP) device	Purchase	Anticipated reduction
E0601*	RR	Continous positive airway pressure (CPAP) device	Rental	Anticipated reduction
E0630		Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)	Purchase	Anticipated reduction
E0630	RR	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)	Rental	Anticipated reduction
E0635		Patient lift, electric, with seat or sling	Purchase	Anticipated reduction
E0635	RR	Patient lift, electric, with seat or sling	Rental	Anticipated reduction
E0650		Pneumatic compressor, non-segmental home model	Purchase	No change anticipated
E0650	RR	Pneumatic compressor, non-segmental home model	Rental	No change anticipated
E0651		Pneumatic compressor, segmental home model without calibrated gradient pressure	Purchase	No change anticipated
E0651	RR	Pneumatic compressor, segmental home model without calibrated gradient pressure	Rental	No change anticipated
E0652		Pneumatic compressor, segmental home model with calibrated gradient pressure	Purchase	No change anticipated
E0652	RR	Pneumatic compressor, segmental home model with calibrated gradient pressure	Rental	No change anticipated
E0720		Transcutaneous electrical nerve stimulation (TENS) device, two lead, localized stimulation	Purchase	Anticipated reduction
E0720	RR	Transcutaneous electrical nerve stimulation (TENS) device, two lead, localized stimulation	Rental	Anticipated reduction

HCPCS Code	Modifier	Procedure Code Description	Modifier Description	2019 Anticipated Rate Change
E0730		Transcutaneous electrical nerve stimulation (TENS) device, four or more leads, for multiple nerve stimulation	Purchase	Anticipated reduction
E0730	RR	Transcutaneous electrical nerve stimulation (TENS) device, four or more leads, for multiple nerve stimulation	Rental	Anticipated reduction
E0740		Non-implanted pelvic floor electrical stimulator, complete system	Purchase	No change anticipated
E0745		Neuromuscular stimulator, electronic shock unit	Purchase	No change anticipated
E0745	RR	Neuromuscular stimulator, electronic shock unit	Rental	No change anticipated
E0747		Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	Purchase	No change anticipated
E0748		Osteogenesis stimulator, electrical, non-invasive, spinal applications	Purchase	No change anticipated
E0760		Osteogenesis stimulator, low intensity ultrasound, non-invasive	Purchase	No change anticipated
E0781		Ambulatory infusion pump, single or multiple channels, electric or battery operated with administrative equipment, worn by patient	Purchase	Anticipated reduction
E0781	TW	Ambulatory infusion pump, single or multiple channels, electric or battery operated with administrative equipment, worn by patient	Purchase Back-Up	No change anticipated
E0781	RR	Ambulatory infusion pump, single or multiple channels, electric or battery operated with administrative equipment, worn by patient	Rental	No change anticipated
E0781	RR, TW	Ambulatory infusion pump, single or multiple channels, electric or battery operated with administrative equipment, worn by patient	Rental Back-Up	No change anticipated
E0784		External ambulatory infusion pump, insulin	Purchase	Anticipated reduction

HCPCS Code	Modifier	Procedure Code Description	Modifier Description	2019 Anticipated Rate Change
E0784	RR	External ambulatory infusion pump, insulin	Rental	No change anticipated
E0791		Parenteral infusion pump, stationary, single or multi-channel	Purchase	Anticipated reduction
E0791	TW	Parenteral infusion pump, stationary, single or multi-channel	Purchase Back-Up	No change anticipated
E0791	RR	Parenteral infusion pump, stationary, single or multi-channel	Rental	No change anticipated
E0791	RR, TW	Parenteral infusion pump, stationary, single or multi-channel	Rental Back-Up	No change anticipated
E0860		Traction equipment, overdoor, cervical	Purchase	No change anticipated
E0860	RR	Traction equipment, overdoor, cervical	Rental	No change anticipated
E0870		Traction frame, attached to footboard, extremity traction, (e.g., Buck's)	Purchase	No change anticipated
E0870	RR	Traction frame, attached to footboard, extremity traction, (e.g., Buck's)	Rental	Anticipated reduction
E0880		Traction stand, free standing, extremity traction, (e.g., Buck's)	Purchase	No change anticipated
E0880	RR	Traction stand, free standing, extremity traction, (e.g., Buck's)	Rental	No change anticipated
E0900		Traction stand, free standing, pelvic traction, (e.g., Buck's)	Purchase	No change anticipated
E0900	RR	Traction stand, free standing, pelvic traction, (e.g., Buck's)	Rental	Anticipated reduction
E0910		Trapeze bars, A/K/A patient helper, attached to bed, with grab bar	Purchase	Anticipated reduction
E0910	RR	Trapeze bars, A/K/A patient helper, attached to bed, with grab bar	Rental	Anticipated reduction

HCPCS Code	Modifier	Procedure Code Description	Modifier Description	2019 Anticipated Rate Change
E0911		Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	Purchase	No change anticipated
E0911	RR	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	Rental	No change anticipated
E0912		Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing , complete with grab bar	Purchase	Anticipated reduction
E0912	RR	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing , complete with grab bar	Rental	Anticipated reduction
E0920		Fracture frame, attached to bed, includes weights	Purchase	No change anticipated
E0920	RR	Fracture frame, attached to bed, includes weights	Rental	No change anticipated
E0930		Fracture frame, free standing, includes weights	Purchase	No change anticipated
E0930	RR	Fracture frame, free standing, includes weights	Rental	No change anticipated
E0935	RR	Continuous passive motion exercise device for use on knee only	Rental	No change anticipated
E0940		Trapeze bar, free standing, complete with grab bar	Purchase	Anticipated reduction
E0940	RR	Trapeze bar, free standing, complete with grab bar	Rental	No change anticipated
E0941		Gravity assisted traction device, any type	Purchase	Anticipated reduction
E0941	RR	Gravity assisted traction device, any type	Rental	Anticipated reduction
E0946		Fracture, frame, dual with cross bars, attached to bed, (e.g., Balken, 4 poster)	Purchase	No change anticipated
E0946	RR	Fracture, frame, dual with cross bars, attached to bed, (e.g., Balken, 4 poster)	Rental	Anticipated reduction
E0947		Fracture frame, attachments for complex pelvic traction	Purchase	No change anticipated
E0947	RR	Fracture frame, attachments for complex pelvic traction	Rental	No change anticipated

HCPCS Code	Modifier	Procedure Code Description	Modifier Description	2019 Anticipated Rate Change
E0948		Fracture frame, attachments for complex cervical traction	Purchase	No change anticipated
E0948	RR	Fracture frame, attachments for complex cervical traction	Rental	No change anticipated
E1031		Rollabout chair, any and all types with casters 5" or greater	Purchase	No change anticipated
E1031	RR	Rollabout chair, any and all types with casters 5" or greater	Rental	Anticipated reduction
E1035		Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300lbs	Purchase	No change anticipated
E1035	RR	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300lbs	Rental	No change anticipated
E1161		Manual adult size wheelchair, includes tilt in space	Purchase	No change anticipated
E1161	RR	Manual adult size wheelchair, includes tilt in space	Rental	No change anticipated
E1231		Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	Purchase	No change anticipated
E1231	RR	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	Rental	No change anticipated
E1232		Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	Purchase	No change anticipated
E1232	RR	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	Rental	No change anticipated
E1233		Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	Purchase	No change anticipated
E1233	RR	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	Rental	No change anticipated

HCPCS Code	Modifier	Procedure Code Description	Modifier Description	2019 Anticipated Rate Change
E1234		Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	Purchase	No change anticipated
E1234	RR	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	Rental	No change anticipated
E1235		Wheelchair, pediatric size, rigid, adjustable, with seating system	Purchase	No change anticipated
E1235	RR	Wheelchair, pediatric size, rigid, adjustable, with seating system	Rental	No change anticipated
E1236		Wheelchair, pediatric size, folding, adjustable, with seating system	Purchase	No change anticipated
E1236	RR	Wheelchair, pediatric size, folding, adjustable, with seating system	Rental	No change anticipated
E1237		Wheelchair, pediatric size, rigid, adjustable, without seating system	Purchase	No change anticipated
E1237	RR	Wheelchair, pediatric size, rigid, adjustable, without seating system	Rental	No change anticipated
E1238		Wheelchair, pediatric size, folding, adjustable, without seating system	Purchase	No change anticipated
E1238	RR	Wheelchair, pediatric size, folding, adjustable, without seating system	Rental	No change anticipated
E1390*		Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Purchase	Anticipated reduction
E1390*	TW	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Purchase Back-Up	No change anticipated
E1390*	RR	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Rental	Anticipated reduction

HCPCS Code	Modifier	Procedure Code Description	Modifier Description	2019 Anticipated Rate Change
E1390*	RR, QE	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Rental Low Flow	Anticipated reduction
E1390*	RR, QE, TW	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Rental Low Flow Back-Up	No change anticipated
E1390*	RR, QG	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Rental High Flow	Anticipated reduction
E1390*	RR, QG, TW	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Rental High Flow Back-Up	Anticipated reduction
E1390*	RR, TW	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Rental Back-Up	Anticipated reduction
E1392	RR	Portable oxygen concentrator, rental	Rental	No change anticipated
E1392	RR, TW	Portable oxygen concentrator, rental	Rental Back-Up	No change anticipated
E1405	RR	Oxygen and water vapor enriching system with heated delivery	Rental	Anticipated reduction
E1406	RR	Oxygen and water vapor enriching system without heated delivery	Rental	Anticipated reduction
E1800		Dynamic adjustable elbow extension/flexion device, includes soft interface material	Purchase	Set max fee; currently manually priced
E1800	RR	Dynamic adjustable elbow extension/flexion device, includes soft interface material	Rental	No change anticipated
E1801	RR	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Rental	No change anticipated

HCPSC Code	Modifier	Procedure Code Description	Modifier Description	2019 Anticipated Rate Change
E1802	RR	Dynamic adjustable forearm pronation/supination device, includes soft interface material	Rental	No change anticipated
E1805		Dynamic adjustable wrist extension/flexion device, includes soft interface material	Purchase	Set max fee; currently manually priced
E1805	RR	Dynamic adjustable wrist extension/flexion device, includes soft interface material	Rental	No change anticipated
E1806	RR	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	Rental	No change anticipated
E1810		Dynamic adjustable knee extension/flexion device, includes soft interface material	Purchase	Set max fee; currently manually priced
E1810	RR	Dynamic adjustable knee extension/flexion device, includes soft interface material	Rental	No change anticipated
E1811	RR	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Rental	No change anticipated
E1812	RR	Dynamic knee, extension/flexion device with active resistance control	Rental	Anticipated reduction
E1815		Dynamic adjustable ankle extension/flexion device, includes soft interface material	Purchase	Set max fee; currently manually priced
E1815	RR	Dynamic adjustable ankle extension/flexion device, includes soft interface material	Rental	No change anticipated
E1816	RR	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	Rental	No change anticipated
E1818	RR	Static progressive stretch forearm pronation/supination device with or without range of motion adjustment, includes all components and accessories	Rental	No change anticipated

HCPCS Code	Modifier	Procedure Code Description	Modifier Description	2019 Anticipated Rate Change
E1825	RR	Dynamic adjustable finger extension/flexion device, includes soft interface material	Rental	No change anticipated
E1840	RR	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	Rental	No change anticipated
E2000		Gastric suction pump, home model, portable or stationary, electric	Purchase	Anticipated reduction
E2000	RR	Gastric suction pump, home model, portable or stationary, electric	Rental	No change anticipated
E2402	RR	Negative pressure wound therapy electrical pump, stationary or portable	Rental	Anticipated reduction
E2402	RR, 52	Negative pressure wound therapy electrical pump, stationary or portable	Rental Extended	Anticipated reduction
E2500		Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	Purchase	No change anticipated
E2502		Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	Purchase	No change anticipated
E2506		Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	Purchase	No change anticipated
E2508		Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	Purchase	Set max fee; currently manually priced
E2508	RR	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	Rental	No change anticipated

HCPCS Code	Modifier	Procedure Code Description	Modifier Description	2019 Anticipated Rate Change
E2510		Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	Purchase	Set max fee; currently manually priced
E2510	RR	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	Rental	No change anticipated
K0001		Standard wheelchair	Purchase	Anticipated reduction
K0001	RR	Standard wheelchair	Rental	Anticipated reduction
K0002		Standard hemi (low seat) wheelchair	Purchase	Anticipated reduction
K0002	RR	Standard hemi (low seat) wheelchair	Rental	Anticipated reduction
K0003		Lightweight wheelchair	Purchase	Anticipated reduction
K0003	RR	Lightweight wheelchair	Rental	Anticipated reduction
K0004		High strength, lightweight wheelchair	Purchase	Anticipated reduction
K0004	RR	High strength, lightweight wheelchair	Rental	Anticipated reduction
K0005		Ultralightweight wheelchair	Purchase	No change anticipated
K0005	RR	Ultralightweight wheelchair	Rental	No change anticipated
K0006		Heavy duty wheelchair	Purchase	Anticipated reduction
K0006	RR	Heavy duty wheelchair	Rental	Anticipated reduction
K0007		Extra heavy duty wheelchair	Purchase	Anticipated reduction
K0007	RR	Extra heavy duty wheelchair	Rental	Anticipated reduction
K0009		Other manual wheelchair/base	Purchase	Set max fee; currently manually priced
K0009	RR	Other manual wheelchair/base	Rental	Set max fee; currently manually priced
K0010		Standard - weight frame motorized/power wheelchair	Purchase	No change anticipated
K0010	RR	Standard - weight frame motorized/power wheelchair	Rental	No change anticipated

HCPCS Code	Modifier	Procedure Code Description	Modifier Description	2019 Anticipated Rate Change
K0011		Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	Purchase	Anticipated reduction
K0011	RR	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	Rental	No change anticipated
K0012		Lightweight portable motorized/power wheelchair	Purchase	No change anticipated
K0012	RR	Lightweight portable motorized/power wheelchair	Rental	No change anticipated
K0800		Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Purchase	Anticipated reduction
K0800	RR	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Rental	No change anticipated
K0801		Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	Purchase	Anticipated reduction
K0801	RR	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	Rental	No change anticipated
K0802		Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds	Purchase	Anticipated reduction
K0802	RR	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds	Rental	No change anticipated
K0806		Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	Purchase	No change anticipated
K0806	RR	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	Rental	No change anticipated
K0813		Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Purchase	Anticipated reduction

HCPCS Code	Modifier	Procedure Code Description	Modifier Description	2019 Anticipated Rate Change
K0813	RR	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Rental	Set max fee; currently manually priced
K0814		Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Purchase	Anticipated reduction
K0814	RR	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Rental	Set max fee; currently manually priced
K0815		Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Purchase	Anticipated reduction
K0815	RR	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Rental	Set max fee; currently manually priced
K0816		Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds	Purchase	Anticipated reduction
K0816	RR	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds	Rental	Set max fee; currently manually priced
K0820	RR	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Rental	Set max fee; currently manually priced
K0821	RR	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Rental	Set max fee; currently manually priced
K0822		Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Purchase	Anticipated reduction

HCPCS Code	Modifier	Procedure Code Description	Modifier Description	2019 Anticipated Rate Change
K0822	RR	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Rental	Set max fee; currently manually priced
K0823		Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds	Purchase	Anticipated reduction
K0823	RR	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds	Rental	Set max fee; currently manually priced
K0824		Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Purchase	Anticipated reduction
K0824	RR	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Rental	Set max fee; currently manually priced
K0825		Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	Purchase	Anticipated reduction
K0825	RR	Power wheelchair, group 2 heavy duty captains chair, patient weight capacity 301 to 450 pounds	Rental	Set max fee; currently manually priced
K0826		Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Purchase	Anticipated reduction
K0826	RR	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Rental	Set max fee; currently manually priced
K0827		Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	Purchase	No change anticipated
K0827	RR	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	Rental	Set max fee; currently manually priced
K0828	RR	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Rental	Set max fee; currently manually priced
K0829	RR	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more	Rental	Set max fee; currently manually priced

HCPCS Code	Modifier	Procedure Code Description	Modifier Description	2019 Anticipated Rate Change
K0835		Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Purchase	Anticipated reduction
K0835	RR	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Rental	Set max fee; currently manually priced
K0836	RR	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Rental	Set max fee; currently manually priced
K0837	RR	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Rental	Set max fee; currently manually priced
K0838		Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	Purchase	Anticipated reduction
K0838	RR	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	Rental	Set max fee; currently manually priced
K0839	RR	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Rental	Set max fee; currently manually priced
K0840	RR	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Rental	Set max fee; currently manually priced
K0841	RR	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Rental	Set max fee; currently manually priced

HCPCS Code	Modifier	Procedure Code Description	Modifier Description	2019 Anticipated Rate Change
K0842	RR	Power wheelchair, group 2 standard multiple power option, captains chair, patient weight capacity up to and including 300 pounds	Rental	Set max fee; currently manually priced
K0843	RR	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 option	Rental	Set max fee; currently manually priced
K0848		Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Purchase	No change anticipated
K0848	RR	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Rental	Set max fee; currently manually priced
K0849	RR	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	Rental	Set max fee; currently manually priced
K0850		Power wheel chair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Purchase	No change anticipated
K0850	RR	Power wheel chair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Rental	Set max fee; currently manually priced
K0851	RR	Power wheelchair, group 3 heavy duty captains chair, patient weight capacity 301 to 450 pounds	Rental	Set max fee; currently manually priced
K0852	RR	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Rental	Set max fee; currently manually priced
K0853	RR	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	Rental	Set max fee; currently manually priced
K0854	RR	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Rental	Set max fee; currently manually priced
K0855	RR	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more	Rental	Set max fee; currently manually priced

HCPCS Code	Modifier	Procedure Code Description	Modifier Description	2019 Anticipated Rate Change
K0856		Power wheel chair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Purchase	No change anticipated
K0856	RR	Power wheel chair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Rental	Set max fee; currently manually priced
K0857	RR	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Rental	Set max fee; currently manually priced
K0858		Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	Purchase	No change anticipated
K0858	RR	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	Rental	Set max fee; currently manually priced
K0859	RR	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	Rental	Set max fee; currently manually priced
K0860	RR	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Rental	Set max fee; currently manually priced
K0861		Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Purchase	No change anticipated
K0861	RR	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Rental	Set max fee; currently manually priced

HCPCS Code	Modifier	Procedure Code Description	Modifier Description	2019 Anticipated Rate Change
K0862		Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Purchase	No change anticipated
K0862	RR	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Rental	Set max fee; currently manually priced
K0863	RR	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Rental	Set max fee; currently manually priced

* ForwardHealth will gradually reduce the max fee over four calendar years.