

## Ohio Medicaid DMEB Contract 12-07-2023

Procedure Code	Procedure Description	Pricing Indicator	Rate Type	Mod1	Mod2	Mod3	Mod4	Max Fee	Max Fee Eff. Date	Max Fee End Date	PA
A4207	2 CC STERILE SYRINGE&NEEDLE	PRXOVR	DEF					NA	NA	NA	S
A4207	2 CC STERILE SYRINGE&NEEDLE	MAXFEE	DEF					0.23	5/1/1990	12/31/2299	S
A4208	3 CC STERILE SYRINGE&NEEDLE	PRXOVR	DEF					NA	NA	NA	S
A4208	3 CC STERILE SYRINGE&NEEDLE	MAXFEE	DEF					0.17	5/1/1990	12/31/2299	S
A4209	5+ CC STERILE SYRINGE&NEEDLE	PRXOVR	DEF					NA	NA	NA	S
A4209	5+ CC STERILE SYRINGE&NEEDLE	MAXFEE	DEF					0.27	5/1/1990	12/31/2299	S
A4212	NON CORING NEEDLE OR STYLET	PRXOVR	DEF					NA	NA	NA	S
A4212	NON CORING NEEDLE OR STYLET	MAXFEE	DEF					3.60	4/1/1997	12/31/2299	S
A4213	20+ CC SYRINGE ONLY	PRXOVR	DEF					NA	NA	NA	S
A4213	20+ CC SYRINGE ONLY	MAXFEE	DEF					0.60	11/22/1990	12/31/2299	S
A4214	30 CC STERILE WATER/SALINE	PRXOVR	DEF					NA	NA	NA	S
A4214	30 CC STERILE WATER/SALINE	MAXFEE	DEF					NA			S
A4216	STERILE WATER/SALINE; 10 ML	PRXOVR	DEF					NA	NA	NA	N
A4216	STERILE WATER/SALINE; 10 ML	MAXFEE	DEF					0.25	10/1/2004	12/31/2299	N
A4217	STERILE WATER/SALINE; 500 ML	PRXOVR	DEF					NA	NA	NA	S
A4217	STERILE WATER/SALINE; 500 ML	MAXFEE	DEF					2.50	10/6/2007	12/31/2299	S
A4221	SUPP NON-INSULIN INF CATH/WK	PRXOVR	DEF					NA	NA	NA	S
A4221	SUPP NON-INSULIN INF CATH/WK	MAXFEE	DEF					20.55	8/1/1998	12/31/2299	S

## Ohio Medicaid DMEB Contract 12-07-2023

A4222	INFUSION SUPPLIES WITH PUMP	PRXOVR	DEF					NA	NA	NA	S
A4222	INFUSION SUPPLIES WITH PUMP	MAXFEE	DEF					40	1/1/2005	12/31/2299	S
A4223	INFUSION SUPPLIES W/O PUMP	PRXOVR	DEF					NA	NA	NA	S
A4223	INFUSION SUPPLIES W/O PUMP	MAXFEE	DEF					15	3/21/2007	12/31/2299	S
A4224	SUPPLY INSULIN INF CATH/WK	PRXOVR	DEF					NA	NA	NA	S
A4224	SUPPLY INSULIN INF CATH/WK	MAXFEE	DEF					15.52	1/1/2017	12/31/2299	S
A4225	SUP/EXT INSULIN INF PUMP SYR	PRXOVR	DEF					NA	NA	NA	S
A4225	SUP/EXT INSULIN INF PUMP SYR	MAXFEE	DEF					2.08	1/1/2017	12/31/2299	S
A4226	WEEKLY SUPPLY MAINT CGS PUMP	PRXOVR	DEF					NA	NA	NA	S
A4226	WEEKLY SUPPLY MAINT CGS PUMP	MAXFEE	DEF					20.25	7/1/2021	12/31/2299	S
A4230	INFUS INSULIN PUMP NON NEEDL	PRXOVR	DEF					NA	NA	NA	N
A4230	INFUS INSULIN PUMP NON NEEDL	MAXFEE	DEF					8.66	3/29/2007	12/31/2299	N
A4231	INFUSION INSULIN PUMP NEEDLE	PRXOVR	DEF					NA	NA	NA	N
A4231	INFUSION INSULIN PUMP NEEDLE	MAXFEE	DEF					5.27	3/29/2007	12/31/2299	N
A4232	SYRINGE W/NEEDLE INSULIN 3CC	PRXOVR	DEF					NA	NA	NA	N
A4232	SYRINGE W/NEEDLE INSULIN 3CC	MAXFEE	DEF					4	10/15/2006	12/31/2299	N
A4238	ADJU CGM SUPPLY ALLOWANCE	PRXOVR	DEF					NA	NA	NA	S
A4238	ADJU CGM SUPPLY ALLOWANCE	MANUAL	DEF					NA	NA	NA	S

## Ohio Medicaid DMEB Contract 12-07-2023

A4239	NON-ADJU CGM SUPPLY ALLOW	PRXOVR	DEF					NA	NA	NA	Y
A4239	NON-ADJU CGM SUPPLY ALLOW	MAXFEE	DEF					198.70	1/1/2023	12/31/2299	Y
A4244	ALCOHOL OR PEROXIDE PER PINT	PRXOVR	DEF					NA	NA	NA	S
A4244	ALCOHOL OR PEROXIDE PER PINT	MAXFEE	DEF					0.56	5/1/1990	12/31/2299	S
A4246	BETADINE/PHISOHEX SOLUTION	PRXOVR	DEF					NA	NA	NA	S
A4246	BETADINE/PHISOHEX SOLUTION	MAXFEE	DEF					10	6/20/1990	12/31/2299	S
A4247	BETADINE/IODINE SWABS/WIPES	PRXOVR	DEF					NA	NA	NA	S
A4247	BETADINE/IODINE SWABS/WIPES	MAXFEE	DEF					19	1/1/2005	12/31/2299	S
A4260	LEVONORGESTREL IMPLANT	PRXOVR	DEF					NA	NA	NA	N
A4260	LEVONORGESTREL IMPLANT	MAXFEE	DEF					NA			N
A4261	CERVICAL CAP CONTRACEPTIVE	PRXOVR	DEF					NA	NA	NA	N
A4261	CERVICAL CAP CONTRACEPTIVE	MAXFEE	DEF					17.65	1/1/1999	12/31/2299	N
A4265	PARAFFIN	PRXOVR	DEF					NA	NA	NA	S
A4265	PARAFFIN	MAXFEE	DEF					3.37	12/15/2002	12/31/2299	S
A4266	DIAPHRAGM	PRXOVR	DEF					NA	NA	NA	S
A4266	DIAPHRAGM	MAXFEE	DEF					25.46	4/1/2003	12/31/2299	S
A4267	MALE CONDOM	PRXOVR	DEF					NA	NA	NA	S
A4267	MALE CONDOM	MAXFEE	DEF					0.40	4/1/2003	12/31/2299	S
A4268	FEMALE CONDOM	PRXOVR	DEF					NA	NA	NA	S
A4268	FEMALE CONDOM	MAXFEE	DEF					2.10	4/1/2003	12/31/2299	S
A4269	SPERMICIDE	PRXOVR	DEF					NA	NA	NA	S
A4269	SPERMICIDE	MAXFEE	DEF					10.05	4/1/2003	12/31/2299	S

## Ohio Medicaid DMEB Contract 12-07-2023

A4281	REPLACEMENT BREASTPUMP TUBE	PRXOVR	DEF					NA	NA	NA	N
A4281	REPLACEMENT BREASTPUMP TUBE	MAXFEE	DEF					4.75	1/1/2022	12/31/2299	N
A4282	REPLACEMENT BREASTPUMP ADPT	PRXOVR	DEF					NA	NA	NA	N
A4282	REPLACEMENT BREASTPUMP ADPT	MAXFEE	DEF					4.60	1/1/2022	12/31/2299	N
A4283	REPLACEMENT BREASTPUMP CAP	PRXOVR	DEF					NA	NA	NA	N
A4283	REPLACEMENT BREASTPUMP CAP	MAXFEE	DEF					1.55	1/1/2022	12/31/2299	N
A4284	REPLCMNT BREAST PUMP SHIELD	PRXOVR	DEF					NA	NA	NA	N
A4284	REPLCMNT BREAST PUMP SHIELD	MAXFEE	DEF					8.55	1/1/2022	12/31/2299	N
A4285	REPLCMNT BREAST PUMP BOTTLE	PRXOVR	DEF					NA	NA	NA	N
A4285	REPLCMNT BREAST PUMP BOTTLE	MAXFEE	DEF					3.90	1/1/2022	12/31/2299	N
A4286	REPLCMNT BREASTPUMP LOK RING	PRXOVR	DEF					NA	NA	NA	N
A4286	REPLCMNT BREASTPUMP LOK RING	MAXFEE	DEF					2.20	1/1/2022	12/31/2299	N
A4305	DRUG DELIVERY SYSTEM >=50 ML	PRXOVR	DEF					NA	NA	NA	S
A4305	DRUG DELIVERY SYSTEM >=50 ML	MAXFEE	DEF					12.73	4/1/2001	12/31/2299	S
A4306	DRUG DELIVERY SYSTEM <=50 ML	PRXOVR	DEF					NA	NA	NA	S
A4306	DRUG DELIVERY SYSTEM <=50 ML	MAXFEE	DEF					12.73	4/1/2001	12/31/2299	S
A4310	INSERT TRAY W/O BAG/CATH	PRXOVR	DEF					NA	NA	NA	S
A4310	INSERT TRAY W/O BAG/CATH	MAXFEE	DEF					3.90	5/1/1990	12/31/2299	S

## Ohio Medicaid DMEB Contract 12-07-2023

A4311	CATHETER W/O BAG 2-WAY LATEX	PRXOVR	DEF					NA	NA	NA	S
A4311	CATHETER W/O BAG 2-WAY LATEX	MAXFEE	DEF					6.75	5/1/1990	12/31/2299	S
A4312	CATH W/O BAG 2-WAY SILICONE	PRXOVR	DEF					NA	NA	NA	S
A4312	CATH W/O BAG 2-WAY SILICONE	MAXFEE	DEF					10	5/1/1990	12/31/2299	S
A4313	CATHETER W/BAG 3-WAY	PRXOVR	DEF					NA	NA	NA	S
A4313	CATHETER W/BAG 3-WAY	MAXFEE	DEF					14	5/1/1990	12/31/2299	S
A4314	CATH W/DRAINAGE 2-WAY LATEX	PRXOVR	DEF					NA	NA	NA	S
A4314	CATH W/DRAINAGE 2-WAY LATEX	MAXFEE	DEF					10.75	5/1/1990	12/31/2299	S
A4315	CATH W/DRAINAGE 2-WAY SILCNE	PRXOVR	DEF					NA	NA	NA	S
A4315	CATH W/DRAINAGE 2-WAY SILCNE	MAXFEE	DEF					14	5/1/1990	12/31/2299	S
A4316	CATH W/DRAINAGE 3-WAY	PRXOVR	DEF					NA	NA	NA	S
A4316	CATH W/DRAINAGE 3-WAY	MAXFEE	DEF					18	5/1/1990	12/31/2299	S
A4319	STERILE H2O IRRIGATION SOLUT	PRXOVR	DEF					NA	NA	NA	S
A4319	STERILE H2O IRRIGATION SOLUT	MAXFEE	DEF					NA			S
A4320	IRRIGATION TRAY	PRXOVR	DEF					NA	NA	NA	S
A4320	IRRIGATION TRAY	MAXFEE	DEF					2.50	4/1/1992	12/31/2299	S
A4322	IRRIGATION SYRINGE	PRXOVR	DEF					NA	NA	NA	S
A4322	IRRIGATION SYRINGE	MAXFEE	DEF					1.60	6/20/1990	12/31/2299	S
A4323	SALINE IRRIGATION SOLUTION	PRXOVR	DEF					NA	NA	NA	S
A4323	SALINE IRRIGATION SOLUTION	MAXFEE	DEF					NA			S

## Ohio Medicaid DMEB Contract 12-07-2023

A4324	MALE EXT CATH W/ADH COATING	PRXOVR	DEF					NA	NA	NA	S
A4324	MALE EXT CATH W/ADH COATING	MAXFEE	DEF					NA			S
A4326	MALE EXTERNAL CATHETER	PRXOVR	DEF					NA	NA	NA	S
A4326	MALE EXTERNAL CATHETER	MAXFEE	DEF					9	8/1/1997	12/31/2299	S
A4327	FEM URINARY COLLECT DEV CUP	PRXOVR	DEF					NA	NA	NA	S
A4327	FEM URINARY COLLECT DEV CUP	MAXFEE	DEF					37	8/1/1997	12/31/2299	S
A4328	FEM URINARY COLLECT POUCH	PRXOVR	DEF					NA	NA	NA	S
A4328	FEM URINARY COLLECT POUCH	MAXFEE	DEF					8.33	4/1/2001	12/31/2299	S
A4330	STOOL COLLECTION POUCH	PRXOVR	DEF					NA	NA	NA	S
A4330	STOOL COLLECTION POUCH	MAXFEE	DEF					5.80	4/1/2001	12/31/2299	S
A4331	EXTENSION DRAINAGE TUBING	PRXOVR	DEF					NA	NA	NA	S
A4331	EXTENSION DRAINAGE TUBING	MAXFEE	DEF					3.04	4/1/2001	12/31/2299	S
A4333	URINARY CATH ANCHOR DEVICE	PRXOVR	DEF					NA	NA	NA	S
A4333	URINARY CATH ANCHOR DEVICE	MAXFEE	DEF					2	7/1/2018	12/31/2299	S
A4334	URINARY CATH LEG STRAP	PRXOVR	DEF					NA	NA	NA	S
A4334	URINARY CATH LEG STRAP	MAXFEE	DEF					3	1/1/2001	12/31/2299	S
A4335	INCONTINENCE SUPPLY	PRXOVR	DEF					NA	NA	NA	Y
A4335	INCONTINENCE SUPPLY	PADOLR	DEF					NA	NA	NA	Y
A4338	INDWELLING CATHETER LATEX	PRXOVR	DEF					NA	NA	NA	S
A4338	INDWELLING CATHETER LATEX	MAXFEE	DEF					4.20	5/1/1990	12/31/2299	S

## Ohio Medicaid DMEB Contract 12-07-2023

A4340	INDWELLING CATHETER SPECIAL	PRXOVR	DEF					NA	NA	NA	S
A4340	INDWELLING CATHETER SPECIAL	MAXFEE	DEF					24	8/1/1997	12/31/2299	S
A4341	IDUC VALVE PAT INST REPL	PRXOVR	DEF					NA	NA	NA	S
A4341	IDUC VALVE PAT INST REPL	MAXFEE	DEF					208	4/1/2023	12/31/2299	S
A4342	IDUC VALVE SPLY REPL	PRXOVR	DEF					NA	NA	NA	S
A4342	IDUC VALVE SPLY REPL	MAXFEE	DEF					524.80	4/1/2023	12/31/2299	S
A4344	CATH INDW FOLEY 2 WAY SILICN	PRXOVR	DEF					NA	NA	NA	S
A4344	CATH INDW FOLEY 2 WAY SILICN	MAXFEE	DEF					9.39	4/1/1992	12/31/2299	S
A4346	CATH INDW FOLEY 3 WAY	PRXOVR	DEF					NA	NA	NA	S
A4346	CATH INDW FOLEY 3 WAY	MAXFEE	DEF					12.50	5/1/1990	12/31/2299	S
A4349	DISPOSABLE MALE EXTERNAL CAT	PRXOVR	DEF					NA	NA	NA	S
A4349	DISPOSABLE MALE EXTERNAL CAT	MAXFEE	DEF					1.39	1/1/2005	12/31/2299	S
A4351	STRAIGHT TIP URINE CATHETER	PRXOVR	DEF					NA	NA	NA	S
A4351	STRAIGHT TIP URINE CATHETER	MAXFEE	DEF					0.79	1/1/1996	12/31/2299	S
A4352	COUDE TIP URINARY CATHETER	PRXOVR	DEF					NA	NA	NA	S
A4352	COUDE TIP URINARY CATHETER	MAXFEE	DEF					2	1/1/1996	12/31/2299	S
A4353	INTERMITTENT URINARY CATH	PRXOVR	DEF					NA	NA	NA	S
A4353	INTERMITTENT URINARY CATH	MAXFEE	DEF					3.49	10/1/2004	12/31/2299	S
A4354	CATH INSERTION TRAY W/BAG	PRXOVR	DEF					NA	NA	NA	S
A4354	CATH INSERTION TRAY W/BAG	MAXFEE	DEF					7.40	5/1/1990	12/31/2299	S

## Ohio Medicaid DMEB Contract 12-07-2023

A4355	BLADDER IRRIGATION TUBING	PRXOVR	DEF					NA	NA	NA	S
A4355	BLADDER IRRIGATION TUBING	MAXFEE	DEF					2.70	5/1/1990	12/31/2299	S
A4356	EXT URETH CLMP OR COMPR DVC	PRXOVR	DEF					NA	NA	NA	S
A4356	EXT URETH CLMP OR COMPR DVC	MAXFEE	DEF					30.01	5/1/1990	12/31/2299	S
A4357	BEDSIDE DRAINAGE BAG	PRXOVR	DEF					NA	NA	NA	S
A4357	BEDSIDE DRAINAGE BAG	MAXFEE	DEF					6	6/20/1990	12/31/2299	S
A4358	URINARY LEG OR ABDOMEN BAG	PRXOVR	DEF					NA	NA	NA	S
A4358	URINARY LEG OR ABDOMEN BAG	MAXFEE	DEF					6.26	4/1/2001	12/31/2299	S
A4359	URINARY SUSPENSORY W/O LEG B	PRXOVR	DEF					NA	NA	NA	S
A4359	URINARY SUSPENSORY W/O LEG B	MAXFEE	DEF					0	1/1/2007	12/31/2299	S
A4361	OSTOMY FACE PLATE	PRXOVR	DEF					NA	NA	NA	S
A4361	OSTOMY FACE PLATE	MAXFEE	DEF					17.52	4/1/2001	12/31/2299	S
A4362	SOLID SKIN BARRIER	PRXOVR	DEF					NA	NA	NA	S
A4362	SOLID SKIN BARRIER	MAXFEE	DEF					3.22	4/1/2001	12/31/2299	S
A4364	ADHESIVE; LIQUID OR EQUAL	PRXOVR	DEF					NA	NA	NA	S
A4364	ADHESIVE; LIQUID OR EQUAL	MAXFEE	DEF					2.38	4/1/2001	12/31/2299	S
A4367	OSTOMY BELT	PRXOVR	DEF					NA	NA	NA	S
A4367	OSTOMY BELT	MAXFEE	DEF					6.96	4/1/2001	12/31/2299	S
A4369	SKIN BARRIER LIQUID PER OZ	PRXOVR	DEF					NA	NA	NA	S
A4369	SKIN BARRIER LIQUID PER OZ	MAXFEE	DEF					2.30	1/1/2000	12/31/2299	S
A4371	SKIN BARRIER POWDER PER OZ	PRXOVR	DEF					NA	NA	NA	S
A4371	SKIN BARRIER POWDER PER OZ	MAXFEE	DEF					3.48	4/1/2001	12/31/2299	S



## Ohio Medicaid DMEB Contract 12-07-2023

A4372	SKIN BARRIER SOLID 4X4 EQUIV	PRXOVR	DEF					NA	NA	NA	S
A4372	SKIN BARRIER SOLID 4X4 EQUIV	MAXFEE	DEF					3.78	1/1/2000	12/31/2299	S
A4373	SKIN BARRIER WITH FLANGE	PRXOVR	DEF					NA	NA	NA	S
A4373	SKIN BARRIER WITH FLANGE	MAXFEE	DEF					5.99	4/1/2001	12/31/2299	S
A4375	DRAINABLE PLASTIC PCH W FCPL	PRXOVR	DEF					NA	NA	NA	S
A4375	DRAINABLE PLASTIC PCH W FCPL	MAXFEE	DEF					15.56	1/1/2000	12/31/2299	S
A4376	DRAINABLE RUBBER PCH W FCPLT	PRXOVR	DEF					NA	NA	NA	N
A4376	DRAINABLE RUBBER PCH W FCPLT	MAXFEE	DEF					43.11	7/26/2007	12/31/2299	N
A4377	DRAINABLE PLSTIC PCH W/O FP	PRXOVR	DEF					NA	NA	NA	S
A4377	DRAINABLE PLSTIC PCH W/O FP	MAXFEE	DEF					3.89	1/1/2000	12/31/2299	S
A4378	DRAINABLE RUBBER PCH W/O FP	PRXOVR	DEF					NA	NA	NA	S
A4378	DRAINABLE RUBBER PCH W/O FP	MAXFEE	DEF					27.86	1/1/2000	12/31/2299	S
A4379	URINARY PLASTIC POUCH W FCPL	PRXOVR	DEF					NA	NA	NA	S
A4379	URINARY PLASTIC POUCH W FCPL	MAXFEE	DEF					13.61	1/1/2000	12/31/2299	S
A4380	URINARY RUBBER POUCH W FCPLT	PRXOVR	DEF					NA	NA	NA	N
A4380	URINARY RUBBER POUCH W FCPLT	MAXFEE	DEF					33.82	7/26/2007	12/31/2299	N
A4381	URINARY PLASTIC POUCH W/O FP	PRXOVR	DEF					NA	NA	NA	S
A4381	URINARY PLASTIC POUCH W/O FP	MAXFEE	DEF					4.18	1/1/2000	12/31/2299	S

## Ohio Medicaid DMEB Contract 12-07-2023

A4382	URINARY HVY PLSTC PCH W/O FP	PRXOVR	DEF					NA	NA	NA	N
A4382	URINARY HVY PLSTC PCH W/O FP	MAXFEE	DEF					22.31	7/26/2007	12/31/2299	N
A4383	URINARY RUBBER POUCH W/O FP	PRXOVR	DEF					NA	NA	NA	N
A4383	URINARY RUBBER POUCH W/O FP	MAXFEE	DEF					25.55	7/26/2007	12/31/2299	N
A4384	OSTOMY FACEPLT/SILICONE RING	PRXOVR	DEF					NA	NA	NA	S
A4384	OSTOMY FACEPLT/SILICONE RING	MAXFEE	DEF					8.72	1/1/2000	12/31/2299	S
A4385	OST SKN BARRIER SLD EXT WEAR	PRXOVR	DEF					NA	NA	NA	S
A4385	OST SKN BARRIER SLD EXT WEAR	MAXFEE	DEF					4	4/1/2001	12/31/2299	S
A4387	OST CLSD POUCH W ATT ST BARR	PRXOVR	DEF					NA	NA	NA	S
A4387	OST CLSD POUCH W ATT ST BARR	MAXFEE	DEF					2	7/1/2018	12/31/2299	S
A4388	DRAINABLE PCH W EX WEAR BARR	PRXOVR	DEF					NA	NA	NA	S
A4388	DRAINABLE PCH W EX WEAR BARR	MAXFEE	DEF					3.87	4/1/2001	12/31/2299	S
A4389	DRAINABLE PCH W ST WEAR BARR	PRXOVR	DEF					NA	NA	NA	S
A4389	DRAINABLE PCH W ST WEAR BARR	MAXFEE	DEF					5.55	4/1/2001	12/31/2299	S
A4390	DRAINABLE PCH EX WEAR CONVEX	PRXOVR	DEF					NA	NA	NA	S
A4390	DRAINABLE PCH EX WEAR CONVEX	MAXFEE	DEF					8.94	4/1/2001	12/31/2299	S
A4391	URINARY POUCH W EX WEAR BARR	PRXOVR	DEF					NA	NA	NA	S

## Ohio Medicaid DMEB Contract 12-07-2023

A4391	URINARY POUCH W EX WEAR BARR	MAXFEE	DEF					6.04	4/1/2001	12/31/2299	S
A4392	URINARY POUCH W ST WEAR BARR	PRXOVR	DEF					NA	NA	NA	S
A4392	URINARY POUCH W ST WEAR BARR	MAXFEE	DEF					6.34	4/1/2001	12/31/2299	S
A4393	URINE PCH W EX WEAR BAR CONV	PRXOVR	DEF					NA	NA	NA	S
A4393	URINE PCH W EX WEAR BAR CONV	MAXFEE	DEF					7.81	4/1/2001	12/31/2299	S
A4396	PERISTOMAL HERNIA SUPPRT BLT	PRXOVR	DEF					NA	NA	NA	N
A4396	PERISTOMAL HERNIA SUPPRT BLT	MAXFEE	DEF					24.20	10/1/2004	12/31/2299	N
A4397	IRRIGATION SUPPLY SLEEVE	PRXOVR	DEF					NA	NA	NA	S
A4397	IRRIGATION SUPPLY SLEEVE	MAXFEE	DEF					NA			S
A4398	OSTOMY IRRIGATION BAG	PRXOVR	DEF					NA	NA	NA	S
A4398	OSTOMY IRRIGATION BAG	MAXFEE	DEF					13.17	4/1/2001	12/31/2299	S
A4399	OSTOMY IRRIG CONE/CATH W BRS	PRXOVR	DEF					NA	NA	NA	S
A4399	OSTOMY IRRIG CONE/CATH W BRS	MAXFEE	DEF					9.95	1/1/1998	12/31/2299	S
A4400	OSTOMY IRRIGATION SET	PRXOVR	DEF					NA	NA	NA	S
A4400	OSTOMY IRRIGATION SET	MAXFEE	DEF					45	8/1/1997	12/31/2299	S
A4402	LUBRICANT PER OUNCE	PRXOVR	DEF					NA	NA	NA	S
A4402	LUBRICANT PER OUNCE	MAXFEE	DEF					0.65	8/1/1998	12/31/2299	S
A4404	OSTOMY RING EACH	PRXOVR	DEF					NA	NA	NA	S
A4404	OSTOMY RING EACH	MAXFEE	DEF					1.47	4/1/2001	12/31/2299	S
A4405	NONPECTIN BASED OSTOMY PASTE	PRXOVR	DEF					NA	NA	NA	S
A4405	NONPECTIN BASED OSTOMY PASTE	MAXFEE	DEF					3.27	4/1/2003	12/31/2299	S

## Ohio Medicaid DMEB Contract 12-07-2023

A4406	PECTIN BASED OSTOMY PASTE	PRXOVR	DEF					NA	NA	NA	S
A4406	PECTIN BASED OSTOMY PASTE	MAXFEE	DEF					3.27	4/1/2003	12/31/2299	S
A4407	EXT WEAR OST SKN BARR <=4SQ,PRXOVR,DEF,,,,NA,NA,NA,S, =A4407,EXT WEAR OST SKN BARR <=4SQ	MAXFEE	DEF					7.67	4/1/2003	12/31/2299	S
A4408	EXT WEAR OST SKN BARR >4SQ,PRXOVR,DEF,,,,NA,NA,NA,S, =A4408,EXT WEAR OST SKN BARR >4SQ	MAXFEE	DEF					7.67	4/1/2003	12/31/2299	S
A4409	OST SKN BARR CONVEX <=4 SQ I	PRXOVR	DEF					NA	NA	NA	S
A4409	OST SKN BARR CONVEX <=4 SQ I	MAXFEE	DEF					5.68	4/1/2003	12/31/2299	S
A4410	OST SKN BARR EXTND >4 SQ	PRXOVR	DEF					NA	NA	NA	S
A4410	OST SKN BARR EXTND >4 SQ	MAXFEE	DEF					5.68	4/1/2003	12/31/2299	S
A4412	OST POUCH DRAIN HIGH OUTPUT	PRXOVR	DEF					NA	NA	NA	S
A4412	OST POUCH DRAIN HIGH OUTPUT	MAXFEE	DEF					2.13	7/1/2021	12/31/2299	S
A4413	2 PC DRAINABLE OST POUCH	PRXOVR	DEF					NA	NA	NA	S
A4413	2 PC DRAINABLE OST POUCH	MAXFEE	DEF					2.13	7/1/2021	12/31/2299	S
A4414	OST SKNBAR W/O CONV<=4 SQ IN	PRXOVR	DEF					NA	NA	NA	S
A4414	OST SKNBAR W/O CONV<=4 SQ IN	MAXFEE	DEF					4.24	4/1/2003	12/31/2299	S
A4415	OST SKN BARR W/O CONV >4 SQI	PRXOVR	DEF					NA	NA	NA	S
A4415	OST SKN BARR W/O CONV >4 SQI	MAXFEE	DEF					4.24	4/1/2003	12/31/2299	S

## Ohio Medicaid DMEB Contract 12-07-2023

A4416	OST PCH CLSD W BARRIER/FILTR	PRXOVR	DEF					NA	NA	NA	S
A4416	OST PCH CLSD W BARRIER/FILTR	MAXFEE	DEF					1.91	7/1/2021	12/31/2299	S
A4417	OST PCH W BAR/BLTINCONV/FLTR	PRXOVR	DEF					NA	NA	NA	S
A4417	OST PCH W BAR/BLTINCONV/FLTR	MAXFEE	DEF					2	7/1/2021	12/31/2299	S
A4418	OST PCH CLSD W/O BAR W FILTR	PRXOVR	DEF					NA	NA	NA	S
A4418	OST PCH CLSD W/O BAR W FILTR	MAXFEE	DEF					1.36	7/1/2021	12/31/2299	S
A4419	OST PCH FOR BAR W FLANGE/FLT	PRXOVR	DEF					NA	NA	NA	S
A4419	OST PCH FOR BAR W FLANGE/FLT	MAXFEE	DEF					1.35	7/1/2021	12/31/2299	S
A4421	OSTOMY SUPPLY MISC	PRXOVR	DEF					NA	NA	NA	Y
A4421	OSTOMY SUPPLY MISC	PADOLR	DEF					NA	NA	NA	Y
A4423	OST PCH FOR BAR W LK FL/FLTR	PRXOVR	DEF					NA	NA	NA	S
A4423	OST PCH FOR BAR W LK FL/FLTR	MAXFEE	DEF					1.35	7/1/2021	12/31/2299	S
A4424	OST PCH DRAIN W BAR & FILTER	PRXOVR	DEF					NA	NA	NA	S
A4424	OST PCH DRAIN W BAR & FILTER	MAXFEE	DEF					2.45	7/1/2021	12/31/2299	S
A4425	OST PCH DRAIN FOR BARRIER FL	PRXOVR	DEF					NA	NA	NA	S
A4425	OST PCH DRAIN FOR BARRIER FL	MAXFEE	DEF					2.13	7/1/2021	12/31/2299	S
A4426	OST PCH DRAIN 2 PIECE SYSTEM	PRXOVR	DEF					NA	NA	NA	S
A4426	OST PCH DRAIN 2 PIECE SYSTEM	MAXFEE	DEF					2.13	7/1/2021	12/31/2299	S

## Ohio Medicaid DMEB Contract 12-07-2023

A4427	OST PCH DRAIN/BARR LK FLNG/F	PRXOVR	DEF					NA	NA	NA	S
A4427	OST PCH DRAIN/BARR LK FLNG/F	MAXFEE	DEF					2.13	7/1/2021	12/31/2299	S
A4433	URINE OST PCH BAR W LOCK FLN	PRXOVR	DEF					NA	NA	NA	S
A4433	URINE OST PCH BAR W LOCK FLN	MAXFEE	DEF					2.98	7/1/2021	12/31/2299	S
A4434	OST PCH URINE W LOCK FLNG/FT	PRXOVR	DEF					NA	NA	NA	S
A4434	OST PCH URINE W LOCK FLNG/FT	MAXFEE	DEF					2.98	7/1/2021	12/31/2299	S
A4450	NON-WATERPROOF TAPE	PRXOVR	DEF					NA	NA	NA	S
A4450	NON-WATERPROOF TAPE	MAXFEE	DEF					0.08	10/1/2004	12/31/2299	S
A4452	WATERPROOF TAPE	PRXOVR	DEF					NA	NA	NA	S
A4452	WATERPROOF TAPE	MAXFEE	DEF					0.32	10/1/2004	12/31/2299	S
A4455	ADHESIVE REMOVER PER OUNCE	PRXOVR	DEF					NA	NA	NA	S
A4455	ADHESIVE REMOVER PER OUNCE	MAXFEE	DEF					1.36	4/1/2001	12/31/2299	S
A4458	REUSABLE ENEMA BAG	PRXOVR	DEF					NA	NA	NA	N
A4458	REUSABLE ENEMA BAG	MAXFEE	DEF					8	10/1/2004	12/31/2299	N
A4460	ELASTIC COMPRESSION BANDAGE	PRXOVR	DEF					NA	NA	NA	S
A4460	ELASTIC COMPRESSION BANDAGE	MAXFEE	DEF					NA			S
A4466	ELASTIC GARMENT/COVERING	PRXOVR	DEF					NA	NA	NA	S
A4466	ELASTIC GARMENT/COVERING	MAXFEE	DEF					NA			S
A4467	BELT STRAP SLEEV GRMNT COVER	PRXOVR	DEF					NA	NA	NA	S
A4467	BELT STRAP SLEEV GRMNT COVER	MAXFEE	DEF					40	1/1/2017	12/31/2299	S

## Ohio Medicaid DMEB Contract 12-07-2023

A4483	MOISTURE EXCHANGER	PRXOVR	DEF					NA	NA	NA	S
A4483	MOISTURE EXCHANGER	MAXFEE	DEF					4.15	1/1/2005	12/31/2299	S
A4490	ABOVE KNEE SURGICAL STOCKING	PRXOVR	DEF					NA	NA	NA	Y
A4490	ABOVE KNEE SURGICAL STOCKING	MAXFEE	DEF					25	10/15/2006	12/31/2299	Y
A4495	THIGH LENGTH SURG STOCKING	PRXOVR	DEF					NA	NA	NA	Y
A4495	THIGH LENGTH SURG STOCKING	MAXFEE	DEF					25	10/15/2006	12/31/2299	Y
A4500	BELOW KNEE SURGICAL STOCKING	PRXOVR	DEF					NA	NA	NA	Y
A4500	BELOW KNEE SURGICAL STOCKING	MAXFEE	DEF					22	10/15/2006	12/31/2299	Y
A4510	FULL LENGTH SURG STOCKING	PRXOVR	DEF					NA	NA	NA	Y
A4510	FULL LENGTH SURG STOCKING	MAXFEE	DEF					75	1/1/2008	12/31/2299	Y
A4521	ADULT SIZE DIAPER SM EACH	PRXOVR	DEF					NA	NA	NA	S
A4521	ADULT SIZE DIAPER SM EACH	MAXFEE	DEF					NA			S
A4522	ADULT SIZE DIAPER MED EACH	PRXOVR	DEF					NA	NA	NA	S
A4522	ADULT SIZE DIAPER MED EACH	MAXFEE	DEF					NA			S
A4523	ADULT SIZE DIAPER LG EACH	PRXOVR	DEF					NA	NA	NA	S
A4523	ADULT SIZE DIAPER LG EACH	MAXFEE	DEF					NA			S
A4524	ADULT SIZE DIAPER XL EACH	PRXOVR	DEF					NA	NA	NA	S
A4524	ADULT SIZE DIAPER XL EACH	MAXFEE	DEF					NA			S
A4525	ADULT SIZE BRIEF SM EACH	PRXOVR	DEF					NA	NA	NA	S
A4525	ADULT SIZE BRIEF SM EACH	MAXFEE	DEF					NA			S
A4526	ADULT SIZE BRIEF MED EACH	PRXOVR	DEF					NA	NA	NA	S
A4526	ADULT SIZE BRIEF MED EACH	MAXFEE	DEF					NA			S
A4527	ADULT SIZE BRIEF LG EACH	PRXOVR	DEF					NA	NA	NA	S

## Ohio Medicaid DMEB Contract 12-07-2023

A4527	ADULT SIZE BRIEF LG EACH	MAXFEE	DEF					NA			S
A4528	ADULT SIZE BRIEF XL EACH	PRXOVR	DEF					NA	NA	NA	S
A4528	ADULT SIZE BRIEF XL EACH	MAXFEE	DEF					NA			S
A4529	CHILD SIZE DIAPER SM/MED EA	PRXOVR	DEF					NA	NA	NA	S
A4529	CHILD SIZE DIAPER SM/MED EA	MAXFEE	DEF					NA			S
A4530	CHILD SIZE DIAPER LG EACH	PRXOVR	DEF					NA	NA	NA	S
A4530	CHILD SIZE DIAPER LG EACH	MAXFEE	DEF					NA			S
A4531	CHILD SIZE BRIEF SM/MED EACH	PRXOVR	DEF					NA	NA	NA	S
A4531	CHILD SIZE BRIEF SM/MED EACH	MAXFEE	DEF					NA			S
A4532	CHILD SIZE BRIEF LG EACH	PRXOVR	DEF					NA	NA	NA	S
A4532	CHILD SIZE BRIEF LG EACH	MAXFEE	DEF					NA			S
A4533	YOUTH SIZE DIAPER EACH	PRXOVR	DEF					NA	NA	NA	S
A4533	YOUTH SIZE DIAPER EACH	MAXFEE	DEF					NA			S
A4534	YOUTH SIZE BRIEF EACH	PRXOVR	DEF					NA	NA	NA	S
A4534	YOUTH SIZE BRIEF EACH	MAXFEE	DEF					NA			S
A4535	DISP INCONT LINER/SHIELD EA	PRXOVR	DEF					NA	NA	NA	S
A4535	DISP INCONT LINER/SHIELD EA	MAXFEE	DEF					NA			S
A4536	PROT UNDERWR WSHBL ANY SZ EA	PRXOVR	DEF					NA	NA	NA	S
A4536	PROT UNDERWR WSHBL ANY SZ EA	MAXFEE	DEF					NA			S
A4537	UNDER PAD REUSABLE ANY SZ EA	PRXOVR	DEF					NA	NA	NA	S
A4537	UNDER PAD REUSABLE ANY SZ EA	MANUAL	DEF					NA	NA	NA	S
A4538	REUSABLE DIAPER FROM DPR SVC	PRXOVR	DEF					NA	NA	NA	S



## Ohio Medicaid DMEB Contract 12-07-2023

A4538	REUSABLE DIAPER FROM DPR SVC	MAXFEE	DEF					NA			S
A4556	ELECTRODES; PAIR	PRXOVR	DEF					NA	NA	NA	S
A4556	ELECTRODES; PAIR	MAXFEE	DEF					9.41	10/1/2004	12/31/2299	S
A4557	LEAD WIRES; PAIR	PRXOVR	DEF					NA	NA	NA	S
A4557	LEAD WIRES; PAIR	MAXFEE	DEF					16.36	10/1/2004	12/31/2299	S
A4558	CONDUCTIVE GEL OR PASTE	PRXOVR	DEF					NA	NA	NA	S
A4558	CONDUCTIVE GEL OR PASTE	MAXFEE	DEF					4.23	10/1/2004	12/31/2299	S
A4561	PESSARY RUBBER; ANY TYPE	PRXOVR	DEF					NA	NA	NA	S
A4561	PESSARY RUBBER; ANY TYPE	MAXFEE	DEF					10.24	1/1/2001	12/31/2299	S
A4562	PESSARY; NON RUBBER; ANY TYPE	PRXOVR	DEF					NA	NA	NA	S
A4562	PESSARY; NON RUBBER; ANY TYPE	MAXFEE	DEF					10.24	1/1/2001	12/31/2299	S
A4565	SLINGS	PRXOVR	DEF					NA	NA	NA	S
A4565	SLINGS	MAXFEE	DEF					6.30	7/1/2002	12/31/2299	S
A4570	SPLINT	PRXOVR	DEF					NA	NA	NA	S
A4570	SPLINT	MAXFEE	DEF					10	5/1/1990	12/31/2299	S
A4580	CAST SUPPLIES (PLASTER)	PRXOVR	DEF					NA	NA	NA	N
A4580	CAST SUPPLIES (PLASTER)	MAXFEE	DEF					2.55	11/1/1992	12/31/2299	N
A4590	SPECIAL CASTING MATERIAL	PRXOVR	DEF					NA	NA	NA	S
A4590	SPECIAL CASTING MATERIAL	MAXFEE	DEF					15	11/1/1992	12/31/2299	S
A4595	TENS SUPPL 2 LEAD PER MONTH	PRXOVR	DEF					NA	NA	NA	N
A4595	TENS SUPPL 2 LEAD PER MONTH	MAXFEE	DEF					25	1/1/1996	12/31/2299	N
A4596	CES SYSTEM MONTHLY SUPP	PRXOVR	DEF					NA	NA	NA	E
A4596	CES SYSTEM MONTHLY SUPP	PADOLR	DEF					NA	NA	NA	E
A4604	TUBING WITH HEATING ELEMENT	PRXOVR	DEF					NA	NA	NA	N
A4604	TUBING WITH HEATING ELEMENT	MAXFEE	DEF					53.40	2/1/2016	12/31/2299	N

## Ohio Medicaid DMEB Contract 12-07-2023

A4605	TRACH SUCTION CATH CLOSE SYS	PRXOVR	DEF					NA	NA	NA	S
A4605	TRACH SUCTION CATH CLOSE SYS	MAXFEE	DEF					13.12	4/8/2008	12/31/2299	S
A4606	OXYGEN PROBE USED W OXIMETER	PRXOVR	DEF					NA	NA	NA	Y S
A4606	OXYGEN PROBE USED W OXIMETER	MAXFEE	UC2					18.50	7/1/2021	12/31/2299	Y S
A4606	OXYGEN PROBE USED W OXIMETER	MAXFEE	DEF					110.25	7/1/2021	12/31/2299	Y S
A4606	OXYGEN PROBE USED W OXIMETER	MAXFEE	UC1					242.50	7/1/2021	12/31/2299	Y S
A4611	HEAVY DUTY BATTERY	PRXOVR	DEF					NA	NA	NA	Y
A4611	HEAVY DUTY BATTERY	MAXFEE	DEF					100	5/1/1990	12/31/2299	Y
A4612	BATTERY CABLES	PRXOVR	DEF					NA	NA	NA	Y
A4612	BATTERY CABLES	MAXFEE	DEF					60	5/1/1990	12/31/2299	Y
A4613	BATTERY CHARGER	PRXOVR	DEF					NA	NA	NA	Y
A4613	BATTERY CHARGER	MAXFEE	DEF					60	5/1/1990	12/31/2299	Y
A4616	TUBING (OXYGEN) PER FOOT	PRXOVR	DEF					NA	NA	NA	N
A4616	TUBING (OXYGEN) PER FOOT	MAXFEE	DEF					0.05	1/1/2008	12/31/2299	N
A4617	MOUTH PIECE	PRXOVR	DEF					NA	NA	NA	S
A4617	MOUTH PIECE	MAXFEE	DEF					1	5/1/1990	12/31/2299	S
A4618	BREATHING CIRCUITS	PRXOVR	DEF					NA	NA	NA	Y
A4618	BREATHING CIRCUITS	MAXFEE	DEF					2.60	5/1/1990	12/31/2299	Y
A4619	FACE TENT	PRXOVR	DEF					NA	NA	NA	S
A4619	FACE TENT	MAXFEE	DEF					1.21	1/1/2002	12/31/2299	S
A4620	VARIABLE CONCENTRATION MASK	PRXOVR	DEF					NA	NA	NA	N
A4620	VARIABLE CONCENTRATION MASK	MAXFEE	DEF					0.62	4/1/2009	12/31/2299	N
A4621	TRACHEOTOMY MASK OR COLLAR	PRXOVR	DEF					NA	NA	NA	S

## Ohio Medicaid DMEB Contract 12-07-2023

A4621	TRACHEOTOMY MASK OR COLLAR	MAXFEE	DEF					NA			S
A4622	TRACHEOSTOMY OR LARNGECTOMY	PRXOVR	DEF					NA	NA	NA	S
A4622	TRACHEOSTOMY OR LARNGECTOMY	MAXFEE	DEF					NA			S
A4623	TRACHEOSTOMY INNER CANNULA	PRXOVR	DEF					NA	NA	NA	S
A4623	TRACHEOSTOMY INNER CANNULA	MAXFEE	DEF					4.38	1/1/1994	12/31/2299	S
A4624	TRACHEAL SUCTION TUBE	PRXOVR	DEF					NA	NA	NA	S
A4624	TRACHEAL SUCTION TUBE	MAXFEE	DEF					0.80	5/1/1990	12/31/2299	S
A4625	TRACH CARE KIT FOR NEW TRACH	PRXOVR	DEF					NA	NA	NA	S
A4625	TRACH CARE KIT FOR NEW TRACH	MAXFEE	DEF					3.55	1/1/1996	12/31/2299	S
A4626	TRACHEOSTOMY CLEANING BRUSH	PRXOVR	DEF					NA	NA	NA	S
A4626	TRACHEOSTOMY CLEANING BRUSH	MAXFEE	DEF					1.38	1/1/1993	12/31/2299	S
A4628	OROPHARYNGEAL SUCTION CATH	PRXOVR	DEF					NA	NA	NA	S
A4628	OROPHARYNGEAL SUCTION CATH	MAXFEE	DEF					2.70	1/1/1996	12/31/2299	S
A4629	TRACHEOSTOMY CARE KIT	PRXOVR	DEF					NA	NA	NA	S
A4629	TRACHEOSTOMY CARE KIT	MAXFEE	DEF					2.55	1/1/1996	12/31/2299	S
A4633	UVL REPLACEMENT BULB	PRXOVR	DEF					NA	NA	NA	N
A4633	UVL REPLACEMENT BULB	MAXFEE	DEF					36.94	7/1/2019	12/31/2299	N
A4635	UNDERARM CRUTCH PAD	PRXOVR	DEF					NA	NA	NA	S
A4635	UNDERARM CRUTCH PAD	MAXFEE	DEF					1.50	5/25/1991	12/31/2299	S
A4636	HANDGRIP FOR CANE ETC	PRXOVR	DEF					NA	NA	NA	S
A4636	HANDGRIP FOR CANE ETC	MAXFEE	DEF					1.66	5/25/1991	12/31/2299	S

## Ohio Medicaid DMEB Contract 12-07-2023

A4637	REPL TIP CANE/CRUTCH/WALKER	PRXOVR	DEF					NA	NA	NA	S
A4637	REPL TIP CANE/CRUTCH/WALKER	MAXFEE	DEF					1.90	5/25/1991	12/31/2299	S
A4640	ALTERNATING PRESSURE PAD	PRXOVR	DEF					NA	NA	NA	S
A4640	ALTERNATING PRESSURE PAD	MAXFEE	DEF					31.28	5/25/1991	12/31/2299	S
A4649	SURGICAL SUPPLIES	PRXOVR	DEF					NA	NA	NA	Y
A4649	SURGICAL SUPPLIES	PADOLR	DEF					NA	NA	NA	Y
A4660	SPHYG/BP APP W CUFF AND STET	PRXOVR	DEF					NA	NA	NA	S
A4660	SPHYG/BP APP W CUFF AND STET	MAXFEE	DEF					30	8/1/1997	12/31/2299	S
A4663	DIALYSIS BLOOD PRESSURE CUFF	PRXOVR	DEF					NA	NA	NA	S
A4663	DIALYSIS BLOOD PRESSURE CUFF	MAXFEE	DEF					13	5/1/1990	12/31/2299	S
A4670	AUTOMATIC BP MONITOR; DIAL	PRXOVR	DEF					NA	NA	NA	S
A4670	AUTOMATIC BP MONITOR; DIAL	MAXFEE	DEF					47	8/1/1997	12/31/2299	S
A4719	Y SET TUBING	PRXOVR	DEF					NA	NA	NA	N
A4719	Y SET TUBING	MAXFEE	DEF					5	10/1/2004	12/31/2299	N
A4927	NON-STERILE GLOVES	PRXOVR	DEF					NA	NA	NA	S
A4927	NON-STERILE GLOVES	MAXFEE	DEF					8.69	4/1/2003	12/31/2299	S
A4930	STERILE; GLOVES PER PAIR	PRXOVR	DEF					NA	NA	NA	S
A4930	STERILE; GLOVES PER PAIR	MAXFEE	DEF					0.55	4/1/2003	12/31/2299	S
A5051	POUCH CLSD W BARR ATTACHED	PRXOVR	DEF					NA	NA	NA	S
A5051	POUCH CLSD W BARR ATTACHED	MAXFEE	DEF					1.91	4/1/2001	12/31/2299	S
A5052	CLSD OSTOMY POUCH W/O BARR	PRXOVR	DEF					NA	NA	NA	S

## Ohio Medicaid DMEB Contract 12-07-2023

A5052	CLSD OSTOMY POUCH W/O BARR	MAXFEE	DEF					1.36	4/1/2001	12/31/2299	S
A5053	CLSD OSTOMY POUCH FACEPLATE	PRXOVR	DEF					NA	NA	NA	S
A5053	CLSD OSTOMY POUCH FACEPLATE	MAXFEE	DEF					1.58	1/1/1998	12/31/2299	S
A5054	CLSD OSTOMY POUCH W/FLANGE	PRXOVR	DEF					NA	NA	NA	S
A5054	CLSD OSTOMY POUCH W/FLANGE	MAXFEE	DEF					1.35	4/1/2001	12/31/2299	S
A5055	STOMA CAP	PRXOVR	DEF					NA	NA	NA	S
A5055	STOMA CAP	MAXFEE	DEF					1.27	4/1/2001	12/31/2299	S
A5056	1 PC OST POUCH W FILTER	PRXOVR	DEF					NA	NA	NA	S
A5056	1 PC OST POUCH W FILTER	MAXFEE	DEF					3.87	7/1/2021	12/31/2299	S
A5057	1 PC OST POU W BUILT-IN CONV	PRXOVR	DEF					NA	NA	NA	S
A5057	1 PC OST POU W BUILT-IN CONV	MAXFEE	DEF					8.94	7/1/2021	12/31/2299	S
A5061	POUCH DRAINABLE W BARRIER AT	PRXOVR	DEF					NA	NA	NA	S
A5061	POUCH DRAINABLE W BARRIER AT	MAXFEE	DEF					2.45	4/1/2001	12/31/2299	S
A5062	DRNBLE OSTOMY POUCH W/O BARR	PRXOVR	DEF					NA	NA	NA	S
A5062	DRNBLE OSTOMY POUCH W/O BARR	MAXFEE	DEF					1.90	8/1/1997	12/31/2299	S
A5063	DRAIN OSTOMY POUCH W/FLANGE	PRXOVR	DEF					NA	NA	NA	S
A5063	DRAIN OSTOMY POUCH W/FLANGE	MAXFEE	DEF					2.13	4/1/2001	12/31/2299	S
A5071	URINARY POUCH W/BARRIER	PRXOVR	DEF					NA	NA	NA	S
A5071	URINARY POUCH W/BARRIER	MAXFEE	DEF					4.15	4/1/2001	12/31/2299	S
A5072	URINARY POUCH W/O BARRIER	PRXOVR	DEF					NA	NA	NA	S

## Ohio Medicaid DMEB Contract 12-07-2023

A5072	URINARY POUCH W/O BARRIER	MAXFEE	DEF					3.10	4/1/2001	12/31/2299	S
A5073	URINARY POUCH ON BARR W/FLNG	PRXOVR	DEF					NA	NA	NA	S
A5073	URINARY POUCH ON BARR W/FLNG	MAXFEE	DEF					2.98	4/1/2001	12/31/2299	S
A5081	STOMA PLUG OR SEAL; ANY TYPE	PRXOVR	DEF					NA	NA	NA	S
A5081	STOMA PLUG OR SEAL; ANY TYPE	MAXFEE	DEF					3	1/1/1998	12/31/2299	S
A5082	CONTINENT STOMA CATHETER	PRXOVR	DEF					NA	NA	NA	S
A5082	CONTINENT STOMA CATHETER	MAXFEE	DEF					10.75	1/1/1998	12/31/2299	S
A5093	OSTOMY ACCESSORY CONVEX INSE	PRXOVR	DEF					NA	NA	NA	S
A5093	OSTOMY ACCESSORY CONVEX INSE	MAXFEE	DEF					1.58	4/1/2001	12/31/2299	S
A5102	BEDSIDE DRAIN BTL W/WO TUBE	PRXOVR	DEF					NA	NA	NA	S
A5102	BEDSIDE DRAIN BTL W/WO TUBE	MAXFEE	DEF					21.39	4/1/2001	12/31/2299	S
A5105	URINARY SUSPENSORY	PRXOVR	DEF					NA	NA	NA	S
A5105	URINARY SUSPENSORY	MAXFEE	DEF					40.32	7/1/2002	12/31/2299	S
A5112	URINARY LEG BAG	PRXOVR	DEF					NA	NA	NA	S
A5112	URINARY LEG BAG	MAXFEE	DEF					31.16	7/1/2002	12/31/2299	S
A5113	LATEX LEG STRAP	PRXOVR	DEF					NA	NA	NA	S
A5113	LATEX LEG STRAP	MAXFEE	DEF					1.30	11/15/1993	12/31/2299	S
A5114	FOAM/FABRIC LEG STRAP	PRXOVR	DEF					NA	NA	NA	S
A5114	FOAM/FABRIC LEG STRAP	MAXFEE	DEF					4.25	4/1/2001	12/31/2299	S
A5119	SKIN BARRIER WIPES BOX PR 50	PRXOVR	DEF					NA	NA	NA	S

## Ohio Medicaid DMEB Contract 12-07-2023

A5119	SKIN BARRIER WIPES BOX PR 50	MAXFEE	DEF					NA			S
A5120	SKIN BARRIER; WIPE OR SWAB	PRXOVR	DEF					NA	NA	NA	S
A5120	SKIN BARRIER; WIPE OR SWAB	MAXFEE	DEF					0.17	1/1/2006	12/31/2299	S
A5121	SOLID SKIN BARRIER 6X6	PRXOVR	DEF					NA	NA	NA	S
A5121	SOLID SKIN BARRIER 6X6	MAXFEE	DEF					6.70	5/1/1990	12/31/2299	S
A5122	SOLID SKIN BARRIER 8X8	PRXOVR	DEF					NA	NA	NA	S
A5122	SOLID SKIN BARRIER 8X8	MAXFEE	DEF					12.26	4/1/2001	12/31/2299	S
A5126	DISK/FOAM PAD +OR-ADHESIVE	PRXOVR	DEF					NA	NA	NA	S
A5126	DISK/FOAM PAD +OR-ADHESIVE	MAXFEE	DEF					1.11	7/1/2002	12/31/2299	S
A5131	APPLIANCE CLEANER	PRXOVR	DEF					NA	NA	NA	S
A5131	APPLIANCE CLEANER	MAXFEE	DEF					12.25	1/1/1998	12/31/2299	S
A6010	COLLAGEN BASED WOUND FILLER	PRXOVR	DEF					NA	NA	NA	S
A6010	COLLAGEN BASED WOUND FILLER	MAXFEE	DEF					30.96	9/1/2005	12/31/2299	S
A6011	COLLAGEN GEL/PASTE WOUND FIL	PRXOVR	DEF					NA	NA	NA	S
A6011	COLLAGEN GEL/PASTE WOUND FIL	MAXFEE	DEF					1.82	1/1/2005	12/31/2299	S
A6021	COLLAGEN DRESSING <=16 SQ IN	PRXOVR	DEF					NA	NA	NA	Y
A6021	COLLAGEN DRESSING <=16 SQ IN	MAXFEE	DEF					16.82	4/1/2006	12/31/2299	Y
A6022	COLLAGEN DRSG>16<=48 SQ IN	PRXOVR	DEF					NA	NA	NA	Y
A6022	COLLAGEN DRSG>16<=48 SQ IN	MAXFEE	DEF					18.91	4/1/2006	12/31/2299	Y
A6023	COLLAGEN DRESSING >48 SQ IN	PRXOVR	DEF					NA	NA	NA	Y

## Ohio Medicaid DMEB Contract 12-07-2023

A6023	COLLAGEN DRESSING >48 SQ IN	MAXFEE	DEF					171.27	4/1/2006	12/31/2299	Y
A6154	WOUND POUCH EACH	PRXOVR	DEF					NA	NA	NA	S
A6154	WOUND POUCH EACH	MAXFEE	DEF					11.40	1/1/1997	12/31/2299	S
A6196	ALGINATE DRESSING <=16 SQ IN	PRXOVR	DEF					NA	NA	NA	S
A6196	ALGINATE DRESSING <=16 SQ IN	MAXFEE	DEF					6	1/1/1997	12/31/2299	S
A6197	ALGINATE DRSG >16 <=48 SQ IN	PRXOVR	DEF					NA	NA	NA	S
A6197	ALGINATE DRSG >16 <=48 SQ IN	MAXFEE	DEF					12.50	1/1/1999	12/31/2299	S
A6198	ALGINATE DRESSING > 48 SQ IN	PRXOVR	DEF					NA	NA	NA	S
A6198	ALGINATE DRESSING > 48 SQ IN	MAXFEE	DEF					31.40	7/26/2007	12/31/2299	S
A6199	ALGINATE DRSG WOUND FILLER	PRXOVR	DEF					NA	NA	NA	S
A6199	ALGINATE DRSG WOUND FILLER	MAXFEE	DEF					5.29	9/1/2005	12/31/2299	S
A6200	COMPOS DRSG <=16 NO BORDER	PRXOVR	DEF					NA	NA	NA	Y
A6200	COMPOS DRSG <=16 NO BORDER	MAXFEE	DEF					0	12/7/2010	12/31/2299	Y
A6201	COMPOS DRSG >16<=48 NO BDR	PRXOVR	DEF					NA	NA	NA	Y
A6201	COMPOS DRSG >16<=48 NO BDR	MAXFEE	DEF					0	12/7/2010	12/31/2299	Y
A6202	COMPOS DRSG >48 NO BORDER	PRXOVR	DEF					NA	NA	NA	Y
A6202	COMPOS DRSG >48 NO BORDER	MAXFEE	DEF					0	12/7/2010	12/31/2299	Y
A6203	COMPOSITE DRSG <= 16 SQ IN	PRXOVR	DEF					NA	NA	NA	S
A6203	COMPOSITE DRSG <= 16 SQ IN	MAXFEE	DEF					3.02	1/1/1997	12/31/2299	S



## Ohio Medicaid DMEB Contract 12-07-2023

A6204	COMPOSITE DRSG >16<=48 SQ IN	PRXOVR	DEF					NA	NA	NA	S
A6204	COMPOSITE DRSG >16<=48 SQ IN	MAXFEE	DEF					4.50	1/1/1997	12/31/2299	S
A6205	COMPOSITE DRSG > 48 SQ IN	PRXOVR	DEF					NA	NA	NA	Y
A6205	COMPOSITE DRSG > 48 SQ IN	MAXFEE	DEF					5	7/1/2021	12/31/2299	Y
A6206	CONTACT LAYER <= 16 SQ IN	PRXOVR	DEF					NA	NA	NA	Y
A6206	CONTACT LAYER <= 16 SQ IN	MAXFEE	DEF					6.25	7/1/2021	12/31/2299	Y
A6207	CONTACT LAYER >16<= 48 SQ IN	PRXOVR	DEF					NA	NA	NA	S
A6207	CONTACT LAYER >16<= 48 SQ IN	MAXFEE	DEF					5.30	1/1/1997	12/31/2299	S
A6208	CONTACT LAYER > 48 SQ IN	PRXOVR	DEF					NA	NA	NA	Y
A6208	CONTACT LAYER > 48 SQ IN	MAXFEE	DEF					11.98	4/1/2006	12/31/2299	Y
A6209	FOAM DRSG <=16 SQ IN W/O BDR	PRXOVR	DEF					NA	NA	NA	Y S
A6209	FOAM DRSG <=16 SQ IN W/O BDR	MAXFEE	DEF					6.17	1/1/1997	12/31/2299	Y S
A6209	FOAM DRSG <=16 SQ IN W/O BDR	MAXFEE	UC1					14.90	7/1/2021	12/31/2299	Y S
A6210	FOAM DRG >16<=48 SQ IN W/O B	PRXOVR	DEF					NA	NA	NA	Y S
A6210	FOAM DRG >16<=48 SQ IN W/O B	MAXFEE	DEF					14.35	8/1/1997	12/31/2299	Y S
A6210	FOAM DRG >16<=48 SQ IN W/O B	MAXFEE	UC1					20.85	7/1/2021	12/31/2299	Y S
A6211	FOAM DRG > 48 SQ IN W/O BRDR	PRXOVR	DEF					NA	NA	NA	S
A6211	FOAM DRG > 48 SQ IN W/O BRDR	MAXFEE	DEF					25.21	1/1/1999	12/31/2299	S
A6212	FOAM DRG <=16 SQ IN W/BORDER	PRXOVR	DEF					NA	NA	NA	S
A6212	FOAM DRG <=16 SQ IN W/BORDER	MAXFEE	DEF					7	1/1/1997	12/31/2299	S

## Ohio Medicaid DMEB Contract 12-07-2023

A6213	FOAM DRG >16<=48 SQ IN W/BDR	PRXOVR	DEF					NA	NA	NA	Y
A6213	FOAM DRG >16<=48 SQ IN W/BDR	MAXFEE	DEF					12.54	4/1/2006	12/31/2299	Y
A6214	FOAM DRG > 48 SQ IN W/BORDER	PRXOVR	DEF					NA	NA	NA	S
A6214	FOAM DRG > 48 SQ IN W/BORDER	MAXFEE	DEF					7.45	1/1/1997	12/31/2299	S
A6215	FOAM DRESSING WOUND FILLER	PRXOVR	DEF					NA	NA	NA	S
A6215	FOAM DRESSING WOUND FILLER	MAXFEE	DEF					1.23	6/28/2006	12/31/2299	S
A6216	NON-STERILE GAUZE<=16 SQ IN	PRXOVR	DEF					NA	NA	NA	S
A6216	NON-STERILE GAUZE<=16 SQ IN	MAXFEE	DEF					0.04	7/1/2018	12/31/2299	S
A6217	NON-STERILE GAUZE>16<=48 SQ	PRXOVR	DEF					NA	NA	NA	S
A6217	NON-STERILE GAUZE>16<=48 SQ	MAXFEE	DEF					0.64	6/28/2006	12/31/2299	S
A6218	NON-STERILE GAUZE > 48 SQ IN	PRXOVR	DEF					NA	NA	NA	S
A6218	NON-STERILE GAUZE > 48 SQ IN	MAXFEE	DEF					1.27	6/28/2006	12/31/2299	S
A6219	GAUZE <= 16 SQ IN W/BORDER	PRXOVR	DEF					NA	NA	NA	S
A6219	GAUZE <= 16 SQ IN W/BORDER	MAXFEE	DEF					0.95	6/28/2006	12/31/2299	S
A6220	GAUZE >16 <=48 SQ IN W/BORDR	PRXOVR	DEF					NA	NA	NA	S
A6220	GAUZE >16 <=48 SQ IN W/BORDR	MAXFEE	DEF					2.58	6/28/2006	12/31/2299	S
A6221	GAUZE > 48 SQ IN W/BORDER	PRXOVR	DEF					NA	NA	NA	S
A6221	GAUZE > 48 SQ IN W/BORDER	MAXFEE	DEF					0.52	6/28/2006	12/31/2299	S
A6222	GAUZE <=16 IN NO W/SAL W/O B	PRXOVR	DEF					NA	NA	NA	S

## Ohio Medicaid DMEB Contract 12-07-2023

A6222	GAUZE <=16 IN NO W/SAL W/O B	MAXFEE	DEF					1.65	1/1/1997	12/31/2299	S
A6223	GAUZE >16<=48 NO W/SAL W/O B	PRXOVR	DEF					NA	NA	NA	S
A6223	GAUZE >16<=48 NO W/SAL W/O B	MAXFEE	DEF					1.75	1/1/1997	12/31/2299	S
A6224	GAUZE > 48 IN NO W/SAL W/O B	PRXOVR	DEF					NA	NA	NA	S
A6224	GAUZE > 48 IN NO W/SAL W/O B	MAXFEE	DEF					2.60	1/1/1997	12/31/2299	S
A6231	HYDROGEL DSG<=16 SQ IN	PRXOVR	DEF					NA	NA	NA	S
A6231	HYDROGEL DSG<=16 SQ IN	MAXFEE	DEF					1.65	1/1/2001	12/31/2299	S
A6232	HYDROGEL DSG>16<=48 SQ IN	PRXOVR	DEF					NA	NA	NA	S
A6232	HYDROGEL DSG>16<=48 SQ IN	MAXFEE	DEF					1.75	1/1/2001	12/31/2299	S
A6233	HYDROGEL DRESSING >48 SQ IN	PRXOVR	DEF					NA	NA	NA	S
A6233	HYDROGEL DRESSING >48 SQ IN	MAXFEE	DEF					2.60	1/1/2001	12/31/2299	S
A6234	HYDROCOLLD DRG <=16 W/O BDR	PRXOVR	DEF					NA	NA	NA	S
A6234	HYDROCOLLD DRG <=16 W/O BDR	MAXFEE	DEF					4.80	1/1/1997	12/31/2299	S
A6235	HYDROCOLLD DRG >16<=48 W/O B	PRXOVR	DEF					NA	NA	NA	S
A6235	HYDROCOLLD DRG >16<=48 W/O B	MAXFEE	DEF					12.15	8/1/1997	12/31/2299	S
A6236	HYDROCOLLD DRG > 48 IN W/O B	PRXOVR	DEF					NA	NA	NA	S
A6236	HYDROCOLLD DRG > 48 IN W/O B	MAXFEE	DEF					19.65	8/1/1997	12/31/2299	S
A6237	HYDROCOLLD DRG <=16 IN W/BDR	PRXOVR	DEF					NA	NA	NA	S
A6237	HYDROCOLLD DRG <=16 IN W/BDR	MAXFEE	DEF					5.80	1/1/1997	12/31/2299	S

## Ohio Medicaid DMEB Contract 12-07-2023

A6238	HYDROCOLLD DRG >16<=48 W/BDR	PRXOVR	DEF					NA	NA	NA	S
A6238	HYDROCOLLD DRG >16<=48 W/BDR	MAXFEE	DEF					16.75	8/1/1997	12/31/2299	S
A6239	HYDROCOLLD DRG > 48 IN W/BDR	PRXOVR	DEF					NA	NA	NA	Y
A6239	HYDROCOLLD DRG > 48 IN W/BDR	MAXFEE	DEF					16.75	7/1/2021	12/31/2299	Y
A6240	HYDROCOLLD DRG FILLER PASTE	PRXOVR	DEF					NA	NA	NA	N
A6240	HYDROCOLLD DRG FILLER PASTE	MAXFEE	DEF					5	7/26/2007	12/31/2299	N
A6241	HYDROCOLLOID DRG FILLER DRY	PRXOVR	DEF					NA	NA	NA	S
A6241	HYDROCOLLOID DRG FILLER DRY	MAXFEE	DEF					2.57	9/1/2005	12/31/2299	S
A6242	HYDROGEL DRG <=16 IN W/O BDR	PRXOVR	DEF					NA	NA	NA	S
A6242	HYDROGEL DRG <=16 IN W/O BDR	MAXFEE	DEF					4.80	1/1/1997	12/31/2299	S
A6243	HYDROGEL DRG >16<=48 W/O BDR	PRXOVR	DEF					NA	NA	NA	S
A6243	HYDROGEL DRG >16<=48 W/O BDR	MAXFEE	DEF					8.75	8/1/1997	12/31/2299	S
A6244	HYDROGEL DRG >48 IN W/O BDR	PRXOVR	DEF					NA	NA	NA	S
A6244	HYDROGEL DRG >48 IN W/O BDR	MAXFEE	DEF					28.30	1/1/1999	12/31/2299	S
A6245	HYDROGEL DRG <= 16 IN W/BDR	PRXOVR	DEF					NA	NA	NA	S
A6245	HYDROGEL DRG <= 16 IN W/BDR	MAXFEE	DEF					5.90	1/1/1997	12/31/2299	S
A6246	HYDROGEL DRG >16<=48 IN W/B	PRXOVR	DEF					NA	NA	NA	S

## Ohio Medicaid DMEB Contract 12-07-2023

A6246	HYDROGEL DRG >16<=48 IN W/B	MAXFEE	DEF					7.15	1/1/1997	12/31/2299	S
A6247	HYDROGEL DRG > 48 SQ IN W/B	PRXOVR	DEF					NA	NA	NA	S
A6247	HYDROGEL DRG > 48 SQ IN W/B	MAXFEE	DEF					17.15	8/1/1997	12/31/2299	S
A6248	HYDROGEL DRSG GEL FILLER	PRXOVR	DEF					NA	NA	NA	N
A6248	HYDROGEL DRSG GEL FILLER	MAXFEE	DEF					5.76	7/26/2007	12/31/2299	N
A6251	ABSORPT DRG <=16 SQ IN W/O B	PRXOVR	DEF					NA	NA	NA	S
A6251	ABSORPT DRG <=16 SQ IN W/O B	MAXFEE	DEF					0.90	1/1/1997	12/31/2299	S
A6252	ABSORPT DRG >16 <=48 W/O BDR	PRXOVR	DEF					NA	NA	NA	S
A6252	ABSORPT DRG >16 <=48 W/O BDR	MAXFEE	DEF					2.35	1/1/1997	12/31/2299	S
A6253	ABSORPT DRG > 48 SQ IN W/O B	PRXOVR	DEF					NA	NA	NA	S
A6253	ABSORPT DRG > 48 SQ IN W/O B	MAXFEE	DEF					4.60	1/1/1997	12/31/2299	S
A6254	ABSORPT DRG <=16 SQ IN W/BDR	PRXOVR	DEF					NA	NA	NA	S
A6254	ABSORPT DRG <=16 SQ IN W/BDR	MAXFEE	DEF					0.90	1/1/1997	12/31/2299	S
A6255	ABSORPT DRG >16<=48 IN W/BDR	PRXOVR	DEF					NA	NA	NA	S
A6255	ABSORPT DRG >16<=48 IN W/BDR	MAXFEE	DEF					2.20	1/1/1997	12/31/2299	S
A6256	ABSORPT DRG > 48 SQ IN W/BDR	PRXOVR	DEF					NA	NA	NA	Y
A6256	ABSORPT DRG > 48 SQ IN W/BDR	MAXFEE	DEF					2.20	7/1/2021	12/31/2299	Y
A6257	TRANSPARENT FILM <= 16 SQ IN	PRXOVR	DEF					NA	NA	NA	S

## Ohio Medicaid DMEB Contract 12-07-2023

A6257	TRANSPARENT FILM <= 16 SQ IN	MAXFEE	DEF					1.10	1/1/1997	12/31/2299	S
A6258	TRANSPARENT FILM >16<=48 IN	PRXOVR	DEF					NA	NA	NA	S
A6258	TRANSPARENT FILM >16<=48 IN	MAXFEE	DEF					3.10	1/1/1997	12/31/2299	S
A6259	TRANSPARENT FILM > 48 SQ IN	PRXOVR	DEF					NA	NA	NA	S
A6259	TRANSPARENT FILM > 48 SQ IN	MAXFEE	DEF					7.90	1/1/1997	12/31/2299	S
A6261	WOUND FILLER GEL/PASTE /OZ	PRXOVR	DEF					NA	NA	NA	S
A6261	WOUND FILLER GEL/PASTE /OZ	MAXFEE	DEF					100	1/1/1997	12/31/2299	S
A6262	WOUND FILLER DRY FORM / GRAM	PRXOVR	DEF					NA	NA	NA	S
A6262	WOUND FILLER DRY FORM / GRAM	MAXFEE	DEF					100	1/1/1997	12/31/2299	S
A6264	NON-STERILE NO ELASTIC GAUZE	PRXOVR	DEF					NA	NA	NA	S
A6264	NON-STERILE NO ELASTIC GAUZE	MAXFEE	DEF					NA			S
A6265	TAPE PER 18 SQ INCHES	PRXOVR	DEF					NA	NA	NA	S
A6265	TAPE PER 18 SQ INCHES	MAXFEE	DEF					NA			S
A6266	IMPREG GAUZE NO H20/SAL/YARD	PRXOVR	DEF					NA	NA	NA	S
A6266	IMPREG GAUZE NO H20/SAL/YARD	MAXFEE	DEF					1.75	8/1/1997	12/31/2299	S
A6402	STERILE GAUZE <= 16 SQ IN	PRXOVR	DEF					NA	NA	NA	S
A6402	STERILE GAUZE <= 16 SQ IN	MAXFEE	DEF					0.12	4/1/2006	12/31/2299	S
A6403	STERILE GAUZE>16 <= 48 SQ IN	PRXOVR	DEF					NA	NA	NA	S
A6403	STERILE GAUZE>16 <= 48 SQ IN	MAXFEE	DEF					0.43	4/1/2006	12/31/2299	S

## Ohio Medicaid DMEB Contract 12-07-2023

A6404	STERILE GAUZE > 48 SQ IN	PRXOVR	DEF					NA	NA	NA	S
A6404	STERILE GAUZE > 48 SQ IN	MAXFEE	DEF					0.61	4/1/2006	12/31/2299	S
A6405	STERILE ELASTIC GAUZE /YD	PRXOVR	DEF					NA	NA	NA	S
A6405	STERILE ELASTIC GAUZE /YD	MAXFEE	DEF					NA			S
A6406	STERILE NON-ELASTIC GAUZE/YD	PRXOVR	DEF					NA	NA	NA	S
A6406	STERILE NON-ELASTIC GAUZE/YD	MAXFEE	DEF					NA			S
A6441	PAD BAND W>=3 <5/YD	PRXOVR	DEF					NA	NA	NA	S
A6441	PAD BAND W>=3 <5/YD	MAXFEE	DEF					0.54	1/1/2005	12/31/2299	S
A6442	CONFORM BAND N/S W<3/YD,PRXOVR,DEF,,,,NA,NA,NA,S, =A6442,CONFORM BAND N/S W<3/YD	MAXFEE	DEF					0.14	1/1/2005	12/31/2299	S
A6443	CONFORM BAND N/S W>=3<5/YD	PRXOVR	DEF					NA	NA	NA	S
A6443	CONFORM BAND N/S W>=3<5/YD	MAXFEE	DEF					0.23	1/1/2005	12/31/2299	S
A6444	CONFORM BAND N/S W>=5/YD,PRXOVR,DEF,,,,NA,N A,NA,S, =A6444,CONFORM BAND N/S W>=5/YD	MAXFEE	DEF					0.45	1/1/2005	12/31/2299	S
A6445	CONFORM BAND S W <3/YD,PRXOVR,DEF,,,,NA,NA,N A,S, =A6445,CONFORM BAND S W <3/YD	MAXFEE	DEF					0.26	1/1/2005	12/31/2299	S
A6446	CONFORM BAND S W>=3 <5/YD	PRXOVR	DEF					NA	NA	NA	S
A6446	CONFORM BAND S W>=3 <5/YD	MAXFEE	DEF					0.33	1/1/2005	12/31/2299	S

## Ohio Medicaid DMEB Contract 12-07-2023

A6447	CONFORM BAND S W >=5/YD,PRXOVR,DEF,,,,NA,NA, NA,S, =A6447,CONFORM BAND S W >=5/YD	MAXFEE	DEF					0.54	1/1/2005	12/31/2299	S
A6448	LT COMPRES BAND <3/YD,PRXOVR,DEF,,,,NA,NA,N A,S, =A6448,LT COMPRES BAND <3/YD	MAXFEE	DEF					1.04	10/1/2004	12/31/2299	S
A6449	LT COMPRES BAND >=3 <5/YD	PRXOVR	DEF					NA	NA	NA	S
A6449	LT COMPRES BAND >=3 <5/YD	MAXFEE	DEF					1.05	10/1/2004	12/31/2299	S
A6450	LT COMPRES BAND >=5/YD,PRXOVR,DEF,,,,NA,NA, NA,S, =A6450,LT COMPRES BAND >=5/YD	MAXFEE	DEF					1.60	1/1/2005	12/31/2299	S
A6451	MOD COMPRES BAND W>=3<5/YD	PRXOVR	DEF					NA	NA	NA	S
A6451	MOD COMPRES BAND W>=3<5/YD	MAXFEE	DEF					3.19	1/1/2005	12/31/2299	S
A6452	HIGH COMPRES BAND W>=3<5YD	PRXOVR	DEF					NA	NA	NA	S
A6452	HIGH COMPRES BAND W>=3<5YD	MAXFEE	DEF					5.32	10/1/2004	12/31/2299	S
A6453	SELF-ADHER BAND W <3/YD,PRXOVR,DEF,,,,NA,NA,N A,S, =A6453,SELF-ADHER BAND W <3/YD	MAXFEE	DEF					0.55	10/1/2004	12/31/2299	S
A6454	SELF-ADHER BAND W>=3 <5/YD	PRXOVR	DEF					NA	NA	NA	S
A6454	SELF-ADHER BAND W>=3 <5/YD	MAXFEE	DEF					0.69	10/1/2004	12/31/2299	S



## Ohio Medicaid DMEB Contract 12-07-2023

A6455	SELF-ADHER BAND >=5/YD,PRXOVR,DEF,,,,,NA,NA, NA,S, =A6455,SELF-ADHER BAND >=5/YD	MAXFEE	DEF					1.25	10/1/2004	12/31/2299	S
A6460	SYNTHETIC DRSG <= 16 SQ IN	PRXOVR	DEF					NA	NA	NA	S
A6460	SYNTHETIC DRSG <= 16 SQ IN	MAXFEE	DEF					9.75	7/1/2021	12/31/2299	S
A6461	SYNTHETIC DRSG >16<=48 SQ IN	PRXOVR	DEF					NA	NA	NA	S
A6461	SYNTHETIC DRSG >16<=48 SQ IN	MAXFEE	DEF					9.75	7/1/2021	12/31/2299	S
A6501	COMPRES BURNGARMENT BODYSUIT	PRXOVR	DEF					NA	NA	NA	Y
A6501	COMPRES BURNGARMENT BODYSUIT	PADOLR	DEF					NA	NA	NA	Y
A6502	COMPRES BURNGARMENT CHINSTRP	PRXOVR	DEF					NA	NA	NA	Y
A6502	COMPRES BURNGARMENT CHINSTRP	PADOLR	DEF					NA	NA	NA	Y
A6503	COMPRES BURNGARMENT FACEHOOD	PRXOVR	DEF					NA	NA	NA	Y
A6503	COMPRES BURNGARMENT FACEHOOD	PADOLR	DEF					NA	NA	NA	Y
A6504	CMPRSBURNGARMENT GLOVE-WRIST	PRXOVR	DEF					NA	NA	NA	Y
A6504	CMPRSBURNGARMENT GLOVE-WRIST	PADOLR	DEF					NA	NA	NA	Y
A6505	CMPRSBURNGARMENT GLOVE-ELBOW	PRXOVR	DEF					NA	NA	NA	Y
A6505	CMPRSBURNGARMENT GLOVE-ELBOW	PADOLR	DEF					NA	NA	NA	Y
A6506	CMPRSBURNGRMNT GLOVE- AXILLA	PRXOVR	DEF					NA	NA	NA	Y
A6506	CMPRSBURNGRMNT GLOVE- AXILLA	PADOLR	DEF					NA	NA	NA	Y

## Ohio Medicaid DMEB Contract 12-07-2023

A6507	CMPRS BURNGARMENT FOOT-KNEE	PRXOVR	DEF					NA	NA	NA	Y
A6507	CMPRS BURNGARMENT FOOT-KNEE	PADOLR	DEF					NA	NA	NA	Y
A6508	CMPRS BURNGARMENT FOOT-HIGH	PRXOVR	DEF					NA	NA	NA	Y
A6508	CMPRS BURNGARMENT FOOT-HIGH	PADOLR	DEF					NA	NA	NA	Y
A6509	COMPRES BURN GARMENT JACKET	PRXOVR	DEF					NA	NA	NA	Y
A6509	COMPRES BURN GARMENT JACKET	PADOLR	DEF					NA	NA	NA	Y
A6510	COMPRES BURN GARMENT LEOTARD	PRXOVR	DEF					NA	NA	NA	Y
A6510	COMPRES BURN GARMENT LEOTARD	PADOLR	DEF					NA	NA	NA	Y
A6511	COMPRES BURN GARMENT PANTY	PRXOVR	DEF					NA	NA	NA	Y
A6511	COMPRES BURN GARMENT PANTY	PADOLR	DEF					NA	NA	NA	Y
A6512	COMPRES BURN GARMENT; NOC	PRXOVR	DEF					NA	NA	NA	Y
A6512	COMPRES BURN GARMENT; NOC	PADOLR	DEF					NA	NA	NA	Y
A6530	COMPRESSION STOCKING BK18-30	PRXOVR	DEF					NA	NA	NA	Y
A6530	COMPRESSION STOCKING BK18-30	MAXFEE	DEF					21.64	7/26/2007	12/31/2299	Y
A6531	COMPRESS STKING BK30-40 SURG	PRXOVR	DEF					NA	NA	NA	Y
A6531	COMPRESS STKING BK30-40 SURG	MAXFEE	DEF					26.06	7/26/2007	12/31/2299	Y
A6532	COMPRESS STKING BK40-50 SURG	PRXOVR	DEF					NA	NA	NA	Y

## Ohio Medicaid DMEB Contract 12-07-2023

A6532	COMPRESS STKING BK40-50 SURG	MAXFEE	DEF						30.48	7/26/2007	12/31/2299	Y
A6533	GC STOCKING THIGHLNGTH 18-30	PRXOVR	DEF						NA	NA	NA	Y
A6533	GC STOCKING THIGHLNGTH 18-30	MAXFEE	DEF						24.64	7/26/2007	12/31/2299	Y
A6534	GC STOCKING THIGHLNGTH 30-40	PRXOVR	DEF						NA	NA	NA	Y
A6534	GC STOCKING THIGHLNGTH 30-40	MAXFEE	DEF						29.06	7/26/2007	12/31/2299	Y
A6535	GC STOCKING THIGHLNGTH 40+	PRXOVR	DEF						NA	NA	NA	Y
A6535	GC STOCKING THIGHLNGTH 40+	MAXFEE	DEF						33.48	7/26/2007	12/31/2299	Y
A6536	GC STOCKING FULL LNGTH 18-30	PRXOVR	DEF						NA	NA	NA	Y
A6536	GC STOCKING FULL LNGTH 18-30	MAXFEE	DEF						43.27	1/1/2006	12/31/2299	Y
A6537	GC STOCKING FULL LNGTH 30-40	PRXOVR	DEF						NA	NA	NA	Y
A6537	GC STOCKING FULL LNGTH 30-40	MAXFEE	DEF						52.12	7/26/2007	12/31/2299	Y
A6538	GC STOCKING FULL LNGTH 40+	PRXOVR	DEF						NA	NA	NA	Y
A6538	GC STOCKING FULL LNGTH 40+	MAXFEE	DEF						60.96	1/1/2006	12/31/2299	Y
A6539	GC STOCKING WAISTLNGTH 18-30	PRXOVR	DEF						NA	NA	NA	Y
A6539	GC STOCKING WAISTLNGTH 18-30	MAXFEE	DEF						50	7/26/2007	12/31/2299	Y
A6540	GC STOCKING WAISTLNGTH 30-40	PRXOVR	DEF						NA	NA	NA	Y
A6540	GC STOCKING WAISTLNGTH 30-40	MAXFEE	DEF						62.50	7/26/2007	12/31/2299	Y

## Ohio Medicaid DMEB Contract 12-07-2023

A6541	GC STOCKING WAISTLNGTH 40+	PRXOVR	DEF					NA	NA	NA	Y
A6541	GC STOCKING WAISTLNGTH 40+	MAXFEE	DEF					75	7/26/2007	12/31/2299	Y
A6542	GC STOCKING CUSTOM MADE	PRXOVR	DEF					NA	NA	NA	Y
A6542	GC STOCKING CUSTOM MADE	PADOLR	DEF					NA	NA	NA	Y
A6549	G COMPRESSION GARMENT	PRXOVR	DEF					NA	NA	NA	Y
A6549	G COMPRESSION GARMENT	PADOLR	DEF					NA	NA	NA	Y
A6590	URINARY CATH DISP SUC PUMP	PRXOVR	DEF					NA	NA	NA	S
A6590	URINARY CATH DISP SUC PUMP	MAXFEE	DEF					259.20	4/1/2023	12/31/2299	S
A6591	URINARY CATH SUC PUMP	PRXOVR	DEF					NA	NA	NA	S
A6591	URINARY CATH SUC PUMP	MAXFEE	DEF					54.40	4/1/2023	12/31/2299	S
A7000	DISPOSABLE CANISTER FOR PUMP	PRXOVR	DEF					NA	NA	NA	S
A7000	DISPOSABLE CANISTER FOR PUMP	MAXFEE	DEF					7.50	1/1/2000	12/31/2299	S
A7002	TUBING USED W SUCTION PUMP	PRXOVR	DEF					NA	NA	NA	S
A7002	TUBING USED W SUCTION PUMP	MAXFEE	DEF					3.75	1/1/2000	12/31/2299	S
A7003	NEBULIZER ADMINISTRATION SET	PRXOVR	DEF					NA	NA	NA	S
A7003	NEBULIZER ADMINISTRATION SET	MAXFEE	DEF					2.15	1/1/2000	12/31/2299	S
A7004	DISPOSABLE NEBULIZER SML VOL	PRXOVR	DEF					NA	NA	NA	S
A7004	DISPOSABLE NEBULIZER SML VOL	MAXFEE	DEF					1.44	10/1/2004	12/31/2299	S
A7005	NONDISPOSABLE NEBULIZER SET	PRXOVR	DEF					NA	NA	NA	S
A7005	NONDISPOSABLE NEBULIZER SET	MAXFEE	DEF					20	1/1/2000	12/31/2299	S

## Ohio Medicaid DMEB Contract 12-07-2023

A7006	FILTERED NEBULIZER ADMIN SET	PRXOVR	DEF					NA	NA	NA	S
A7006	FILTERED NEBULIZER ADMIN SET	MAXFEE	DEF					8	1/1/2000	12/31/2299	S
A7007	LG VOL NEBULIZER DISPOSABLE	PRXOVR	DEF					NA	NA	NA	S
A7007	LG VOL NEBULIZER DISPOSABLE	MAXFEE	DEF					4	10/1/2004	12/31/2299	S
A7012	NEBULIZER WATER COLLEC DEVIC	PRXOVR	DEF					NA	NA	NA	S
A7012	NEBULIZER WATER COLLEC DEVIC	MAXFEE	DEF					1.80	1/1/2000	12/31/2299	S
A7015	AEROSOL MASK USED W NEBULIZE	PRXOVR	DEF					NA	NA	NA	S
A7015	AEROSOL MASK USED W NEBULIZE	MAXFEE	DEF					1.63	7/1/2002	12/31/2299	S
A7018	WATER DISTILLED W/NEBULIZER	PRXOVR	DEF					NA	NA	NA	S
A7018	WATER DISTILLED W/NEBULIZER	MAXFEE	DEF					0.28	1/1/2001	12/31/2299	S
A7030	CPAP FULL FACE MASK	PRXOVR	DEF					NA	NA	NA	S
A7030	CPAP FULL FACE MASK	MAXFEE	DEF					113.18	4/20/2006	12/31/2299	S
A7031	REPLACEMENT FACEMASK INTERFA	PRXOVR	DEF					NA	NA	NA	N
A7031	REPLACEMENT FACEMASK INTERFA	MAXFEE	DEF					51.12	2/1/2016	12/31/2299	N
A7032	REPLACEMENT NASAL CUSHION	PRXOVR	DEF					NA	NA	NA	S
A7032	REPLACEMENT NASAL CUSHION	MAXFEE	DEF					21.36	10/1/2004	12/31/2299	S
A7033	REPLACEMENT NASAL PILLOWS	PRXOVR	DEF					NA	NA	NA	S
A7033	REPLACEMENT NASAL PILLOWS	MAXFEE	DEF					21.36	10/1/2004	12/31/2299	S

## Ohio Medicaid DMEB Contract 12-07-2023

A7034	NASAL APPLICATION DEVICE	PRXOVR	DEF					NA	NA	NA	S
A7034	NASAL APPLICATION DEVICE	MAXFEE	DEF					66.71	10/1/2004	12/31/2299	S
A7035	POS AIRWAY PRESS HEADGEAR	PRXOVR	DEF					NA	NA	NA	S
A7035	POS AIRWAY PRESS HEADGEAR	MAXFEE	DEF					34.95	4/1/2003	12/31/2299	S
A7036	POS AIRWAY PRESS CHINSTRAP	PRXOVR	DEF					NA	NA	NA	S
A7036	POS AIRWAY PRESS CHINSTRAP	MAXFEE	DEF					13.60	4/1/2003	12/31/2299	S
A7037	POS AIRWAY PRESSURE TUBING	PRXOVR	DEF					NA	NA	NA	S
A7037	POS AIRWAY PRESSURE TUBING	MAXFEE	DEF					28.75	4/1/2003	12/31/2299	S
A7038	POS AIRWAY PRESSURE FILTER	PRXOVR	DEF					NA	NA	NA	S
A7038	POS AIRWAY PRESSURE FILTER	MAXFEE	DEF					3.25	4/1/2003	12/31/2299	S
A7039	FILTER; NON DISPOSABLE W PAP	PRXOVR	DEF					NA	NA	NA	S
A7039	FILTER; NON DISPOSABLE W PAP	MAXFEE	DEF					12.30	4/1/2003	12/31/2299	S
A7048	VACUUM DRAIN BOTTLE/TUBE KIT	PRXOVR	DEF					NA	NA	NA	Y
A7048	VACUUM DRAIN BOTTLE/TUBE KIT	MAXFEE	DEF					37.58	1/1/2015	12/31/2299	Y
A7049	EPAP NASAL VALVE	PRXOVR	DEF					NA	NA	NA	Y S
A7049	EPAP NASAL VALVE	MAXFEE	DEF					97.60	4/1/2023	12/31/2299	Y S
A7504	TRACHEOSTOMA HMES FILTER	PRXOVR	DEF					NA	NA	NA	N
A7504	TRACHEOSTOMA HMES FILTER	MAXFEE	DEF					0.54	10/1/2004	12/31/2299	N
A7505	HMES OR TRACH VALVE HOUSING	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid DMEB Contract 12-07-2023

A7505	HMES OR TRACH VALVE HOUSING	MAXFEE	DEF					3.74	10/1/2004	12/31/2299	N
A7506	HMES/TRACHVALVE ADHESIVEDISK	PRXOVR	DEF					NA	NA	NA	N
A7506	HMES/TRACHVALVE ADHESIVEDISK	MAXFEE	DEF					0.26	10/1/2004	12/31/2299	N
A7507	INTEGRATED FILTER & HOLDER	PRXOVR	DEF					NA	NA	NA	N
A7507	INTEGRATED FILTER & HOLDER	MAXFEE	DEF					1.99	10/1/2004	12/31/2299	N
A7508	HOUSING & INTEGRATED ADHESIV	PRXOVR	DEF					NA	NA	NA	N
A7508	HOUSING & INTEGRATED ADHESIV	MAXFEE	DEF					2.30	10/1/2004	12/31/2299	N
A7509	HEAT & MOISTURE EXCHANGE SYS	PRXOVR	DEF					NA	NA	NA	N
A7509	HEAT & MOISTURE EXCHANGE SYS	MAXFEE	DEF					1.13	10/1/2004	12/31/2299	N
A7520	TRACH/LARYN TUBE NON-CUFFED	PRXOVR	DEF					NA	NA	NA	Y S
A7520	TRACH/LARYN TUBE NON-CUFFED	MAXFEE	UC2					100	7/1/2018	12/31/2299	Y S
A7520	TRACH/LARYN TUBE NON-CUFFED	MAXFEE	UC3					60	7/1/2018	12/31/2299	Y S
A7520	TRACH/LARYN TUBE NON-CUFFED	MAXFEE	DEF					47.48	10/1/2004	12/31/2299	Y S
A7520	TRACH/LARYN TUBE NON-CUFFED	MAXFEE	UC1					389.55	4/1/2016	12/31/2299	Y S
A7521	TRACH/LARYN TUBE CUFFED	PRXOVR	DEF					NA	NA	NA	Y S
A7521	TRACH/LARYN TUBE CUFFED	MAXFEE	UC2					220	7/1/2018	12/31/2299	Y S
A7521	TRACH/LARYN TUBE CUFFED	MAXFEE	UC3					75	7/1/2018	12/31/2299	Y S
A7521	TRACH/LARYN TUBE CUFFED	MAXFEE	DEF					47.05	10/1/2004	12/31/2299	Y S
A7521	TRACH/LARYN TUBE CUFFED	MAXFEE	UC1					404.25	4/1/2016	12/31/2299	Y S

## Ohio Medicaid DMEB Contract 12-07-2023

A7522	TRACH/LARYN TUBE STAINLESS	PRXOVR	DEF					NA	NA	NA	S
A7522	TRACH/LARYN TUBE STAINLESS	MAXFEE	DEF					45.16	10/1/2004	12/31/2299	S
A7525	TRACHEOSTOMY MASK	PRXOVR	DEF					NA	NA	NA	S
A7525	TRACHEOSTOMY MASK	MAXFEE	DEF					1.39	12/20/2005	12/31/2299	S
A7526	TRACHEOSTOMY TUBE COLLAR	PRXOVR	DEF					NA	NA	NA	S
A7526	TRACHEOSTOMY TUBE COLLAR	MAXFEE	DEF					3	10/1/2004	12/31/2299	S
A9273	HOT/COLD BOTLE/CAP/COL/WRAP	PRXOVR	DEF					NA	NA	NA	N
A9273	HOT/COLD BOTLE/CAP/COL/WRAP	MAXFEE	DEF					7.50	1/1/2011	12/31/2299	N
A9274	EXT AMB INSULIN DELIVERY SYS	PRXOVR	DEF					NA	NA	NA	Y
A9274	EXT AMB INSULIN DELIVERY SYS	MAXFEE	DEF					48.15	1/1/2019	12/31/2299	Y
A9276	DISPOSABLE SENSOR; CGM SYS	PRXOVR	DEF					NA	NA	NA	Y
A9276	DISPOSABLE SENSOR; CGM SYS	MAXFEE	DEF					12.26	7/16/2018	12/31/2299	Y
A9277	EXTERNAL TRANSMITTER; CGM	PRXOVR	DEF					NA	NA	NA	Y
A9277	EXTERNAL TRANSMITTER; CGM	MAXFEE	DEF					522.30	7/16/2018	12/31/2299	Y
A9278	EXTERNAL RECEIVER; CGM SYS	PRXOVR	DEF					NA	NA	NA	Y
A9278	EXTERNAL RECEIVER; CGM SYS	MAXFEE	DEF					522.30	7/16/2018	12/31/2299	Y
A9574	AIR POLY INTRAUTERINE FOAM	PRXOVR	DEF					NA	NA	NA	S
A9574	AIR POLY INTRAUTERINE FOAM	MANUAL	DEF					NA	NA	NA	S



## Ohio Medicaid DMEB Contract 12-07-2023

A9900	SUPPLY/ACCESSORY/SERVICE	PRXOVR	DEF					NA	NA	NA	N
A9900	SUPPLY/ACCESSORY/SERVICE	MANUAL	DEF					NA	NA	NA	N
B4034	ENTER FEED SUPKIT SYR BY DAY	PRXOVR	DEF					NA	NA	NA	S
B4034	ENTER FEED SUPKIT SYR BY DAY	MAXFEE	DEF					3.72	1/1/2010	12/31/2299	S
B4035	ENTERAL FEED SUPP PUMP PER D	PRXOVR	DEF					NA	NA	NA	S
B4035	ENTERAL FEED SUPP PUMP PER D	MAXFEE	DEF					6.79	1/1/2010	12/31/2299	S
B4036	ENTERAL FEED SUP KIT GRAV BY	PRXOVR	DEF					NA	NA	NA	S
B4036	ENTERAL FEED SUP KIT GRAV BY	MAXFEE	DEF					4.85	1/1/2010	12/31/2299	S
B4081	ENTERAL NG TUBING W/ STYLET	PRXOVR	DEF					NA	NA	NA	S
B4081	ENTERAL NG TUBING W/ STYLET	MAXFEE	DEF					19.19	1/1/2010	12/31/2299	S
B4082	ENTERAL NG TUBING W/O STYLET	PRXOVR	DEF					NA	NA	NA	S
B4082	ENTERAL NG TUBING W/O STYLET	MAXFEE	DEF					14.29	1/1/2010	12/31/2299	S
B4083	ENTERAL STOMACH TUBE LEVINE	PRXOVR	DEF					NA	NA	NA	S
B4083	ENTERAL STOMACH TUBE LEVINE	MAXFEE	DEF					2.05	1/1/2010	12/31/2299	S
B4086	GASTROSTOMY/JEJUNOSTOMY TUBE	PRXOVR	DEF					NA	NA	NA	S
B4086	GASTROSTOMY/JEJUNOSTOMY TUBE	MAXFEE	DEF					0	1/1/2008	12/31/2299	S
B4087	GASTRO/JEJUNO TUBE; STD	PRXOVR	DEF					NA	NA	NA	N
B4087	GASTRO/JEJUNO TUBE; STD	MAXFEE	DEF					29.66	1/1/2010	12/31/2299	N
B4088	GASTRO/JEJUNO TUBE; LOW-PRO	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid DMEB Contract 12-07-2023

B4088	GASTRO/JEJUNO TUBE; LOW-PRO	MAXFEE	DEF					108.64	1/1/2010	12/31/2299	N
B4100	FOOD THICKENER ORAL	PRXOVR	DEF					NA	NA	NA	N
B4100	FOOD THICKENER ORAL	MAXFEE	DEF					0.65	6/1/2014	12/31/2299	N
B4100	FOOD THICKENER ORAL	MAXFEE	UC1					1.62	2/1/2018	12/31/2299	N
B4102	EF ADULT FLUIDS AND ELECTRO	PRXOVR	DEF					NA	NA	NA	E
B4102	EF ADULT FLUIDS AND ELECTRO	MAXFEE	DEF					0.60	6/1/2014	12/31/2299	E
B4103	EF PED FLUID AND ELECTROLYTE	PRXOVR	DEF					NA	NA	NA	E
B4103	EF PED FLUID AND ELECTROLYTE	MAXFEE	DEF					0.60	6/1/2014	12/31/2299	E
B4104	ADDITIVE FOR ENTERAL FORMULA	PRXOVR	DEF					NA	NA	NA	E
B4104	ADDITIVE FOR ENTERAL FORMULA	PADOLR	DEF					NA	NA	NA	E
B4105	ENZYME CARTRIDGE ENTERAL NUT	PRXOVR	DEF					NA	NA	NA	Y
B4105	ENZYME CARTRIDGE ENTERAL NUT	MAXFEE	DEF					31.20	4/1/2019	12/31/2299	Y
B4148	ENTERAL FEED ELASTOMER DAILY	PRXOVR	DEF					NA	NA	NA	Y
B4148	ENTERAL FEED ELASTOMER DAILY	MAXFEE	DEF					7	10/1/2023	12/31/2299	Y
B4149	EF BLENDERIZED FOODS	PRXOVR	DEF					NA	NA	NA	Y
B4149	EF BLENDERIZED FOODS	MAXFEE	DEF					1.20	7/1/2021	12/31/2299	Y
B4149	EF BLENDERIZED FOODS	MAXFEE	UC1					1.78	7/1/2021	12/31/2299	Y
B4150	EF COMPLET W/INTACT NUTRIENT	PRXOVR	DEF					NA	NA	NA	S
B4150	EF COMPLET W/INTACT NUTRIENT	MAXFEE	DEF					0.61	1/1/2010	12/31/2299	S
B4151	ENTERAL FORMULAE CAT1NATURAL	PRXOVR	DEF					NA	NA	NA	Y

## Ohio Medicaid DMEB Contract 12-07-2023

B4151	ENTERAL FORMULAE CAT1NATURAL	MAXFEE	DEF					NA			Y
B4152	EF CALORIE DENSE $\geq$ 1.5KCAL	PRXOVR	DEF					NA	NA	NA	S
B4152	EF CALORIE DENSE $\geq$ 1.5KCAL	MAXFEE	DEF					0.51	1/1/2010	12/31/2299	S
B4153	EF HYDROLYZED/AMINO ACIDS	PRXOVR	DEF					NA	NA	NA	S
B4153	EF HYDROLYZED/AMINO ACIDS	MAXFEE	DEF					2	7/1/2021	12/31/2299	S
B4154	EF SPEC METABOLIC NONINHERIT	PRXOVR	DEF					NA	NA	NA	Y S
B4154	EF SPEC METABOLIC NONINHERIT	MAXFEE	DEF					1.05	7/1/2021	12/31/2299	Y S
B4154	EF SPEC METABOLIC NONINHERIT	MAXFEE	UC1					1.60	7/1/2021	12/31/2299	Y S
B4155	EF INCOMPLETE/MODULAR	PRXOVR	DEF					NA	NA	NA	Y S
B4155	EF INCOMPLETE/MODULAR	MAXFEE	DEF					0.87	1/1/2010	12/31/2299	Y S
B4155	EF INCOMPLETE/MODULAR	MAXFEE	UC1					20	7/1/2021	12/31/2299	Y S
B4156	ENTERAL FORMULAE CATEGORY VI	PRXOVR	DEF					NA	NA	NA	Y
B4156	ENTERAL FORMULAE CATEGORY VI	MAXFEE	DEF					NA			Y
B4157	EF SPECIAL METABOLIC INHERIT	PRXOVR	DEF					NA	NA	NA	Y
B4157	EF SPECIAL METABOLIC INHERIT	PADOLR	DEF					NA	NA	NA	Y
B4158	EF PED COMPLETE INTACT NUT	PRXOVR	DEF					NA	NA	NA	Y
B4158	EF PED COMPLETE INTACT NUT	PADOLR	DEF					NA	NA	NA	Y
B4159	EF PED COMPLETE SOY BASED	PRXOVR	DEF					NA	NA	NA	Y
B4159	EF PED COMPLETE SOY BASED	PADOLR	DEF					NA	NA	NA	Y
B4160	EF PED CALORIC DENSE $\geq$ 0.7KC	PRXOVR	DEF					NA	NA	NA	Y

## Ohio Medicaid DMEB Contract 12-07-2023

B4160	EF PED CALORIC DENSE $\geq$ 0.7KC	PADOLR	DEF					NA	NA	NA	Y
B4161	EF PED HYDROLYZED/AMINO ACID	PRXOVR	DEF					NA	NA	NA	Y
B4161	EF PED HYDROLYZED/AMINO ACID	PADOLR	DEF					NA	NA	NA	Y
B4162	EF PED SPECMETABOLIC INHERIT	PRXOVR	DEF					NA	NA	NA	Y
B4162	EF PED SPECMETABOLIC INHERIT	PADOLR	DEF					NA	NA	NA	Y
B4164	PARENTERAL 50% DEXTROSE SOLU	PRXOVR	DEF					NA	NA	NA	E
B4164	PARENTERAL 50% DEXTROSE SOLU	PADOLR	DEF					NA	NA	NA	E
B4168	PARENTERAL SOL AMINO ACID 3.	PRXOVR	DEF					NA	NA	NA	E
B4168	PARENTERAL SOL AMINO ACID 3.	PADOLR	DEF					NA	NA	NA	E
B4172	PARENTERAL SOL AMINO ACID 5.	PRXOVR	DEF					NA	NA	NA	E
B4172	PARENTERAL SOL AMINO ACID 5.	PADOLR	DEF					NA	NA	NA	E
B4176	PARENTERAL SOL AMINO ACID 7-	PRXOVR	DEF					NA	NA	NA	E
B4176	PARENTERAL SOL AMINO ACID 7-	PADOLR	DEF					NA	NA	NA	E
B4178	PARENTERAL SOL AMINO ACID >	PRXOVR	DEF					NA	NA	NA	E
B4178	PARENTERAL SOL AMINO ACID >	PADOLR	DEF					NA	NA	NA	E
B4180	PARENTERAL SOL CARB > 50%	PRXOVR	DEF					NA	NA	NA	E
B4180	PARENTERAL SOL CARB > 50%	PADOLR	DEF					NA	NA	NA	E
B4185	PN SOLN NOS 10 GRAMS LIPIDS	PRXOVR	DEF					NA	NA	NA	E

## Ohio Medicaid DMEB Contract 12-07-2023

B4185	PN SOLN NOS 10 GRAMS LIPIDS	PADOLR	DEF					NA	NA	NA	E
B4187	OMEGAVEN; 10 GRAMS LIPIDS	PRXOVR	DEF					NA	NA	NA	E
B4187	OMEGAVEN; 10 GRAMS LIPIDS	MANUAL	DEF					NA	NA	NA	E
B4189	PARENTERAL SOL AMINO ACID &	PRXOVR	DEF					NA	NA	NA	E
B4189	PARENTERAL SOL AMINO ACID &	PADOLR	DEF					NA	NA	NA	E
B4193	PARENTERAL SOL 52-73 GM PROT	PRXOVR	DEF					NA	NA	NA	E
B4193	PARENTERAL SOL 52-73 GM PROT	PADOLR	DEF					NA	NA	NA	E
B4197	PARENTERAL SOL 74-100 GM PRO	PRXOVR	DEF					NA	NA	NA	E
B4197	PARENTERAL SOL 74-100 GM PRO	PADOLR	DEF					NA	NA	NA	E
B4199	PARENTERAL SOL > 100GM PROTE	PRXOVR	DEF					NA	NA	NA	E
B4199	PARENTERAL SOL > 100GM PROTE	PADOLR	DEF					NA	NA	NA	E
B4216	PARENTERAL NUTRITION ADDITIV	PRXOVR	DEF					NA	NA	NA	E
B4216	PARENTERAL NUTRITION ADDITIV	PADOLR	DEF					NA	NA	NA	E
B4220	PARENTERAL SUPPLY KIT PREMIX	PRXOVR	DEF					NA	NA	NA	S
B4220	PARENTERAL SUPPLY KIT PREMIX	MAXFEE	DEF					4.53	1/1/2010	12/31/2299	S
B4222	PARENTERAL SUPPLY KIT HOMEMI	PRXOVR	DEF					NA	NA	NA	N
B4222	PARENTERAL SUPPLY KIT HOMEMI	MAXFEE	DEF					6.95	1/1/2010	12/31/2299	N
B4224	PARENTERAL ADMINISTRATION KI	PRXOVR	DEF					NA	NA	NA	S

## Ohio Medicaid DMEB Contract 12-07-2023

B4224	PARENTERAL ADMINISTRATION KI	MAXFEE	DEF					14.55	11/29/2010	12/31/2299	S
B5000	PARENTERAL SOL RENAL-AMIROSY	PRXOVR	DEF					NA	NA	NA	E
B5000	PARENTERAL SOL RENAL-AMIROSY	PADOLR	DEF					NA	NA	NA	E
B5100	PARENTERAL SOLUTION HEPATIC	PRXOVR	DEF					NA	NA	NA	E
B5100	PARENTERAL SOLUTION HEPATIC	PADOLR	DEF					NA	NA	NA	E
B5200	PARENTERAL SOL HEPATIC FREAM	PRXOVR	DEF					NA	NA	NA	E
B5200	PARENTERAL SOL HEPATIC FREAM	PADOLR	DEF					NA	NA	NA	E
B9998	ENTERAL SUPP NOT OTHERWISE C	PRXOVR	DEF					NA	NA	NA	Y S
B9998	ENTERAL SUPP NOT OTHERWISE C	PADOLR	DEF					NA	NA	NA	Y S
B9998	ENTERAL SUPP NOT OTHERWISE C	MAXFEE	UC2					10	7/1/2021	12/31/2299	Y S
B9998	ENTERAL SUPP NOT OTHERWISE C	MAXFEE	UC1					13	7/1/2021	12/31/2299	Y S
B9999	PARENTERAL SUPP NOT OTHRWS C	PRXOVR	DEF					NA	NA	NA	Y
B9999	PARENTERAL SUPP NOT OTHRWS C	PADOLR	DEF					NA	NA	NA	Y
E0100	CANE ADJUST/FIXED WITH TIP	PRXOVR	DEF					NA	NA	NA	N
E0100	CANE ADJUST/FIXED WITH TIP	MAXFEE	DEF					10.19	5/1/1990	12/31/2299	N
E0105	CANE ADJUST/FIXED QUAD/3 PRO	PRXOVR	DEF					NA	NA	NA	N
E0105	CANE ADJUST/FIXED QUAD/3 PRO	MAXFEE	DEF					39.28	4/1/2006	12/31/2299	N
E0110	CRUTCH FOREARM PAIR	PRXOVR	DEF					NA	NA	NA	N
E0110	CRUTCH FOREARM PAIR	MAXFEE	DEF					50	1/1/1992	12/31/2299	N

## Ohio Medicaid DMEB Contract 12-07-2023

E0111	CRUTCH FOREARM EACH	PRXOVR	DEF					NA	NA	NA	S
E0111	CRUTCH FOREARM EACH	MAXFEE	DEF					25	1/1/1992	12/31/2299	S
E0112	CRUTCH UNDERARM PAIR WOOD	PRXOVR	DEF					NA	NA	NA	S
E0112	CRUTCH UNDERARM PAIR WOOD	MAXFEE	DEF					19.25	5/1/1990	12/31/2299	S
E0113	CRUTCH UNDERARM EACH WOOD	PRXOVR	DEF					NA	NA	NA	S
E0113	CRUTCH UNDERARM EACH WOOD	MAXFEE	DEF					10.30	4/1/2006	12/31/2299	S
E0114	CRUTCH UNDERARM PAIR NO WOOD	PRXOVR	DEF					NA	NA	NA	S
E0114	CRUTCH UNDERARM PAIR NO WOOD	MAXFEE	DEF					23.85	4/1/2006	12/31/2299	S
E0116	CRUTCH UNDERARM EACH NO WOOD	PRXOVR	DEF					NA	NA	NA	S
E0116	CRUTCH UNDERARM EACH NO WOOD	MAXFEE	DEF					11.95	4/1/2006	12/31/2299	S
E0130	WALKER RIGID ADJUST/FIXED HT	PRXOVR	DEF					NA	NA	NA	S
E0130	WALKER RIGID ADJUST/FIXED HT	MAXFEE	DEF					35	5/1/1990	12/31/2299	S
E0135	WALKER FOLDING ADJUST/FIXED	PRXOVR	DEF					NA	NA	NA	N
E0135	WALKER FOLDING ADJUST/FIXED	MAXFEE	DEF					47	2/17/1991	12/31/2299	N
E0140	WALKER W TRUNK SUPPORT	PRXOVR	DEF					NA	NA	NA	N
E0140	WALKER W TRUNK SUPPORT	MAXFEE	DEF					200	4/1/2006	12/31/2299	N
E0141	RIGID WHEELED WALKER ADJ/FIX	PRXOVR	DEF					NA	NA	NA	S
E0141	RIGID WHEELED WALKER ADJ/FIX	MAXFEE	DEF					58	4/1/2006	12/31/2299	S
E0142	WALKER RIGID WHEELED WITH SE	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid DMEB Contract 12-07-2023

E0142	WALKER RIGID WHEELED WITH SE	MAXFEE	DEF					0	9/1/2005	12/31/2299	N
E0143	WALKER FOLDING WHEELED W/O S	PRXOVR	DEF					NA	NA	NA	N
E0143	WALKER FOLDING WHEELED W/O S	MAXFEE	DEF					52.80	7/16/2018	12/31/2299	N
E0144	ENCLOSED WALKER W REAR SEAT	PRXOVR	DEF					NA	NA	NA	N
E0144	ENCLOSED WALKER W REAR SEAT	MAXFEE	DEF					150	4/1/2006	12/31/2299	N
E0146	FOLDING WALKER WHEELS W SEAT	PRXOVR	DEF					NA	NA	NA	N
E0146	FOLDING WALKER WHEELS W SEAT	MAXFEE	DEF					0	12/1/2005	12/31/2299	N
E0147	WALKER VARIABLE WHEEL RESIST	PRXOVR	DEF					NA	NA	NA	N
E0147	WALKER VARIABLE WHEEL RESIST	MAXFEE	DEF					150	4/1/2006	12/31/2299	N
E0148	HEAVYDUTY WALKER NO WHEELS	PRXOVR	DEF					NA	NA	NA	S
E0148	HEAVYDUTY WALKER NO WHEELS	MAXFEE	DEF					109.07	4/1/2006	12/31/2299	S
E0149	HEAVY DUTY WHEELED WALKER	PRXOVR	DEF					NA	NA	NA	N
E0149	HEAVY DUTY WHEELED WALKER	MAXFEE	DEF					135	4/1/2006	12/31/2299	N
E0154	WALKER PLATFORM ATTACHMENT	PRXOVR	DEF					NA	NA	NA	N
E0154	WALKER PLATFORM ATTACHMENT	MAXFEE	DEF					51.44	1/1/1999	12/31/2299	N
E0155	WALKER WHEEL ATTACHMENT;PAIR	PRXOVR	DEF					NA	NA	NA	N
E0155	WALKER WHEEL ATTACHMENT;PAIR	MAXFEE	DEF					16.25	5/1/1990	12/31/2299	N
E0156	WALKER SEAT ATTACHMENT	PRXOVR	DEF					NA	NA	NA	N



## Ohio Medicaid DMEB Contract 12-07-2023

E0156	WALKER SEAT ATTACHMENT	MAXFEE	DEF					15	5/1/1990	12/31/2299	N
E0157	WALKER CRUTCH ATTACHMENT	PRXOVR	DEF					NA	NA	NA	S
E0157	WALKER CRUTCH ATTACHMENT	MAXFEE	DEF					62.50	5/1/1990	12/31/2299	S
E0158	WALKER LEG EXTENDERS SET OF4	PRXOVR	DEF					NA	NA	NA	S
E0158	WALKER LEG EXTENDERS SET OF4	MAXFEE	DEF					12.64	5/1/1990	12/31/2299	S
E0159	BRAKE FOR WHEELED WALKER	PRXOVR	DEF					NA	NA	NA	S
E0159	BRAKE FOR WHEELED WALKER	MAXFEE	DEF					15	10/1/2004	12/31/2299	S
E0163	COMMUNE CHAIR WITH FIXED ARM	PRXOVR	DEF					NA	NA	NA	N
E0163	COMMUNE CHAIR WITH FIXED ARM	MAXFEE	DEF					52.80	4/1/2006	12/31/2299	N
E0164	COMMUNE CHAIR MOBILE FIXED A	PRXOVR	DEF					NA	NA	NA	S
E0164	COMMUNE CHAIR MOBILE FIXED A	MAXFEE	DEF					0	1/1/2007	12/31/2299	S
E0165	COMMUNE CHAIR WITH DETACHARM	PRXOVR	DEF					NA	NA	NA	N
E0165	COMMUNE CHAIR WITH DETACHARM	MAXFEE	DEF					104	4/1/2006	12/31/2299	N
E0166	COMMUNE CHAIR MOBILE DETACH	PRXOVR	DEF					NA	NA	NA	S
E0166	COMMUNE CHAIR MOBILE DETACH	MAXFEE	DEF					0	1/1/2007	12/31/2299	S
E0167	COMMUNE CHAIR PAIL OR PAN	PRXOVR	DEF					NA	NA	NA	S
E0167	COMMUNE CHAIR PAIL OR PAN	MAXFEE	DEF					5.25	5/1/1990	12/31/2299	S
E0168	HEAVYDUTY/WIDE COMMUNE CHAIR	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid DMEB Contract 12-07-2023

E0168	HEAVYDUTY/WIDE COMMODOE CHAIR	MAXFEE	DEF					129.56	4/1/2006	12/31/2299	N
E0176	AIR PRESSRE PAD/CUSHION NONP	PRXOVR	DEF					NA	NA	NA	N
E0176	AIR PRESSRE PAD/CUSHION NONP	MAXFEE	DEF					NA			N
E0177	WATER PRESS PAD/CUSHION NONP	PRXOVR	DEF					NA	NA	NA	N
E0177	WATER PRESS PAD/CUSHION NONP	MAXFEE	DEF					NA			N
E0180	PRESS PAD ALTERNATING W PUMP	PRXOVR	DEF					NA	NA	NA	S
E0180	PRESS PAD ALTERNATING W PUMP	MAXFEE	DEF					0	1/1/2007	12/31/2299	S
E0181	PRESS PAD ALTERNATING W/ PUM	PRXOVR	DEF					NA	NA	NA	N
E0181	PRESS PAD ALTERNATING W/ PUM	MAXFEE	DEF					148	4/1/2006	12/31/2299	N
E0182	REPLACE PUMP; ALT PRESS PAD	PRXOVR	DEF					NA	NA	NA	S
E0182	REPLACE PUMP; ALT PRESS PAD	MAXFEE	DEF					105	11/1/1992	12/31/2299	S
E0183	PRESS UNDERLAY ALTER W/PUMP	PRXOVR	DEF					NA	NA	NA	N
E0183	PRESS UNDERLAY ALTER W/PUMP	MAXFEE	DEF					148	10/1/2022	12/31/2299	N
E0184	DRY PRESSURE MATTRESS	PRXOVR	DEF					NA	NA	NA	N
E0184	DRY PRESSURE MATTRESS	MAXFEE	DEF					150	7/1/2018	12/31/2299	N
E0185	GEL PRESSURE MATTRESS PAD	PRXOVR	DEF					NA	NA	NA	N
E0185	GEL PRESSURE MATTRESS PAD	MAXFEE	DEF					102	8/1/1998	12/31/2299	N
E0186	AIR PRESSURE MATTRESS	PRXOVR	DEF					NA	NA	NA	Y
E0186	AIR PRESSURE MATTRESS	MAXFEE	DEF					219.74	4/1/2006	12/31/2299	Y

## Ohio Medicaid DMEB Contract 12-07-2023

E0187	WATER PRESSURE MATTRESS	PRXOVR	DEF					NA	NA	NA	S
E0187	WATER PRESSURE MATTRESS	MAXFEE	DEF					231	12/15/2002	12/31/2299	S
E0188	SYNTHETIC SHEEPSKIN PAD	PRXOVR	DEF					NA	NA	NA	S
E0188	SYNTHETIC SHEEPSKIN PAD	MAXFEE	DEF					5	5/1/1990	12/31/2299	S
E0189	LAMBSWOOL SHEEPSKIN PAD	PRXOVR	DEF					NA	NA	NA	S
E0189	LAMBSWOOL SHEEPSKIN PAD	MAXFEE	DEF					43.95	7/1/2002	12/31/2299	S
E0190	POSITIONING CUSHION	PRXOVR	DEF					NA	NA	NA	N
E0190	POSITIONING CUSHION	MAXFEE	DEF					100	4/1/2009	12/31/2299	N
E0191	PROTECTOR HEEL OR ELBOW	PRXOVR	DEF					NA	NA	NA	S
E0191	PROTECTOR HEEL OR ELBOW	MAXFEE	DEF					9	4/1/2001	12/31/2299	S
E0192	PAD WHEELCHR LOW PRESS/POSIT	PRXOVR	DEF					NA	NA	NA	S
E0192	PAD WHEELCHR LOW PRESS/POSIT	MAXFEE	DEF					NA			S
E0193	POWERED AIR FLOTATION BED	PRXOVR	DEF					NA	NA	NA	N
E0193	POWERED AIR FLOTATION BED	MAXFEE	DEF					32.50	1/1/1992	12/31/2299	N
E0194	AIR FLUIDIZED BED	PRXOVR	DEF					NA	NA	NA	Y
E0194	AIR FLUIDIZED BED	MAXFEE	DEF					95	4/1/2022	12/31/2299	Y
E0196	GEL PRESSURE MATTRESS	PRXOVR	DEF					NA	NA	NA	N
E0196	GEL PRESSURE MATTRESS	MAXFEE	DEF					351.69	4/1/2006	12/31/2299	N
E0197	AIR PRESSURE PAD FOR MATTRES	PRXOVR	DEF					NA	NA	NA	N
E0197	AIR PRESSURE PAD FOR MATTRES	MAXFEE	DEF					199.42	4/1/2006	12/31/2299	N
E0198	WATER PRESSURE PAD FOR MATTR	PRXOVR	DEF					NA	NA	NA	Y
E0198	WATER PRESSURE PAD FOR MATTR	MAXFEE	DEF					177.26	7/26/2007	12/31/2299	Y
E0199	DRY PRESSURE PAD FOR MATTRES	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid DMEB Contract 12-07-2023

E0199	DRY PRESSURE PAD FOR MATTRES	MAXFEE	DEF					20	5/25/1991	12/31/2299	N
E0210	ELECTRIC HEAT PAD STANDARD	PRXOVR	DEF					NA	NA	NA	S
E0210	ELECTRIC HEAT PAD STANDARD	MAXFEE	DEF					15.09	5/1/1990	12/31/2299	S
E0215	ELECTRIC HEAT PAD MOIST	PRXOVR	DEF					NA	NA	NA	S
E0215	ELECTRIC HEAT PAD MOIST	MAXFEE	DEF					25	5/1/1990	12/31/2299	S
E0220	HOT WATER BOTTLE	PRXOVR	DEF					NA	NA	NA	S
E0220	HOT WATER BOTTLE	MAXFEE	DEF					NA			S
E0230	ICE CAP OR COLLAR	PRXOVR	DEF					NA	NA	NA	S
E0230	ICE CAP OR COLLAR	MAXFEE	DEF					NA			S
E0235	PARAFFIN BATH UNIT PORTABLE	PRXOVR	DEF					NA	NA	NA	S
E0235	PARAFFIN BATH UNIT PORTABLE	MAXFEE	DEF					133	4/1/2006	12/31/2299	S
E0238	HEAT PAD NON-ELECTRIC MOIST	PRXOVR	DEF					NA	NA	NA	S
E0238	HEAT PAD NON-ELECTRIC MOIST	MAXFEE	DEF					NA			S
E0240	BATH/SHOWER CHAIR	MAXFEE	UC5					2420	7/1/2021	12/31/2299	Y N
E0240	BATH/SHOWER CHAIR	PRXOVR	DEF					NA	NA	NA	Y N
E0240	BATH/SHOWER CHAIR	MAXFEE	UC2					755	7/1/2021	12/31/2299	Y N
E0240	BATH/SHOWER CHAIR	MAXFEE	UC3					500	7/1/2021	12/31/2299	Y N
E0240	BATH/SHOWER CHAIR	MAXFEE	DEF					35	7/1/2021	12/31/2299	Y N
E0240	BATH/SHOWER CHAIR	MAXFEE	UC1					53	7/1/2021	12/31/2299	Y N
E0240	BATH/SHOWER CHAIR	MAXFEE	UC4					1250	7/1/2021	12/31/2299	Y N
E0241	BATH TUB WALL RAIL	PRXOVR	DEF					NA	NA	NA	N
E0241	BATH TUB WALL RAIL	MAXFEE	DEF					24	1/1/1997	12/31/2299	N
E0243	TOILET RAIL	PRXOVR	DEF					NA	NA	NA	N
E0243	TOILET RAIL	MAXFEE	DEF					40	4/1/1999	12/31/2299	N
E0244	TOILET SEAT RAISED	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid DMEB Contract 12-07-2023

E0244	TOILET SEAT RAISED	MAXFEE	DEF					49.25	4/1/1999	12/31/2299	N
E0245	TUB STOOL OR BENCH	PRXOVR	DEF					NA	NA	NA	N
E0245	TUB STOOL OR BENCH	MAXFEE	DEF					30	7/1/2021	12/31/2299	N
E0246	TRANSFER TUB RAIL ATTACHMENT	PRXOVR	DEF					NA	NA	NA	S
E0246	TRANSFER TUB RAIL ATTACHMENT	MAXFEE	DEF					57.90	4/1/2006	12/31/2299	S
E0247	TRANS BENCH W/VO COMM OPEN	PRXOVR	DEF					NA	NA	NA	Y N
E0247	TRANS BENCH W/VO COMM OPEN	MAXFEE	UC2					3300	7/1/2021	12/31/2299	Y N
E0247	TRANS BENCH W/VO COMM OPEN	MAXFEE	DEF					60	7/1/2021	12/31/2299	Y N
E0247	TRANS BENCH W/VO COMM OPEN	MAXFEE	UC1					100	7/1/2021	12/31/2299	Y N
E0248	HDTRANS BENCH W/VO COMM OPEN	PRXOVR	DEF					NA	NA	NA	N
E0248	HDTRANS BENCH W/VO COMM OPEN	MAXFEE	DEF					100	7/1/2021	12/31/2299	N
E0255	HOSPITAL BED VAR HT W/ MATTR	PRXOVR	DEF					NA	NA	NA	Y
E0255	HOSPITAL BED VAR HT W/ MATTR	MAXFEE	DEF					677	5/25/1991	12/31/2299	Y
E0256	HOSPITAL BED VAR HT W/O MATT	PRXOVR	DEF					NA	NA	NA	N
E0256	HOSPITAL BED VAR HT W/O MATT	MAXFEE	DEF					580	5/25/1991	12/31/2299	N
E0260	HOSP BED SEMI-ELECTR W/ MATT	PRXOVR	DEF					NA	NA	NA	Y
E0260	HOSP BED SEMI-ELECTR W/ MATT	MAXFEE	DEF					989	7/16/2018	12/31/2299	Y
E0261	HOSP BED SEMI-ELECTR W/O MAT	PRXOVR	DEF					NA	NA	NA	Y

## Ohio Medicaid DMEB Contract 12-07-2023

E0261	HOSP BED SEMI-ELECTR W/O MAT	MAXFEE	DEF					892	5/25/1991	12/31/2299	Y
E0271	MATTRESS INNERSPRING	PRXOVR	DEF					NA	NA	NA	N
E0271	MATTRESS INNERSPRING	MAXFEE	DEF					97	5/1/1990	12/31/2299	N
E0272	MATTRESS FOAM RUBBER	PRXOVR	DEF					NA	NA	NA	N
E0272	MATTRESS FOAM RUBBER	MAXFEE	DEF					92	5/1/1990	12/31/2299	N
E0275	BED PAN STANDARD	PRXOVR	DEF					NA	NA	NA	S
E0275	BED PAN STANDARD	MAXFEE	DEF					4	5/1/1990	12/31/2299	S
E0276	BED PAN FRACTURE	PRXOVR	DEF					NA	NA	NA	S
E0276	BED PAN FRACTURE	MAXFEE	DEF					3	5/1/1990	12/31/2299	S
E0277	POWERED PRES-REDU AIR MATTRS	PRXOVR	DEF					NA	NA	NA	Y
E0277	POWERED PRES-REDU AIR MATTRS	MAXFEE	DEF					3046.08	7/16/2018	12/31/2299	Y
E0292	HOSP BED VAR HT NO SR W/MATT	PRXOVR	DEF					NA	NA	NA	Y
E0292	HOSP BED VAR HT NO SR W/MATT	MAXFEE	DEF					567	5/25/1991	12/31/2299	Y
E0293	HOSP BED VAR HT NO SR NO MAT	PRXOVR	DEF					NA	NA	NA	Y
E0293	HOSP BED VAR HT NO SR NO MAT	MAXFEE	DEF					470	5/25/1991	12/31/2299	Y
E0294	HOSP BED SEMI-ELECT W/ MATTR	PRXOVR	DEF					NA	NA	NA	Y
E0294	HOSP BED SEMI-ELECT W/ MATTR	MAXFEE	DEF					703.20	7/16/2018	12/31/2299	Y
E0295	HOSP BED SEMI-ELECT W/O MATT	PRXOVR	DEF					NA	NA	NA	Y
E0295	HOSP BED SEMI-ELECT W/O MATT	MAXFEE	DEF					625.60	7/16/2018	12/31/2299	Y
E0301	HD HOSP BED; 350-600 LBS	PRXOVR	DEF					NA	NA	NA	Y
E0301	HD HOSP BED; 350-600 LBS	MAXFEE	DEF					1677.44	7/16/2018	12/31/2299	Y
E0302	EX HD HOSP BED > 600 LBS	PRXOVR	DEF					NA	NA	NA	Y

## Ohio Medicaid DMEB Contract 12-07-2023

E0302	EX HD HOSP BED > 600 LBS	MAXFEE	DEF					4578.80	7/16/2018	12/31/2299	Y
E0303	HOSP BED HVY DTY XTRA WIDE	PRXOVR	DEF					NA	NA	NA	Y
E0303	HOSP BED HVY DTY XTRA WIDE	MAXFEE	DEF					1945.44	7/16/2018	12/31/2299	Y
E0304	HOSP BED XTRA HVY DTY X WIDE	PRXOVR	DEF					NA	NA	NA	Y
E0304	HOSP BED XTRA HVY DTY X WIDE	MAXFEE	DEF					4932.32	7/16/2018	12/31/2299	Y
E0305	RAILS BED SIDE HALF LENGTH	PRXOVR	DEF					NA	NA	NA	N
E0305	RAILS BED SIDE HALF LENGTH	MAXFEE	DEF					185.01	1/1/2010	12/31/2299	N
E0310	RAILS BED SIDE FULL LENGTH	PRXOVR	DEF					NA	NA	NA	N
E0310	RAILS BED SIDE FULL LENGTH	MAXFEE	DEF					143.74	4/1/2009	12/31/2299	N
E0325	URINAL MALE JUG-TYPE	PRXOVR	DEF					NA	NA	NA	S
E0325	URINAL MALE JUG-TYPE	MAXFEE	DEF					2.50	5/1/1990	12/31/2299	S
E0326	URINAL FEMALE JUG-TYPE	PRXOVR	DEF					NA	NA	NA	S
E0326	URINAL FEMALE JUG-TYPE	MAXFEE	DEF					3.50	5/1/1990	12/31/2299	S
E0328	PED HOSPITAL BED; MANUAL	PRXOVR	DEF					NA	NA	NA	Y
E0328	PED HOSPITAL BED; MANUAL	MAXFEE	DEF					5560	9/1/2013	12/31/2299	Y
E0329	PED HOSPITAL BED SEMI/ELECT	PRXOVR	DEF					NA	NA	NA	Y
E0329	PED HOSPITAL BED SEMI/ELECT	MAXFEE	DEF					6000	9/1/2013	12/31/2299	Y
E0371	NONPOWER MATTRESS OVERLAY	PRXOVR	DEF					NA	NA	NA	Y
E0371	NONPOWER MATTRESS OVERLAY	MAXFEE	DEF					4644.81	4/1/2006	12/31/2299	Y
E0372	POWERED AIR MATTRESS OVERLAY	PRXOVR	DEF					NA	NA	NA	Y
E0372	POWERED AIR MATTRESS OVERLAY	MAXFEE	DEF					5838.28	4/1/2006	12/31/2299	Y

## Ohio Medicaid DMEB Contract 12-07-2023

E0373	NONPOWERED PRESSURE MATTRESS	PRXOVR	DEF					NA	NA	NA	Y
E0373	NONPOWERED PRESSURE MATTRESS	MAXFEE	DEF					5321.02	7/16/2018	12/31/2299	Y
E0445	OXIMETER NON-INVASIVE	PRXOVR	DEF					NA	NA	NA	Y
E0445	OXIMETER NON-INVASIVE	MAXFEE	DEF					2250	2/26/2010	12/31/2299	Y
E0454	PRESSURE VENTILATOR	PRXOVR	DEF					NA	NA	NA	Y
E0454	PRESSURE VENTILATOR	MAXFEE	DEF					NA			Y
E0455	OXYGEN TENT EXCL CROUP/PED T	PRXOVR	DEF					NA	NA	NA	N
E0455	OXYGEN TENT EXCL CROUP/PED T	MAXFEE	DEF					8	5/1/1990	12/31/2299	N
E0457	CHEST SHELL	PRXOVR	DEF					NA	NA	NA	S
E0457	CHEST SHELL	MAXFEE	DEF					450	8/1/1998	12/31/2299	S
E0459	CHEST WRAP	PRXOVR	DEF					NA	NA	NA	S
E0459	CHEST WRAP	MAXFEE	DEF					352	8/1/1998	12/31/2299	S
E0480	PERCUSSOR ELECT/PNEUM HOME M	PRXOVR	DEF					NA	NA	NA	N
E0480	PERCUSSOR ELECT/PNEUM HOME M	MAXFEE	DEF					321	4/1/2006	12/31/2299	N
E0481	INTRPULMNR Y PERCUSS VENT SYS	PRXOVR	DEF					NA	NA	NA	N
E0481	INTRPULMNR Y PERCUSS VENT SYS	MAXFEE	DEF					4724.50	10/1/2004	12/31/2299	N
E0482	COUGH STIMULATING DEVICE	PRXOVR	DEF					NA	NA	NA	Y
E0482	COUGH STIMULATING DEVICE	MAXFEE	DEF					3956	7/16/2018	12/31/2299	Y
E0483	HI FREQ CHEST WALL OSCIL SYS	PRXOVR	DEF					NA	NA	NA	N
E0483	HI FREQ CHEST WALL OSCIL SYS	MAXFEE	DEF					12190	10/1/2004	12/31/2299	N
E0484	NON-ELEC OSCILLATORY PEP DVC	PRXOVR	DEF					NA	NA	NA	N



## Ohio Medicaid DMEB Contract 12-07-2023

E0484	NON-ELEC OSCILLATORY PEP DVC	MAXFEE	DEF					27.70	9/1/2005	12/31/2299	N
E0500	IPPB ALL TYPES	PRXOVR	DEF					NA	NA	NA	N
E0500	IPPB ALL TYPES	MAXFEE	DEF					65	4/1/1992	12/31/2299	N
E0561	HUMIDIFIER NONHEATED W PAP	PRXOVR	DEF					NA	NA	NA	N
E0561	HUMIDIFIER NONHEATED W PAP	MAXFEE	DEF					92	4/1/2009	12/31/2299	N
E0562	HUMIDIFIER HEATED USED W PAP	PRXOVR	DEF					NA	NA	NA	Y
E0562	HUMIDIFIER HEATED USED W PAP	MAXFEE	DEF					225.92	10/1/2004	12/31/2299	Y
E0565	COMPRESSOR AIR POWER SOURCE	PRXOVR	DEF					NA	NA	NA	Y
E0565	COMPRESSOR AIR POWER SOURCE	MAXFEE	DEF					525	4/1/1996	12/31/2299	Y
E0570	NEBULIZER WITH COMPRESSION	PRXOVR	DEF					NA	NA	NA	N
E0570	NEBULIZER WITH COMPRESSION	MAXFEE	DEF					133	4/1/2006	12/31/2299	N
E0575	NEBULIZER ULTRASONIC	PRXOVR	DEF					NA	NA	NA	S
E0575	NEBULIZER ULTRASONIC	MAXFEE	DEF					430	4/1/2006	12/31/2299	S
E0580	NEBULIZER FOR USE W/ REGULAT	PRXOVR	DEF					NA	NA	NA	S
E0580	NEBULIZER FOR USE W/ REGULAT	MAXFEE	DEF					115	4/1/2006	12/31/2299	S
E0601	CONT AIRWAY PRESSURE DEVICE	PRXOVR	DEF					NA	NA	NA	Y
E0601	CONT AIRWAY PRESSURE DEVICE	MAXFEE	DEF					775	4/1/1992	12/31/2299	Y
E0602	MANUAL BREAST PUMP	PRXOVR	DEF					NA	NA	NA	N
E0602	MANUAL BREAST PUMP	MAXFEE	DEF					15	10/1/2004	12/31/2299	N
E0603	ELECTRIC BREAST PUMP	PRXOVR	DEF					NA	NA	NA	S

## Ohio Medicaid DMEB Contract 12-07-2023

E0603	ELECTRIC BREAST PUMP	MAXFEE	DEF					202.50	7/26/2007	12/31/2299	S
E0604	HOSP GRADE ELEC BREAST PUMP	PRXOVR	DEF					NA	NA	NA	N
E0604	HOSP GRADE ELEC BREAST PUMP	MAXFEE	DEF					2.25	1/1/2002	12/31/2299	N
E0605	VAPORIZER ROOM TYPE	PRXOVR	DEF					NA	NA	NA	S
E0605	VAPORIZER ROOM TYPE	MAXFEE	DEF					20	5/1/1990	12/31/2299	S
E0621	PATIENT LIFT SLING OR SEAT	PRXOVR	DEF					NA	NA	NA	N
E0621	PATIENT LIFT SLING OR SEAT	MAXFEE	DEF					89.70	1/1/1999	12/31/2299	N
E0637	COMBINATION SIT TO STAND SYS	PRXOVR	DEF					NA	NA	NA	Y
E0637	COMBINATION SIT TO STAND SYS	MAXFEE	UC2					4000	7/1/2021	12/31/2299	Y
E0637	COMBINATION SIT TO STAND SYS	MAXFEE	UC3					5000	7/1/2021	12/31/2299	Y
E0637	COMBINATION SIT TO STAND SYS	MAXFEE	DEF					2000	7/1/2021	12/31/2299	Y
E0637	COMBINATION SIT TO STAND SYS	MAXFEE	UC1					3000	7/1/2021	12/31/2299	Y
E0637	COMBINATION SIT TO STAND SYS	MAXFEE	UC4					6000	7/1/2021	12/31/2299	Y
E0641	MULTI-POSITION STND FRAM SYS	PRXOVR	DEF					NA	NA	NA	Y
E0641	MULTI-POSITION STND FRAM SYS	MAXFEE	UC2					3500	7/1/2021	12/31/2299	Y
E0641	MULTI-POSITION STND FRAM SYS	MAXFEE	UC3					4000	7/1/2021	12/31/2299	Y
E0641	MULTI-POSITION STND FRAM SYS	MAXFEE	DEF					2700	7/1/2021	12/31/2299	Y
E0641	MULTI-POSITION STND FRAM SYS	MAXFEE	UC1					3000	7/1/2021	12/31/2299	Y
E0641	MULTI-POSITION STND FRAM SYS	MAXFEE	UC4					5000	7/1/2021	12/31/2299	Y

## Ohio Medicaid DMEB Contract 12-07-2023

E0650	PNEUMA COMPRESOR NON-SEGMENT	PRXOVR	DEF					NA	NA	NA	N
E0650	PNEUMA COMPRESOR NON-SEGMENT	MAXFEE	DEF					510	1/1/1994	12/31/2299	N
E0651	PNEUM COMPRESSOR SEGMENTAL	PRXOVR	DEF					NA	NA	NA	N
E0651	PNEUM COMPRESSOR SEGMENTAL	MAXFEE	DEF					776.80	7/1/2002	12/31/2299	N
E0655	PNEUMATIC APPLIANCE HALF ARM	PRXOVR	DEF					NA	NA	NA	Y
E0655	PNEUMATIC APPLIANCE HALF ARM	MAXFEE	DEF					77.50	1/1/1994	12/31/2299	Y
E0660	PNEUMATIC APPLIANCE FULL LEG	PRXOVR	DEF					NA	NA	NA	N
E0660	PNEUMATIC APPLIANCE FULL LEG	MAXFEE	DEF					135.12	7/1/2002	12/31/2299	N
E0665	PNEUMATIC APPLIANCE FULL ARM	PRXOVR	DEF					NA	NA	NA	Y
E0665	PNEUMATIC APPLIANCE FULL ARM	MAXFEE	DEF					101.50	1/1/1994	12/31/2299	Y
E0666	PNEUMATIC APPLIANCE HALF LEG	PRXOVR	DEF					NA	NA	NA	N
E0666	PNEUMATIC APPLIANCE HALF LEG	MAXFEE	DEF					95	1/1/1994	12/31/2299	N
E0667	SEG PNEUMATIC APPL FULL LEG	PRXOVR	DEF					NA	NA	NA	N
E0667	SEG PNEUMATIC APPL FULL LEG	MAXFEE	DEF					172.30	1/1/1994	12/31/2299	N
E0668	SEG PNEUMATIC APPL FULL ARM	PRXOVR	DEF					NA	NA	NA	N
E0668	SEG PNEUMATIC APPL FULL ARM	MAXFEE	DEF					150	1/1/1994	12/31/2299	N
E0669	SEG PNEUMATIC APPLI HALF LEG	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid DMEB Contract 12-07-2023

E0669	SEG PNEUMATIC APPLI HALF LEG	MAXFEE	DEF					143.75	1/1/1994	12/31/2299	N
E0677	NON PNEUM SEQ COMP TRUNK	PRXOVR	DEF					NA	NA	NA	N
E0677	NON PNEUM SEQ COMP TRUNK	MAXFEE	DEF					520	4/1/2023	12/31/2299	N
E0691	UVL PNL 2 SQ FT OR LESS	PRXOVR	DEF					NA	NA	NA	Y
E0691	UVL PNL 2 SQ FT OR LESS	MAXFEE	DEF					809.08	7/1/2019	12/31/2299	Y
E0692	UVL SYS PANEL 4 FT	PRXOVR	DEF					NA	NA	NA	Y
E0692	UVL SYS PANEL 4 FT	MAXFEE	DEF					1015.99	7/1/2019	12/31/2299	Y
E0693	UVL SYS PANEL 6 FT	PRXOVR	DEF					NA	NA	NA	Y
E0693	UVL SYS PANEL 6 FT	MAXFEE	DEF					1252.42	7/1/2019	12/31/2299	Y
E0694	UVL MD CABINET SYS 6 FT	PRXOVR	DEF					NA	NA	NA	Y
E0694	UVL MD CABINET SYS 6 FT	MAXFEE	DEF					3986.35	7/1/2019	12/31/2299	Y
E0700	SAFETY EQUIPMENT	PRXOVR	DEF					NA	NA	NA	S
E0700	SAFETY EQUIPMENT	MAXFEE	DEF					10.82	5/1/1990	12/31/2299	S
E0705	TRANSFER DEVICE	PRXOVR	DEF					NA	NA	NA	N
E0705	TRANSFER DEVICE	MAXFEE	DEF					46.62	5/26/2006	12/31/2299	N
E0711	UE ENCLOSURE RESTR ROM	PRXOVR	DEF					NA	NA	NA	N
E0711	UE ENCLOSURE RESTR ROM	MAXFEE	DEF					0	4/1/2023	12/31/2299	N
E0776	IV POLE	PRXOVR	DEF					NA	NA	NA	N
E0776	IV POLE	MAXFEE	DEF					75	4/1/2006	12/31/2299	N
E0840	TRACT FRAME ATTACH HEADBOARD	PRXOVR	DEF					NA	NA	NA	N
E0840	TRACT FRAME ATTACH HEADBOARD	MAXFEE	DEF					58.62	7/26/2007	12/31/2299	N
E0850	TRACTION STAND FREE STANDING	PRXOVR	DEF					NA	NA	NA	N
E0850	TRACTION STAND FREE STANDING	MAXFEE	DEF					84.05	7/26/2007	12/31/2299	N
E0860	TRACT EQUIP CERVICAL TRACT	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid DMEB Contract 12-07-2023

E0860	TRACT EQUIP CERVICAL TRACT	MAXFEE	DEF					30.82	7/26/2007	12/31/2299	N
E0870	TRACT FRAME ATTACH FOOTBOARD	PRXOVR	DEF					NA	NA	NA	N
E0870	TRACT FRAME ATTACH FOOTBOARD	MAXFEE	DEF					93.05	7/26/2007	12/31/2299	N
E0880	TRAC STAND FREE STAND EXTREM	PRXOVR	DEF					NA	NA	NA	N
E0880	TRAC STAND FREE STAND EXTREM	MAXFEE	DEF					100.43	7/26/2007	12/31/2299	N
E0890	TRACTION FRAME ATTACH PELVIC	PRXOVR	DEF					NA	NA	NA	N
E0890	TRACTION FRAME ATTACH PELVIC	MAXFEE	DEF					96.33	7/26/2007	12/31/2299	N
E0900	TRAC STAND FREE STAND PELVIC	PRXOVR	DEF					NA	NA	NA	N
E0900	TRAC STAND FREE STAND PELVIC	MAXFEE	DEF					102.50	7/26/2007	12/31/2299	N
E0910	TRAPEZE BAR ATTACHED TO BED	PRXOVR	DEF					NA	NA	NA	N
E0910	TRAPEZE BAR ATTACHED TO BED	MAXFEE	DEF					208	7/26/2007	12/31/2299	N
E0912	HD TRAPEZE BAR FREE STANDING	PRXOVR	DEF					NA	NA	NA	N
E0912	HD TRAPEZE BAR FREE STANDING	MAXFEE	DEF					1190.49	7/26/2007	12/31/2299	N
E0920	FRACTURE FRAME ATTACHED TO B	PRXOVR	DEF					NA	NA	NA	N
E0920	FRACTURE FRAME ATTACHED TO B	MAXFEE	DEF					479.86	7/26/2007	12/31/2299	N
E0930	FRACTURE FRAME FREE STANDING	PRXOVR	DEF					NA	NA	NA	N
E0930	FRACTURE FRAME FREE STANDING	MAXFEE	DEF					475.17	7/26/2007	12/31/2299	N

## Ohio Medicaid DMEB Contract 12-07-2023

E0940	TRAPEZE BAR FREE STANDING	PRXOVR	DEF					NA	NA	NA	N
E0940	TRAPEZE BAR FREE STANDING	MAXFEE	DEF					361.61	7/26/2007	12/31/2299	N
E0941	GRAVITY ASSISTED TRACTION DE	PRXOVR	DEF					NA	NA	NA	S
E0941	GRAVITY ASSISTED TRACTION DE	MAXFEE	DEF					451.46	7/26/2007	12/31/2299	S
E0942	CERVICAL HEAD HARNESS/HALTER	PRXOVR	DEF					NA	NA	NA	N
E0942	CERVICAL HEAD HARNESS/HALTER	MAXFEE	DEF					15.88	7/26/2007	12/31/2299	N
E0944	PELVIC BELT/HARNESS/BOOT	PRXOVR	DEF					NA	NA	NA	N
E0944	PELVIC BELT/HARNESS/BOOT	MAXFEE	DEF					36.70	7/26/2007	12/31/2299	N
E0945	BELT/HARNESS EXTREMITY	PRXOVR	DEF					NA	NA	NA	S
E0945	BELT/HARNESS EXTREMITY	MAXFEE	DEF					35.46	7/26/2007	12/31/2299	S
E0946	FRACTURE FRAME DUAL W CROSS	PRXOVR	DEF					NA	NA	NA	Y
E0946	FRACTURE FRAME DUAL W CROSS	MAXFEE	DEF					615.26	7/26/2007	12/31/2299	Y
E0947	FRACTURE FRAME ATTACHMNTS PE	PRXOVR	DEF					NA	NA	NA	Y
E0947	FRACTURE FRAME ATTACHMNTS PE	MAXFEE	DEF					485.17	7/26/2007	12/31/2299	Y
E0948	FRACTURE FRAME ATTACHMNTS CE	PRXOVR	DEF					NA	NA	NA	Y
E0948	FRACTURE FRAME ATTACHMNTS CE	MAXFEE	DEF					469.27	7/26/2007	12/31/2299	Y
E0950	TRAY	PRXOVR	DEF					NA	NA	NA	Y
E0950	TRAY	MAXFEE	DEF					88.27	1/1/2017	12/31/2299	Y
E0951	LOOP HEEL	PRXOVR	DEF					NA	NA	NA	N
E0951	LOOP HEEL	MAXFEE	DEF					16.12	1/1/2017	12/31/2299	N
E0952	TOE LOOP/HOLDER; EACH	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid DMEB Contract 12-07-2023

E0952	TOE LOOP/HOLDER; EACH	MAXFEE	DEF					15.98	1/1/2017	12/31/2299	N
E0953	W/C LATERAL THIGH/KNEE SUP	PRXOVR	DEF					NA	NA	NA	Y
E0953	W/C LATERAL THIGH/KNEE SUP	MAXFEE	DEF					500	7/1/2021	12/31/2299	Y
E0954	FOOT BOX; ANY TYPE EACH FOOT	PRXOVR	DEF					NA	NA	NA	Y
E0954	FOOT BOX; ANY TYPE EACH FOOT	MAXFEE	DEF					75	7/1/2021	12/31/2299	Y
E0954	FOOT BOX; ANY TYPE EACH FOOT	MAXFEE	UC1					300	7/1/2021	12/31/2299	Y
E0955	CUSHIONED HEADREST	PRXOVR	DEF					NA	NA	NA	Y
E0955	CUSHIONED HEADREST	MAXFEE	DEF					201.98	1/1/2017	12/31/2299	Y
E0956	W/C LATERAL TRUNK/HIP SUPPOR	PRXOVR	DEF					NA	NA	NA	S
E0956	W/C LATERAL TRUNK/HIP SUPPOR	MAXFEE	DEF					98.49	1/1/2017	12/31/2299	S
E0957	W/C MEDIAL THIGH SUPPORT	PRXOVR	DEF					NA	NA	NA	S
E0957	W/C MEDIAL THIGH SUPPORT	MAXFEE	DEF					137.79	1/1/2017	12/31/2299	S
E0958	WHLCHR ATT- CONV 1 ARM DRIVE	PRXOVR	DEF					NA	NA	NA	Y
E0958	WHLCHR ATT- CONV 1 ARM DRIVE	MAXFEE	DEF					400	7/1/2021	12/31/2299	Y
E0959	AMPUTEE ADAPTER	PRXOVR	DEF					NA	NA	NA	N
E0959	AMPUTEE ADAPTER	MAXFEE	DEF					37.54	1/1/2017	12/31/2299	N
E0960	W/C SHOULDER HARNESS/STRAPS	PRXOVR	DEF					NA	NA	NA	N
E0960	W/C SHOULDER HARNESS/STRAPS	MAXFEE	DEF					90.88	1/1/2017	12/31/2299	N
E0961	WHEELCHAIR BRAKE EXTENSION	PRXOVR	DEF					NA	NA	NA	Y
E0961	WHEELCHAIR BRAKE EXTENSION	MAXFEE	DEF					25.26	1/1/2017	12/31/2299	Y

## Ohio Medicaid DMEB Contract 12-07-2023

E0962	WHEELCHAIR 1 INCH CUSHION	PRXOVR	DEF					NA	NA	NA	S
E0962	WHEELCHAIR 1 INCH CUSHION	MAXFEE	DEF					NA			S
E0963	WHEELCHAIR 2 INCH CUSHION	PRXOVR	DEF					NA	NA	NA	S
E0963	WHEELCHAIR 2 INCH CUSHION	MAXFEE	DEF					NA			S
E0964	WHEELCHAIR 3 INCH CUSHION	PRXOVR	DEF					NA	NA	NA	S
E0964	WHEELCHAIR 3 INCH CUSHION	MAXFEE	DEF					NA			S
E0965	WHEELCHAIR 4 INCH CUSHION	PRXOVR	DEF					NA	NA	NA	S
E0965	WHEELCHAIR 4 INCH CUSHION	MAXFEE	DEF					NA			S
E0966	WHEELCHAIR HEAD REST EXTENSI	PRXOVR	DEF					NA	NA	NA	Y
E0966	WHEELCHAIR HEAD REST EXTENSI	MAXFEE	DEF					64.69	1/1/2017	12/31/2299	Y
E0967	MAN WC RIM/PROJECTION REP EA	PRXOVR	DEF					NA	NA	NA	N
E0967	MAN WC RIM/PROJECTION REP EA	MAXFEE	DEF					65.61	1/1/2017	12/31/2299	N
E0968	WHEELCHAIR COMMODOE SEAT	PRXOVR	DEF					NA	NA	NA	N
E0968	WHEELCHAIR COMMODOE SEAT	MAXFEE	DEF					150	7/1/2021	12/31/2299	N
E0969	WHEELCHAIR NARROWING DEVICE	PRXOVR	DEF					NA	NA	NA	S
E0969	WHEELCHAIR NARROWING DEVICE	MAXFEE	DEF					133	1/1/2017	12/31/2299	S
E0970	WHEELCHAIR NO. 2 FOOTPLATES	PRXOVR	DEF					NA	NA	NA	Y



## Ohio Medicaid DMEB Contract 12-07-2023

E0970	WHEELCHAIR NO. 2 FOOTPLATES	MAXFEE	DEF					45	7/1/2021	12/31/2299	Y
E0971	WHEELCHAIR ANTI-TIPPING DEVI	PRXOVR	DEF					NA	NA	NA	Y
E0971	WHEELCHAIR ANTI-TIPPING DEVI	MAXFEE	DEF					43.34	1/1/2017	12/31/2299	Y
E0972	TRANSFER BOARD OR DEVICE	PRXOVR	DEF					NA	NA	NA	S
E0972	TRANSFER BOARD OR DEVICE	MAXFEE	DEF					NA			S
E0973	W/CH ACCESS DET ADJ ARMREST	PRXOVR	DEF					NA	NA	NA	Y
E0973	W/CH ACCESS DET ADJ ARMREST	MAXFEE	DEF					97.62	1/1/2017	12/31/2299	Y
E0974	W/CH ACCESS ANTI- ROLLBACK	PRXOVR	DEF					NA	NA	NA	N
E0974	W/CH ACCESS ANTI- ROLLBACK	MAXFEE	DEF					78.33	1/1/2017	12/31/2299	N
E0978	W/C ACC;SAF BELT PELV STRAP	PRXOVR	DEF					NA	NA	NA	S
E0978	W/C ACC;SAF BELT PELV STRAP	MAXFEE	DEF					41.94	1/1/2017	12/31/2299	S
E0980	WHEELCHAIR SAFETY VEST	PRXOVR	DEF					NA	NA	NA	N
E0980	WHEELCHAIR SAFETY VEST	MAXFEE	DEF					31.92	1/1/2017	12/31/2299	N
E0981	SEAT UPHOLSTERY; REPLACEMENT	PRXOVR	DEF					NA	NA	NA	N
E0981	SEAT UPHOLSTERY; REPLACEMENT	MAXFEE	DEF					40.04	1/1/2017	12/31/2299	N
E0982	BACK UPHOLSTERY; REPLACEMENT	PRXOVR	DEF					NA	NA	NA	Y
E0982	BACK UPHOLSTERY; REPLACEMENT	MAXFEE	DEF					33.02	1/1/2017	12/31/2299	Y
E0983	ADD PWR JOYSTICK	PRXOVR	DEF					NA	NA	NA	Y
E0983	ADD PWR JOYSTICK	MAXFEE	DEF					4500	7/1/2021	12/31/2299	Y
E0984	ADD PWR TILLER	PRXOVR	DEF					NA	NA	NA	Y

## Ohio Medicaid DMEB Contract 12-07-2023

E0984	ADD PWR TILLER	MAXFEE	DEF					1420.73	1/1/2017	12/31/2299	Y
E0986	MAN W/C PUSH-RIM POWR SYSTEM	PRXOVR	DEF					NA	NA	NA	Y
E0986	MAN W/C PUSH-RIM POWR SYSTEM	MAXFEE	DEF					4255.42	1/1/2017	12/31/2299	Y
E0988	LEVER-ACTIVATED WHEEL DRIVE	PRXOVR	DEF					NA	NA	NA	Y
E0988	LEVER-ACTIVATED WHEEL DRIVE	MAXFEE	DEF					2850	7/1/2021	12/31/2299	Y
E0990	WHEELCHAIR ELEVATING LEG RES	PRXOVR	DEF					NA	NA	NA	Y
E0990	WHEELCHAIR ELEVATING LEG RES	MAXFEE	DEF					99.72	1/1/2017	12/31/2299	Y
E0992	WHEELCHAIR SOLID SEAT INSERT	PRXOVR	DEF					NA	NA	NA	N
E0992	WHEELCHAIR SOLID SEAT INSERT	MAXFEE	DEF					95.06	1/1/2017	12/31/2299	N
E0994	WHEELCHAIR ARM REST	PRXOVR	DEF					NA	NA	NA	Y
E0994	WHEELCHAIR ARM REST	MAXFEE	DEF					17.60	1/1/2017	12/31/2299	Y
E0995	WC CALF REST; PAD REPLACEMNT	PRXOVR	DEF					NA	NA	NA	Y
E0995	WC CALF REST; PAD REPLACEMNT	MAXFEE	DEF					25.82	1/1/2017	12/31/2299	Y
E1009	ADD MECH LEG ELEVATION	PRXOVR	DEF					NA	NA	NA	Y
E1009	ADD MECH LEG ELEVATION	MAXFEE	DEF					2090	7/1/2021	12/31/2299	Y
E1011	PED WC MODIFY WIDTH ADJUSTM	PRXOVR	DEF					NA	NA	NA	Y
E1011	PED WC MODIFY WIDTH ADJUSTM	MAXFEE	DEF					180	7/1/2021	12/31/2299	Y
E1012	CTR MOUNT PWR ELEV LEG REST	PRXOVR	DEF					NA	NA	NA	Y
E1012	CTR MOUNT PWR ELEV LEG REST	MAXFEE	DEF					2200	7/1/2021	12/31/2299	Y

## Ohio Medicaid DMEB Contract 12-07-2023

E1013	INT SEAT SYS CONTOUR PED W/C	PRXOVR	DEF					NA	NA	NA	Y
E1013	INT SEAT SYS CONTOUR PED W/C	MAXFEE	DEF					NA			Y
E1014	RECLINING BACK ADD PED W/C	PRXOVR	DEF					NA	NA	NA	N
E1014	RECLINING BACK ADD PED W/C	MAXFEE	DEF					319.44	1/1/2017	12/31/2299	N
E1015	SHOCK ABSORBER FOR MAN W/C	PRXOVR	DEF					NA	NA	NA	N
E1015	SHOCK ABSORBER FOR MAN W/C	MAXFEE	DEF					114.59	1/1/2017	12/31/2299	N
E1016	SHOCK ABSORBER FOR POWER W/C	PRXOVR	DEF					NA	NA	NA	N
E1016	SHOCK ABSORBER FOR POWER W/C	MAXFEE	DEF					131.18	1/1/2017	12/31/2299	N
E1017	HD SHCK ABSRBR FOR HD MAN WC	PRXOVR	DEF					NA	NA	NA	N
E1017	HD SHCK ABSRBR FOR HD MAN WC	MAXFEE	DEF					115	7/1/2021	12/31/2299	N
E1018	HD SHCK ABSRBER FOR HD POWWC	PRXOVR	DEF					NA	NA	NA	Y
E1018	HD SHCK ABSRBER FOR HD POWWC	MAXFEE	DEF					185	7/1/2021	12/31/2299	Y
E1020	RESIDUAL LIMB SUPPORT SYSTEM	PRXOVR	DEF					NA	NA	NA	N
E1020	RESIDUAL LIMB SUPPORT SYSTEM	MAXFEE	DEF					243.15	1/1/2017	12/31/2299	N
E1028	W/C MANUAL SWINGAWAY	PRXOVR	DEF					NA	NA	NA	Y
E1028	W/C MANUAL SWINGAWAY	MAXFEE	DEF					206.33	1/1/2017	12/31/2299	Y
E1029	W/C VENT TRAY FIXED	PRXOVR	DEF					NA	NA	NA	N
E1029	W/C VENT TRAY FIXED	MAXFEE	DEF					278.65	1/1/2017	12/31/2299	N
E1030	W/C VENT TRAY GIMBALED	PRXOVR	DEF					NA	NA	NA	N
E1030	W/C VENT TRAY GIMBALED	MAXFEE	DEF					878.64	1/1/2017	12/31/2299	N

## Ohio Medicaid DMEB Contract 12-07-2023

E1031	ROLLABOUT CHAIR WITH CASTERS	PRXOVR	DEF					NA	NA	NA	N
E1031	ROLLABOUT CHAIR WITH CASTERS	MAXFEE	DEF					504.63	1/1/2017	12/31/2299	N
E1035	PATIENT TRANSFER SYSTEM <300	PRXOVR	DEF					NA	NA	NA	Y
E1035	PATIENT TRANSFER SYSTEM <300	MAXFEE	DEF					6125.67	1/1/2017	12/31/2299	Y
E1036	PATIENT TRANSFER SYSTEM >300	PRXOVR	DEF					NA	NA	NA	Y
E1036	PATIENT TRANSFER SYSTEM >300	MAXFEE	DEF					8587.53	1/1/2017	12/31/2299	Y
E1037	TRANSPORT CHAIR; PED SIZE	PRXOVR	DEF					NA	NA	NA	S
E1037	TRANSPORT CHAIR; PED SIZE	MAXFEE	DEF					1083.69	1/1/2017	12/31/2299	S
E1038	TRANSPORT CHAIR PT WT<=300LB	PRXOVR	DEF					NA	NA	NA	N
E1038	TRANSPORT CHAIR PT WT<=300LB	MAXFEE	DEF					180.09	1/1/2017	12/31/2299	N
E1039	TRANSPORT CHAIR PT WT >300LB	PRXOVR	DEF					NA	NA	NA	N
E1039	TRANSPORT CHAIR PT WT >300LB	MAXFEE	DEF					341.55	1/1/2017	12/31/2299	N
E1050	WHELCHR FXD FULL LENGTH ARMS	PRXOVR	DEF					NA	NA	NA	Y
E1050	WHELCHR FXD FULL LENGTH ARMS	MAXFEE	DEF					1017.27	1/1/2017	12/31/2299	Y
E1060	WHEELCHAIR DETACHABLE ARMS	PRXOVR	DEF					NA	NA	NA	Y
E1060	WHEELCHAIR DETACHABLE ARMS	MAXFEE	DEF					1259.28	1/1/2017	12/31/2299	Y
E1070	WHEELCHAIR DETACHABLE FOOT R	PRXOVR	DEF					NA	NA	NA	Y
E1070	WHEELCHAIR DETACHABLE FOOT R	MAXFEE	DEF					930.06	1/1/2017	12/31/2299	Y

## Ohio Medicaid DMEB Contract 12-07-2023

E1083	HEMI-WHEELCHAIR FIXED ARMS	PRXOVR	DEF					NA	NA	NA	N
E1083	HEMI-WHEELCHAIR FIXED ARMS	MAXFEE	DEF					786.60	1/1/2017	12/31/2299	N
E1084	HEMI-WHEELCHAIR DETACHABLE A	PRXOVR	DEF					NA	NA	NA	N
E1084	HEMI-WHEELCHAIR DETACHABLE A	MAXFEE	DEF					980.01	1/1/2017	12/31/2299	N
E1085	HEMI-WHEELCHAIR FIXED ARMS	PRXOVR	DEF					NA	NA	NA	N
E1085	HEMI-WHEELCHAIR FIXED ARMS	MAXFEE	DEF					715.32	1/1/2017	12/31/2299	N
E1086	HEMI-WHEELCHAIR DETACHABLE A	PRXOVR	DEF					NA	NA	NA	N
E1086	HEMI-WHEELCHAIR DETACHABLE A	MAXFEE	DEF					908.73	1/1/2017	12/31/2299	N
E1087	WHEELCHAIR LIGHTWT FIXED ARM	PRXOVR	DEF					NA	NA	NA	Y
E1087	WHEELCHAIR LIGHTWT FIXED ARM	MAXFEE	DEF					1229.22	1/1/2017	12/31/2299	Y
E1088	WHEELCHAIR LIGHTWEIGHT DET A	PRXOVR	DEF					NA	NA	NA	Y
E1088	WHEELCHAIR LIGHTWEIGHT DET A	MAXFEE	DEF					1346.31	1/1/2017	12/31/2299	Y
E1089	WHEELCHAIR LIGHTWT FIXED ARM	PRXOVR	DEF					NA	NA	NA	Y
E1089	WHEELCHAIR LIGHTWT FIXED ARM	MAXFEE	DEF					1157.94	1/1/2017	12/31/2299	Y
E1090	WHEELCHAIR LIGHTWEIGHT DET A	PRXOVR	DEF					NA	NA	NA	Y
E1090	WHEELCHAIR LIGHTWEIGHT DET A	MAXFEE	DEF					1275.03	1/1/2017	12/31/2299	Y
E1092	WHEELCHAIR WIDE W/ LEG RESTS	PRXOVR	DEF					NA	NA	NA	Y

## Ohio Medicaid DMEB Contract 12-07-2023

E1092	WHEELCHAIR WIDE W/ LEG RESTS	MAXFEE	DEF					1117.62	1/1/2017	12/31/2299	Y
E1093	WHEELCHAIR WIDE W/ FOOT REST	PRXOVR	DEF					NA	NA	NA	Y
E1093	WHEELCHAIR WIDE W/ FOOT REST	MAXFEE	DEF					994.59	1/1/2017	12/31/2299	Y
E1100	WHCHR S-RECL FXD ARM LEG RES	PRXOVR	DEF					NA	NA	NA	Y
E1100	WHCHR S-RECL FXD ARM LEG RES	MAXFEE	DEF					881.37	1/1/2017	12/31/2299	Y
E1110	WHEELCHAIR SEMI-RECL DETACH	PRXOVR	DEF					NA	NA	NA	Y
E1110	WHEELCHAIR SEMI-RECL DETACH	MAXFEE	DEF					895.32	1/1/2017	12/31/2299	Y
E1130	WHLCHR STAND FXD ARM FT REST	PRXOVR	DEF					NA	NA	NA	N
E1130	WHLCHR STAND FXD ARM FT REST	MAXFEE	DEF					553.14	1/1/2017	12/31/2299	N
E1140	WHEELCHAIR STANDARD DETACH A	PRXOVR	DEF					NA	NA	NA	N
E1140	WHEELCHAIR STANDARD DETACH A	MAXFEE	DEF					743.58	1/1/2017	12/31/2299	N
E1150	WHEELCHAIR STANDARD W/ LEG R	PRXOVR	DEF					NA	NA	NA	N
E1150	WHEELCHAIR STANDARD W/ LEG R	MAXFEE	DEF					814.86	1/1/2017	12/31/2299	N
E1160	WHEELCHAIR FIXED ARMS	PRXOVR	DEF					NA	NA	NA	N
E1160	WHEELCHAIR FIXED ARMS	MAXFEE	DEF					624.42	1/1/2017	12/31/2299	N
E1161	MANUAL ADULT WC W TILTINSPAC	PRXOVR	DEF					NA	NA	NA	Y
E1161	MANUAL ADULT WC W TILTINSPAC	MAXFEE	DEF					2363.58	1/1/2017	12/31/2299	Y
E1170	WHLCHR AMPU FXD ARM LEG REST	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid DMEB Contract 12-07-2023

E1170	WHLCHR AMPU FXD ARM LEG REST	MAXFEE	DEF					758.52	1/1/2017	12/31/2299	N
E1171	WHEELCHAIR AMPUTEE W/O LEG R	PRXOVR	DEF					NA	NA	NA	N
E1171	WHEELCHAIR AMPUTEE W/O LEG R	MAXFEE	DEF					680.58	1/1/2017	12/31/2299	N
E1172	WHEELCHAIR AMPUTEE DETACH AR	PRXOVR	DEF					NA	NA	NA	N
E1172	WHEELCHAIR AMPUTEE DETACH AR	MAXFEE	DEF					831.78	1/1/2017	12/31/2299	N
E1180	WHEELCHAIR AMPUTEE W/ FOOT R	PRXOVR	DEF					NA	NA	NA	N
E1180	WHEELCHAIR AMPUTEE W/ FOOT R	MAXFEE	DEF					893.52	1/1/2017	12/31/2299	N
E1190	WHEELCHAIR AMPUTEE W/ LEG RE	PRXOVR	DEF					NA	NA	NA	N
E1190	WHEELCHAIR AMPUTEE W/ LEG RE	MAXFEE	DEF					1027.62	1/1/2017	12/31/2299	N
E1195	WHEELCHAIR AMPUTEE HEAVY DUT	PRXOVR	DEF					NA	NA	NA	Y
E1195	WHEELCHAIR AMPUTEE HEAVY DUT	MAXFEE	DEF					1066.68	1/1/2017	12/31/2299	Y
E1200	WHEELCHAIR AMPUTEE FIXED ARM	PRXOVR	DEF					NA	NA	NA	N
E1200	WHEELCHAIR AMPUTEE FIXED ARM	MAXFEE	DEF					738.81	1/1/2017	12/31/2299	N
E1220	WHLCHR SPECIAL SIZE/CONSTRC	PRXOVR	DEF					NA	NA	NA	Y
E1220	WHLCHR SPECIAL SIZE/CONSTRC	MAXFEE	DEF					1900	7/1/2021	12/31/2299	Y
E1221	WHEELCHAIR SPEC SIZE W FOOT	PRXOVR	DEF					NA	NA	NA	N
E1221	WHEELCHAIR SPEC SIZE W FOOT	MAXFEE	DEF					474.66	1/1/2017	12/31/2299	N

## Ohio Medicaid DMEB Contract 12-07-2023

E1222	WHEELCHAIR SPEC SIZE W/ LEG	PRXOVR	DEF					NA	NA	NA	N
E1222	WHEELCHAIR SPEC SIZE W/ LEG	MAXFEE	DEF					635.67	1/1/2017	12/31/2299	N
E1223	WHEELCHAIR SPEC SIZE W FOOT	PRXOVR	DEF					NA	NA	NA	N
E1223	WHEELCHAIR SPEC SIZE W FOOT	MAXFEE	DEF					739.35	1/1/2017	12/31/2299	N
E1224	WHEELCHAIR SPEC SIZE W/ LEG	PRXOVR	DEF					NA	NA	NA	N
E1224	WHEELCHAIR SPEC SIZE W/ LEG	MAXFEE	DEF					810.63	1/1/2017	12/31/2299	N
E1225	MANUAL SEMI-RECLINING BACK	PRXOVR	DEF					NA	NA	NA	Y
E1225	MANUAL SEMI-RECLINING BACK	MAXFEE	DEF					280	1/1/2017	12/31/2299	Y
E1226	MANUAL FULLY RECLINING BACK	PRXOVR	DEF					NA	NA	NA	Y
E1226	MANUAL FULLY RECLINING BACK	MAXFEE	DEF					463.32	1/1/2017	12/31/2299	Y
E1227	WHEELCHAIR SPEC SZ SPEC HT A	PRXOVR	DEF					NA	NA	NA	N
E1227	WHEELCHAIR SPEC SZ SPEC HT A	MAXFEE	DEF					235.63	1/1/2017	12/31/2299	N
E1228	WHEELCHAIR SPEC SZ SPEC HT B	PRXOVR	DEF					NA	NA	NA	Y
E1228	WHEELCHAIR SPEC SZ SPEC HT B	PADOLR	DEF					NA	NA	NA	Y
E1229	PEDIATRIC WHEELCHAIR NOS	PRXOVR	DEF					NA	NA	NA	Y
E1229	PEDIATRIC WHEELCHAIR NOS	MAXFEE	DEF					1750	7/1/2021	12/31/2299	Y
E1230	POWER OPERATED VEHICLE	PRXOVR	DEF					NA	NA	NA	Y
E1230	POWER OPERATED VEHICLE	MAXFEE	DEF					2212.79	1/1/2017	12/31/2299	Y
E1231	RIGID PED W/C TILT-IN-SPACE	PRXOVR	DEF					NA	NA	NA	Y
E1231	RIGID PED W/C TILT-IN-SPACE	MAXFEE	DEF					2422.62	1/1/2017	12/31/2299	Y



## Ohio Medicaid DMEB Contract 12-07-2023

E1232	FOLDING PED WC TILT-IN-SPACE	PRXOVR	DEF					NA	NA	NA	Y
E1232	FOLDING PED WC TILT-IN-SPACE	MAXFEE	DEF					2136.33	1/1/2017	12/31/2299	Y
E1233	RIG PED WC TLTNPC W/O SEAT	PRXOVR	DEF					NA	NA	NA	Y
E1233	RIG PED WC TLTNPC W/O SEAT	MAXFEE	DEF					2213.37	1/1/2017	12/31/2299	Y
E1234	FLD PED WC TLTNPC W/O SEAT	PRXOVR	DEF					NA	NA	NA	Y
E1234	FLD PED WC TLTNPC W/O SEAT	MAXFEE	DEF					1927.08	1/1/2017	12/31/2299	Y
E1235	RIGID PED WC ADJUSTABLE	PRXOVR	DEF					NA	NA	NA	Y S
E1235	RIGID PED WC ADJUSTABLE	MAXFEE	DEF					1855.62	1/1/2017	12/31/2299	Y S
E1236	FOLDING PED WC ADJUSTABLE	PRXOVR	DEF					NA	NA	NA	Y S
E1236	FOLDING PED WC ADJUSTABLE	MAXFEE	DEF					1637.01	1/1/2017	12/31/2299	Y S
E1237	RGD PED WC ADJSTABL W/O SEAT	PRXOVR	DEF					NA	NA	NA	Y S
E1237	RGD PED WC ADJSTABL W/O SEAT	MAXFEE	DEF					1651.32	1/1/2017	12/31/2299	Y S
E1238	FLD PED WC ADJSTABL W/O SEAT	PRXOVR	DEF					NA	NA	NA	Y S
E1238	FLD PED WC ADJSTABL W/O SEAT	MAXFEE	DEF					1637.01	1/1/2017	12/31/2299	Y S
E1239	PED POWER WHEELCHAIR NOS	PRXOVR	DEF					NA	NA	NA	Y
E1239	PED POWER WHEELCHAIR NOS	MAXFEE	DEF					2200	7/1/2021	12/31/2299	Y
E1240	WHCHR LITWT DET ARM LEG REST	PRXOVR	DEF					NA	NA	NA	N
E1240	WHCHR LITWT DET ARM LEG REST	MAXFEE	DEF					1029.15	1/1/2017	12/31/2299	N

## Ohio Medicaid DMEB Contract 12-07-2023

E1250	WHEELCHAIR LIGHTWT FIXED ARM	PRXOVR	DEF					NA	NA	NA	Y
E1250	WHEELCHAIR LIGHTWT FIXED ARM	MAXFEE	DEF					717.30	1/1/2017	12/31/2299	Y
E1260	WHEELCHAIR LIGHTWT FOOT REST	PRXOVR	DEF					NA	NA	NA	Y
E1260	WHEELCHAIR LIGHTWT FOOT REST	MAXFEE	DEF					957.87	1/1/2017	12/31/2299	Y
E1270	WHEELCHAIR LIGHTWEIGHT LEG R	PRXOVR	DEF					NA	NA	NA	Y
E1270	WHEELCHAIR LIGHTWEIGHT LEG R	MAXFEE	DEF					788.58	1/1/2017	12/31/2299	Y
E1280	WHCHR H-DUTY DET ARM LEG RES	PRXOVR	DEF					NA	NA	NA	Y
E1280	WHCHR H-DUTY DET ARM LEG RES	MAXFEE	DEF					1199.79	1/1/2017	12/31/2299	Y
E1285	WHEELCHAIR HEAVY DUTY FIXED	PRXOVR	DEF					NA	NA	NA	N
E1285	WHEELCHAIR HEAVY DUTY FIXED	MAXFEE	DEF					1051.02	1/1/2017	12/31/2299	N
E1290	WHEELCHAIR HVY DUTY DETACH A	PRXOVR	DEF					NA	NA	NA	N
E1290	WHEELCHAIR HVY DUTY DETACH A	MAXFEE	DEF					1128.51	1/1/2017	12/31/2299	N
E1295	WHEELCHAIR HEAVY DUTY FIXED	PRXOVR	DEF					NA	NA	NA	Y
E1295	WHEELCHAIR HEAVY DUTY FIXED	MAXFEE	DEF					1122.30	1/1/2017	12/31/2299	Y
E1296	WHEELCHAIR SPECIAL SEAT HEIG	PRXOVR	DEF					NA	NA	NA	N
E1296	WHEELCHAIR SPECIAL SEAT HEIG	MAXFEE	DEF					417.47	1/1/2017	12/31/2299	N
E1297	WHEELCHAIR SPECIAL SEAT DEPT	PRXOVR	DEF					NA	NA	NA	Y

## Ohio Medicaid DMEB Contract 12-07-2023

E1297	WHEELCHAIR SPECIAL SEAT DEPT	MAXFEE	DEF					88.82	1/1/2017	12/31/2299	Y
E1298	WHEELCHAIR SPEC SEAT DEPTH/W	PRXOVR	DEF					NA	NA	NA	Y
E1298	WHEELCHAIR SPEC SEAT DEPTH/W	MAXFEE	DEF					359.73	1/1/2017	12/31/2299	Y
E1300	WHIRLPOOL PORTABLE	PRXOVR	DEF					NA	NA	NA	S
E1300	WHIRLPOOL PORTABLE	MAXFEE	DEF					170	4/1/2006	12/31/2299	S
E1351	MAJOR REPAIR LTCF	PRXOVR	DEF					NA	NA	NA	Y
E1351	MAJOR REPAIR LTCF	PADOLR	DEF					NA	NA	NA	Y
E1372	OXY SUPPL HEATER FOR NEBULIZ	PRXOVR	DEF					NA	NA	NA	S
E1372	OXY SUPPL HEATER FOR NEBULIZ	MAXFEE	DEF					118	4/1/2006	12/31/2299	S
E1399	DURABLE MEDICAL EQUIPMENT MI	PRXOVR	DEF					NA	NA	NA	Y S
E1399	DURABLE MEDICAL EQUIPMENT MI	PADOLR	DEF					NA	NA	NA	Y S
E1399	DURABLE MEDICAL EQUIPMENT MI	REPAIR	DEF					NA	NA	NA	Y S
E1820	SOFT INTERFACE MATERIAL	PRXOVR	DEF					NA	NA	NA	S
E1820	SOFT INTERFACE MATERIAL	MAXFEE	DEF					65.39	4/1/2006	12/31/2299	S
E2102	ADJU CGM RECEIVER/MONITOR	PRXOVR	DEF					NA	NA	NA	S
E2102	ADJU CGM RECEIVER/MONITOR	MANUAL	DEF					NA	NA	NA	S
E2103	NON-ADJU CGM RECEIVER/MON	PRXOVR	DEF					NA	NA	NA	Y
E2103	NON-ADJU CGM RECEIVER/MON	MAXFEE	DEF					209.03	1/1/2023	12/31/2299	Y
E2201	MAN W/CH ACC SEAT W>=20<24	PRXOVR	DEF					NA	NA	NA	Y
E2201	MAN W/CH ACC SEAT W>=20<24	MAXFEE	DEF					372.72	1/1/2017	12/31/2299	Y

## Ohio Medicaid DMEB Contract 12-07-2023

E2202	SEAT WIDTH 24-27 IN	PRXOVR	DEF					NA	NA	NA	Y
E2202	SEAT WIDTH 24-27 IN	MAXFEE	DEF					473.47	1/1/2017	12/31/2299	Y
E2203	FRAME DEPTH LESS THAN 22 IN	PRXOVR	DEF					NA	NA	NA	Y
E2203	FRAME DEPTH LESS THAN 22 IN	MAXFEE	DEF					478.56	1/1/2017	12/31/2299	Y
E2204	FRAME DEPTH 22 TO 25 IN	PRXOVR	DEF					NA	NA	NA	Y
E2204	FRAME DEPTH 22 TO 25 IN	MAXFEE	DEF					812.56	1/1/2017	12/31/2299	Y
E2205	MANUAL WC ACCESSORY; HANDRIM	PRXOVR	DEF					NA	NA	NA	Y
E2205	MANUAL WC ACCESSORY; HANDRIM	MAXFEE	DEF					32.63	1/1/2017	12/31/2299	Y
E2206	MAN WC WHL LOCK COMP REPL EA	PRXOVR	DEF					NA	NA	NA	N
E2206	MAN WC WHL LOCK COMP REPL EA	MAXFEE	DEF					40.64	1/1/2017	12/31/2299	N
E2207	CRUTCH AND CANE HOLDER	PRXOVR	DEF					NA	NA	NA	N
E2207	CRUTCH AND CANE HOLDER	MAXFEE	DEF					43.30	1/1/2017	12/31/2299	N
E2208	CYLINDER TANK CARRIER	PRXOVR	DEF					NA	NA	NA	Y
E2208	CYLINDER TANK CARRIER	MAXFEE	DEF					118.67	1/1/2017	12/31/2299	Y
E2209	ARM TROUGH EACH	PRXOVR	DEF					NA	NA	NA	Y
E2209	ARM TROUGH EACH	MAXFEE	DEF					107.06	1/1/2017	12/31/2299	Y
E2210	WHEELCHAIR BEARINGS	PRXOVR	DEF					NA	NA	NA	Y
E2210	WHEELCHAIR BEARINGS	MAXFEE	DEF					6.54	1/1/2017	12/31/2299	Y
E2211	PNEUMATIC PROPULSION TIRE	PRXOVR	DEF					NA	NA	NA	S
E2211	PNEUMATIC PROPULSION TIRE	MAXFEE	DEF					34.74	1/1/2017	12/31/2299	S
E2212	PNEUMATIC PROP TIRE TUBE	PRXOVR	DEF					NA	NA	NA	N
E2212	PNEUMATIC PROP TIRE TUBE	MAXFEE	DEF					5.87	1/1/2017	12/31/2299	N
E2213	PNEUMATIC PROP TIRE INSERT	PRXOVR	DEF					NA	NA	NA	S

## Ohio Medicaid DMEB Contract 12-07-2023

E2213	PNEUMATIC PROP TIRE INSERT	MAXFEE	DEF					30.38	1/1/2017	12/31/2299	S
E2214	PNEUMATIC CASTER TIRE EACH	PRXOVR	DEF					NA	NA	NA	N
E2214	PNEUMATIC CASTER TIRE EACH	MAXFEE	DEF					30.57	1/1/2017	12/31/2299	N
E2215	PNEUMATIC CASTER TIRE TUBE	PRXOVR	DEF					NA	NA	NA	Y
E2215	PNEUMATIC CASTER TIRE TUBE	MAXFEE	DEF					9.59	1/1/2017	12/31/2299	Y
E2216	FOAM FILLED PROPULSION TIRE	PRXOVR	DEF					NA	NA	NA	N
E2216	FOAM FILLED PROPULSION TIRE	MAXFEE	DEF					35	7/1/2021	12/31/2299	N
E2217	FOAM FILLED CASTER TIRE EACH	PRXOVR	DEF					NA	NA	NA	N
E2217	FOAM FILLED CASTER TIRE EACH	MAXFEE	DEF					35	7/1/2021	12/31/2299	N
E2218	FOAM PROPULSION TIRE EACH	PRXOVR	DEF					NA	NA	NA	N
E2218	FOAM PROPULSION TIRE EACH	MAXFEE	DEF					40	7/1/2021	12/31/2299	N
E2219	FOAM CASTER TIRE ANY SIZE EA	PRXOVR	DEF					NA	NA	NA	N
E2219	FOAM CASTER TIRE ANY SIZE EA	MAXFEE	DEF					38.60	1/1/2017	12/31/2299	N
E2220	SOLID PROPULS TIRE; REPL; EA	PRXOVR	DEF					NA	NA	NA	N
E2220	SOLID PROPULS TIRE; REPL; EA	MAXFEE	DEF					24.23	1/1/2017	12/31/2299	N
E2221	SOLID CASTER TIRE REPL; EACH	PRXOVR	DEF					NA	NA	NA	N
E2221	SOLID CASTER TIRE REPL; EACH	MAXFEE	DEF					25.52	1/1/2017	12/31/2299	N

## Ohio Medicaid DMEB Contract 12-07-2023

E2222	SOLID CASTER INTEG WHL; REPL	PRXOVR	DEF					NA	NA	NA	N
E2222	SOLID CASTER INTEG WHL; REPL	MAXFEE	DEF					21.04	1/1/2017	12/31/2299	N
E2224	PROPULSION WHL EXCL TIRE REP	PRXOVR	DEF					NA	NA	NA	N
E2224	PROPULSION WHL EXCL TIRE REP	MAXFEE	DEF					83.26	1/1/2017	12/31/2299	N
E2225	CASTER WHEEL EXCLUDES TIRE	PRXOVR	DEF					NA	NA	NA	Y
E2225	CASTER WHEEL EXCLUDES TIRE	MAXFEE	DEF					17.39	1/1/2017	12/31/2299	Y
E2226	CASTER FORK REPLACEMENT ONLY	PRXOVR	DEF					NA	NA	NA	N
E2226	CASTER FORK REPLACEMENT ONLY	MAXFEE	DEF					37.91	1/1/2017	12/31/2299	N
E2227	GEAR REDUCTION DRIVE WHEEL	PRXOVR	DEF					NA	NA	NA	Y
E2227	GEAR REDUCTION DRIVE WHEEL	MAXFEE	DEF					1636.50	1/1/2017	12/31/2299	Y
E2228	MWC ACC; WHEELCHAIR BRAKE	PRXOVR	DEF					NA	NA	NA	Y
E2228	MWC ACC; WHEELCHAIR BRAKE	MAXFEE	DEF					935.29	1/1/2017	12/31/2299	Y
E2230	MANUAL STANDING SYSTEM	PRXOVR	DEF					NA	NA	NA	Y
E2230	MANUAL STANDING SYSTEM	MAXFEE	DEF					3000	7/1/2021	12/31/2299	Y
E2231	SOLID SEAT SUPPORT BASE	PRXOVR	DEF					NA	NA	NA	Y
E2231	SOLID SEAT SUPPORT BASE	MAXFEE	DEF					153.51	1/1/2017	12/31/2299	Y
E2291	PLANAR BACK FOR PED SIZE WC	PRXOVR	DEF					NA	NA	NA	N
E2291	PLANAR BACK FOR PED SIZE WC	MAXFEE	DEF					350	7/1/2021	12/31/2299	N
E2292	PLANAR SEAT FOR PED SIZE WC	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid DMEB Contract 12-07-2023

E2292	PLANAR SEAT FOR PED SIZE WC	MAXFEE	DEF					350	7/1/2021	12/31/2299	N
E2293	CONTOUR BACK FOR PED SIZE WC	PRXOVR	DEF					NA	NA	NA	N
E2293	CONTOUR BACK FOR PED SIZE WC	MAXFEE	DEF					500	7/1/2021	12/31/2299	N
E2294	CONTOUR SEAT FOR PED SIZE WC	PRXOVR	DEF					NA	NA	NA	N
E2294	CONTOUR SEAT FOR PED SIZE WC	MAXFEE	DEF					500	7/1/2021	12/31/2299	N
E2295	PED DYNAMIC SEATING FRAME	PRXOVR	DEF					NA	NA	NA	Y
E2295	PED DYNAMIC SEATING FRAME	MAXFEE	DEF					2150	7/1/2021	12/31/2299	Y
E2320	HAND CHIN CONTROL	PRXOVR	DEF					NA	NA	NA	Y
E2320	HAND CHIN CONTROL	MAXFEE	DEF					0	1/1/2007	12/31/2299	Y
E2340	W/C WIDTH 20-23 IN SEAT FRAME	PRXOVR	DEF					NA	NA	NA	S
E2340	W/C WIDTH 20-23 IN SEAT FRAME	MAXFEE	DEF					357.98	1/1/2017	12/31/2299	S
E2341	W/C WIDTH 24-27 IN SEAT FRAME	PRXOVR	DEF					NA	NA	NA	S
E2341	W/C WIDTH 24-27 IN SEAT FRAME	MAXFEE	DEF					537.02	1/1/2017	12/31/2299	S
E2342	W/C DPTH 20-21 IN SEAT FRAME	PRXOVR	DEF					NA	NA	NA	Y
E2342	W/C DPTH 20-21 IN SEAT FRAME	MAXFEE	DEF					447.52	1/1/2017	12/31/2299	Y
E2343	W/C DPTH 22-25 IN SEAT FRAME	PRXOVR	DEF					NA	NA	NA	S
E2343	W/C DPTH 22-25 IN SEAT FRAME	MAXFEE	DEF					716.03	1/1/2017	12/31/2299	S
E2358	GR 34 NONSEALED LEADACID	PRXOVR	DEF					NA	NA	NA	Y
E2358	GR 34 NONSEALED LEADACID	MAXFEE	DEF					150	7/1/2021	12/31/2299	Y

## Ohio Medicaid DMEB Contract 12-07-2023

E2359	GR34 SEALED LEADACID BATTERY	PRXOVR	DEF					NA	NA	NA	N
E2359	GR34 SEALED LEADACID BATTERY	MAXFEE	DEF					173.96	1/1/2017	12/31/2299	N
E2360	22NF NONSEALED LEADACID	PRXOVR	DEF					NA	NA	NA	S
E2360	22NF NONSEALED LEADACID	MAXFEE	DEF					102.06	1/1/2017	12/31/2299	S
E2361	22NF SEALED LEADACID BATTERY	PRXOVR	DEF					NA	NA	NA	N
E2361	22NF SEALED LEADACID BATTERY	MAXFEE	DEF					139.32	1/1/2017	12/31/2299	N
E2362	GR24 NONSEALED LEADACID	PRXOVR	DEF					NA	NA	NA	N
E2362	GR24 NONSEALED LEADACID	MAXFEE	DEF					91.89	1/1/2017	12/31/2299	N
E2363	GR24 SEALED LEADACID BATTERY	PRXOVR	DEF					NA	NA	NA	N
E2363	GR24 SEALED LEADACID BATTERY	MAXFEE	DEF					185.80	1/1/2017	12/31/2299	N
E2364	U1NONSEALED LEADACID BATTERY	PRXOVR	DEF					NA	NA	NA	N
E2364	U1NONSEALED LEADACID BATTERY	MAXFEE	DEF					102.06	1/1/2017	12/31/2299	N
E2365	U1 SEALED LEADACID BATTERY	PRXOVR	DEF					NA	NA	NA	N
E2365	U1 SEALED LEADACID BATTERY	MAXFEE	DEF					112.04	1/1/2017	12/31/2299	N
E2366	BATTERY CHARGER; SINGLE MODE	PRXOVR	DEF					NA	NA	NA	N
E2366	BATTERY CHARGER; SINGLE MODE	MAXFEE	DEF					223.84	1/1/2017	12/31/2299	N
E2367	BATTERY CHARGER; DUAL MODE	PRXOVR	DEF					NA	NA	NA	N
E2367	BATTERY CHARGER; DUAL MODE	MAXFEE	DEF					418.64	1/1/2017	12/31/2299	N
E2371	GR27 SEALED LEADACID BATTERY	PRXOVR	DEF					NA	NA	NA	N



## Ohio Medicaid DMEB Contract 12-07-2023

E2371	GR27 SEALED LEADACID BATTERY	MAXFEE	DEF					150.58	1/1/2017	12/31/2299	N
E2372	GR27 NON-SEALED LEADACID	PRXOVR	DEF					NA	NA	NA	Y
E2372	GR27 NON-SEALED LEADACID	MAXFEE	DEF					150	7/1/2021	12/31/2299	Y
E2381	PNEUM DRIVE WHEEL TIRE	PRXOVR	DEF					NA	NA	NA	N
E2381	PNEUM DRIVE WHEEL TIRE	MAXFEE	DEF					76.10	1/1/2017	12/31/2299	N
E2382	TUBE; PNEUM WHEEL DRIVE TIRE	PRXOVR	DEF					NA	NA	NA	N
E2382	TUBE; PNEUM WHEEL DRIVE TIRE	MAXFEE	DEF					20.75	1/1/2017	12/31/2299	N
E2383	INSERT; PNEUM WHEEL DRIVE	PRXOVR	DEF					NA	NA	NA	N
E2383	INSERT; PNEUM WHEEL DRIVE	MAXFEE	DEF					151.71	1/1/2017	12/31/2299	N
E2384	PNEUMATIC CASTER TIRE	PRXOVR	DEF					NA	NA	NA	N
E2384	PNEUMATIC CASTER TIRE	MAXFEE	DEF					80.85	1/1/2017	12/31/2299	N
E2385	TUBE; PNEUMATIC CASTER TIRE	PRXOVR	DEF					NA	NA	NA	N
E2385	TUBE; PNEUMATIC CASTER TIRE	MAXFEE	DEF					49.46	1/1/2017	12/31/2299	N
E2386	FOAM FILLED DRIVE WHEEL TIRE	PRXOVR	DEF					NA	NA	NA	N
E2386	FOAM FILLED DRIVE WHEEL TIRE	MAXFEE	DEF					150.35	1/1/2017	12/31/2299	N
E2387	FOAM FILLED CASTER TIRE	PRXOVR	DEF					NA	NA	NA	N
E2387	FOAM FILLED CASTER TIRE	MAXFEE	DEF					64.86	1/1/2017	12/31/2299	N
E2388	FOAM DRIVE WHEEL TIRE	PRXOVR	DEF					NA	NA	NA	N
E2388	FOAM DRIVE WHEEL TIRE	MAXFEE	DEF					50.35	1/1/2017	12/31/2299	N
E2389	FOAM CASTER TIRE	PRXOVR	DEF					NA	NA	NA	N
E2389	FOAM CASTER TIRE	MAXFEE	DEF					27.34	1/1/2017	12/31/2299	N
E2390	SOLID DRIVE WHEEL TIRE	PRXOVR	DEF					NA	NA	NA	N
E2390	SOLID DRIVE WHEEL TIRE	MAXFEE	DEF					42.75	1/1/2017	12/31/2299	N
E2391	SOLID CASTER TIRE	PRXOVR	DEF					NA	NA	NA	N
E2391	SOLID CASTER TIRE	MAXFEE	DEF					20.49	1/1/2017	12/31/2299	N

## Ohio Medicaid DMEB Contract 12-07-2023

E2392	SOLID CASTER TIRE; INTEGRATE	PRXOVR	DEF					NA	NA	NA	N
E2392	SOLID CASTER TIRE; INTEGRATE	MAXFEE	DEF					53.81	1/1/2017	12/31/2299	N
E2394	DRIVE WHEEL EXCLUDES TIRE	PRXOVR	DEF					NA	NA	NA	N
E2394	DRIVE WHEEL EXCLUDES TIRE	MAXFEE	DEF					76.67	1/1/2017	12/31/2299	N
E2395	CASTER WHEEL EXCLUDES TIRE	PRXOVR	DEF					NA	NA	NA	N
E2395	CASTER WHEEL EXCLUDES TIRE	MAXFEE	DEF					54.49	1/1/2017	12/31/2299	N
E2396	CASTER FORK	PRXOVR	DEF					NA	NA	NA	N
E2396	CASTER FORK	MAXFEE	DEF					56.48	1/1/2017	12/31/2299	N
E2397	PWC ACC; LITH-BASED BATTERY	PRXOVR	DEF					NA	NA	NA	N
E2397	PWC ACC; LITH-BASED BATTERY	MAXFEE	DEF					413.70	1/1/2017	12/31/2299	N
E2398	WC DYNAMIC POS BACK HARDWARE	PRXOVR	DEF					NA	NA	NA	Y
E2398	WC DYNAMIC POS BACK HARDWARE	MAXFEE	DEF					2440	7/1/2021	12/31/2299	Y
E2601	GEN W/C CUSHION WIDTH < 22 IN	PRXOVR	DEF					NA	NA	NA	N
E2601	GEN W/C CUSHION WIDTH < 22 IN	MAXFEE	DEF					61.10	1/1/2017	12/31/2299	N
E2602	GEN W/C CUSHION WIDTH >=22 IN	PRXOVR	DEF					NA	NA	NA	N
E2602	GEN W/C CUSHION WIDTH >=22 IN	MAXFEE	DEF					119.28	1/1/2017	12/31/2299	N
E2603	SKIN PROTECT WC CUS WD <22IN	PRXOVR	DEF					NA	NA	NA	N
E2603	SKIN PROTECT WC CUS WD <22IN	MAXFEE	DEF					151.43	1/1/2017	12/31/2299	N

## Ohio Medicaid DMEB Contract 12-07-2023

E2604	SKIN PROTECT WC CUS WD>=22IN	PRXOVR	DEF					NA	NA	NA	N
E2604	SKIN PROTECT WC CUS WD>=22IN	MAXFEE	DEF					188.21	1/1/2017	12/31/2299	N
E2605	POSITION WC CUSH WIDTH <22 IN	PRXOVR	DEF					NA	NA	NA	N
E2605	POSITION WC CUSH WIDTH <22 IN	MAXFEE	DEF					268.89	1/1/2017	12/31/2299	N
E2606	POSITION WC CUSH WIDTH>=22 IN	PRXOVR	DEF					NA	NA	NA	N
E2606	POSITION WC CUSH WIDTH>=22 IN	MAXFEE	DEF					419.50	1/1/2017	12/31/2299	N
E2607	SKIN PRO/POS WC CUS WD <22IN	PRXOVR	DEF					NA	NA	NA	N
E2607	SKIN PRO/POS WC CUS WD <22IN	MAXFEE	DEF					289.55	1/1/2017	12/31/2299	N
E2608	SKIN PRO/POS WC CUS WD>=22IN	PRXOVR	DEF					NA	NA	NA	N
E2608	SKIN PRO/POS WC CUS WD>=22IN	MAXFEE	DEF					347.72	1/1/2017	12/31/2299	N
E2611	GEN USE BACK CUSH WIDTH <22IN	PRXOVR	DEF					NA	NA	NA	Y
E2611	GEN USE BACK CUSH WIDTH <22IN	MAXFEE	DEF					312.01	1/1/2017	12/31/2299	Y
E2612	GEN USE BACK CUSH WIDTH>=22IN	PRXOVR	DEF					NA	NA	NA	N
E2612	GEN USE BACK CUSH WIDTH>=22IN	MAXFEE	DEF					422.11	1/1/2017	12/31/2299	N
E2613	POSITION BACK CUSH WD <22IN	PRXOVR	DEF					NA	NA	NA	Y
E2613	POSITION BACK CUSH WD <22IN	MAXFEE	DEF					392.63	1/1/2017	12/31/2299	Y
E2614	POSITION BACK CUSH WD>=22IN	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid DMEB Contract 12-07-2023

E2614	POSITION BACK CUSH WD>=22IN	MAXFEE	DEF					543.36	1/1/2017	12/31/2299	N
E2615	POS BACK POST/LAT WPTH <22IN	PRXOVR	DEF					NA	NA	NA	Y
E2615	POS BACK POST/LAT WPTH <22IN	MAXFEE	DEF					451.86	1/1/2017	12/31/2299	Y
E2616	POS BACK POST/LAT WPTH>=22IN	PRXOVR	DEF					NA	NA	NA	N
E2616	POS BACK POST/LAT WPTH>=22IN	MAXFEE	DEF					607.94	1/1/2017	12/31/2299	N
E2618	WC ACC SOLID SEAT SUPP BASE	PRXOVR	DEF					NA	NA	NA	Y
E2618	WC ACC SOLID SEAT SUPP BASE	MAXFEE	DEF					0	1/1/2008	12/31/2299	Y
E2619	REPLACE COVER W/C SEAT CUSH	PRXOVR	DEF					NA	NA	NA	N
E2619	REPLACE COVER W/C SEAT CUSH	MAXFEE	DEF					51.27	1/1/2017	12/31/2299	N
E2620	WC PLANAR BACK CUSH WD <22IN	PRXOVR	DEF					NA	NA	NA	Y
E2620	WC PLANAR BACK CUSH WD <22IN	MAXFEE	DEF					547.13	1/1/2017	12/31/2299	Y
E2621	WC PLANAR BACK CUSH WD>=22IN	PRXOVR	DEF					NA	NA	NA	N
E2621	WC PLANAR BACK CUSH WD>=22IN	MAXFEE	DEF					574.16	1/1/2017	12/31/2299	N
E2622	ADJ SKIN PRO W/C CUS WD<22IN	PRXOVR	DEF					NA	NA	NA	Y
E2622	ADJ SKIN PRO W/C CUS WD<22IN	MAXFEE	DEF					331.12	1/1/2017	12/31/2299	Y
E2623	ADJ SKIN PRO WC CUS WD>=22IN	PRXOVR	DEF					NA	NA	NA	N
E2623	ADJ SKIN PRO WC CUS WD>=22IN	MAXFEE	DEF					421.34	1/1/2017	12/31/2299	N
E2624	ADJ SKIN PRO/POS CUS<22IN	PRXOVR	DEF					NA	NA	NA	Y

## Ohio Medicaid DMEB Contract 12-07-2023

E2624	ADJ SKIN PRO/POS CUS<22IN	MAXFEE	DEF					333.84	1/1/2017	12/31/2299	Y
E2625	ADJ SKIN PRO/POS WC CUS>=22	PRXOVR	DEF					NA	NA	NA	N
E2625	ADJ SKIN PRO/POS WC CUS>=22	MAXFEE	DEF					422.62	1/1/2017	12/31/2299	N
E2627	ARM SUPP ATT TO WC RANCHO TY	PRXOVR	DEF					NA	NA	NA	N
E2627	ARM SUPP ATT TO WC RANCHO TY	MAXFEE	DEF					841.57	1/1/2017	12/31/2299	N
E2628	MOBILE ARM SUPPORTS RECLININ	PRXOVR	DEF					NA	NA	NA	N
E2628	MOBILE ARM SUPPORTS RECLININ	MAXFEE	DEF					633.99	1/1/2017	12/31/2299	N
E2629	FRICTION DAMPENING ARM SUPP	PRXOVR	DEF					NA	NA	NA	N
E2629	FRICTION DAMPENING ARM SUPP	MAXFEE	DEF					943.88	1/1/2017	12/31/2299	N
E2630	MONOSUSPENSION ARM/HAND SUPP	PRXOVR	DEF					NA	NA	NA	N
E2630	MONOSUSPENSION ARM/HAND SUPP	MAXFEE	DEF					561.04	1/1/2017	12/31/2299	N
E2631	ELEVAT PROXIMAL ARM SUPPORT	PRXOVR	DEF					NA	NA	NA	N
E2631	ELEVAT PROXIMAL ARM SUPPORT	MAXFEE	DEF					224.42	1/1/2017	12/31/2299	N
K0001	STANDARD WHEELCHAIR	PRXOVR	DEF					NA	NA	NA	N
K0001	STANDARD WHEELCHAIR	MAXFEE	DEF					532.08	1/1/2017	12/31/2299	N
K0002	STND HEMI (LOW SEAT) WHLCHR	PRXOVR	DEF					NA	NA	NA	N
K0002	STND HEMI (LOW SEAT) WHLCHR	MAXFEE	DEF					817.38	1/1/2017	12/31/2299	N
K0003	LIGHTWEIGHT WHEELCHAIR	PRXOVR	DEF					NA	NA	NA	Y S
K0003	LIGHTWEIGHT WHEELCHAIR	MAXFEE	DEF					895.05	1/1/2017	12/31/2299	Y S

## Ohio Medicaid DMEB Contract 12-07-2023

K0004	HIGH STRENGTH LTWT WHLCHR	PRXOVR	DEF					NA	NA	NA	Y
K0004	HIGH STRENGTH LTWT WHLCHR	MAXFEE	DEF					1134.72	1/1/2017	12/31/2299	Y
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	PRXOVR	DEF					NA	NA	NA	Y
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	MAXFEE	DEF					2052.04	1/1/2017	12/31/2299	Y
K0006	HEAVY DUTY WHEELCHAIR	PRXOVR	DEF					NA	NA	NA	Y
K0006	HEAVY DUTY WHEELCHAIR	MAXFEE	DEF					1114.02	1/1/2017	12/31/2299	Y
K0007	EXTRA HEAVY DUTY WHEELCHAIR	PRXOVR	DEF					NA	NA	NA	Y
K0007	EXTRA HEAVY DUTY WHEELCHAIR	MAXFEE	DEF					1783.08	1/1/2017	12/31/2299	Y
K0008	CSTM MANUAL WHEELCHAIR/BASE	PRXOVR	DEF					NA	NA	NA	Y
K0008	CSTM MANUAL WHEELCHAIR/BASE	MANUAL	DEF					NA	NA	NA	Y
K0009	OTHER MANUAL WHEELCHAIR/BASE	PRXOVR	DEF					NA	NA	NA	Y
K0009	OTHER MANUAL WHEELCHAIR/BASE	MAXFEE	DEF					742.77	1/1/2017	12/31/2299	Y
K0013	CUSTOM POWER WHLCHR BASE	PRXOVR	DEF					NA	NA	NA	S
K0013	CUSTOM POWER WHLCHR BASE	MANUAL	DEF					NA	NA	NA	S
K0015	DETACH NON-ADJ HT ARMRST REP	PRXOVR	DEF					NA	NA	NA	N
K0015	DETACH NON-ADJ HT ARMRST REP	MAXFEE	DEF					181.15	1/1/2017	12/31/2299	N
K0016	DETACH ADJUST ARMRST CMplete	PRXOVR	DEF					NA	NA	NA	Y
K0016	DETACH ADJUST ARMRST CMplete	MAXFEE	DEF					NA			Y

## Ohio Medicaid DMEB Contract 12-07-2023

K0017	DETACH ADJUST ARMREST BASE	PRXOVR	DEF					NA	NA	NA	Y
K0017	DETACH ADJUST ARMREST BASE	MAXFEE	DEF					51.07	1/1/2017	12/31/2299	Y
K0018	DETACH ADJUST ARMST UPPER	PRXOVR	DEF					NA	NA	NA	N
K0018	DETACH ADJUST ARMST UPPER	MAXFEE	DEF					28.52	1/1/2017	12/31/2299	N
K0019	ARM PAD REPL; EACH	PRXOVR	DEF					NA	NA	NA	N
K0019	ARM PAD REPL; EACH	MAXFEE	DEF					14.30	1/1/2017	12/31/2299	N
K0020	FIXED ADJUST ARMREST PAIR	PRXOVR	DEF					NA	NA	NA	N
K0020	FIXED ADJUST ARMREST PAIR	MAXFEE	DEF					46.40	1/1/2017	12/31/2299	N
K0021	ANTI-TIPPING DEVICE EACH	PRXOVR	DEF					NA	NA	NA	Y
K0021	ANTI-TIPPING DEVICE EACH	MAXFEE	DEF					NA			Y
K0023	PLANR BACK INSRT FOAM W/STRP	PRXOVR	DEF					NA	NA	NA	Y
K0023	PLANR BACK INSRT FOAM W/STRP	MAXFEE	DEF					NA			Y
K0024	PLNR BACK INSRT FOAM W/HRDWR	PRXOVR	DEF					NA	NA	NA	Y
K0024	PLNR BACK INSRT FOAM W/HRDWR	MAXFEE	DEF					NA			Y
K0025	HOOK-ON HEADREST EXTENSION	PRXOVR	DEF					NA	NA	NA	Y
K0025	HOOK-ON HEADREST EXTENSION	MAXFEE	DEF					NA			Y
K0028	MANUAL FULLY RECLINING BACK	PRXOVR	DEF					NA	NA	NA	Y
K0028	MANUAL FULLY RECLINING BACK	MAXFEE	DEF					NA			Y
K0030	SOLID PLNR SEAT SNGL DNSFOAM	PRXOVR	DEF					NA	NA	NA	Y
K0030	SOLID PLNR SEAT SNGL DNSFOAM	MAXFEE	DEF					NA			Y

## Ohio Medicaid DMEB Contract 12-07-2023

K0031	SAFETY BELT/PELVIC STRAP	PRXOVR	DEF					NA	NA	NA	Y
K0031	SAFETY BELT/PELVIC STRAP	MAXFEE	DEF					NA			Y
K0034	HEEL LOOP EACH	PRXOVR	DEF					NA	NA	NA	S
K0034	HEEL LOOP EACH	MAXFEE	DEF					NA			S
K0035	HEEL LOOP WITH ANKLE STRAP	PRXOVR	DEF					NA	NA	NA	S
K0035	HEEL LOOP WITH ANKLE STRAP	MAXFEE	DEF					NA			S
K0036	TOE LOOP EACH	PRXOVR	DEF					NA	NA	NA	S
K0036	TOE LOOP EACH	MAXFEE	DEF					NA			S
K0037	HI MOUNT FLIP-UP FOOTREST EA	PRXOVR	DEF					NA	NA	NA	N
K0037	HI MOUNT FLIP-UP FOOTREST EA	MAXFEE	DEF					40.89	1/1/2017	12/31/2299	N
K0038	LEG STRAP EACH	PRXOVR	DEF					NA	NA	NA	N
K0038	LEG STRAP EACH	MAXFEE	DEF					24.23	1/1/2017	12/31/2299	N
K0039	LEG STRAP H STYLE EACH	PRXOVR	DEF					NA	NA	NA	N
K0039	LEG STRAP H STYLE EACH	MAXFEE	DEF					53.81	1/1/2017	12/31/2299	N
K0040	ADJUSTABLE ANGLE FOOTPLATE	PRXOVR	DEF					NA	NA	NA	Y
K0040	ADJUSTABLE ANGLE FOOTPLATE	MAXFEE	DEF					74.58	1/1/2017	12/31/2299	Y
K0041	LARGE SIZE FOOTPLATE EACH	PRXOVR	DEF					NA	NA	NA	N
K0041	LARGE SIZE FOOTPLATE EACH	MAXFEE	DEF					52.86	1/1/2017	12/31/2299	N
K0042	STANDARD SIZE FTPLATE REP EA	PRXOVR	DEF					NA	NA	NA	N
K0042	STANDARD SIZE FTPLATE REP EA	MAXFEE	DEF					34.61	1/1/2017	12/31/2299	N
K0043	FTRST LOWR EXTEN TUBE REP EA	PRXOVR	DEF					NA	NA	NA	N



## Ohio Medicaid DMEB Contract 12-07-2023

K0043	FTRST LOWR EXTEN TUBE REP EA	MAXFEE	DEF					19.51	1/1/2017	12/31/2299	N
K0044	FTRST UPR HANGER BRAC REP EA	PRXOVR	DEF					NA	NA	NA	N
K0044	FTRST UPR HANGER BRAC REP EA	MAXFEE	DEF					16.61	1/1/2017	12/31/2299	N
K0045	FTRST COMPL ASSEMBLY REPL EA	PRXOVR	DEF					NA	NA	NA	Y
K0045	FTRST COMPL ASSEMBLY REPL EA	MAXFEE	DEF					56.57	1/1/2017	12/31/2299	Y
K0046	ELEV LGRST LWR EXTEN REPL EA	PRXOVR	DEF					NA	NA	NA	Y
K0046	ELEV LGRST LWR EXTEN REPL EA	MAXFEE	DEF					19.51	1/1/2017	12/31/2299	Y
K0047	ELEV LEGRST UPR HANGR REP EA	PRXOVR	DEF					NA	NA	NA	Y
K0047	ELEV LEGRST UPR HANGR REP EA	MAXFEE	DEF					76.40	1/1/2017	12/31/2299	Y
K0050	RATCHET ASSEMBLY REPLACEMENT	PRXOVR	DEF					NA	NA	NA	Y
K0050	RATCHET ASSEMBLY REPLACEMENT	MAXFEE	DEF					32.47	1/1/2017	12/31/2299	Y
K0051	CAM REL ASM FT/LEGRST REP EA	PRXOVR	DEF					NA	NA	NA	N
K0051	CAM REL ASM FT/LEGRST REP EA	MAXFEE	DEF					52.54	1/1/2017	12/31/2299	N
K0052	SWINGAWAY DETACH FTREST REPL	PRXOVR	DEF					NA	NA	NA	N
K0052	SWINGAWAY DETACH FTREST REPL	MAXFEE	DEF					92.34	1/1/2017	12/31/2299	N
K0053	ELEVATE FOOTREST ARTICULATE	PRXOVR	DEF					NA	NA	NA	N
K0053	ELEVATE FOOTREST ARTICULATE	MAXFEE	DEF					101.90	1/1/2017	12/31/2299	N
K0054	SEAT WDTN 10-12/15/17/20 WC	PRXOVR	DEF					NA	NA	NA	Y

## Ohio Medicaid DMEB Contract 12-07-2023

K0054	SEAT WIDTH 10-12/15/17/20 WC	MAXFEE	DEF					NA			Y
K0055	SEAT DPTH 15/17/18 LTWT WC	PRXOVR	DEF					NA	NA	NA	Y
K0055	SEAT DPTH 15/17/18 LTWT WC	MAXFEE	DEF					NA			Y
K0056	SEAT HT <17 OR >=21 LTWT WC	PRXOVR	DEF					NA	NA	NA	N
K0056	SEAT HT <17 OR >=21 LTWT WC	MAXFEE	DEF					95	1/1/2017	12/31/2299	N
K0057	SEAT WIDTH 19/20 HVY DTY WC	PRXOVR	DEF					NA	NA	NA	Y
K0057	SEAT WIDTH 19/20 HVY DTY WC	MAXFEE	DEF					NA			Y
K0058	SEAT DPTH 17/18 POWER WC	PRXOVR	DEF					NA	NA	NA	Y
K0058	SEAT DPTH 17/18 POWER WC	MAXFEE	DEF					NA			Y
K0059	PLASTIC COATED HANDRIM EACH	PRXOVR	DEF					NA	NA	NA	Y
K0059	PLASTIC COATED HANDRIM EACH	MAXFEE	DEF					NA			Y
K0061	ALUMINUM HANDRIM EACH	PRXOVR	DEF					NA	NA	NA	Y
K0061	ALUMINUM HANDRIM EACH	MAXFEE	DEF					NA			Y
K0062	HANDRIM 8-10 VERT/OBLIQ PROJ	PRXOVR	DEF					NA	NA	NA	Y
K0062	HANDRIM 8-10 VERT/OBLIQ PROJ	MAXFEE	DEF					NA			Y
K0063	HNDRM 12-16 VERT/OBLIQ PROJ	PRXOVR	DEF					NA	NA	NA	Y
K0063	HNDRM 12-16 VERT/OBLIQ PROJ	MAXFEE	DEF					NA			Y
K0064	ZERO PRESSURE TUBE FLAT FREE	PRXOVR	DEF					NA	NA	NA	Y
K0064	ZERO PRESSURE TUBE FLAT FREE	MAXFEE	DEF					NA			Y
K0065	SPOKE PROTECTORS	PRXOVR	DEF					NA	NA	NA	N
K0065	SPOKE PROTECTORS	MAXFEE	DEF					44.41	1/1/2017	12/31/2299	N

## Ohio Medicaid DMEB Contract 12-07-2023

K0067	PNEUMATIC TIRE ANY SIZE EACH	PRXOVR	DEF					NA	NA	NA	Y
K0067	PNEUMATIC TIRE ANY SIZE EACH	MAXFEE	DEF					NA			Y
K0069	RR WHL COMPL SOL TIRE REP EA	PRXOVR	DEF					NA	NA	NA	Y
K0069	RR WHL COMPL SOL TIRE REP EA	MAXFEE	DEF					99.83	1/1/2017	12/31/2299	Y
K0070	RR WHL COMPL PNE TIRE REP EA	PRXOVR	DEF					NA	NA	NA	Y
K0070	RR WHL COMPL PNE TIRE REP EA	MAXFEE	DEF					182.96	1/1/2017	12/31/2299	Y
K0071	FR CSTR COMP PNE TIRE REP EA	PRXOVR	DEF					NA	NA	NA	N
K0071	FR CSTR COMP PNE TIRE REP EA	MAXFEE	DEF					109.13	1/1/2017	12/31/2299	N
K0072	FR CSTR SEMI-PNE TIRE REP EA	PRXOVR	DEF					NA	NA	NA	N
K0072	FR CSTR SEMI-PNE TIRE REP EA	MAXFEE	DEF					65.70	1/1/2017	12/31/2299	N
K0073	CASTER PIN LOCK EACH	PRXOVR	DEF					NA	NA	NA	N
K0073	CASTER PIN LOCK EACH	MAXFEE	DEF					33.43	1/1/2017	12/31/2299	N
K0074	PNEUMATIC CASTER TIRE EACH	PRXOVR	DEF					NA	NA	NA	Y
K0074	PNEUMATIC CASTER TIRE EACH	MAXFEE	DEF					NA			Y
K0075	SEMI-PNEUMATIC CASTER TIRE	PRXOVR	DEF					NA	NA	NA	Y
K0075	SEMI-PNEUMATIC CASTER TIRE	MAXFEE	DEF					NA			Y
K0077	FR CSTR ASMB SOL TIRE REP EA	PRXOVR	DEF					NA	NA	NA	N
K0077	FR CSTR ASMB SOL TIRE REP EA	MAXFEE	DEF					58.80	1/1/2017	12/31/2299	N

## Ohio Medicaid DMEB Contract 12-07-2023

K0079	WHEEL LOCK EXTENSION PAIR	PRXOVR	DEF					NA	NA	NA	Y
K0079	WHEEL LOCK EXTENSION PAIR	MAXFEE	DEF					NA			Y
K0080	ANTI-ROLLBACK DEVICE PAIR	PRXOVR	DEF					NA	NA	NA	Y
K0080	ANTI-ROLLBACK DEVICE PAIR	MAXFEE	DEF					NA			Y
K0082	22 NF NONSEALED LEADACID	PRXOVR	DEF					NA	NA	NA	S
K0082	22 NF NONSEALED LEADACID	MAXFEE	DEF					NA			S
K0083	22NF SEALED LEADACID BATTERY	PRXOVR	DEF					NA	NA	NA	S
K0083	22NF SEALED LEADACID BATTERY	MAXFEE	DEF					NA			S
K0084	GR24 NONSEALED LEADACID	PRXOVR	DEF					NA	NA	NA	S
K0084	GR24 NONSEALED LEADACID	MAXFEE	DEF					NA			S
K0085	GR24 SEALED LEADACID BATTERY	PRXOVR	DEF					NA	NA	NA	S
K0085	GR24 SEALED LEADACID BATTERY	MAXFEE	DEF					NA			S
K0087	U1 SEALED LEADACID BATTERY	PRXOVR	DEF					NA	NA	NA	S
K0087	U1 SEALED LEADACID BATTERY	MAXFEE	DEF					NA			S
K0088	BATTERY CHARGER; SINGLE MODE	PRXOVR	DEF					NA	NA	NA	S
K0088	BATTERY CHARGER; SINGLE MODE	MAXFEE	DEF					NA			S
K0089	BATTERY CHARGER; DUAL MODE	PRXOVR	DEF					NA	NA	NA	S
K0089	BATTERY CHARGER; DUAL MODE	MAXFEE	DEF					NA			S
K0093	REAR ZERO PRESSURE TIRE TUBE	PRXOVR	DEF					NA	NA	NA	Y
K0093	REAR ZERO PRESSURE TIRE TUBE	MAXFEE	DEF					0	1/1/2007	12/31/2299	Y

## Ohio Medicaid DMEB Contract 12-07-2023

K0097	WHEEL ZERO PRESURE TIRE TUBE	PRXOVR	DEF					NA	NA	NA	Y
K0097	WHEEL ZERO PRESURE TIRE TUBE	MAXFEE	DEF					0	1/1/2007	12/31/2299	Y
K0100	AMPUTEE ADAPTER PAIR	PRXOVR	DEF					NA	NA	NA	S
K0100	AMPUTEE ADAPTER PAIR	MAXFEE	DEF					NA			S
K0101	ONE-ARM DRIVE ATTACHMENT	PRXOVR	DEF					NA	NA	NA	Y
K0101	ONE-ARM DRIVE ATTACHMENT	MAXFEE	DEF					NA			Y
K0102	CRUTCH AND CANE HOLDER	PRXOVR	DEF					NA	NA	NA	S
K0102	CRUTCH AND CANE HOLDER	MAXFEE	DEF					NA			S
K0103	TRANSFER BOARD < 25	PRXOVR	DEF					NA	NA	NA	S
K0103	TRANSFER BOARD < 25	MAXFEE	DEF					0	6/16/2006	12/31/2299	S
K0104	CYLINDER TANK CARRIER	PRXOVR	DEF					NA	NA	NA	S
K0104	CYLINDER TANK CARRIER	MAXFEE	DEF					NA			S
K0105	IV HANGER	PRXOVR	DEF					NA	NA	NA	N
K0105	IV HANGER	MAXFEE	DEF					99.32	1/1/2017	12/31/2299	N
K0106	ARM TROUGH EACH	PRXOVR	DEF					NA	NA	NA	Y
K0106	ARM TROUGH EACH	MAXFEE	DEF					NA			Y
K0108	W/C COMPONENT-ACCESSORY NOS	PRXOVR	DEF					NA	NA	NA	Y
K0108	W/C COMPONENT-ACCESSORY NOS	PADOLR	DEF					NA	NA	NA	Y
K0108	W/C COMPONENT-ACCESSORY NOS	REPAIR	DEF					NA	NA	NA	Y
K0115	BACK MODULE ORTHOTIC SYSTEM	PRXOVR	DEF					NA	NA	NA	Y
K0115	BACK MODULE ORTHOTIC SYSTEM	MAXFEE	DEF					NA			Y
K0116	BACK & SEAT MODUL ORTHOT SYS	PRXOVR	DEF					NA	NA	NA	Y

## Ohio Medicaid DMEB Contract 12-07-2023

K0116	BACK & SEAT MODUL ORTHOT SYS	MAXFEE	DEF					NA			Y
K0183	NASAL APPLICATION DEVICE	PRXOVR	DEF					NA	NA	NA	S
K0183	NASAL APPLICATION DEVICE	MAXFEE	DEF					NA			S
K0184	NASAL PILLOW OR FACE SEAL	PRXOVR	DEF					NA	NA	NA	S
K0184	NASAL PILLOW OR FACE SEAL	MAXFEE	DEF					NA			S
K0195	ELEVATING WHLCHAIR LEG RESTS	PRXOVR	DEF					NA	NA	NA	Y
K0195	ELEVATING WHLCHAIR LEG RESTS	MAXFEE	DEF					100	7/1/2021	12/31/2299	Y
K0268	HUMIDIFIER NONHEATED W PAP	PRXOVR	DEF					NA	NA	NA	Y
K0268	HUMIDIFIER NONHEATED W PAP	MAXFEE	DEF					NA			Y
K0280	EXTENSION DRAINAGE TUBING	PRXOVR	DEF					NA	NA	NA	S
K0280	EXTENSION DRAINAGE TUBING	MAXFEE	DEF					NA			S
K0452	WHEELCHAIR BEARINGS	PRXOVR	DEF					NA	NA	NA	S
K0452	WHEELCHAIR BEARINGS	MAXFEE	DEF					NA			S
K0532	NONINVASIVE ASSIST WO BACKUP	PRXOVR	DEF					NA	NA	NA	Y
K0532	NONINVASIVE ASSIST WO BACKUP	MAXFEE	DEF					NA			Y
K0533	NONINVASIVE ASSIST W BACKUP	PRXOVR	DEF					NA	NA	NA	Y
K0533	NONINVASIVE ASSIST W BACKUP	MAXFEE	DEF					NA			Y
K0534	INVASIVE ASSIST W BACKUP	PRXOVR	DEF					NA	NA	NA	Y
K0534	INVASIVE ASSIST W BACKUP	MAXFEE	DEF					NA			Y
K0541	SGD PRERECORDED MSG <= 8 MIN	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid DMEB Contract 12-07-2023

K0541	SGD PRERECORDED MSG <= 8 MIN	MAXFEE	DEF					NA			N
K0542	SGD PRERECORDED MSG > 8 MIN	PRXOVR	DEF					NA	NA	NA	Y
K0542	SGD PRERECORDED MSG > 8 MIN	MAXFEE	DEF					NA			Y
K0543	SGD MSG FORMED BY SPELLING	PRXOVR	DEF					NA	NA	NA	Y
K0543	SGD MSG FORMED BY SPELLING	MAXFEE	DEF					NA			Y
K0544	SGD W MULTI METHODS MSG/ACCS	PRXOVR	DEF					NA	NA	NA	Y
K0544	SGD W MULTI METHODS MSG/ACCS	MAXFEE	DEF					NA			Y
K0552	SUP/EXT NON-INS INF PUMP SYR	PRXOVR	DEF					NA	NA	NA	N
K0552	SUP/EXT NON-INS INF PUMP SYR	MAXFEE	DEF					2.65	10/15/2006	12/31/2299	N
K0553	THER CGM SUPPLY ALLOWANCE	PRXOVR	DEF					NA	NA	NA	Y
K0553	THER CGM SUPPLY ALLOWANCE	MAXFEE	DEF					NA			Y
K0554	THER CGM RECEIVER/MONITOR	PRXOVR	DEF					NA	NA	NA	Y
K0554	THER CGM RECEIVER/MONITOR	MAXFEE	DEF					NA			Y
K0630	SIO FLEX PELVISACRAL PREFAB	PRXOVR	DEF					NA	NA	NA	Y
K0630	SIO FLEX PELVISACRAL PREFAB	MAXFEE	DEF					NA			Y
K0634	LO FLEXIBL L1-BELOW L5 PRE	PRXOVR	DEF					NA	NA	NA	Y
K0634	LO FLEXIBL L1-BELOW L5 PRE	MAXFEE	DEF					NA			Y
K0635	LO SAG STAYS/PANELS PRE-FAB	PRXOVR	DEF					NA	NA	NA	Y

## Ohio Medicaid DMEB Contract 12-07-2023

K0635	LO SAG STAYS/PANELS PRE-FAB	MAXFEE	DEF						NA			Y
K0636	LO SAGITT RIGID PANEL PREFAB	PRXOVR	DEF						NA	NA	NA	Y
K0636	LO SAGITT RIGID PANEL PREFAB	MAXFEE	DEF						NA			Y
K0637	LO FLEX W/O RIGID STAYS PRE	PRXOVR	DEF						NA	NA	NA	Y
K0637	LO FLEX W/O RIGID STAYS PRE	MAXFEE	DEF						NA			Y
K0638	LSO FLEX W/RIGID STAYS CUST	PRXOVR	DEF						NA	NA	NA	Y
K0638	LSO FLEX W/RIGID STAYS CUST	MAXFEE	DEF						NA			Y
K0639	LSO POST RIGID PANEL PRE	PRXOVR	DEF						NA	NA	NA	Y
K0639	LSO POST RIGID PANEL PRE	MAXFEE	DEF						NA			Y
K0640	LSO SAG-CORO RIGID FRAME PRE	PRXOVR	DEF						NA	NA	NA	Y
K0640	LSO SAG-CORO RIGID FRAME PRE	MAXFEE	DEF						NA			Y
K0641	LSO SAG-COR RIGID FRAME CUST	PRXOVR	DEF						NA	NA	NA	Y
K0641	LSO SAG-COR RIGID FRAME CUST	MAXFEE	DEF						NA			Y
K0642	LSO FLEXION CONTROL PREFAB	PRXOVR	DEF						NA	NA	NA	Y
K0642	LSO FLEXION CONTROL PREFAB	MAXFEE	DEF						NA			Y
K0643	LSO FLEXION CONTROL CUSTOM	PRXOVR	DEF						NA	NA	NA	Y
K0643	LSO FLEXION CONTROL CUSTOM	MAXFEE	DEF						NA			Y
K0644	LSO SAGIT RIGID PANEL PREFAB	PRXOVR	DEF						NA	NA	NA	Y



Ohio Medicaid DMEB Contract 12-07-2023

K0644	LSO SAGIT RIGID PANEL PREFAB	MAXFEE	DEF					NA			Y
K0645	LSO SAGITTAL RIGID PANEL CUS	PRXOVR	DEF					NA	NA	NA	Y
K0645	LSO SAGITTAL RIGID PANEL CUS	MAXFEE	DEF					NA			Y
K0648	LSO S/C SHELL/PANEL PREFAB	PRXOVR	DEF					NA	NA	NA	Y
K0648	LSO S/C SHELL/PANEL PREFAB	MAXFEE	DEF					NA			Y
K0649	LSO S/C SHELL/PANEL CUSTOM	PRXOVR	DEF					NA	NA	NA	Y
K0649	LSO S/C SHELL/PANEL CUSTOM	MAXFEE	DEF					NA			Y
K0650	GEN W/C CUSHION WIDTH < 22,PRXOVR,DEF,,,,NA,NA,NA,Y , =K0650,GEN W/C CUSHION WIDTH < 22	PADOLR	DEF					NA	NA	NA	Y
K0651	GEN W/C CUSHION WIDTH > 22,PRXOVR,DEF,,,,NA,NA,NA,Y , =K0651,GEN W/C CUSHION WIDTH > 22	PADOLR	DEF					NA	NA	NA	Y
K0652	SKIN PRO W/C CUS WD < 22,PRXOVR,DEF,,,,NA,NA,NA,Y , =K0652,SKIN PRO W/C CUS WD < 22	PADOLR	DEF					NA	NA	NA	Y
K0653	SKIN PROTECT W/C CUS WD>=22,PRXOVR,DEF,,,,NA,NA ,NA,Y, =K0653,SKIN PROTECT W/C CUS WD>=22	PADOLR	DEF					NA	NA	NA	Y
K0654	POSITION W/C CUSH WIDTH <22,PRXOVR,DEF,,,,NA,NA,NA, Y, =K0654,POSITION W/C CUSH WIDTH <22	PADOLR	DEF					NA	NA	NA	Y

## Ohio Medicaid DMEB Contract 12-07-2023

K0655	POSITION W/C CUSH WIDTH >22,PRXOVR,DEF,,,,NA,NA,NA,Y, =K0655,POSITION W/C CUSH WIDTH >22	PADOLR	DEF					NA	NA	NA	Y
K0656	SKIN PRO/POS W/C CUS WD <22,PRXOVR,DEF,,,,NA,NA,NA,Y, =K0656,SKIN PRO/POS W/C CUS WD <22	PADOLR	DEF					NA	NA	NA	Y
K0657	SKIN PRO/POS W/C CUS WD>=22,PRXOVR,DEF,,,,NA,NA,NA,Y, =K0657,SKIN PRO/POS W/C CUS WD>=22	PADOLR	DEF					NA	NA	NA	Y
K0658	CUSTOM FABRICATE W/C CUSHION	PRXOVR	DEF					NA	NA	NA	Y
K0658	CUSTOM FABRICATE W/C CUSHION	PADOLR	DEF					NA	NA	NA	Y
K0659	POWERED W/C CUSHION	PRXOVR	DEF					NA	NA	NA	Y
K0659	POWERED W/C CUSHION	PADOLR	DEF					NA	NA	NA	Y
K0660	GEN USE BACK CUSH WIDTH <22,PRXOVR,DEF,,,,NA,NA,NA,Y, =K0660,GEN USE BACK CUSH WIDTH <22	PADOLR	DEF					NA	NA	NA	Y
K0661	GEN USE BACK CUSH WIDTH >22,PRXOVR,DEF,,,,NA,NA,NA,Y, =K0661,GEN USE BACK CUSH WIDTH >22	PADOLR	DEF					NA	NA	NA	Y
K0662	POSITION BACK CUSH WPTH <22,PRXOVR,DEF,,,,NA,NA,NA,Y, =K0662,POSITION BACK CUSH WPTH <22	PADOLR	DEF					NA	NA	NA	Y

## Ohio Medicaid DMEB Contract 12-07-2023

K0663	POSITION BACK CUSH WIDTH >22,PRXOVR,DEF,,,,,NA,NA,NA,Y, =K0663,POSITION BACK CUSH WIDTH >22	PADOLR	DEF					NA	NA	NA	Y
K0664	POS BACK POST/LAT WIDTH <22,PRXOVR,DEF,,,,,NA,NA,NA,Y, =K0664,POS BACK POST/LAT WIDTH <22	PADOLR	DEF					NA	NA	NA	Y
K0665	POS BACK POST/LAT WIDTH >22,PRXOVR,DEF,,,,,NA,NA,NA,Y, =K0665,POS BACK POST/LAT WIDTH >22	PADOLR	DEF					NA	NA	NA	Y
K0666	CUSTOM FAB W/C BACK CUSHION	PRXOVR	DEF					NA	NA	NA	Y
K0666	CUSTOM FAB W/C BACK CUSHION	PADOLR	DEF					NA	NA	NA	Y
K0667	MT HARDWRE MAN/LIGHT PWR W/C	PRXOVR	DEF					NA	NA	NA	Y
K0667	MT HARDWRE MAN/LIGHT PWR W/C	PADOLR	DEF					NA	NA	NA	Y
K0668	REPLACE COVER W/C SEAT CUSH	PRXOVR	DEF					NA	NA	NA	Y
K0668	REPLACE COVER W/C SEAT CUSH	PADOLR	DEF					NA	NA	NA	Y
K0730	CTRL DOSE INH DRUG DELIV SYS	PRXOVR	DEF					NA	NA	NA	N
K0730	CTRL DOSE INH DRUG DELIV SYS	MAXFEE	DEF					1379.20	10/15/2006	12/31/2299	N
K0733	12-24HR SEALED LEAD ACID	PRXOVR	DEF					NA	NA	NA	Y
K0733	12-24HR SEALED LEAD ACID	MAXFEE	DEF					30.19	1/1/2017	12/31/2299	Y
K0734	ADJ SKIN PRO W/C CUS WD<22IN	PRXOVR	DEF					NA	NA	NA	Y

## Ohio Medicaid DMEB Contract 12-07-2023

K0734	ADJ SKIN PRO W/C CUS WD<22IN	MAXFEE	DEF					NA			Y
K0735	ADJ SKIN PRO WC CUS WD>=22IN	PRXOVR	DEF					NA	NA	NA	Y
K0735	ADJ SKIN PRO WC CUS WD>=22IN	MAXFEE	DEF					NA			Y
K0736	ADJ SKIN PRO/POS WC CUS<22IN	PRXOVR	DEF					NA	NA	NA	Y
K0736	ADJ SKIN PRO/POS WC CUS<22IN	MAXFEE	DEF					NA			Y
K0737	ADJ SKIN PRO/POS WC CUS>=22,PRXOVR,DEF,,,,NA,N A,NA,Y, =K0737,ADJ SKIN PRO/POS WC CUS>=22	MAXFEE	DEF					NA			Y
K0739	REPAIR/SVC DME NON- OXYGEN EQ	PRXOVR	DEF					NA	NA	NA	S
K0739	REPAIR/SVC DME NON- OXYGEN EQ	MAXFEE	DEF					12.17	1/1/2017	12/31/2299	S
K0800	POV GROUP 1 STD UP TO 300LBS	PRXOVR	DEF					NA	NA	NA	N
K0800	POV GROUP 1 STD UP TO 300LBS	MAXFEE	DEF					974.78	1/1/2017	12/31/2299	N
K0801	POV GROUP 1 HD 301-450 LBS	PRXOVR	DEF					NA	NA	NA	Y
K0801	POV GROUP 1 HD 301-450 LBS	MAXFEE	DEF					1200	1/1/2017	12/31/2299	Y
K0802	POV GROUP 1 VHD 451-600 LBS	PRXOVR	DEF					NA	NA	NA	Y
K0802	POV GROUP 1 VHD 451-600 LBS	MAXFEE	DEF					1528.40	1/1/2017	12/31/2299	Y
K0806	POV GROUP 2 STD UP TO 300LBS	PRXOVR	DEF					NA	NA	NA	N
K0806	POV GROUP 2 STD UP TO 300LBS	MAXFEE	DEF					1179.22	1/1/2017	12/31/2299	N
K0807	POV GROUP 2 HD 301-450 LBS	PRXOVR	DEF					NA	NA	NA	Y
K0807	POV GROUP 2 HD 301-450 LBS	MAXFEE	DEF					1789.34	1/1/2017	12/31/2299	Y
K0808	POV GROUP 2 VHD 451-600 LBS	PRXOVR	DEF					NA	NA	NA	Y

## Ohio Medicaid DMEB Contract 12-07-2023

K0808	POV GROUP 2 VHD 451-600 LBS	MAXFEE	DEF					2768.48	1/1/2017	12/31/2299	Y
K0812	POWER OPERATED VEHICLE NOC	PRXOVR	DEF					NA	NA	NA	Y
K0812	POWER OPERATED VEHICLE NOC	MAXFEE	DEF					1100	7/1/2021	12/31/2299	Y
K0813	PWC GP 1 STD PORT SEAT/BACK	PRXOVR	DEF					NA	NA	NA	N
K0813	PWC GP 1 STD PORT SEAT/BACK	MAXFEE	DEF					1818.98	1/1/2017	12/31/2299	N
K0814	PWC GP 1 STD PORT CAP CHAIR	PRXOVR	DEF					NA	NA	NA	N
K0814	PWC GP 1 STD PORT CAP CHAIR	MAXFEE	DEF					2328.48	1/1/2017	12/31/2299	N
K0815	PWC GP 1 STD SEAT/BACK	PRXOVR	DEF					NA	NA	NA	N
K0815	PWC GP 1 STD SEAT/BACK	MAXFEE	DEF					2651.26	1/1/2017	12/31/2299	N
K0816	PWC GP 1 STD CAP CHAIR	PRXOVR	DEF					NA	NA	NA	N
K0816	PWC GP 1 STD CAP CHAIR	MAXFEE	DEF					2539.14	1/1/2017	12/31/2299	N
K0820	PWC GP 2 STD PORT SEAT/BACK	PRXOVR	DEF					NA	NA	NA	N
K0820	PWC GP 2 STD PORT SEAT/BACK	MAXFEE	DEF					1942.94	1/1/2017	12/31/2299	N
K0821	PWC GP 2 STD PORT CAP CHAIR	PRXOVR	DEF					NA	NA	NA	N
K0821	PWC GP 2 STD PORT CAP CHAIR	MAXFEE	DEF					2494.08	1/1/2017	12/31/2299	N
K0822	PWC GP 2 STD SEAT/BACK	PRXOVR	DEF					NA	NA	NA	N
K0822	PWC GP 2 STD SEAT/BACK	MAXFEE	DEF					3014.24	1/1/2017	12/31/2299	N
K0823	PWC GP 2 STD CAP CHAIR	PRXOVR	DEF					NA	NA	NA	N
K0823	PWC GP 2 STD CAP CHAIR	MAXFEE	DEF					3034.08	1/1/2017	12/31/2299	N
K0824	PWC GP 2 HD SEAT/BACK	PRXOVR	DEF					NA	NA	NA	Y
K0824	PWC GP 2 HD SEAT/BACK	MAXFEE	DEF					3384.64	1/1/2017	12/31/2299	Y
K0825	PWC GP 2 HD CAP CHAIR	PRXOVR	DEF					NA	NA	NA	Y
K0825	PWC GP 2 HD CAP CHAIR	MAXFEE	DEF					3342.94	1/1/2017	12/31/2299	Y

## Ohio Medicaid DMEB Contract 12-07-2023

K0826	PWC GP 2 VHD SEAT/BACK	PRXOVR	DEF					NA	NA	NA	Y
K0826	PWC GP 2 VHD SEAT/BACK	MAXFEE	DEF					4727.36	1/1/2017	12/31/2299	Y
K0827	PWC GP VHD CAP CHAIR	PRXOVR	DEF					NA	NA	NA	Y
K0827	PWC GP VHD CAP CHAIR	MAXFEE	DEF					4019.58	1/1/2017	12/31/2299	Y
K0828	PWC GP 2 XTRA HD SEAT/BACK	PRXOVR	DEF					NA	NA	NA	Y
K0828	PWC GP 2 XTRA HD SEAT/BACK	MAXFEE	DEF					5208.96	1/1/2017	12/31/2299	Y
K0829	PWC GP 2 XTRA HD CAP CHAIR	PRXOVR	DEF					NA	NA	NA	Y
K0829	PWC GP 2 XTRA HD CAP CHAIR	MAXFEE	DEF					4783.42	1/1/2017	12/31/2299	Y
K0830	PWC GP2 STD SEAT ELEVATE S/B	PRXOVR	DEF					NA	NA	NA	Y
K0830	PWC GP2 STD SEAT ELEVATE S/B	MAXFEE	DEF					2040	7/1/2021	12/31/2299	Y
K0831	PWC GP2 STD SEAT ELEVATE CAP	PRXOVR	DEF					NA	NA	NA	Y
K0831	PWC GP2 STD SEAT ELEVATE CAP	MAXFEE	DEF					3800	7/1/2021	12/31/2299	Y
K0835	PWC GP2 STD SING POW OPT S/B	PRXOVR	DEF					NA	NA	NA	N
K0835	PWC GP2 STD SING POW OPT S/B	MAXFEE	DEF					3059.42	1/1/2017	12/31/2299	N
K0836	PWC GP2 STD SING POW OPT CAP	PRXOVR	DEF					NA	NA	NA	N
K0836	PWC GP2 STD SING POW OPT CAP	MAXFEE	DEF					3172.74	1/1/2017	12/31/2299	N
K0837	PWC GP 2 HD SING POW OPT S/B	PRXOVR	DEF					NA	NA	NA	Y
K0837	PWC GP 2 HD SING POW OPT S/B	MAXFEE	DEF					3651.46	1/1/2017	12/31/2299	Y
K0838	PWC GP 2 HD SING POW OPT CAP	PRXOVR	DEF					NA	NA	NA	Y

## Ohio Medicaid DMEB Contract 12-07-2023

K0838	PWC GP 2 HD SING POW OPT CAP	MAXFEE	DEF					3266.56	1/1/2017	12/31/2299	Y
K0839	PWC GP2 VHD SING POW OPT S/B	PRXOVR	DEF					NA	NA	NA	Y
K0839	PWC GP2 VHD SING POW OPT S/B	MAXFEE	DEF					3545.52	1/1/2017	12/31/2299	Y
K0840	PWC GP2 XHD SING POW OPT S/B	PRXOVR	DEF					NA	NA	NA	Y
K0840	PWC GP2 XHD SING POW OPT S/B	MAXFEE	DEF					7161.82	1/1/2017	12/31/2299	Y
K0841	PWC GP2 STD MULT POW OPT S/B	PRXOVR	DEF					NA	NA	NA	N
K0841	PWC GP2 STD MULT POW OPT S/B	MAXFEE	DEF					4884.64	1/1/2017	12/31/2299	N
K0842	PWC GP2 STD MULT POW OPT CAP	PRXOVR	DEF					NA	NA	NA	N
K0842	PWC GP2 STD MULT POW OPT CAP	MAXFEE	DEF					3256.42	1/1/2017	12/31/2299	N
K0843	PWC GP2 HD MULT POW OPT S/B	PRXOVR	DEF					NA	NA	NA	Y
K0843	PWC GP2 HD MULT POW OPT S/B	MAXFEE	DEF					3920.64	1/1/2017	12/31/2299	Y
K0848	PWC GP 3 STD SEAT/BACK	PRXOVR	DEF					NA	NA	NA	Y
K0848	PWC GP 3 STD SEAT/BACK	MAXFEE	DEF					3984.54	1/1/2017	12/31/2299	Y
K0849	PWC GP 3 STD CAP CHAIR	PRXOVR	DEF					NA	NA	NA	Y
K0849	PWC GP 3 STD CAP CHAIR	MAXFEE	DEF					3830.98	1/1/2017	12/31/2299	Y
K0850	PWC GP 3 HD SEAT/BACK	PRXOVR	DEF					NA	NA	NA	Y
K0850	PWC GP 3 HD SEAT/BACK	MAXFEE	DEF					4621.98	1/1/2017	12/31/2299	Y
K0851	PWC GP 3 HD CAP CHAIR	PRXOVR	DEF					NA	NA	NA	Y
K0851	PWC GP 3 HD CAP CHAIR	MAXFEE	DEF					4444	1/1/2017	12/31/2299	Y
K0852	PWC GP 3 VHD SEAT/BACK	PRXOVR	DEF					NA	NA	NA	Y
K0852	PWC GP 3 VHD SEAT/BACK	MAXFEE	DEF					5340.38	1/1/2017	12/31/2299	Y
K0853	PWC GP 3 VHD CAP CHAIR	PRXOVR	DEF					NA	NA	NA	Y

## Ohio Medicaid DMEB Contract 12-07-2023

K0853	PWC GP 3 VHD CAP CHAIR	MAXFEE	DEF					5485.92	1/1/2017	12/31/2299	Y
K0854	PWC GP 3 XHD SEAT/BACK	PRXOVR	DEF					NA	NA	NA	Y
K0854	PWC GP 3 XHD SEAT/BACK	MAXFEE	DEF					7267.62	1/1/2017	12/31/2299	Y
K0855	PWC GP 3 XHD CAP CHAIR	PRXOVR	DEF					NA	NA	NA	Y
K0855	PWC GP 3 XHD CAP CHAIR	MAXFEE	DEF					6865.38	1/1/2017	12/31/2299	Y
K0856	PWC GP3 STD SING POW OPT S/B	PRXOVR	DEF					NA	NA	NA	Y
K0856	PWC GP3 STD SING POW OPT S/B	MAXFEE	DEF					4277.02	1/1/2017	12/31/2299	Y
K0857	PWC GP3 STD SING POW OPT CAP	PRXOVR	DEF					NA	NA	NA	Y
K0857	PWC GP3 STD SING POW OPT CAP	MAXFEE	DEF					4283.52	1/1/2017	12/31/2299	Y
K0858	PWC GP3 HD SING POW OPT S/B	PRXOVR	DEF					NA	NA	NA	Y
K0858	PWC GP3 HD SING POW OPT S/B	MAXFEE	DEF					5306.56	1/1/2017	12/31/2299	Y
K0859	PWC GP3 HD SING POW OPT CAP	PRXOVR	DEF					NA	NA	NA	Y
K0859	PWC GP3 HD SING POW OPT CAP	MAXFEE	DEF					5060.80	1/1/2017	12/31/2299	Y
K0860	PWC GP3 VHD SING POW OPT S/B	PRXOVR	DEF					NA	NA	NA	Y
K0860	PWC GP3 VHD SING POW OPT S/B	MAXFEE	DEF					7581.02	1/1/2017	12/31/2299	Y
K0861	PWC GP3 STD MULT POW OPT S/B	PRXOVR	DEF					NA	NA	NA	Y
K0861	PWC GP3 STD MULT POW OPT S/B	MAXFEE	DEF					5518.18	1/1/2017	12/31/2299	Y
K0862	PWC GP3 HD MULT POW OPT S/B	PRXOVR	DEF					NA	NA	NA	Y
K0862	PWC GP3 HD MULT POW OPT S/B	MAXFEE	DEF					5306.56	1/1/2017	12/31/2299	Y



## Ohio Medicaid DMEB Contract 12-07-2023

K0863	PWC GP3 VHD MULT POW OPT S/B	PRXOVR	DEF					NA	NA	NA	Y
K0863	PWC GP3 VHD MULT POW OPT S/B	MAXFEE	DEF					7580.96	1/1/2017	12/31/2299	Y
K0864	PWC GP3 XHD MULT POW OPT S/B	PRXOVR	DEF					NA	NA	NA	Y
K0864	PWC GP3 XHD MULT POW OPT S/B	MAXFEE	DEF					9021.50	1/1/2017	12/31/2299	Y
K0868	PWC GP 4 STD SEAT/BACK	PRXOVR	DEF					NA	NA	NA	Y
K0868	PWC GP 4 STD SEAT/BACK	MAXFEE	DEF					4382.99	1/1/2017	12/31/2299	Y
K0869	PWC GP 4 STD CAP CHAIR	PRXOVR	DEF					NA	NA	NA	Y
K0869	PWC GP 4 STD CAP CHAIR	MAXFEE	DEF					4214.08	1/1/2017	12/31/2299	Y
K0870	PWC GP 4 HD SEAT/BACK	PRXOVR	DEF					NA	NA	NA	Y
K0870	PWC GP 4 HD SEAT/BACK	MAXFEE	DEF					5084.18	1/1/2017	12/31/2299	Y
K0871	PWC GP 4 VHD SEAT/BACK	PRXOVR	DEF					NA	NA	NA	Y
K0871	PWC GP 4 VHD SEAT/BACK	MAXFEE	DEF					4888.40	1/1/2017	12/31/2299	Y
K0877	PWC GP4 STD SING POW OPT S/B	PRXOVR	DEF					NA	NA	NA	Y
K0877	PWC GP4 STD SING POW OPT S/B	MAXFEE	DEF					4704.72	1/1/2017	12/31/2299	Y
K0878	PWC GP4 STD SING POW OPT CAP	PRXOVR	DEF					NA	NA	NA	Y
K0878	PWC GP4 STD SING POW OPT CAP	MAXFEE	DEF					4711.87	1/1/2017	12/31/2299	Y
K0879	PWC GP4 HD SING POW OPT S/B	PRXOVR	DEF					NA	NA	NA	Y
K0879	PWC GP4 HD SING POW OPT S/B	MAXFEE	DEF					5837.22	1/1/2017	12/31/2299	Y
K0880	PWC GP4 VHD SING POW OPT S/B	PRXOVR	DEF					NA	NA	NA	Y
K0880	PWC GP4 VHD SING POW OPT S/B	MAXFEE	DEF					5566.88	1/1/2017	12/31/2299	Y

## Ohio Medicaid DMEB Contract 12-07-2023

K0884	PWC GP4 STD MULT POW OPT S/B	PRXOVR	DEF					NA	NA	NA	Y
K0884	PWC GP4 STD MULT POW OPT S/B	MAXFEE	DEF					6070	1/1/2017	12/31/2299	Y
K0885	PWC GP4 STD MULT POW OPT CAP	PRXOVR	DEF					NA	NA	NA	Y
K0885	PWC GP4 STD MULT POW OPT CAP	MAXFEE	DEF					6070	1/1/2017	12/31/2299	Y
K0886	PWC GP4 HD MULT POW S/B	PRXOVR	DEF					NA	NA	NA	Y
K0886	PWC GP4 HD MULT POW S/B	MAXFEE	DEF					5837.22	1/1/2017	12/31/2299	Y
K0890	PWC GP5 PED SING POW OPT S/B	PRXOVR	DEF					NA	NA	NA	Y
K0890	PWC GP5 PED SING POW OPT S/B	MAXFEE	DEF					7272	7/1/2021	12/31/2299	Y
K0891	PWC GP5 PED MULT POW OPT S/B	PRXOVR	DEF					NA	NA	NA	Y
K0891	PWC GP5 PED MULT POW OPT S/B	MAXFEE	DEF					7500	7/1/2021	12/31/2299	Y
K0898	POWER WHEELCHAIR NOC	PRXOVR	DEF					NA	NA	NA	Y
K0898	POWER WHEELCHAIR NOC	MANUAL	DEF					NA	NA	NA	Y
K1005	DISP COL STO BAG BREAST MILK	PRXOVR	DEF					NA	NA	NA	N
K1005	DISP COL STO BAG BREAST MILK	MANUAL	DEF					NA	NA	NA	N
K1006	SUCT PUM EXT URINE MGMT SYS	PRXOVR	DEF					NA	NA	NA	Y
K1006	SUCT PUM EXT URINE MGMT SYS	MAXFEE	DEF					299	1/1/2021	12/31/2023	Y
K1009	SPEECH VOLUME MODULATION SYS	PRXOVR	DEF					NA	NA	NA	Y
K1009	SPEECH VOLUME MODULATION SYS	MAXFEE	DEF					2495	1/1/2021	12/31/2023	Y
K1030	EXT RECHARGE BAT REPLACEMENT	PRXOVR	DEF					NA	NA	NA	S

## Ohio Medicaid DMEB Contract 12-07-2023

K1030	EXT RECHARGE BAT REPLACEMENT	MANUAL	DEF					NA	NA	NA	S
K1031	NON PNEU COMP CONTROL W/O CA	PRXOVR	DEF					NA	NA	NA	S
K1031	NON PNEU COMP CONTROL W/O CA	MANUAL	DEF					NA	NA	NA	S
K1032	NON PNEUM SEQ COMP FULL LEG	PRXOVR	DEF					NA	NA	NA	S
K1032	NON PNEUM SEQ COMP FULL LEG	MANUAL	DEF					NA	NA	NA	S
K1033	NON PNEUM SEQ COMP HALF LEG	PRXOVR	DEF					NA	NA	NA	S
K1033	NON PNEUM SEQ COMP HALF LEG	MANUAL	DEF					NA	NA	NA	S
K1034	COVID TEST SELF-ADMN/COLLECT	PRXOVR	DEF					NA	NA	NA	N
K1034	COVID TEST SELF-ADMN/COLLECT	MAXFEE	DEF					12	4/4/2022	12/31/2299	N
Q9994	ENZYME CARTRIDGE ENTERAL NUT	PRXOVR	DEF					NA	NA	NA	Y
Q9994	ENZYME CARTRIDGE ENTERAL NUT	MAXFEE	DEF					31.20	1/1/2019	12/31/2299	Y
S8101	SPACER WITH MASK	PRXOVR	DEF					NA	NA	NA	S
S8101	SPACER WITH MASK	MAXFEE	DEF					8	4/1/2006	12/31/2299	S
S8182	HUMIDIFIER NON-SERVO	PRXOVR	DEF					NA	NA	NA	Y
S8182	HUMIDIFIER NON-SERVO	MAXFEE	DEF					NA			Y
S8183	HUMIDIFIER DUAL SERVO	PRXOVR	DEF					NA	NA	NA	Y
S8183	HUMIDIFIER DUAL SERVO	MAXFEE	DEF					NA			Y
S8420	CUSTOM GRADIENT SLEEV/GLOV	PRXOVR	DEF					NA	NA	NA	Y
S8420	CUSTOM GRADIENT SLEEV/GLOV	PADOLR	DEF					NA	NA	NA	Y
S8421	READY GRADIENT SLEEV/GLOV	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid DMEB Contract 12-07-2023

S8421	READY GRADIENT SLEEV/GLOV	MAXFEE	DEF					95	7/1/2021	12/31/2299	N
S8422	CUSTOM GRAD SLEEVE MED	PRXOVR	DEF					NA	NA	NA	Y
S8422	CUSTOM GRAD SLEEVE MED	PADOLR	DEF					NA	NA	NA	Y
S8423	CUSTOM GRAD SLEEVE HEAVY	PRXOVR	DEF					NA	NA	NA	Y
S8423	CUSTOM GRAD SLEEVE HEAVY	PADOLR	DEF					NA	NA	NA	Y
S8424	READY GRADIENT SLEEVE	PRXOVR	DEF					NA	NA	NA	N
S8424	READY GRADIENT SLEEVE	MAXFEE	DEF					50	7/1/2021	12/31/2299	N
S8425	CUSTOM GRAD GLOVE MED	PRXOVR	DEF					NA	NA	NA	Y
S8425	CUSTOM GRAD GLOVE MED	PADOLR	DEF					NA	NA	NA	Y
S8426	CUSTOM GRAD GLOVE HEAVY	PRXOVR	DEF					NA	NA	NA	Y
S8426	CUSTOM GRAD GLOVE HEAVY	PADOLR	DEF					NA	NA	NA	Y
S8427	READY GRADIENT GLOVE	PRXOVR	DEF					NA	NA	NA	N
S8427	READY GRADIENT GLOVE	MAXFEE	DEF					70	7/1/2021	12/31/2299	N
S8428	READY GRADIENT GAUNTLET	PRXOVR	DEF					NA	NA	NA	N
S8428	READY GRADIENT GAUNTLET	MAXFEE	DEF					35	7/1/2021	12/31/2299	N
S9432	MED FOOD NON INBORN ERR META	PRXOVR	DEF					NA	NA	NA	Y
S9432	MED FOOD NON INBORN ERR META	MANUAL	DEF					NA	NA	NA	Y
S9435	MEDICAL FOODS FOR INBORN ERR	PRXOVR	DEF					NA	NA	NA	N
S9435	MEDICAL FOODS FOR INBORN ERR	MANUAL	DEF					NA	NA	NA	N
T2101	BREAST MILK PROC/STORE/DIST	PRXOVR	DEF					NA	NA	NA	N
T2101	BREAST MILK PROC/STORE/DIST	MAXFEE	DEF					4.75	7/1/2018	12/31/2299	N
T4521	ADULT SIZE BRIEF/DIAPER SM	PRXOVR	DEF					NA	NA	NA	S

## Ohio Medicaid DMEB Contract 12-07-2023

T4521	ADULT SIZE BRIEF/DIAPER SM	MAXFEE	DEF					0.55	1/1/2010	12/31/2299	S
T4522	ADULT SIZE BRIEF/DIAPER MED	PRXOVR	DEF					NA	NA	NA	S
T4522	ADULT SIZE BRIEF/DIAPER MED	MAXFEE	DEF					0.63	1/1/2010	12/31/2299	S
T4523	ADULT SIZE BRIEF/DIAPER LG	PRXOVR	DEF					NA	NA	NA	S
T4523	ADULT SIZE BRIEF/DIAPER LG	MAXFEE	DEF					0.71	1/1/2010	12/31/2299	S
T4524	ADULT SIZE BRIEF/DIAPER XL	PRXOVR	DEF					NA	NA	NA	S
T4524	ADULT SIZE BRIEF/DIAPER XL	MAXFEE	DEF					0.79	1/1/2010	12/31/2299	S
T4525	ADULT SIZE PULL-ON SM	PRXOVR	DEF					NA	NA	NA	S
T4525	ADULT SIZE PULL-ON SM	MAXFEE	DEF					0.55	1/1/2010	12/31/2299	S
T4526	ADULT SIZE PULL-ON MED	PRXOVR	DEF					NA	NA	NA	S
T4526	ADULT SIZE PULL-ON MED	MAXFEE	DEF					0.63	1/1/2010	12/31/2299	S
T4527	ADULT SIZE PULL-ON LG	PRXOVR	DEF					NA	NA	NA	S
T4527	ADULT SIZE PULL-ON LG	MAXFEE	DEF					0.71	1/1/2010	12/31/2299	S
T4528	ADULT SIZE PULL-ON XL	PRXOVR	DEF					NA	NA	NA	S
T4528	ADULT SIZE PULL-ON XL	MAXFEE	DEF					0.79	1/1/2010	12/31/2299	S
T4529	PED SIZE BRIEF/DIAPER SM/MED	PRXOVR	DEF					NA	NA	NA	S
T4529	PED SIZE BRIEF/DIAPER SM/MED	MAXFEE	DEF					0.40	1/1/2005	12/31/2299	S
T4530	PED SIZE BRIEF/DIAPER LG	PRXOVR	DEF					NA	NA	NA	S
T4530	PED SIZE BRIEF/DIAPER LG	MAXFEE	DEF					0.40	1/1/2005	12/31/2299	S
T4531	PED SIZE PULL-ON SM/MED	PRXOVR	DEF					NA	NA	NA	S
T4531	PED SIZE PULL-ON SM/MED	MAXFEE	DEF					0.40	1/1/2005	12/31/2299	S
T4532	PED SIZE PULL-ON LG	PRXOVR	DEF					NA	NA	NA	S
T4532	PED SIZE PULL-ON LG	MAXFEE	DEF					0.40	1/1/2005	12/31/2299	S
T4533	YOUTH SIZE BRIEF/DIAPER	PRXOVR	DEF					NA	NA	NA	S
T4533	YOUTH SIZE BRIEF/DIAPER	MAXFEE	DEF					0.46	1/1/2005	12/31/2299	S
T4534	YOUTH SIZE PULL-ON	PRXOVR	DEF					NA	NA	NA	S
T4534	YOUTH SIZE PULL-ON	MAXFEE	DEF					0.46	1/1/2005	12/31/2299	S

## Ohio Medicaid DMEB Contract 12-07-2023

T4535	DISPOSABLE LINER/SHIELD/PAD	PRXOVR	DEF					NA	NA	NA	S
T4535	DISPOSABLE LINER/SHIELD/PAD	MAXFEE	DEF					0.40	1/1/2005	12/31/2299	S
T4536	REUSABLE PULL-ON ANY SIZE	PRXOVR	DEF					NA	NA	NA	S
T4536	REUSABLE PULL-ON ANY SIZE	MAXFEE	DEF					11	1/1/2005	12/31/2299	S
T4537	REUSABLE UNDERPAD BED SIZE	PRXOVR	DEF					NA	NA	NA	S
T4537	REUSABLE UNDERPAD BED SIZE	MAXFEE	DEF					20	1/1/2005	12/31/2299	S
T4538	DIAPER SERV REUSABLE DIAPER	PRXOVR	DEF					NA	NA	NA	S
T4538	DIAPER SERV REUSABLE DIAPER	MAXFEE	DEF					0.53	1/1/2005	12/31/2299	S
T4539	REUSE DIAPER/BRIEF ANY SIZE	PRXOVR	DEF					NA	NA	NA	S
T4539	REUSE DIAPER/BRIEF ANY SIZE	MAXFEE	DEF					11	3/28/2005	12/31/2299	S
T4540	REUSABLE UNDERPAD CHAIR SIZE	PRXOVR	DEF					NA	NA	NA	S
T4540	REUSABLE UNDERPAD CHAIR SIZE	MAXFEE	DEF					10	1/1/2005	12/31/2299	S
T4541	LARGE DISPOSABLE UNDERPAD	PRXOVR	DEF					NA	NA	NA	S
T4541	LARGE DISPOSABLE UNDERPAD	MAXFEE	DEF					0.28	1/1/2005	12/31/2299	S
T4542	SMALL DISPOSABLE UNDERPAD	PRXOVR	DEF					NA	NA	NA	S
T4542	SMALL DISPOSABLE UNDERPAD	MAXFEE	DEF					0.28	1/1/2005	12/31/2299	S
T4543	ADULT DISP BRIEF/DIAP ABV XL	PRXOVR	DEF					NA	NA	NA	S
T4543	ADULT DISP BRIEF/DIAP ABV XL	MAXFEE	DEF					2.12	1/1/2010	12/31/2299	S

## Ohio Medicaid DMEB Contract 12-07-2023

T4544	ADLT DISP UND/PULL ON ABV XL	PRXOVR	DEF					NA	NA	NA	S
T4544	ADLT DISP UND/PULL ON ABV XL	MAXFEE	DEF					2.12	7/1/2018	12/31/2299	S
T5999	SUPPLY; NOS	PRXOVR	DEF					NA	NA	NA	N
T5999	SUPPLY; NOS	MAXFEE	DEF					10	6/6/2016	12/31/2299	N
XX001	STERILE SALINE NEBULIZER SOLUTION 5 ML	PRXOVR	DEF					NA	NA	NA	S
XX001	STERILE SALINE NEBULIZER SOLUTION 5 ML	MAXFEE	DEF					NA			S
Y2090	HOME DIALYSIS FOR ESRD	PRXOVR	DEF					NA	NA	NA	S
Y2090	HOME DIALYSIS FOR ESRD	MAXFEE	DEF					1200	4/1/2001	12/31/2299	S
Y2091	CAPD HOME DIALYSIS	PRXOVR	DEF					NA	NA	NA	S
Y2091	CAPD HOME DIALYSIS	MAXFEE	DEF					1200	4/1/2001	12/31/2299	S
Y2092	CCPD HOME DIALYSIS	PRXOVR	DEF					NA	NA	NA	S
Y2092	CCPD HOME DIALYSIS	MAXFEE	DEF					1500	4/1/2001	12/31/2299	S
Y9125	CONTRACEPTIVE SPONGE	PRXOVR	DEF					NA	NA	NA	S
Y9125	CONTRACEPTIVE SPONGE	MAXFEE	DEF					NA			S
Y9139	INCONTINENCE SUPPLIES; NOT OTHRWISE SPEC	PRXOVR	DEF					NA	NA	NA	Y
Y9139	INCONTINENCE SUPPLIES; NOT OTHRWISE SPEC	MAXFEE	DEF					0	12/1/2005	12/31/2299	Y
Y9167	SHARPS DISPOSAL CONTAINER; CAPACITY 200	PRXOVR	DEF					NA	NA	NA	S
Y9167	SHARPS DISPOSAL CONTAINER; CAPACITY 200	MAXFEE	DEF					4	6/20/1990	12/31/2299	S
Y9170	STETHOSCOPE (REPLCMNT FOR BLOOD PRES.SET	PRXOVR	DEF					NA	NA	NA	S
Y9170	STETHOSCOPE (REPLCMNT FOR BLOOD PRES.SET	MAXFEE	DEF					NA			S
Y9189	HOME SUBCU TOCOLYTIC INFUSION THER; 1DAY	PRXOVR	DEF					NA	NA	NA	Y

## Ohio Medicaid DMEB Contract 12-07-2023

Y9189	HOME SUBCU TOCOLYTIC INFUSION THER; 1DAY	MAXFEE	DEF					120	1/1/1997	12/31/2299	Y
Y9998	VISITS HOME/NURSING HOME HOSPITAL	PRXOVR	DEF					NA	NA	NA	Y
Y9998	VISITS HOME/NURSING HOME HOSPITAL	MAXFEE	DEF					NA			Y