

# LIFE CARE PLAN CODE CROSSWALK AND COST REFRESH

## EXAMPLE, CHILD F (SYNTHETIC): plan of 05/15/2024 by Planner Q Example, RN, CLCP (SYN)

*Prepared for counsel. Subject to review and verification by retaining counsel, the life care planner and the economist.*

**SYNTHETIC SAMPLE.** The child, planner, plan and records are invented. The public figures are real: each was read from the primary CMS, Medicaid or BLS file on 10/16/2026 and has a capture page at the back of this file. Every cite is a live link to a bundled page.

### What this does

For each line of the plan it records the code the planner priced with and whether any record page in the materials prints that code. It then sets the planner's unit cost beside the current public figure for the same code, with the file, edition, line and retrieval date. Where the unit basis matches, the difference is shown as arithmetic. Which code, which figure and which setting apply is for the planner and the economist.

### What the comparison shows

- 1. One of the 13 plan codes is printed on a record page in the materials.** K0005 appears on the DME prescription ([SYN-MR000001, p.11](#)). For the other 12 lines, no record page in the materials prints the code or NDC; the item itself is recommended in the records, with cites below.
- 2. Three plan sources are 2023 Medicare editions.** The plan prices K0005 at \$3,150.00 from the Q1 2023 DMEPOS schedule ([SYN-LCP000002, p.8](#)); the October 2026 California non-rural figure is \$2590.67 ([CAP-001, p.15](#)), a difference of -559.33.
- 3. The plan prices the hospital bed and patient lift as purchases. The October 2026 file has rental (RR) rows only for E0260 and E0630,** so no purchase figure exists to compare. Rental rows are shown for both the California non-rural column and the former Sacramento competitive bidding area, which applies by beneficiary ZIP code.
- 4. Aide and LVN lines are agency rates; the public figures are BLS employee wage estimates.** They are a different measure, so no difference is computed.
- 5. Physician Fee Schedule lines carry four figures each:** non-facility and facility, in the non-QP and QP versions CMS publishes for 2026. All four are shown; none is chosen.

*These are figures and sources set side by side, with cites. They are not findings on reasonableness, need, coverage or value.*

### Code crosswalk

| Line | Item as written                              | Code as written | Record page printing the code      | Record page recommending the item  | Plan page                          |
|------|----------------------------------------------|-----------------|------------------------------------|------------------------------------|------------------------------------|
| 1    | Ultralightweight manual wheelchair, purchase | K0005           | <a href="#">SYN-MR000001, p.11</a> | <a href="#">SYN-MR000001, p.11</a> | <a href="#">SYN-LCP000002, p.8</a> |
| 2    | Hospital bed, semi-electric, purchase        | E0260           | None in the materials              | <a href="#">SYN-MR000001, p.11</a> | <a href="#">SYN-LCP000002, p.8</a> |
| 3    | Patient lift, hydraulic, purchase            | E0630           | None in the materials              | <a href="#">SYN-MR000002, p.12</a> | <a href="#">SYN-LCP000002, p.8</a> |
| 4    | Enteral feeding pump supplies, per day       | B4035           | None in the materials              | <a href="#">SYN-MR000003, p.13</a> | <a href="#">SYN-LCP000003, p.9</a> |
| 5    | Enteral formula, per 100 calories            | B4154           | None in the materials              | <a href="#">SYN-MR000003, p.13</a> | <a href="#">SYN-LCP000003, p.9</a> |
| 6    | Levetiracetam 500 mg tablet                  | NDC not stated  | None in the materials              | <a href="#">SYN-MR000004, p.14</a> | <a href="#">SYN-LCP000003, p.9</a> |

| Line | Item as written             | Code as written | Record page printing the code | Record page recommending the item  | Plan page                           |
|------|-----------------------------|-----------------|-------------------------------|------------------------------------|-------------------------------------|
| 7    | Baclofen 10 mg tablet       | NDC not stated  | None in the materials         | <a href="#">SYN-MR000004, p.14</a> | <a href="#">SYN-LCP000003, p.9</a>  |
| 8    | Glycopyrrolate 1 mg tablet  | NDC not stated  | None in the materials         | <a href="#">SYN-MR000004, p.14</a> | <a href="#">SYN-LCP000003, p.9</a>  |
| 9    | Home health aide, per hour  | No code         | None in the materials         | <a href="#">SYN-MR000002, p.12</a> | <a href="#">SYN-LCP000004, p.10</a> |
| 10   | LVN respite, per hour       | No code         | None in the materials         | <a href="#">SYN-MR000002, p.12</a> | <a href="#">SYN-LCP000004, p.10</a> |
| 11   | Physical therapy, per unit  | 97110           | None in the materials         | <a href="#">SYN-MR000002, p.12</a> | <a href="#">SYN-LCP000004, p.10</a> |
| 12   | Speech therapy, per session | 92507           | None in the materials         | <a href="#">SYN-MR000002, p.12</a> | <a href="#">SYN-LCP000004, p.10</a> |
| 13   | Neurology follow-up visit   | 99214           | None in the materials         | <a href="#">SYN-MR000004, p.14</a> | <a href="#">SYN-LCP000004, p.10</a> |

## Cost refresh, one row per public figure

| Line | Code           | Plan unit cost | Plan source as written                                 | Public source and field                                                              | Published figure | Unit               | Public minus plan                 | Capture                       |
|------|----------------|----------------|--------------------------------------------------------|--------------------------------------------------------------------------------------|------------------|--------------------|-----------------------------------|-------------------------------|
| 1    | K0005          | \$3,150.00     | Medicare DMEPOS fee schedule, CA, Q1 2023              | DMEPOS Fee Schedule; CA                                                              | 2590.67          | per item           | -559.33                           | <a href="#">CAP-001, p.15</a> |
| 2    | E0260          | \$2,400.00     | Vendor quote, Sacramento Medical Supply (SYN), 03/2024 | DMEPOS Fee Schedule; CA                                                              | 74.66            | per month (rental) | Not computed (unit basis differs) | <a href="#">CAP-002, p.16</a> |
| 2    | E0260          | \$2,400.00     | Vendor quote, Sacramento Medical Supply (SYN), 03/2024 | Former CBA Fee Schedule File; Sacramento, CA                                         | 72.17            | per month (rental) | Not computed (unit basis differs) | <a href="#">CAP-003, p.17</a> |
| 3    | E0630          | \$1,450.00     | Vendor quote, Sacramento Medical Supply (SYN), 03/2024 | DMEPOS Fee Schedule; CA                                                              | 68.78            | per month (rental) | Not computed (unit basis differs) | <a href="#">CAP-004, p.18</a> |
| 3    | E0630          | \$1,450.00     | Vendor quote, Sacramento Medical Supply (SYN), 03/2024 | Former CBA Fee Schedule File; Sacramento, CA                                         | 67.47            | per month (rental) | Not computed (unit basis differs) | <a href="#">CAP-005, p.19</a> |
| 4    | B4035          | \$9.10         | Medicare PEN fee schedule, CA, 2023                    | PEN Fee Schedule; CA(NR)                                                             | 6.5              | per unit           | -2.60                             | <a href="#">CAP-006, p.20</a> |
| 5    | B4154          | \$1.10         | Medicare PEN fee schedule, CA, 2023                    | PEN Fee Schedule; CA(NR)                                                             | 0.83             | per unit           | -0.27                             | <a href="#">CAP-007, p.21</a> |
| 6    | NDC not stated | \$0.85         | Retail pharmacy cash price, planner's survey, 04/2024  | NADAC (National Average Drug Acquisition Cost) 2026; NADAC Per Unit; NDC 00378561505 | 0.07362          | per EA             | -0.77638                          | <a href="#">CAP-008, p.22</a> |
| 6    | NDC not stated | \$0.85         | Retail pharmacy cash price, planner's survey, 04/2024  | NADAC (National Average Drug Acquisition Cost) 2026; NADAC Per Unit; NDC 00378561578 | 0.07362          | per EA             | -0.77638                          | <a href="#">CAP-009, p.23</a> |
| 6    | NDC not stated | \$0.85         | Retail pharmacy cash price, planner's survey, 04/2024  | NADAC (National Average Drug Acquisition Cost) 2026; NADAC Per Unit; NDC 00904712461 | 0.07362          | per EA             | -0.77638                          | <a href="#">CAP-010, p.24</a> |
| 7    | NDC not stated | \$0.40         | Retail pharmacy cash price, planner's survey, 04/2024  | NADAC (National Average Drug Acquisition Cost) 2026; NADAC Per Unit; NDC 00172409660 | 0.03199          | per EA             | -0.36801                          | <a href="#">CAP-011, p.25</a> |
| 7    | NDC not stated | \$0.40         | Retail pharmacy cash price, planner's survey, 04/2024  | NADAC (National Average Drug Acquisition Cost) 2026; NADAC Per Unit; NDC 00172409680 | 0.03199          | per EA             | -0.36801                          | <a href="#">CAP-012, p.26</a> |
| 7    | NDC not stated | \$0.40         | Retail pharmacy cash price, planner's survey, 04/2024  | NADAC (National Average Drug Acquisition Cost) 2026; NADAC Per Unit; NDC 00527133001 | 0.03199          | per EA             | -0.36801                          | <a href="#">CAP-013, p.27</a> |
| 8    | NDC not stated | \$1.20         | Retail pharmacy cash price, planner's survey, 04/2024  | NADAC (National Average Drug Acquisition Cost) 2026; NADAC Per Unit; NDC 00904670961 | 0.09972          | per EA             | -1.10028                          | <a href="#">CAP-014, p.28</a> |
| 8    | NDC not stated | \$1.20         | Retail pharmacy cash price, planner's survey, 04/2024  | NADAC (National Average Drug Acquisition Cost) 2026; NADAC Per Unit; NDC 13107001401 | 0.09972          | per EA             | -1.10028                          | <a href="#">CAP-015, p.29</a> |
| 8    | NDC not stated | \$1.20         | Retail pharmacy cash price, planner's survey, 04/2024  | NADAC (National Average Drug Acquisition Cost) 2026; NADAC Per Unit; NDC 16571074309 | 0.09972          | per EA             | -1.10028                          | <a href="#">CAP-016, p.30</a> |

| Line | Code    | Plan unit cost | Plan source as written                                              | Public source and field                                                                         | Published figure | Unit                     | Public minus plan                 | Capture                       |
|------|---------|----------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------|--------------------------|-----------------------------------|-------------------------------|
| 9    | No code | \$34.00        | Agency rate quote, River Home Care (SYN), 2024                      | Occupational Employment and Wage Statistics; H_MEAN                                             | 17.20            | per hour (employee wage) | Not computed (unit basis differs) | <a href="#">CAP-017, p.31</a> |
| 9    | No code | \$34.00        | Agency rate quote, River Home Care (SYN), 2024                      | Occupational Employment and Wage Statistics; H_MEDIAN                                           | 16.50            | per hour (employee wage) | Not computed (unit basis differs) | <a href="#">CAP-018, p.32</a> |
| 10   | No code | \$58.00        | Agency rate quote, River Home Care (SYN), 2024                      | Occupational Employment and Wage Statistics; H_MEAN                                             | 40.88            | per hour (employee wage) | Not computed (unit basis differs) | <a href="#">CAP-019, p.33</a> |
| 10   | No code | \$58.00        | Agency rate quote, River Home Care (SYN), 2024                      | Occupational Employment and Wage Statistics; H_MEDIAN                                           | 39.22            | per hour (employee wage) | Not computed (unit basis differs) | <a href="#">CAP-020, p.34</a> |
| 11   | 97110   | \$45.00        | Usual and customary, planner's survey of Sacramento providers, 2024 | Physician Fee Schedule 2026 National Payment Amount File; Non Facility Fee Schedule Amount      | 31.68            | per service as billed    | -13.32                            | <a href="#">CAP-021, p.35</a> |
| 11   | 97110   | \$45.00        | Usual and customary, planner's survey of Sacramento providers, 2024 | Physician Fee Schedule 2026 National Payment Amount File; Facility Fee Schedule Amount          | 31.68            | per service as billed    | -13.32                            | <a href="#">CAP-022, p.36</a> |
| 11   | 97110   | \$45.00        | Usual and customary, planner's survey of Sacramento providers, 2024 | Physician Fee Schedule 2026 National Payment Amount File (QP); Non Facility Fee Schedule Amount | 31.84            | per service as billed    | -13.16                            | <a href="#">CAP-023, p.37</a> |
| 11   | 97110   | \$45.00        | Usual and customary, planner's survey of Sacramento providers, 2024 | Physician Fee Schedule 2026 National Payment Amount File (QP); Facility Fee Schedule Amount     | 31.84            | per service as billed    | -13.16                            | <a href="#">CAP-024, p.38</a> |
| 12   | 92507   | \$120.00       | Usual and customary, planner's survey of Sacramento providers, 2024 | Physician Fee Schedule 2026 National Payment Amount File; Non Facility Fee Schedule Amount      | 82.84            | per service as billed    | -37.16                            | <a href="#">CAP-025, p.39</a> |
| 12   | 92507   | \$120.00       | Usual and customary, planner's survey of Sacramento providers, 2024 | Physician Fee Schedule 2026 National Payment Amount File; Facility Fee Schedule Amount          | 82.84            | per service as billed    | -37.16                            | <a href="#">CAP-026, p.40</a> |
| 12   | 92507   | \$120.00       | Usual and customary, planner's survey of Sacramento providers, 2024 | Physician Fee Schedule 2026 National Payment Amount File (QP); Non Facility Fee Schedule Amount | 83.26            | per service as billed    | -36.74                            | <a href="#">CAP-027, p.41</a> |
| 12   | 92507   | \$120.00       | Usual and customary, planner's survey of Sacramento providers, 2024 | Physician Fee Schedule 2026 National Payment Amount File (QP); Facility Fee Schedule Amount     | 83.26            | per service as billed    | -36.74                            | <a href="#">CAP-028, p.42</a> |
| 13   | 99214   | \$210.00       | Usual and customary, planner's survey of Sacramento providers, 2024 | Physician Fee Schedule 2026 National Payment Amount File; Non Facility Fee Schedule Amount      | 146.64           | per service as billed    | -63.36                            | <a href="#">CAP-029, p.43</a> |

| Line | Code  | Plan unit cost | Plan source as written                                              | Public source and field                                                                         | Published figure | Unit                  | Public minus plan | Capture                       |
|------|-------|----------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------|-----------------------|-------------------|-------------------------------|
| 13   | 99214 | \$210.00       | Usual and customary, planner's survey of Sacramento providers, 2024 | Physician Fee Schedule 2026 National Payment Amount File; Facility Fee Schedule Amount          | 87.20            | per service as billed | -122.80           | <a href="#">CAP-030, p.44</a> |
| 13   | 99214 | \$210.00       | Usual and customary, planner's survey of Sacramento providers, 2024 | Physician Fee Schedule 2026 National Payment Amount File (QP); Non Facility Fee Schedule Amount | 147.37           | per service as billed | -62.63            | <a href="#">CAP-031, p.45</a> |
| 13   | 99214 | \$210.00       | Usual and customary, planner's survey of Sacramento providers, 2024 | Physician Fee Schedule 2026 National Payment Amount File (QP); Facility Fee Schedule Amount     | 87.64            | per service as billed | -122.36           | <a href="#">CAP-032, p.46</a> |

No line is multiplied by its frequency or duration, and nothing is totalled. Medicare and Medicaid figures do not indicate coverage or what any payer would pay.

## What this is not

No code is assigned, corrected or suggested; "None in the materials" means no page in these materials prints the code, not that the code is wrong. No figure is chosen, averaged, inflated or discounted. No view on reasonableness, usual and customary charges, need, frequency, duration or life expectancy. CPT code numbers appear only as the planner wrote them; no CPT descriptor is reproduced (CMS attaches the AMA license, which bars "transferring copies of CPT to any party not bound by this agreement"). HCPCS Level II rows carry the CMS short description on the Sources tab of the workbook.

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LIFE CARE PLAN (SYNTHETIC)

EXAMPLE, CHILD F (SYNTHETIC) | Planner Q Example, RN, CLCP (SYN) | 05/15/2024

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LIFE CARE PLAN

Prepared for: EXAMPLE, CHILD F (SYNTHETIC) | Prepared by: Planner Q Example, RN, CLCP (SYN) | Date: 05/15/2024 | Sacramento County, California

Records reviewed: Sacramento Pediatric Rehabilitation (SYN) physiatry; Valley Children's Neurology (SYN); Pediatric GI Associates (SYN); Sacramento Medical Supply (SYN) prescription file; therapy orders. Costs are stated in 2024 dollars from the sources listed with each item.

LIFE CARE PLAN: EQUIPMENT

As written by the planner. SYNTHETIC.

| No. | Item                                         | Code  | Frequency              | Duration | Unit cost  | Cost source                                            |
|-----|----------------------------------------------|-------|------------------------|----------|------------|--------------------------------------------------------|
| 1   | Ultralightweight manual wheelchair, purchase | K0005 | Replace every 5 years  | Life     | \$3,150.00 | Medicare DMEPOS fee schedule, CA, Q1 2023              |
| 2   | Hospital bed, semi-electric, purchase        | E0260 | Replace every 7 years  | Life     | \$2,400.00 | Vendor quote, Sacramento Medical Supply (SYN), 03/2024 |
| 3   | Patient lift, hydraulic, purchase            | E0630 | Replace every 10 years | Life     | \$1,450.00 | Vendor quote, Sacramento Medical Supply (SYN), 03/2024 |

LIFE CARE PLAN: NUTRITION AND MEDICATIONS

As written by the planner. SYNTHETIC.

| No. | Item                                   | Code           | Frequency         | Duration | Unit cost | Cost source                                           |
|-----|----------------------------------------|----------------|-------------------|----------|-----------|-------------------------------------------------------|
| 4   | Enteral feeding pump supplies, per day | B4035          | 365 days per year | Life     | \$9.10    | Medicare PEN fee schedule, CA, 2023                   |
| 5   | Enteral formula, per 100 calories      | B4154          | 12 units per day  | Life     | \$1.10    | Medicare PEN fee schedule, CA, 2023                   |
| 6   | Levetiracetam 500 mg tablet            | NDC not stated | 2 per day         | Life     | \$0.85    | Retail pharmacy cash price, planner's survey, 04/2024 |
| 7   | Baclofen 10 mg tablet                  | NDC not stated | 3 per day         | Life     | \$0.40    | Retail pharmacy cash price, planner's survey, 04/2024 |
| 8   | Glycopyrrolate 1 mg tablet             | NDC not stated | 2 per day         | Life     | \$1.20    | Retail pharmacy cash price, planner's survey, 04/2024 |

LIFE CARE PLAN: CARE, THERAPY AND PHYSICIAN SERVICES

As written by the planner. SYNTHETIC.

| No. | Item                        | Code    | Frequency                         | Duration  | Unit cost | Cost source                                                         |
|-----|-----------------------------|---------|-----------------------------------|-----------|-----------|---------------------------------------------------------------------|
| 9   | Home health aide, per hour  | No code | 8 hours per day                   | Life      | \$34.00   | Agency rate quote, River Home Care (SYN), 2024                      |
| 10  | LVN respite, per hour       | No code | 4 hours per week                  | Life      | \$58.00   | Agency rate quote, River Home Care (SYN), 2024                      |
| 11  | Physical therapy, per unit  | 97110   | 2 sessions per week, 4 units each | To age 18 | \$45.00   | Usual and customary, planner's survey of Sacramento providers, 2024 |
| 12  | Speech therapy, per session | 92507   | 1 per week                        | To age 18 | \$120.00  | Usual and customary, planner's survey of Sacramento providers, 2024 |
| 13  | Neurology follow-up visit   | 99214   | Every 3 months                    | Life      | \$210.00  | Usual and customary, planner's survey of Sacramento providers, 2024 |

MEDICAL RECORDS (SYNTHETIC)

Patient: EXAMPLE, CHILD F (SYNTHETIC)

DME PRESCRIPTION

Entry ID: RX-101 | Author: Physiatrist M Example, MD (SYN) | Date: 02/02/2024

| Item ordered | As written                                                                              |
|--------------|-----------------------------------------------------------------------------------------|
| 1            | K0005 ultralightweight manual wheelchair with tilt-in-space seating system, custom fit. |
| 2            | Hospital bed, semi-electric, with full rails and pressure-relief mattress.              |

Diagnosis: spastic quadriplegic cerebral palsy. Length of need: 99 months.

MEDICAL RECORDS (SYNTHETIC)

Patient: EXAMPLE, CHILD F (SYNTHETIC)

PHYSIATRY CLINIC NOTE

Entry ID: PM-201 | Author: Physiatrist M Example, MD (SYN) | Date of service: 03/08/2024

Plan: Continue physical therapy 2x/week and speech therapy 1x/week. Recommend mechanical patient lift for transfers as caregiver can no longer lift safely. Recommend attendant care 8 hours per day and nursing respite 4 hours per week for medically complex care.

MEDICAL RECORDS (SYNTHETIC)  
Patient: EXAMPLE, CHILD F (SYNTHETIC)

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PEDIATRIC GASTROENTEROLOGY NOTE

Entry ID: GI-301 | Author: Gastroenterologist N Sample, MD (SYN) | Date of service: 01/22/2024

G-tube in place. Continue pump feeds of a peptide-based pediatric formula, 1,200 kcal per day. Enteral pump supplies daily.

MEDICAL RECORDS (SYNTHETIC)

Patient: EXAMPLE, CHILD F (SYNTHETIC)

NEUROLOGY CLINIC NOTE

Entry ID: NE-401 | Author: Neurologist O Example, MD (SYN) | Date of service: 04/04/2024

Medications: levetiracetam 500 mg twice daily; baclofen 10 mg three times daily; glycopyrrolate 1 mg twice daily. Follow up in 3 months.



CAP-002 | Plan line 2 | Code E0260

|                 |                                                                                       |
|-----------------|---------------------------------------------------------------------------------------|
| Publisher       | CMS                                                                                   |
| Source          | DMEPOS Fee Schedule, October 2026 (DME26-D), file DMEPOS_OCT.csv                      |
| Edition         | October 2026 quarter                                                                  |
| File line       | 653                                                                                   |
| Field read      | CA (NR)                                                                               |
| Unit            | per month (rental)                                                                    |
| Page URL        | https://www.cms.gov/medicare/payment/fee-schedules/dmepos/dmepos-fee-schedule/dme26-d |
| Download URL    | https://www.cms.gov/files/zip/dme26-d.zip                                             |
| Retrieved (UTC) | 2026-10-16T19:01:59Z                                                                  |
| SHA-256 of file | a2824d58aadf40045ba2125dd941919ab823038496606c0059902083cd6aeea7                      |



Record as published (wrapped for display)

E0260,RR,,D,CR,0.00,0.00,78.16,128.14,78.16,128.14,77.50,128.14,74.66,128.14,76.76,128.14,72.80,128.13,74.43,128.14,74.43,128.14,78.16,128.14,78.16,128.14,76.74,128.15,76.76,128.14,75.89,128.14,75.89,128.14,76.74,128.14,78.16,128.14,78.16,128.15,72.80,128.14,74.43,128.14,72.80,128.13,75.89,128.14,76.74,128.14,76.74,128.14,78.16,128.14,76.76,128.14,78.16,128.14,76.74,128.14,76.74,128.14,72.80,128.14,74.43,128.14,77.50,128.14,74.66,128.14,74.43,128.14,75.89,128.14,77.50,128.14,74.66,128.14,74.43,128.14,72.80,128.15,78.16,128.14,76.74,128.14,78.16,128.14,77.50,128.14,76.76,128.14,78.16,128.14,72.80,128.13,74.66,128.14,75.89,128.14,78.16,128.14,76.76,128.14,128.13,0.00,128.14,0.00,128.14,0.00,128.14,0.00,Hosp bed semi-electr w/ matt

CAP-003 | Plan line 2 | Code E0260

|                 |                                                                                       |
|-----------------|---------------------------------------------------------------------------------------|
| Publisher       | CMS                                                                                   |
| Source          | Former CBA Fee Schedule File, October 2026 (DME26-D)                                  |
| Edition         | October 2026 quarter                                                                  |
| File line       | 145                                                                                   |
| Field read      | Sacramento, CA                                                                        |
| Unit            | per month (rental)                                                                    |
| Page URL        | https://www.cms.gov/medicare/payment/fee-schedules/dmepos/dmepos-fee-schedule/dme26-d |
| Download URL    | https://www.cms.gov/files/zip/dme26-d.zip                                             |
| Retrieved (UTC) | 2026-10-16T19:01:59Z                                                                  |
| SHA-256 of file | cf01d27f2aa2104b7aca879cec7e48d85fe05e4b83f4afb27044550c5db85b1b                      |



Record as published (wrapped for display)

E0260,RR,, ,CR,74.17,77.04,74.61,85.78,73.30,73.73,74.17,75.75,74.61,79.46,75.75,73.73,74.42,75.33,76.96,87.82,76.32,75.12,72.87,72.52,73.83,72.67,75.12,72.17,81.74,73.73,74.61,84.55,79.28,76.33,84.17,76.17,77.04,76.90,76.33,78.65,72.95,75.77,76.01,77.04,72.87,82.21,76.32,78.56,76.90,76.90,73.30,73.73,76.90,72.95,73.73,83.45,76.33,73.73,73.73,78.31,75.77,75.33,78.16,75.67,73.73,72.87,84.61,76.90,71.40,84.55,72.95,82.69,75.12,69.52,80.58,76.57,82.18,79.28,74.42,83.72,73.73,74.81,84.37,77.04,73.30,75.33,78.79,83.61,76.90,74.17,73.73,86.29,72.95,80.02,75.12,76.90,74.61,76.01,73.73,73.73,72.87,73.73,74.61,73.73,80.72,73.78,74.42,72.17,76.90,75.75,74.21,75.93,73.73,76.90,75.33,76.90,76.96,66.21,75.75,72.17,74.47,75.12,83.83,76.81,72.17,76.90,70.43,73.30,72.95,74.86,78.51,76.96,74.42,77.04,Hosp bed semi-electr w/ matt

CAP-004 | Plan line 3 | Code E0630

|                 |                                                                                       |
|-----------------|---------------------------------------------------------------------------------------|
| Publisher       | CMS                                                                                   |
| Source          | DMEPOS Fee Schedule, October 2026 (DME26-D), file DMEPOS_OCT.csv                      |
| Edition         | October 2026 quarter                                                                  |
| File line       | 796                                                                                   |
| Field read      | CA (NR)                                                                               |
| Unit            | per month (rental)                                                                    |
| Page URL        | https://www.cms.gov/medicare/payment/fee-schedules/dmepos/dmepos-fee-schedule/dme26-d |
| Download URL    | https://www.cms.gov/files/zip/dme26-d.zip                                             |
| Retrieved (UTC) | 2026-10-16T19:01:59Z                                                                  |
| SHA-256 of file | a2824d58aadf40045ba2125dd941919ab823038496606c0059902083cd6aeea7                      |



Record as published (wrapped for display)

E0630,RR,,D,CR,0.00,0.00,74.07,107.23,74.07,112.76,72.82,111.94,68.78,103.44,72.70,112.76,72.45,102.64,71.86,101.87,71.86,112.76,74.07,101.87,74.07,105.60,74.71,112.76,72.70,110.98,74.18,112.76,74.18,112.26,74.71,112.76,74.07,105.87,74.07,112.76,72.45,112.76,71.86,110.93,72.45,112.76,74.18,110.29,74.71,102.87,74.71,112.76,74.07,101.87,72.70,107.91,74.07,112.76,74.71,112.76,74.71,112.76,72.45,105.78,71.86,109.17,72.82,106.44,68.78,112.76,71.86,112.76,74.18,112.76,72.82,112.76,68.78,112.76,71.86,112.76,72.45,109.61,74.07,103.92,74.71,112.76,74.07,112.76,72.82,112.76,72.70,112.76,74.07,111.95,72.45,108.76,68.78,112.76,74.18,101.87,74.07,110.21,72.70,112.76,104.06,0.00,108.48,0.00,110.30,0.00,112.76,0.00,Patient lift hydraulic

CAP-005 | Plan line 3 | Code E0630

|                 |                                                                                       |
|-----------------|---------------------------------------------------------------------------------------|
| Publisher       | CMS                                                                                   |
| Source          | Former CBA Fee Schedule File, October 2026 (DME26-D)                                  |
| Edition         | October 2026 quarter                                                                  |
| File line       | 229                                                                                   |
| Field read      | Sacramento, CA                                                                        |
| Unit            | per month (rental)                                                                    |
| Page URL        | https://www.cms.gov/medicare/payment/fee-schedules/dmepos/dmepos-fee-schedule/dme26-d |
| Download URL    | https://www.cms.gov/files/zip/dme26-d.zip                                             |
| Retrieved (UTC) | 2026-10-16T19:01:59Z                                                                  |
| SHA-256 of file | cf01d27f2aa2104b7aca879cec7e48d85fe05e4b83f4afb27044550c5db85b1b                      |



Record as published (wrapped for display)

E0630,RR,, ,CR,69.08,76.44,73.07,79.61,72.97,72.87,70.61,73.78,73.07,76.44,72.85,67.54,72.06,75.07,72.85,79.26,71.85,77.04,72.87,69.66,67.54,70.88,72.87,70.61,74.85,70.61,70.61,78.33,87.31,69.61,76.91,73.23,75.31,73.41,70.61,76.48,69.08,70.61,70.61,76.44,70.61,73.96,73.25,75.62,77.04,73.07,71.73,74.85,70.61,73.96,74.85,77.21,70.61,73.07,70.61,72.43,73.07,73.96,76.03,73.96,73.07,70.61,81.61,74.47,69.08,87.11,69.34,76.40,70.61,67.54,68.44,74.47,73.07,77.21,74.11,70.61,73.07,71.85,83.79,71.26,72.97,74.60,73.96,75.77,72.60,73.78,67.47,71.24,67.27,73.96,75.12,73.07,73.07,71.72,67.54,73.07,70.61,73.07,70.61,71.77,70.96,72.97,74.11,67.47,73.07,72.85,67.47,67.54,67.47,75.12,75.07,72.87,74.03,65.23,77.84,67.47,69.46,75.12,77.21,75.79,70.61,72.60,67.51,70.61,67.51,72.97,75.77,73.99,75.77,76.44,Patient lift hydraulic

CAP-006 | Plan line 4 | Code B4035

|                 |                                                                                                      |
|-----------------|------------------------------------------------------------------------------------------------------|
| Publisher       | CMS                                                                                                  |
| Source          | PEN Fee Schedule, January 2026 (DME26), file DMEPEN26_JAN.csv; not updated in October 2026 (MM14619) |
| Edition         | January 2026                                                                                         |
| File line       | 7                                                                                                    |
| Field read      | CA(NR)                                                                                               |
| Unit            | per unit (CMS short description "Enteral feed supp pump per d")                                      |
| Page URL        | https://www.cms.gov/medicare/payment/fee-schedules/dmepos/dmepos-fee-schedule/dme26                  |
| Download URL    | https://www.cms.gov/files/zip/dme26.zip                                                              |
| Retrieved (UTC) | 2026-10-16T19:02:59Z                                                                                 |
| SHA-256 of file | 7ea2d4b474294d15fe04a39d0c9d05ad9c8840eb55b2f6e235a147785f52f7a4                                     |



Record as published (wrapped for display)

B4035,,,7.09,11.38,7.09,11.38,6.63,11.38,6.5,11.38,7.14,11.38,6.29,11.38,6.21,11.38,6.21,11.38,7.09,11.38,7.09,11.38,6.86,11.38,7.14,11.38,6.79,11.38,6.79,11.38,6.86,11.38,7.09,11.38,7.09,11.38,6.29,11.38,6.21,11.38,6.29,11.38,6.79,11.38,6.86,11.38,6.86,11.38,7.09,11.38,7.14,11.38,7.09,11.38,6.86,11.38,6.86,11.38,6.29,11.38,6.21,11.38,6.63,11.38,6.5,11.38,6.21,11.38,6.79,11.38,6.63,11.38,6.5,11.38,6.21,11.38,6.29,11.38,7.09,11.38,6.86,11.38,7.09,11.38,6.63,11.38,7.14,11.38,7.09,11.38,6.29,11.38,6.5,11.38,6.79,11.38,7.09,11.38,7.14,11.38,11.71,0,11.71,0,11.71,0,11.71,0,Enteral feed supp pump per d

CAP-007 | Plan line 5 | Code B4154

|                 |                                                                                                      |
|-----------------|------------------------------------------------------------------------------------------------------|
| Publisher       | CMS                                                                                                  |
| Source          | PEN Fee Schedule, January 2026 (DME26), file DMEPEN26_JAN.csv; not updated in October 2026 (MM14619) |
| Edition         | January 2026                                                                                         |
| File line       | 19                                                                                                   |
| Field read      | CA(NR)                                                                                               |
| Unit            | per unit (CMS short description "Ef spec metabolic noninherit")                                      |
| Page URL        | https://www.cms.gov/medicare/payment/fee-schedules/dmepos/dmepos-fee-schedule/dme26                  |
| Download URL    | https://www.cms.gov/files/zip/dme26.zip                                                              |
| Retrieved (UTC) | 2026-10-16T19:02:59Z                                                                                 |
| SHA-256 of file | 7ea2d4b474294d15fe04a39d0c9d05ad9c8840eb55b2f6e235a147785f52f7a4                                     |



Record as published (wrapped for display)

B4154,, , 0.85,1.26,0.85,1.26,0.85,1.26,0.83,1.26,0.86,1.26,0.82,1.26,0.79,1.26,0.79,1.26,0.85,1.26,0.85,1.26,0.85,1.26,0.86,1.26,0.82,1.26,0.82,1.26,0.85,1.26,0.85,1.26,0.85,1.26,0.85,1.26,0.82,1.26,0.79,1.26,0.82,1.26,0.82,1.26,0.85,1.26,0.85,1.26,0.85,1.26,0.86,1.26,0.85,1.26,0.85,1.26,0.85,1.26,0.82,1.26,0.79,1.26,0.85,1.26,0.83,1.26,0.79,1.26,0.82,1.26,0.85,1.26,0.83,1.26,0.79,1.26,0.82,1.26,0.85,1.26,0.85,1.26,0.86,1.26,0.85,1.26,0.82,1.26,0.83,1.26,0.82,1.26,0.85,1.26,0.86,1.26,1.27,0,1.27,0,1.27,0,1.27,0,Ef spec metabolic noninherit

CAP-008 | Plan line 6 | Code NDC not stated

|                 |                                                                                              |
|-----------------|----------------------------------------------------------------------------------------------|
| Publisher       | CMS / Medicaid.gov                                                                           |
| Source          | NADAC (National Average Drug Acquisition Cost) 2026, CSV dated 10/14/2026                    |
| Edition         | As of 10/14/2026                                                                             |
| File line       | 1223956                                                                                      |
| Field read      | NADAC Per Unit                                                                               |
| Unit            | per EA                                                                                       |
| Page URL        | https://data.medicaid.gov/dataset/fbb83258-11c7-47f5-8b18-5f8e79f7e704                       |
| Download URL    | https://download.medicaid.gov/data/nadac-national-average-drug-acquisition-cost-20261014.csv |
| Retrieved (UTC) | 2026-10-16T19:03:42Z                                                                         |
| SHA-256 of file | 15335686bbc0ab0d1d0e9392ff7c0b8341b64674741589dbed27aed61fb634ff                             |
| NDC             | 00378561505 (effective 09/23/2026)                                                           |



Record as published (wrapped for display)

LEVETIRACETAM 500 MG TABLET,00378561505,0.07362,09/23/2026,EA,C/I,N,1,G,, ,10/14/2026

CAP-009 | Plan line 6 | Code NDC not stated

|                 |                                                                                              |
|-----------------|----------------------------------------------------------------------------------------------|
| Publisher       | CMS / Medicaid.gov                                                                           |
| Source          | NADAC (National Average Drug Acquisition Cost) 2026, CSV dated 10/14/2026                    |
| Edition         | As of 10/14/2026                                                                             |
| File line       | 1223957                                                                                      |
| Field read      | NADAC Per Unit                                                                               |
| Unit            | per EA                                                                                       |
| Page URL        | https://data.medicaid.gov/dataset/fbb83258-11c7-47f5-8b18-5f8e79f7e704                       |
| Download URL    | https://download.medicaid.gov/data/nadac-national-average-drug-acquisition-cost-20261014.csv |
| Retrieved (UTC) | 2026-10-16T19:03:42Z                                                                         |
| SHA-256 of file | 15335686bbc0ab0d1d0e9392ff7c0b8341b64674741589dbed27aed61fb634ff                             |
| NDC             | 00378561578 (effective 09/23/2026)                                                           |



Record as published (wrapped for display)

LEVETIRACETAM 500 MG TABLET,00378561578,0.07362,09/23/2026,EA,C/I,N,1,G,, ,10/14/2026

CAP-010 | Plan line 6 | Code NDC not stated

|                 |                                                                                              |
|-----------------|----------------------------------------------------------------------------------------------|
| Publisher       | CMS / Medicaid.gov                                                                           |
| Source          | NADAC (National Average Drug Acquisition Cost) 2026, CSV dated 10/14/2026                    |
| Edition         | As of 10/14/2026                                                                             |
| File line       | 1223958                                                                                      |
| Field read      | NADAC Per Unit                                                                               |
| Unit            | per EA                                                                                       |
| Page URL        | https://data.medicaid.gov/dataset/fbb83258-11c7-47f5-8b18-5f8e79f7e704                       |
| Download URL    | https://download.medicaid.gov/data/nadac-national-average-drug-acquisition-cost-20261014.csv |
| Retrieved (UTC) | 2026-10-16T19:03:42Z                                                                         |
| SHA-256 of file | 15335686bbc0ab0d1d0e9392ff7c0b8341b64674741589dbed27aed61fb634ff                             |
| NDC             | 00904712461 (effective 09/23/2026)                                                           |



Record as published (wrapped for display)

LEVETIRACETAM 500 MG TABLET,00904712461,0.07362,09/23/2026,EA,C/I,N,1,G,, ,10/14/2026

CAP-011 | Plan line 7 | Code NDC not stated

|                 |                                                                                              |
|-----------------|----------------------------------------------------------------------------------------------|
| Publisher       | CMS / Medicaid.gov                                                                           |
| Source          | NADAC (National Average Drug Acquisition Cost) 2026, CSV dated 10/14/2026                    |
| Edition         | As of 10/14/2026                                                                             |
| File line       | 1210984                                                                                      |
| Field read      | NADAC Per Unit                                                                               |
| Unit            | per EA                                                                                       |
| Page URL        | https://data.medicaid.gov/dataset/fbb83258-11c7-47f5-8b18-5f8e79f7e704                       |
| Download URL    | https://download.medicaid.gov/data/nadac-national-average-drug-acquisition-cost-20261014.csv |
| Retrieved (UTC) | 2026-10-16T19:03:42Z                                                                         |
| SHA-256 of file | 15335686bbc0ab0d1d0e9392ff7c0b8341b64674741589dbed27aed61fb634ff                             |
| NDC             | 00172409660 (effective 09/23/2026)                                                           |



Record as published (wrapped for display)

BACLOFEN 10 MG TABLET,00172409660,0.03199,09/23/2026,EA,C/I,N,1,G,,10/14/2026

CAP-012 | Plan line 7 | Code NDC not stated

|                 |                                                                                              |
|-----------------|----------------------------------------------------------------------------------------------|
| Publisher       | CMS / Medicaid.gov                                                                           |
| Source          | NADAC (National Average Drug Acquisition Cost) 2026, CSV dated 10/14/2026                    |
| Edition         | As of 10/14/2026                                                                             |
| File line       | 1210985                                                                                      |
| Field read      | NADAC Per Unit                                                                               |
| Unit            | per EA                                                                                       |
| Page URL        | https://data.medicaid.gov/dataset/fbb83258-11c7-47f5-8b18-5f8e79f7e704                       |
| Download URL    | https://download.medicaid.gov/data/nadac-national-average-drug-acquisition-cost-20261014.csv |
| Retrieved (UTC) | 2026-10-16T19:03:42Z                                                                         |
| SHA-256 of file | 15335686bbc0ab0d1d0e9392ff7c0b8341b64674741589dbed27aed61fb634ff                             |
| NDC             | 00172409680 (effective 09/23/2026)                                                           |



Record as published (wrapped for display)

BACLOFEN 10 MG TABLET,00172409680,0.03199,09/23/2026,EA,C/I,N,1,G,, ,10/14/2026

CAP-013 | Plan line 7 | Code NDC not stated

|                 |                                                                                              |
|-----------------|----------------------------------------------------------------------------------------------|
| Publisher       | CMS / Medicaid.gov                                                                           |
| Source          | NADAC (National Average Drug Acquisition Cost) 2026, CSV dated 10/14/2026                    |
| Edition         | As of 10/14/2026                                                                             |
| File line       | 1210986                                                                                      |
| Field read      | NADAC Per Unit                                                                               |
| Unit            | per EA                                                                                       |
| Page URL        | https://data.medicaid.gov/dataset/fbb83258-11c7-47f5-8b18-5f8e79f7e704                       |
| Download URL    | https://download.medicaid.gov/data/nadac-national-average-drug-acquisition-cost-20261014.csv |
| Retrieved (UTC) | 2026-10-16T19:03:42Z                                                                         |
| SHA-256 of file | 15335686bbc0ab0d1d0e9392ff7c0b8341b64674741589dbed27aed61fb634ff                             |
| NDC             | 00527133001 (effective 09/23/2026)                                                           |



Record as published (wrapped for display)

BACLOFEN 10 MG TABLET,00527133001,0.03199,09/23/2026,EA,C/I,N,1,G,,10/14/2026

CAP-014 | Plan line 8 | Code NDC not stated

|                 |                                                                                              |
|-----------------|----------------------------------------------------------------------------------------------|
| Publisher       | CMS / Medicaid.gov                                                                           |
| Source          | NADAC (National Average Drug Acquisition Cost) 2026, CSV dated 10/14/2026                    |
| Edition         | As of 10/14/2026                                                                             |
| File line       | 1220836                                                                                      |
| Field read      | NADAC Per Unit                                                                               |
| Unit            | per EA                                                                                       |
| Page URL        | https://data.medicaid.gov/dataset/fbb83258-11c7-47f5-8b18-5f8e79f7e704                       |
| Download URL    | https://download.medicaid.gov/data/nadac-national-average-drug-acquisition-cost-20261014.csv |
| Retrieved (UTC) | 2026-10-16T19:03:42Z                                                                         |
| SHA-256 of file | 15335686bbc0ab0d1d0e9392ff7c0b8341b64674741589dbed27aed61fb634ff                             |
| NDC             | 00904670961 (effective 09/23/2026)                                                           |



Record as published (wrapped for display)

GLYCOPYRROLATE 1 MG TABLET,00904670961,0.09972,09/23/2026,EA,C/I,N,1,G,,10/14/2026

CAP-015 | Plan line 8 | Code NDC not stated

|                 |                                                                                              |
|-----------------|----------------------------------------------------------------------------------------------|
| Publisher       | CMS / Medicaid.gov                                                                           |
| Source          | NADAC (National Average Drug Acquisition Cost) 2026, CSV dated 10/14/2026                    |
| Edition         | As of 10/14/2026                                                                             |
| File line       | 1220837                                                                                      |
| Field read      | NADAC Per Unit                                                                               |
| Unit            | per EA                                                                                       |
| Page URL        | https://data.medicaid.gov/dataset/fbb83258-11c7-47f5-8b18-5f8e79f7e704                       |
| Download URL    | https://download.medicaid.gov/data/nadac-national-average-drug-acquisition-cost-20261014.csv |
| Retrieved (UTC) | 2026-10-16T19:03:42Z                                                                         |
| SHA-256 of file | 15335686bbc0ab0d1d0e9392ff7c0b8341b64674741589dbed27aed61fb634ff                             |
| NDC             | 13107001401 (effective 09/23/2026)                                                           |



Record as published (wrapped for display)

GLYCOPYRROLATE 1 MG TABLET, 13107001401, 0.09972, 09/23/2026, EA, C/I, N, 1, G, , , 10/14/2026

CAP-016 | Plan line 8 | Code NDC not stated

|                 |                                                                                              |
|-----------------|----------------------------------------------------------------------------------------------|
| Publisher       | CMS / Medicaid.gov                                                                           |
| Source          | NADAC (National Average Drug Acquisition Cost) 2026, CSV dated 10/14/2026                    |
| Edition         | As of 10/14/2026                                                                             |
| File line       | 1220838                                                                                      |
| Field read      | NADAC Per Unit                                                                               |
| Unit            | per EA                                                                                       |
| Page URL        | https://data.medicaid.gov/dataset/fbb83258-11c7-47f5-8b18-5f8e79f7e704                       |
| Download URL    | https://download.medicaid.gov/data/nadac-national-average-drug-acquisition-cost-20261014.csv |
| Retrieved (UTC) | 2026-10-16T19:03:42Z                                                                         |
| SHA-256 of file | 15335686bbc0ab0d1d0e9392ff7c0b8341b64674741589dbed27aed61fb634ff                             |
| NDC             | 16571074309 (effective 09/23/2026)                                                           |



Record as published (wrapped for display)

GLYCOPYRROLATE 1 MG TABLET,16571074309,0.09972,09/23/2026,EA,C/I,N,1, 6,G,, ,10/14/2026

CAP-017 | Plan line 9 | Code No code

|                 |                                                                                                   |
|-----------------|---------------------------------------------------------------------------------------------------|
| Publisher       | U.S. Bureau of Labor Statistics                                                                   |
| Source          | Occupational Employment and Wage Statistics, May 2025, metropolitan areas (MSA_M2025_dl.xlsx)     |
| Edition         | May 2025 estimates, released 05/15/2026                                                           |
| File line       | 115213                                                                                            |
| Field read      | H_MEAN (Sacramento-Roseville-Folsom, CA, area 40900; 31-1120 Home Health and Personal Care Aides) |
| Unit            | per hour (employee wage)                                                                          |
| Page URL        | https://www.bls.gov/oes/tables.htm                                                                |
| Download URL    | https://www.bls.gov/oes/special-requests/oesm25ma.zip                                             |
| Retrieved (UTC) | 2026-10-16T19:07:30Z                                                                              |
| SHA-256 of file | faf00eee127763c8c082d8fb862717ef2ad3a75f16f8975dc1e70935f27bcbb0                                  |



Record as published (wrapped for display)

AREA=40900 | AREA\_TITLE=Sacramento-Roseville-Folsom, CA | OCC\_CODE=31-1120 | OCC\_TITLE=Home Health and Personal Care Aides | TOT\_EMP=60350 | H\_MEAN=17.2 | H\_PCT10=16.5 | H\_PCT25=16.5 | H\_MEDIAN=16.5 | H\_PCT75=16.84 | H\_PCT90=18.38

CAP-018 | Plan line 9 | Code No code

|                 |                                                                                                     |
|-----------------|-----------------------------------------------------------------------------------------------------|
| Publisher       | U.S. Bureau of Labor Statistics                                                                     |
| Source          | Occupational Employment and Wage Statistics, May 2025, metropolitan areas (MSA_M2025_dl.xlsx)       |
| Edition         | May 2025 estimates, released 05/15/2026                                                             |
| File line       | 115213                                                                                              |
| Field read      | H_MEDIAN (Sacramento-Roseville-Folsom, CA, area 40900; 31-1120 Home Health and Personal Care Aides) |
| Unit            | per hour (employee wage)                                                                            |
| Page URL        | https://www.bls.gov/oes/tables.htm                                                                  |
| Download URL    | https://www.bls.gov/oes/special-requests/oesm25ma.zip                                               |
| Retrieved (UTC) | 2026-10-16T19:07:30Z                                                                                |
| SHA-256 of file | faf00eee127763c8c082d8fb862717ef2ad3a75f16f8975dc1e70935f27bcbb0                                    |



Record as published (wrapped for display)

AREA=40900 | AREA\_TITLE=Sacramento-Roseville-Folsom, CA | OCC\_CODE=31-1120 | OCC\_TITLE=Home Health and Personal Care Aides | TOT\_EMP=60350 | H\_MEAN=17.2 | H\_PCT10=16.5 | H\_PCT25=16.5 | H\_MEDIAN=16.5 | H\_PCT75=16.84 | H\_PCT90=18.38

CAP-019 | Plan line 10 | Code No code

|                 |                                                                                                                 |
|-----------------|-----------------------------------------------------------------------------------------------------------------|
| Publisher       | U.S. Bureau of Labor Statistics                                                                                 |
| Source          | Occupational Employment and Wage Statistics, May 2025, metropolitan areas (MSA_M2025_dl.xlsx)                   |
| Edition         | May 2025 estimates, released 05/15/2026                                                                         |
| File line       | 115203                                                                                                          |
| Field read      | H_MEAN (Sacramento-Roseville-Folsom, CA, area 40900; 29-2061 Licensed Practical and Licensed Vocational Nurses) |
| Unit            | per hour (employee wage)                                                                                        |
| Page URL        | https://www.bls.gov/oes/tables.htm                                                                              |
| Download URL    | https://www.bls.gov/oes/special-requests/oesm25ma.zip                                                           |
| Retrieved (UTC) | 2026-10-16T19:07:30Z                                                                                            |
| SHA-256 of file | faf00eee127763c8c082d8fb862717ef2ad3a75f16f8975dc1e70935f27bcbb0                                                |



Record as published (wrapped for display)

AREA=40900 | AREA\_TITLE=Sacramento-Roseville-Folsom, CA | OCC\_CODE=29-2061 | OCC\_TITLE=Licensed Practical and Licensed Vocational Nurses | TOT\_EMP=4760 | H\_MEAN=40.88 | H\_PCT10=31.57 | H\_PCT25=36.84 | H\_MEDIAN=39.22 | H\_PCT75=46.32 | H\_PCT90=50.42

CAP-020 | Plan line 10 | Code No code

|                 |                                                                                                                   |
|-----------------|-------------------------------------------------------------------------------------------------------------------|
| Publisher       | U.S. Bureau of Labor Statistics                                                                                   |
| Source          | Occupational Employment and Wage Statistics, May 2025, metropolitan areas (MSA_M2025_dl.xlsx)                     |
| Edition         | May 2025 estimates, released 05/15/2026                                                                           |
| File line       | 115203                                                                                                            |
| Field read      | H_MEDIAN (Sacramento-Roseville-Folsom, CA, area 40900; 29-2061 Licensed Practical and Licensed Vocational Nurses) |
| Unit            | per hour (employee wage)                                                                                          |
| Page URL        | https://www.bls.gov/oes/tables.htm                                                                                |
| Download URL    | https://www.bls.gov/oes/special-requests/oesm25ma.zip                                                             |
| Retrieved (UTC) | 2026-10-16T19:07:30Z                                                                                              |
| SHA-256 of file | faf00eee127763c8c082d8fb862717ef2ad3a75f16f8975dc1e70935f27bcbb0                                                  |



Record as published (wrapped for display)

AREA=40900 | AREA\_TITLE=Sacramento-Roseville-Folsom, CA | OCC\_CODE=29-2061 | OCC\_TITLE=Licensed Practical and Licensed Vocational Nurses | TOT\_EMP=4760 | H\_MEAN=40.88 | H\_PCT10=31.57 | H\_PCT25=36.84 | H\_MEDIAN=39.22 | H\_PCT75=46.32 | H\_PCT90=50.42

CAP-021 | Plan line 11 | Code 97110

|                 |                                                                                                                                            |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Publisher       | CMS                                                                                                                                        |
| Source          | Physician Fee Schedule 2026 National Payment Amount File, PFALL26AR.txt (non-QP); revisions B, C and D checked, no records for these codes |
| Edition         | 2026, current through PFREV26D                                                                                                             |
| File line       | 959593                                                                                                                                     |
| Field read      | Non Facility Fee Schedule Amount (carrier 01112, locality 63)                                                                              |
| Unit            | per service as billed                                                                                                                      |
| Page URL        | https://www.cms.gov/medicare/payment/fee-schedules/physician/national-payment-amount-file                                                  |
| Download URL    | https://www.cms.gov/files/zip/pfrev26a-updated-12-29-2025.zip                                                                              |
| Retrieved (UTC) | 2026-10-16T19:05:07Z                                                                                                                       |
| SHA-256 of file | a84780ba4cafa4d6953c326a37974d54350249d1055d8fe9126592dbe99601f1                                                                           |



Record as published (wrapped for display)

"2026","01112","63","97110"," ","0000031.68","0000031.68","  
","7","A","5","0000023.71","0000023.71","9","0000000.00","0000000.00"

CAP-022 | Plan line 11 | Code 97110

|                 |                                                                                                                                            |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Publisher       | CMS                                                                                                                                        |
| Source          | Physician Fee Schedule 2026 National Payment Amount File, PFALL26AR.txt (non-QP); revisions B, C and D checked, no records for these codes |
| Edition         | 2026, current through PFREV26D                                                                                                             |
| File line       | 959593                                                                                                                                     |
| Field read      | Facility Fee Schedule Amount (carrier 01112, locality 63)                                                                                  |
| Unit            | per service as billed                                                                                                                      |
| Page URL        | https://www.cms.gov/medicare/payment/fee-schedules/physician/national-payment-amount-file                                                  |
| Download URL    | https://www.cms.gov/files/zip/pfrev26a-updated-12-29-2025.zip                                                                              |
| Retrieved (UTC) | 2026-10-16T19:05:07Z                                                                                                                       |
| SHA-256 of file | a84780ba4cafa4d6953c326a37974d54350249d1055d8fe9126592dbe99601f1                                                                           |



Record as published (wrapped for display)

"2026","01112","63","97110"," ","0000031.68","0000031.68","  
","7","A","5","0000023.71","0000023.71","9","0000000.00","0000000.00"

CAP-023 | Plan line 11 | Code 97110

|                 |                                                                                                                   |
|-----------------|-------------------------------------------------------------------------------------------------------------------|
| Publisher       | CMS                                                                                                               |
| Source          | Physician Fee Schedule 2026 National Payment Amount File, QP version (qualifying APM participants), PFALL26AR.txt |
| Edition         | 2026, current through PFREV26D                                                                                    |
| File line       | 959215                                                                                                            |
| Field read      | Non Facility Fee Schedule Amount (carrier 01112, locality 63)                                                     |
| Unit            | per service as billed                                                                                             |
| Page URL        | https://www.cms.gov/medicare/payment/fee-schedules/physician/national-payment-amount-file                         |
| Download URL    | https://www.cms.gov/files/zip/pfrev26a-updated-12-29-2025.zip                                                     |
| Retrieved (UTC) | 2026-10-16T19:05:07Z                                                                                              |
| SHA-256 of file | 90db1ed4d0483ff5dbf5c4849c213e925f087c0230a17ba077f27e4720023b28                                                  |



Record as published (wrapped for display)

"2026","01112","63","97110"," ","0000031.84","0000031.84"," ","7","A","5","0000023.83","0000023.83","9","0000000.00","0000000.00"

CAP-024 | Plan line 11 | Code 97110

|                 |                                                                                                                   |
|-----------------|-------------------------------------------------------------------------------------------------------------------|
| Publisher       | CMS                                                                                                               |
| Source          | Physician Fee Schedule 2026 National Payment Amount File, QP version (qualifying APM participants), PFALL26AR.txt |
| Edition         | 2026, current through PFREV26D                                                                                    |
| File line       | 959215                                                                                                            |
| Field read      | Facility Fee Schedule Amount (carrier 01112, locality 63)                                                         |
| Unit            | per service as billed                                                                                             |
| Page URL        | https://www.cms.gov/medicare/payment/fee-schedules/physician/national-payment-amount-file                         |
| Download URL    | https://www.cms.gov/files/zip/pfrev26a-updated-12-29-2025.zip                                                     |
| Retrieved (UTC) | 2026-10-16T19:05:07Z                                                                                              |
| SHA-256 of file | 90db1ed4d0483ff5dbf5c4849c213e925f087c0230a17ba077f27e4720023b28                                                  |



Record as published (wrapped for display)

"2026","01112","63","97110"," ","0000031.84","0000031.84"," ","7","A","5","0000023.83","0000023.83","9","0000000.00","0000000.00"

CAP-025 | Plan line 12 | Code 92507

|                 |                                                                                                                                            |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Publisher       | CMS                                                                                                                                        |
| Source          | Physician Fee Schedule 2026 National Payment Amount File, PFALL26AR.txt (non-QP); revisions B, C and D checked, no records for these codes |
| Edition         | 2026, current through PFREV26D                                                                                                             |
| File line       | 859531                                                                                                                                     |
| Field read      | Non Facility Fee Schedule Amount (carrier 01112, locality 63)                                                                              |
| Unit            | per service as billed                                                                                                                      |
| Page URL        | https://www.cms.gov/medicare/payment/fee-schedules/physician/national-payment-amount-file                                                  |
| Download URL    | https://www.cms.gov/files/zip/pfrev26a-updated-12-29-2025.zip                                                                              |
| Retrieved (UTC) | 2026-10-16T19:05:07Z                                                                                                                       |
| SHA-256 of file | a84780ba4cafa4d6953c326a37974d54350249d1055d8fe9126592dbe99601f1                                                                           |



Record as published (wrapped for display)

"2026","01112","63","92507"," ","0000082.84","0000082.84","  
","7","A","5","0000064.00","0000064.00","9","0000000.00","0000000.00"

CAP-026 | Plan line 12 | Code 92507

|                 |                                                                                                                                            |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Publisher       | CMS                                                                                                                                        |
| Source          | Physician Fee Schedule 2026 National Payment Amount File, PFALL26AR.txt (non-QP); revisions B, C and D checked, no records for these codes |
| Edition         | 2026, current through PFREV26D                                                                                                             |
| File line       | 859531                                                                                                                                     |
| Field read      | Facility Fee Schedule Amount (carrier 01112, locality 63)                                                                                  |
| Unit            | per service as billed                                                                                                                      |
| Page URL        | https://www.cms.gov/medicare/payment/fee-schedules/physician/national-payment-amount-file                                                  |
| Download URL    | https://www.cms.gov/files/zip/pfrev26a-updated-12-29-2025.zip                                                                              |
| Retrieved (UTC) | 2026-10-16T19:05:07Z                                                                                                                       |
| SHA-256 of file | a84780ba4cafa4d6953c326a37974d54350249d1055d8fe9126592dbe99601f1                                                                           |



Record as published (wrapped for display)

"2026","01112","63","92507"," ","0000082.84","0000082.84","  
","7","A","5","0000064.00","0000064.00","9","0000000.00","0000000.00"

CAP-027 | Plan line 12 | Code 92507

|                 |                                                                                                                   |
|-----------------|-------------------------------------------------------------------------------------------------------------------|
| Publisher       | CMS                                                                                                               |
| Source          | Physician Fee Schedule 2026 National Payment Amount File, QP version (qualifying APM participants), PFALL26AR.txt |
| Edition         | 2026, current through PFREV26D                                                                                    |
| File line       | 859153                                                                                                            |
| Field read      | Non Facility Fee Schedule Amount (carrier 01112, locality 63)                                                     |
| Unit            | per service as billed                                                                                             |
| Page URL        | https://www.cms.gov/medicare/payment/fee-schedules/physician/national-payment-amount-file                         |
| Download URL    | https://www.cms.gov/files/zip/pfrev26a-updated-12-29-2025.zip                                                     |
| Retrieved (UTC) | 2026-10-16T19:05:07Z                                                                                              |
| SHA-256 of file | 90db1ed4d0483ff5dbf5c4849c213e925f087c0230a17ba077f27e4720023b28                                                  |



Record as published (wrapped for display)

"2026","01112","63","92507"," ","0000083.26","0000083.26"," ","7","A","5","0000064.32","0000064.32","9","0000000.00","0000000.00"

CAP-028 | Plan line 12 | Code 92507

|                 |                                                                                                                   |
|-----------------|-------------------------------------------------------------------------------------------------------------------|
| Publisher       | CMS                                                                                                               |
| Source          | Physician Fee Schedule 2026 National Payment Amount File, QP version (qualifying APM participants), PFALL26AR.txt |
| Edition         | 2026, current through PFREV26D                                                                                    |
| File line       | 859153                                                                                                            |
| Field read      | Facility Fee Schedule Amount (carrier 01112, locality 63)                                                         |
| Unit            | per service as billed                                                                                             |
| Page URL        | https://www.cms.gov/medicare/payment/fee-schedules/physician/national-payment-amount-file                         |
| Download URL    | https://www.cms.gov/files/zip/pfrev26a-updated-12-29-2025.zip                                                     |
| Retrieved (UTC) | 2026-10-16T19:05:07Z                                                                                              |
| SHA-256 of file | 90db1ed4d0483ff5dbf5c4849c213e925f087c0230a17ba077f27e4720023b28                                                  |



Record as published (wrapped for display)

"2026","01112","63","92507"," ","0000083.26","0000083.26","  
","7","A","5","0000064.32","0000064.32","9","0000000.00","0000000.00"

CAP-029 | Plan line 13 | Code 99214

|                 |                                                                                                                                            |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Publisher       | CMS                                                                                                                                        |
| Source          | Physician Fee Schedule 2026 National Payment Amount File, PFALL26AR.txt (non-QP); revisions B, C and D checked, no records for these codes |
| Edition         | 2026, current through PFREV26D                                                                                                             |
| File line       | 968967                                                                                                                                     |
| Field read      | Non Facility Fee Schedule Amount (carrier 01112, locality 63)                                                                              |
| Unit            | per service as billed                                                                                                                      |
| Page URL        | https://www.cms.gov/medicare/payment/fee-schedules/physician/national-payment-amount-file                                                  |
| Download URL    | https://www.cms.gov/files/zip/pfrev26a-updated-12-29-2025.zip                                                                              |
| Retrieved (UTC) | 2026-10-16T19:05:07Z                                                                                                                       |
| SHA-256 of file | a84780ba4cafa4d6953c326a37974d54350249d1055d8fe9126592dbe99601f1                                                                           |



Record as published (wrapped for display)

"2026","01112","63","99214"," ","0000146.64","0000087.20","  
","0","A","0","0000043.88","0000000.00","9","0000000.00","0000000.00"

CAP-030 | Plan line 13 | Code 99214

|                 |                                                                                                                                            |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Publisher       | CMS                                                                                                                                        |
| Source          | Physician Fee Schedule 2026 National Payment Amount File, PFALL26AR.txt (non-QP); revisions B, C and D checked, no records for these codes |
| Edition         | 2026, current through PFREV26D                                                                                                             |
| File line       | 968967                                                                                                                                     |
| Field read      | Facility Fee Schedule Amount (carrier 01112, locality 63)                                                                                  |
| Unit            | per service as billed                                                                                                                      |
| Page URL        | https://www.cms.gov/medicare/payment/fee-schedules/physician/national-payment-amount-file                                                  |
| Download URL    | https://www.cms.gov/files/zip/pfrev26a-updated-12-29-2025.zip                                                                              |
| Retrieved (UTC) | 2026-10-16T19:05:07Z                                                                                                                       |
| SHA-256 of file | a84780ba4cafa4d6953c326a37974d54350249d1055d8fe9126592dbe99601f1                                                                           |



Record as published (wrapped for display)

"2026","01112","63","99214"," ","0000146.64","0000087.20","  
","0","A","0","0000043.88","0000000.00","9","0000000.00","0000000.00"

CAP-031 | Plan line 13 | Code 99214

|                 |                                                                                                                   |
|-----------------|-------------------------------------------------------------------------------------------------------------------|
| Publisher       | CMS                                                                                                               |
| Source          | Physician Fee Schedule 2026 National Payment Amount File, QP version (qualifying APM participants), PFALL26AR.txt |
| Edition         | 2026, current through PFREV26D                                                                                    |
| File line       | 968589                                                                                                            |
| Field read      | Non Facility Fee Schedule Amount (carrier 01112, locality 63)                                                     |
| Unit            | per service as billed                                                                                             |
| Page URL        | https://www.cms.gov/medicare/payment/fee-schedules/physician/national-payment-amount-file                         |
| Download URL    | https://www.cms.gov/files/zip/pfrev26a-updated-12-29-2025.zip                                                     |
| Retrieved (UTC) | 2026-10-16T19:05:07Z                                                                                              |
| SHA-256 of file | 90db1ed4d0483ff5dbf5c4849c213e925f087c0230a17ba077f27e4720023b28                                                  |



Record as published (wrapped for display)

"2026","01112","63","99214"," ","0000147.37","0000087.64"," ","0","A","0","0000043.88","0000000.00","9","0000000.00","0000000.00"

CAP-032 | Plan line 13 | Code 99214

|                 |                                                                                                                   |
|-----------------|-------------------------------------------------------------------------------------------------------------------|
| Publisher       | CMS                                                                                                               |
| Source          | Physician Fee Schedule 2026 National Payment Amount File, QP version (qualifying APM participants), PFALL26AR.txt |
| Edition         | 2026, current through PFREV26D                                                                                    |
| File line       | 968589                                                                                                            |
| Field read      | Facility Fee Schedule Amount (carrier 01112, locality 63)                                                         |
| Unit            | per service as billed                                                                                             |
| Page URL        | https://www.cms.gov/medicare/payment/fee-schedules/physician/national-payment-amount-file                         |
| Download URL    | https://www.cms.gov/files/zip/pfrev26a-updated-12-29-2025.zip                                                     |
| Retrieved (UTC) | 2026-10-16T19:05:07Z                                                                                              |
| SHA-256 of file | 90db1ed4d0483ff5dbf5c4849c213e925f087c0230a17ba077f27e4720023b28                                                  |



Record as published (wrapped for display)

"2026", "01112", "63", "99214", " ", "0000147.37", "0000087.64", "  
", "0", "A", "0", "0000043.88", "0000000.00", "9", "0000000.00", "0000000.00"