



## IEHP FEE SCHEDULE

The IEHP Fee Schedule establishes rates for codes where neither Medi-Cal nor Medicare have a published rate. All rates listed below are for purchase. The IEHP Fee Schedule shall only be used for reimbursement of covered services which do not have a Medi-Cal or Medicare rate. Published Medi-Cal rates, published Medicare rates, and Contracts with rates for those codes listed below will supersede the IEHP Fee Schedule. The IEHP Fee Schedule is applicable when IEHP holds financial responsibility for the services billed. Please refer to the Division of Financial Responsibility (DOFR) for additional information regarding financial responsibility by service.

Code	Description	IEHP Rate	Effective Date
A4281	Replacement Tubing	\$16.00	12/01/2020
A4282	Replacement Adaptor	\$9.60	12/01/2020
A4283	Replacement Cap	\$9.60	12/01/2020
A4284	Replacement Flange	\$16.00	12/01/2020
A4285	Replacement Storage Container	\$9.60	12/01/2020
A4286	Replacement Locking Ring	\$8.80	12/01/2020
A4520	Incontinence garment, diaper or brief (case)	\$19.60	10/01/2020
A4670	Automatic Blood Pressure Monitor	\$45.88	10/01/2020
A6530	Compression Stocking BK18	\$22.99	10/01/2020
A6533	GC Stockings High Length 18	\$26.27	10/01/2020
A6536	GC Stockings Full Length 18	\$39.43	10/01/2020
B4160	Enteral Formula (100 calories = 1 unit)	\$0.85	10/01/2020
B4161	Enteral Formula (100 calories = 1 unit)	\$2.56	10/01/2020
E0118	Knee Scooters	\$172.20	10/01/2020
E0240	Shower Chair	\$52.60	10/01/2020
E1140	Wheelchair, Detachable	\$580.59	10/01/2020
E1639	Scale	\$41.43	10/01/2020
L7900	Vacuum Erection System	\$341.04	10/01/2020
S9366	HIT TPN 2 Liter	\$160.00	10/01/2020
S9500	HIT Antibiotic Q24H Diem	\$55.00	10/01/2020
S9501	HIT Antibiotic Q12H Diem	\$55.00	10/01/2020