

BASE PERIOD					
CLIN	DESCRIPTION	ESTIMATED MONTHLY QUANTITY	UNIT PRICE	UNITS	TOTAL PRICE
A0001 (a)	<b>CHILLICOTHE:</b> Rental concentrator with backup system consisting of compressed gas source, regulator, stand, (nasal cannula or mask and humidifier when specified). Concentrator will have flow rate capacity up to 5LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	300		12 MONTHS	
A0001 (b)	Rental concentrator with backup system consisting of compressed gas source, regulator, stand (nasal cannula or mask and humidifier when specified). Concentrator must have flow rate capacity up to 10 LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	10		12 MONTHS	
A0001 (c)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 5 LPM. E1390	300		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

A0001 (d)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 10 LPM. E1390	50		12 MONTHS	
A0002	Cylinder, size M or H set-up consisting of regulator, flow meter, safety stand, humidifier and disposable supplies (emergency backup system or as primary) <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	300		12 MONTHS	
A0003	Cylinder, size M or H refill (Backup/Primary) E0441 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	100		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

A0004	<p>Portable system ONLY: prescription does not include concentrator: consists of “E”, “D”, “B” (M6), or “C” (M9) size aluminum (or equivalent weight metal) cylinder with regulator, flow meter, handcart, pouch and disposable supplies.</p> <p><b>NOTICE:</b> This shall be invoiced per cylinder provided to the patient. This is <b>NOT</b> a recurring rental <b>PRICE</b>, charges will only incur when an empty cylinder is replaced with a full cylinder.</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	5		12 MONTHS	
A0005	<p>Cylinder, size “E” refill for Item A0004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	300		12 MONTHS	
A0006	<p>Cylinder, size “D” (M15) refill for Item A0004 above. Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	100		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

A0007	Cylinder, size “B” (M6) refill for Item A0004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	300		12 MONTHS	
A0008	Cylinder, size “C” refill for Item A0004 above; Aluminum (or metal of equivalent weight) tanks required E0443 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	50		12 MONTHS	
A0009	Demand Nasal Cannula (e.g. Oximzyer) Reservoir or pendant/equivalent. VA111	11		12 MONTHS	
A0010	<b>ESTIMATED MONTHLY</b> Volume Demand Pulse Conserver Device; no less than a 5:1 ratio or 60 ML/pulse VA111 <b>SPECIAL NOTE: Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	160		12 MONTHS	
A0011	Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per patient. E0439; AND Rental portable liquid oxygen system per patient E0434	2		12 MONTHS	
A0012	Liquid oxygen per pound for portable liquid oxygen system under Item A0011 E0444	3		12 MONTHS	
A0013	Volume Delivery for re-supply and/or relocation of equipment due to change in patient’s residence	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

A0014	Portable Concentrator- Rental portable oxygen concentrator E1392	50		12 MONTHS	
A0015	Overnight Oximeter- Rental oximeter for overnight oximetry testing E0445	35		12 MONTHS	
A0016	Suction Machine- Rental suction machine E0600	2		12 MONTHS	
A0017	Compressor 50 psi - Rental 50 psi air compressor E0565	4		12 MONTHS	
A0018	Ventilator Negative Pressure ventilator; portable or stationary; Rental negative pressure ventilator E0465	1		12 MONTHS	
A0019	Pressure support ventilator with volume control mode; may include pressure control mode; Rental pressure support ventilator E0465	4		12 MONTHS	
A0020	Oxygen Thermal Fuse (Fire Safe Cannula) - fuse to isolate oxygen supply in case of fire	300		12 MONTHS	
A0021	Closed Suction Catheters- Contractor shall provide four (4) closed suction catheters to each ventilator patient each month, so that a clean catheter can be placed into the breathing circuit each week. Catheters shall be replaced as needed during MONTHLY visit by contractor RT. A4605	4		12 MONTHS	
A0022	Heated Humidifier- The contractor shall provide a heated humidifier to Veterans receiving mechanical ventilation only, to provide optimal levels of heat and moisture to the patient's airway. S8182	4		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

A0023	Portable Suction Machine- The contractor shall provide a portable suction machine equipped with an internal battery for use during transport to Veterans receiving mechanical ventilation only E0600	2		12 MONTHS	
A0024	Nebulizer with Compressor- The contractor will provide a nebulizer with compressor to ventilator patients only, as ordered by the VA. MONTHLY PRICE shall include spring loaded T-adapter, neb cups, tubing, masks, trach masks E0570	3		12 MONTHS	
A0025	Tracheostomy Care Supplies- The contractor shall provide supplies needed to properly clean and maintain trach and stoma to ventilator patients only. These supplies shall include, tracheostomy drain sponges A6402, basic tracheostomy care kits A4629, 3ml UNIT dose normal saline A4649, cuffed and uncuffed tracheostomy tubes A7521 A7520, tracheostomy inner cannulas A4623	4		12 MONTHS	
A0026	Inline HME- The contractor shall provide an inline heated moisture exchanger (HME) to Veterans receiving non-invasive mechanical ventilation in order to provide optimal levels of heat and moisture to the patient's airway. A4483	2		12 MONTHS	
A0027	Refillable- type oxygen cylinder- Rental of additional re-fillable cylinders for patients who are assessed to have an extended need for oxygen portability due to high liter flow and /or increased patient	20		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	activity outside of the home. E0443				
A0028	Battery for Portable Home Oxygen Concentrator- Temporary rental to be used only during patient travel, when extended time away from a permanent power source is expected	2		12 MONTHS	
A0029	PAP Pressure Valve- Contractor shall furnish a Positive Airway Pressure (PAP) Valve to each Veteran on nocturnal oxygen bled into a Positive Airway Pressure (PAP) Device when ordered by the VAMC. E1399	5		12 MONTHS	
A0030	Variable Concentration Trach Mask- The contractor shall provide a variable concentration trach mask to Veterans, as ordered by VA Medical Center Staff. This shall include the mask and all mask components A4620	1		12 MONTHS	
A0031	Cough Stimulating Device – The Contractor Respiratory Therapist shall deliver a Cough Stimulating Device to the Veteran; provide instruction on use of device, with return demonstration by caregiver, along with applicable patient education and equipment maintenance training. This MONTHLY PRICE shall include all components required for operation of the device, both disposable and non-disposable components. E0482	5		12 MONTHS	
A0032	Full Face Mask - The Contractor shall provide a full-face mask to Veterans receiving non-invasive mechanical ventilation. This item is to be	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	provided to ventilator patients only. A7030				
		BASE PERIOD TOTAL - CHILLCOTHE: \$ _____			
CLIN	DESCRIPTION	ESTIMATED MONTHLY QUANTITY	UNIT PRICE	UNITS	TOTAL PRICE
B0001 (a)	<b>CINCINNATI:</b> Rental concentrator with backup system consisting of compressed gas source, regulator, stand, (nasal cannula or mask and humidifier when specified). Concentrator will have flow rate capacity up to 5LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	135		12 MONTHS	
B0001 (b)	Rental concentrator with backup system consisting of compressed gas source, regulator, stand (nasal cannula or mask and humidifier when specified). Concentrator must have flow rate capacity up to 10 LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	30		12 MONTHS	



VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

B0001 (c)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 5 LPM. E1390	600		12 MONTHS	
B0001 (d)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 10 LPM. E1390	30		12 MONTHS	
B0002	Cylinder, size M or H set-up consisting of regulator, flow meter, safety stand, humidifier and disposable supplies (emergency backup system or as primary) <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	1		12 MONTHS	
B0003	Cylinder, size M or H refill (Backup/Primary) E0441 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

B0004	<p>Portable system ONLY: prescription does not include concentrator: consists of “E”, “D”, “B” (M6), or “C” (M9) size aluminum (or equivalent weight metal) cylinder with regulator, flow meter, handcart, pouch and disposable supplies.</p> <p><b>NOTICE:</b> This shall be invoiced per cylinder provided to the patient. This is <b>NOT</b> a recurring rental <b>PRICE</b>, charges will only incur when an empty cylinder is replaced with a full cylinder.</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	25		12 MONTHS	
B0005	<p>Cylinder, size “E” refill for Item B0004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	50		12 MONTHS	
B0006	<p>Cylinder, size “D” (M15) refill for Item B0004 above. Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	50		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

B0007	Cylinder, size “B” (M6) refill for Item B0004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	5		12 MONTHS	
B0008	Cylinder, size “C” refill for Item B0004 above; Aluminum (or metal of equivalent weight) tanks required E0443 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	5		12 MONTHS	
B0009	Demand Nasal Cannula (e.g. Oximyzzer) Reservoir or pendant/equivalent. VA111	1		12 MONTHS	
B0010	<b>ESTIMATED MONTHLY</b> Volume Demand Pulse Conserver Device; no less than a 5:1 ratio or 60 ML/pulse VA111 <b>SPECIAL NOTE: Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	200		12 MONTHS	
B0011	Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per patient. E0439; AND Rental portable liquid oxygen system per patient E0434	1		12 MONTHS	
B0012	Liquid oxygen per pound for portable liquid oxygen system under Item B0011 E0444	1		12 MONTHS	
B0013	Volume Delivery for re-supply and/or relocation of equipment due to change in patient’s residence	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

B0014	Portable Concentrator- Rental portable oxygen concentrator E1392	50		12 MONTHS	
B0015	Overnight Oximeter- Rental oximeter for overnight oximetry testing E0445	2		12 MONTHS	
B0016	Suction Machine- Rental suction machine E0600	2		12 MONTHS	
B0017	Compressor 50 psi - Rental 50 psi air compressor E0565	2		12 MONTHS	
B0018	Ventilator Negative Pressure ventilator; portable or stationary; Rental negative pressure ventilator E0465	1		12 MONTHS	
B0019	Pressure support ventilator with volume control mode; may include pressure control mode; Rental pressure support ventilator E0465	20		12 MONTHS	
B0020	Oxygen Thermal Fuse (Fire Safe Cannula) - fuse to isolate oxygen supply in case of fire	300		12 MONTHS	
B0021	Closed Suction Catheters- Contractor shall provide four (4) closed suction catheters to each ventilator patient each month, so that a clean catheter can be placed into the breathing circuit each week. Catheters shall be replaced as needed during MONTHLY visit by contractor RT. A4605	20		12 MONTHS	
B0022	Heated Humidifier- The contractor shall provide a heated humidifier to Veterans receiving mechanical ventilation only, to provide optimal levels of heat and moisture to the patient's airway. S8182	20		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

B0023	Portable Suction Machine- The contractor shall provide a portable suction machine equipped with an internal battery for use during transport to Veterans receiving mechanical ventilation only E0600	20		12 MONTHS	
B0024	Nebulizer with Compressor- The contractor will provide a nebulizer with compressor to ventilator patients only, as ordered by the VA. MONTHLY PRICE shall include spring loaded T-adapter, neb cups, tubing, masks, trach masks E0570	5		12 MONTHS	
B0025	Tracheostomy Care Supplies- The contractor shall provide supplies needed to properly clean and maintain trach and stoma to ventilator patients only. These supplies shall include, tracheostomy drain sponges A6402, basic tracheostomy care kits A4629, 3ml UNIT dose normal saline A4649, cuffed and uncuffed tracheostomy tubes A7521 A7520, tracheostomy inner cannulas A4623	15		12 MONTHS	
B0026	Inline HME- The contractor shall provide an inline heated moisture exchanger (HME) to Veterans receiving non-invasive mechanical ventilation in order to provide optimal levels of heat and moisture to the patient's airway. A4483	5		12 MONTHS	
B0027	Refillable- type oxygen cylinder- Rental of additional re-fillable cylinders for patients who are assessed to have an extended need for oxygen portability due to high liter flow and /or increased patient	100		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	activity outside of the home. E0443				
B0028	Battery for Portable Home Oxygen Concentrator- Temporary rental to be used only during patient travel, when extended time away from a permanent power source is expected	6		12 MONTHS	
B0029	PAP Pressure Valve- Contractor shall furnish a Positive Airway Pressure (PAP) Valve to each Veteran on nocturnal oxygen bled into a Positive Airway Pressure (PAP) Device when ordered by the VAMC. E1399	20		12 MONTHS	
B0030	Variable Concentration Trach Mask- The contractor shall provide a variable concentration trach mask to Veterans, as ordered by VA Medical Center Staff. This shall include the mask and all mask components A4620	1		12 MONTHS	
B0031	Cough Stimulating Device – The Contractor Respiratory Therapist shall deliver a Cough Stimulating Device to the Veteran; provide instruction on use of device, with return demonstration by caregiver, along with applicable patient education and equipment maintenance training. This MONTHLY PRICE shall include all components required for operation of the device, both disposable and non-disposable components. E0482	1		12 MONTHS	
B0032	Full Face Mask - The Contractor shall provide a full-face mask to Veterans receiving non-invasive mechanical ventilation. This item is to be	1		12 MONTHS	

	provided to ventilator patients only. A7030				
		BASE PERIOD TOTAL - CINCINNATI: \$ _____			
CLIN	DESCRIPTION	ESTIMATED MONTHLY QUANTITY	UNIT PRICE	UNITS	TOTAL PRICE
C0001 (a)	<b>CLEVELAND:</b> Rental concentrator with backup system consisting of compressed gas source, regulator, stand, (nasal cannula or mask and humidifier when specified). Concentrator will have flow rate capacity up to 5LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	500		12 MONTHS	
C0001 (b)	Rental concentrator with backup system consisting of compressed gas source, regulator, stand (nasal cannula or mask and humidifier when specified). Concentrator must have flow rate capacity up to 10 LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	200		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

C0001 (c)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 5 LPM. E1390	400		12 MONTHS	
C0001 (d)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 10 LPM. E1390	100		12 MONTHS	
C0002	Cylinder, size M or H set-up consisting of regulator, flow meter, safety stand, humidifier and disposable supplies (emergency backup system or as primary) <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	45		12 MONTHS	
C0003	Cylinder, size M or H refill (Backup/Primary) E0441 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	18		12 MONTHS	



VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

C0004	<p>Portable system ONLY: prescription does not include concentrator: consists of “E”, “D”, “B” (M6), or “C” (M9) size aluminum (or equivalent weight metal) cylinder with regulator, flow meter, handcart, pouch and disposable supplies.</p> <p><b>NOTICE:</b> This shall be invoiced per cylinder provided to the patient. This is <b>NOT</b> a recurring rental <b>PRICE</b>, charges will only incur when an empty cylinder is replaced with a full cylinder.</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	17		12 MONTHS	
C0005	<p>Cylinder, size “E” refill for Item C0004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	30		12 MONTHS	
C0006	<p>Cylinder, size “D” (M15) refill for Item C0004 above. Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	30		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

C0007	Cylinder, size “B” (M6) refill for Item C0004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	10		12 MONTHS	
C0008	Cylinder, size “C” refill for Item C0004 above; Aluminum (or metal of equivalent weight) tanks required E0443 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	10		12 MONTHS	
C0009	Demand Nasal Cannula (e.g. Oximyzzer) Reservoir or pendant/equivalent. VA111	1		12 MONTHS	
C0010	<b>ESTIMATED MONTHLY</b> Volume Demand Pulse Conserver Device; no less than a 5:1 ratio or 60 ML/pulse VA111 <b>SPECIAL NOTE: Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	30		12 MONTHS	
C0011	Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per patient. E0439; AND Rental portable liquid oxygen system per patient E0434	1		12 MONTHS	
C0012	Liquid oxygen per pound for portable liquid oxygen system under Item C0011 E0444	1		12 MONTHS	
C0013	Volume Delivery for re-supply and/or relocation of equipment due to change in patient’s residence	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

C0014	Portable Concentrator- Rental portable oxygen concentrator E1392	50		12 MONTHS	
C0015	Overnight Oximeter- Rental oximeter for overnight oximetry testing E0445	1		12 MONTHS	
C0016	Suction Machine- Rental suction machine E0600	8		12 MONTHS	
C0017	Compressor 50 psi - Rental 50 psi air compressor E0565	3		12 MONTHS	
C0018	Ventilator Negative Pressure ventilator; portable or stationary; Rental negative pressure ventilator E0465	29		12 MONTHS	
C0019	Pressure support ventilator with volume control mode; may include pressure control mode; Rental pressure support ventilator E0465	1		12 MONTHS	
C0020	Oxygen Thermal Fuse (Fire Safe Cannula) - fuse to isolate oxygen supply in case of fire	615		12 MONTHS	
C0021	Closed Suction Catheters- Contractor shall provide four (4) closed suction catheters to each ventilator patient each month, so that a clean catheter can be placed into the breathing circuit each week. Catheters shall be replaced as needed during MONTHLY visit by contractor RT. A4605	4		12 MONTHS	
C0022	Heated Humidifier- The contractor shall provide a heated humidifier to Veterans receiving mechanical ventilation only, to provide optimal levels of heat and moisture to the patient's airway. S8182	11		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

C0023	Portable Suction Machine- The contractor shall provide a portable suction machine equipped with an internal battery for use during transport to Veterans receiving mechanical ventilation only E0600	8		12 MONTHS	
C0024	Nebulizer with Compressor- The contractor will provide a nebulizer with compressor to ventilator patients only, as ordered by the VA. MONTHLY PRICE shall include spring loaded T-adapter, neb cups, tubing, masks, trach masks E0570	3		12 MONTHS	
C0025	Tracheostomy Care Supplies- The contractor shall provide supplies needed to properly clean and maintain trach and stoma to ventilator patients only. These supplies shall include, tracheostomy drain sponges A6402, basic tracheostomy care kits A4629, 3ml UNIT dose normal saline A4649, cuffed and uncuffed tracheostomy tubes A7521 A7520, tracheostomy inner cannulas A4623	5		12 MONTHS	
C0026	Inline HME- The contractor shall provide an inline heated moisture exchanger (HME) to Veterans receiving non-invasive mechanical ventilation in order to provide optimal levels of heat and moisture to the patient's airway. A4483	29		12 MONTHS	
C0027	Refillable- type oxygen cylinder- Rental of additional re-fillable cylinders for patients who are assessed to have an extended need for oxygen portability due to high liter flow and /or increased patient	50		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	activity outside of the home. E0443				
C0028	Battery for Portable Home Oxygen Concentrator- Temporary rental to be used only during patient travel, when extended time away from a permanent power source is expected	11		12 MONTHS	
C0029	PAP Pressure Valve- Contractor shall furnish a Positive Airway Pressure (PAP) Valve to each Veteran on nocturnal oxygen bled into a Positive Airway Pressure (PAP) Device when ordered by the VAMC. E1399	2		12 MONTHS	
C0030	Variable Concentration Trach Mask- The contractor shall provide a variable concentration trach mask to Veterans, as ordered by VA Medical Center Staff. This shall include the mask and all mask components A4620	5		12 MONTHS	
C0031	Cough Stimulating Device – The Contractor Respiratory Therapist shall deliver a Cough Stimulating Device to the Veteran; provide instruction on use of device, with return demonstration by caregiver, along with applicable patient education and equipment maintenance training. This MONTHLY PRICE shall include all components required for operation of the device, both disposable and non-disposable components. E0482	20		12 MONTHS	
C0032	Full Face Mask - The Contractor shall provide a full-face mask to Veterans receiving non-invasive mechanical ventilation. This item is to be	1		12 MONTHS	

	provided to ventilator patients only. A7030				
		BASE PERIOD TOTAL - CLEVELAND: \$ _____			
CLIN	DESCRIPTION	ESTIMATED MONTHLY QUANTITY	UNIT PRICE	UNITS	TOTAL PRICE
D0001 (a)	<b>DAYTON:</b> Rental concentrator with backup system consisting of compressed gas source, regulator, stand, (nasal cannula or mask and humidifier when specified). Concentrator will have flow rate capacity up to 5LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	691		12 MOTNHS	
D0001 (b)	Rental concentrator with backup system consisting of compressed gas source, regulator, stand (nasal cannula or mask and humidifier when specified). Concentrator must have flow rate capacity up to 10 LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	36		12 MONTHS	
D0001 (c)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder	403		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	carrier. Concentrator will have flow rate capacity up to 5 LPM. E1390				
D0001 (d)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 10 LPM. E1390	22		12 MONTHS	
D0002	Cylinder, size M or H set-up consisting of regulator, flow meter, safety stand, humidifier and disposable supplies (emergency backup system or as primary) <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	71		12 MONTHS	
D0003	Cylinder, size M or H refill (Backup/Primary) E0441 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	71		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

D0004	<p>Portable system ONLY: prescription does not include concentrator: consists of “E”, “D”, “B” (M6), or “C” (M9) size aluminum (or equivalent weight metal) cylinder with regulator, flow meter, handcart, pouch and disposable supplies.</p> <p><b>NOTICE:</b> This shall be invoiced per cylinder provided to the patient. This is <b>NOT</b> a recurring rental <b>PRICE</b>, charges will only incur when an empty cylinder is replaced with a full cylinder.</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	325		12 MONTHS	
D0005	<p>Cylinder, size “E” refill for Item D0004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	63		12 MONTHS	
D0006	<p>Cylinder, size “D” (M15) refill for Item D0004 above. Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	36		12 MONTHS	



VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

D0007	Cylinder, size “B” (M6) refill for Item D0004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	71		12 MONTHS	
D0008	Cylinder, size “C” refill for Item D0004 above; Aluminum (or metal of equivalent weight) tanks required E0443 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	58		12 MONTHS	
D0009	Demand Nasal Cannula (e.g. Oximyzzer) Reservoir or pendant/equivalent. VA111	6		12 MONTHS	
D0010	<b>ESTIMATED MONTHLY</b> Volume Demand Pulse Conserver Device; no less than a 5:1 ratio or 60 ML/pulse VA111 <b>SPECIAL NOTE: Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	430		12 MONTHS	
D0011	Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per patient. E0439; AND Rental portable liquid oxygen system per patient E0434	6		12 MONTHS	
D0012	Liquid oxygen per pound for portable liquid oxygen system under Item D0011 E0444	6		12 MONTHS	
D0013	Volume Delivery for re-supply and/or relocation of equipment due to change in patient’s residence	5		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

D0014	Portable Concentrator- Rental portable oxygen concentrator E1392	88		12 MONTHS	
D0015	Overnight Oximeter- Rental oximeter for overnight oximetry testing E0445	1		12 MONTHS	
D0016	Suction Machine- Rental suction machine E0600	1		12 MONTHS	
D0017	Compressor 50 psi - Rental 50 psi air compressor E0565	5		12 MONTHS	
D0018	Ventilator Negative Pressure ventilator; portable or stationary; Rental negative pressure ventilator E0465	1		12 MONTHS	
D0019	Pressure support ventilator with volume control mode; may include pressure control mode; Rental pressure support ventilator E0465	1		12 MONTHS	
D0020	Oxygen Thermal Fuse (Fire Safe Cannula) - fuse to isolate oxygen supply in case of fire	409		12 MONTHS	
D0021	Closed Suction Catheters- Contractor shall provide four (4) closed suction catheters to each ventilator patient each month, so that a clean catheter can be placed into the breathing circuit each week. Catheters shall be replaced as needed during MONTHLY visit by contractor RT. A4605	1		12 MONTHS	
D0022	Heated Humidifier- The contractor shall provide a heated humidifier to Veterans receiving mechanical ventilation only, to provide optimal levels of heat and moisture to the patient's airway. S8182	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

D0023	Portable Suction Machine- The contractor shall provide a portable suction machine equipped with an internal battery for use during transport to Veterans receiving mechanical ventilation only E0600	1		12 MONTHS	
D0024	Nebulizer with Compressor- The contractor will provide a nebulizer with compressor to ventilator patients only, as ordered by the VA. MONTHLY PRICE shall include spring loaded T-adapter, neb cups, tubing, masks, trach masks E0570	1		12 MONTHS	
D0025	Tracheostomy Care Supplies- The contractor shall provide supplies needed to properly clean and maintain trach and stoma to ventilator patients only. These supplies shall include, tracheostomy drain sponges A6402, basic tracheostomy care kits A4629, 3ml UNIT dose normal saline A4649, cuffed and uncuffed tracheostomy tubes A7521 A7520, tracheostomy inner cannulas A4623	1		12 MONTHS	
D0026	Inline HME- The contractor shall provide an inline heated moisture exchanger (HME) to Veterans receiving non-invasive mechanical ventilation in order to provide optimal levels of heat and moisture to the patient's airway. A4483	1		12 MONTHS	
D0027	Refillable- type oxygen cylinder- Rental of additional re-fillable cylinders for patients who are assessed to have an extended need for oxygen portability due to high liter flow and /or increased patient	10		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	activity outside of the home. E0443				
D0028	Battery for Portable Home Oxygen Concentrator- Temporary rental to be used only during patient travel, when extended time away from a permanent power source is expected	23		12 MONTHS	
D0029	PAP Pressure Valve- Contractor shall furnish a Positive Airway Pressure (PAP) Valve to each Veteran on nocturnal oxygen bled into a Positive Airway Pressure (PAP) Device when ordered by the VAMC. E1399	1		12 MONTHS	
D0030	Variable Concentration Trach Mask- The contractor shall provide a variable concentration trach mask to Veterans, as ordered by VA Medical Center Staff. This shall include the mask and all mask components A4620	1		12 MONTHS	
D0031	Cough Stimulating Device – The Contractor Respiratory Therapist shall deliver a Cough Stimulating Device to the Veteran; provide instruction on use of device, with return demonstration by caregiver, along with applicable patient education and equipment maintenance training. This MONTHLY PRICE shall include all components required for operation of the device, both disposable and non-disposable components. E0482	1		12 MONTHS	
D0032	Full Face Mask - The Contractor shall provide a full-face mask to Veterans receiving non-invasive mechanical ventilation. This item is to be	1		12 MONTHS	

	provided to ventilator patients only. A7030				
		BASE PERIOD TOTAL - DAYTON: \$ _____			
CLIN	DESCRIPTION	ESTIMATED MONTHLY QUANTITY	UNIT PRICE	UNITS	TOTAL PRICE
E0001 (a)	<b>COLUMBUS:</b> Rental concentrator with backup system consisting of compressed gas source, regulator, stand, (nasal cannula or mask and humidifier when specified). Concentrator will have flow rate capacity up to 5LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	172		12 MOTNHS	
E0001 (b)	Rental concentrator with backup system consisting of compressed gas source, regulator, stand (nasal cannula or mask and humidifier when specified). Concentrator must have flow rate capacity up to 10 LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	5		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

E0001 (c)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 5 LPM. E1390	659		12 MONTHS	
E0001 (d)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 10 LPM. E1390	20		12 MONTHS	
E0002	Cylinder, size M or H set-up consisting of regulator, flow meter, safety stand, humidifier and disposable supplies (emergency backup system or as primary) <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	3		12 MONTHS	
E0003	Cylinder, size M or H refill (Backup/Primary) E0441 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	3		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

E0004	<p>Portable system ONLY: prescription does not include concentrator: consists of “E”, “D”, “B” (M6), or “C” (M9) size aluminum (or equivalent weight metal) cylinder with regulator, flow meter, handcart, pouch and disposable supplies.</p> <p><b>NOTICE:</b> This shall be invoiced per cylinder provided to the patient. This is <b>NOT</b> a recurring rental <b>PRICE</b>, charges will only incur when an empty cylinder is replaced with a full cylinder.</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	10		12 MONTHS	
E0005	<p>Cylinder, size “E” refill for Item E0004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	30		12 MONTHS	
E0006	<p>Cylinder, size “D” (M15) refill for Item E0004 above. Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	30		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

E0007	Cylinder, size “B” (M6) refill for Item E0004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	10		12 MONTHS	
E0008	Cylinder, size “C” refill for Item E0004 above; Aluminum (or metal of equivalent weight) tanks required E0443 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	10		12 MONTHS	
E0009	Demand Nasal Cannula (e.g. Oximyzzer) Reservoir or pendant/equivalent. VA111	1		12 MONTHS	
E0010	<b>ESTIMATED MONTHLY</b> Volume Demand Pulse Conserver Device; no less than a 5:1 ratio or 60 ML/pulse VA111 <b>SPECIAL NOTE: Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	30		12 MONTHS	
E0011	Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per patient. E0439; AND Rental portable liquid oxygen system per patient E0434	1		12 MONTHS	
E0012	Liquid oxygen per pound for portable liquid oxygen system under Item E0011 E0444	1		12 MONTHS	
E0013	Volume Delivery for re-supply and/or relocation of equipment due to change in patient’s residence	1		12 MONTHS	



VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

E0014	Portable Concentrator- Rental portable oxygen concentrator E1392	50		12 MONTHS	
E0015	Overnight Oximeter- Rental oximeter for overnight oximetry testing E0445	10		12 MONTHS	
E0016	Suction Machine- Rental suction machine E0600	10		12 MONTHS	
E0017	Compressor 50 psi - Rental 50 psi air compressor E0565	10		12 MONTHS	
E0018	Ventilator Negative Pressure ventilator; portable or stationary; Rental negative pressure ventilator E0465	1		12 MONTHS	
E0019	Pressure support ventilator with volume control mode; may include pressure control mode; Rental pressure support ventilator E0465	35		12 MONTHS	
E0020	Oxygen Thermal Fuse (Fire Safe Cannula) - fuse to isolate oxygen supply in case of fire	300		12 MONTHS	
E0021	Closed Suction Catheters- Contractor shall provide four (4) closed suction catheters to each ventilator patient each month, so that a clean catheter can be placed into the breathing circuit each week. Catheters shall be replaced as needed during MONTHLY visit by contractor RT. A4605	30		12 MONTHS	
E0022	Heated Humidifier- The contractor shall provide a heated humidifier to Veterans receiving mechanical ventilation only, to provide optimal levels of heat and moisture to the patient's airway. S8182	30		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

E0023	Portable Suction Machine- The contractor shall provide a portable suction machine equipped with an internal battery for use during transport to Veterans receiving mechanical ventilation only E0600	5		12 MONTHS	
E0024	Nebulizer with Compressor- The contractor will provide a nebulizer with compressor to ventilator patients only, as ordered by the VA. MONTHLY PRICE shall include spring loaded T-adapter, neb cups, tubing, masks, trach masks E0570	5		12 MONTHS	
E0025	Tracheostomy Care Supplies- The contractor shall provide supplies needed to properly clean and maintain trach and stoma to ventilator patients only. These supplies shall include, tracheostomy drain sponges A6402, basic tracheostomy care kits A4629, 3ml UNIT dose normal saline A4649, cuffed and uncuffed tracheostomy tubes A7521 A7520, tracheostomy inner cannulas A4623	35		12 MONTHS	
E0026	Inline HME- The contractor shall provide an inline heated moisture exchanger (HME) to Veterans receiving non-invasive mechanical ventilation in order to provide optimal levels of heat and moisture to the patient's airway. A4483	5		12 MONTHS	
E0027	Refillable- type oxygen cylinder- Rental of additional re-fillable cylinders for patients who are assessed to have an extended need for oxygen portability due to high liter flow and /or increased patient	20		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	activity outside of the home. E0443				
E0028	Battery for Portable Home Oxygen Concentrator- Temporary rental to be used only during patient travel, when extended time away from a permanent power source is expected	10		12 MONTHS	
E0029	PAP Pressure Valve- Contractor shall furnish a Positive Airway Pressure (PAP) Valve to each Veteran on nocturnal oxygen bled into a Positive Airway Pressure (PAP) Device when ordered by the VAMC. E1399	20		12 MONTHS	
E0030	Variable Concentration Trach Mask- The contractor shall provide a variable concentration trach mask to Veterans, as ordered by VA Medical Center Staff. This shall include the mask and all mask components A4620	1		12 MONTHS	
E0031	Cough Stimulating Device – The Contractor Respiratory Therapist shall deliver a Cough Stimulating Device to the Veteran; provide instruction on use of device, with return demonstration by caregiver, along with applicable patient education and equipment maintenance training. This MONTHLY PRICE shall include all components required for operation of the device, both disposable and non-disposable components. E0482	1		12 MONTHS	
E0032	Full Face Mask - The Contractor shall provide a full-face mask to Veterans receiving non-invasive mechanical ventilation. This item is to be	1		12 MONTHS	

	provided to ventilator patients only. A7030				
		BASE PERIOD TOTAL - COLUMBUS: \$ _____			

BASE PERIOD TOTAL: \$ \_\_\_\_\_

OPTION YEAR ONE					
CLIN	DESCRIPTION	ESTIMATED MONTHLY QUANTITY	UNIT PRICE	UNITS	TOTAL PRICE
A1001 (a)	<b>CHILLICOTHE:</b> Rental concentrator with backup system consisting of compressed gas source, regulator, stand, (nasal cannula or mask and humidifier when specified). Concentrator will have flow rate capacity up to 5LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	300		12 MONTHS	
A1001 (b)	Rental concentrator with backup system consisting of compressed gas source, regulator, stand (nasal cannula or mask and humidifier when specified). Concentrator must have flow rate capacity up to 10 LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	10		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

A1001 (c)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 5 LPM. E1390	300		12 MONTHS	
A1001 (d)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 10 LPM. E1390	50		12 MONTHS	
A1002	Cylinder, size M or H set-up consisting of regulator, flow meter, safety stand, humidifier and disposable supplies (emergency backup system or as primary) <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	300		12 MONTHS	
A1003	Cylinder, size M or H refill (Backup/Primary) E0441 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	100		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

A1004	<p>Portable system ONLY: prescription does not include concentrator: consists of “E”, “D”, “B” (M6), or “C” (M9) size aluminum (or equivalent weight metal) cylinder with regulator, flow meter, handcart, pouch and disposable supplies.</p> <p><b>NOTICE:</b> This shall be invoiced per cylinder provided to the patient. This is <b>NOT</b> a recurring rental <b>PRICE</b>, charges will only incur when an empty cylinder is replaced with a full cylinder.</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	5		12 MONTHS	
A1005	<p>Cylinder, size “E” refill for Item A1004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	300		12 MONTHS	
A1006	<p>Cylinder, size “D” (M15) refill for Item A1004 above.</p> <p>Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	100		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

A1007	Cylinder, size “B” (M6) refill for Item A1004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	300		12 MONTHS	
A1008	Cylinder, size “C” refill for Item A1004 above; Aluminum (or metal of equivalent weight) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	50		12 MONTHS	
A1009	Demand Nasal Cannula (e.g. Oximzyer) Reservoir or pendant/equivalent. VA111	11		12 MONTHS	
A1010	<b>ESTIMATED MONTHLY</b> Volume Demand Pulse Conserver Device; no less than a 5:1 ratio or 60 ML/pulse VA111 <b>SPECIAL NOTE:</b> <b>Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	160		12 MONTHS	
A1011	Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per patient. E0439; AND Rental portable liquid oxygen system per patient E0434	2		12 MONTHS	
A1012	Liquid oxygen per pound for portable liquid oxygen system under Item A1011 E0444	3		12 MONTHS	
A1013	Volume Delivery for re-supply and/or relocation of	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	equipment due to change in patient's residence				
A1014	Portable Concentrator- Rental portable oxygen concentrator E1392	50		12 MONTHS	
A1015	Overnight Oximeter- Rental oximeter for overnight oximetry testing E0445	35		12 MONTHS	
A1016	Suction Machine- Rental suction machine E0600	2		12 MONTHS	
A1017	Compressor 50 psi - Rental 50 psi air compressor E0565	4		12 MONTHS	
A1018	Ventilator Negative Pressure ventilator; portable or stationary; Rental negative pressure ventilator E0465	1		12 MONTHS	
A1019	Pressure support ventilator with volume control mode; may include pressure control mode; Rental pressure support ventilator E0465	4		12 MONTHS	
A1020	Oxygen Thermal Fuse (Fire Safe Cannula) - fuse to isolate oxygen supply in case of fire	300		12 MONTHS	
A1021	Closed Suction Catheters- Contractor shall provide four (4) closed suction catheters to each ventilator patient each month, so that a clean catheter can be placed into the breathing circuit each week. Catheters shall be replaced as needed during MONTHLY visit by contractor RT. A4605	4		12 MONTHS	
A1022	Heated Humidifier- The contractor shall provide a heated humidifier to Veterans receiving mechanical ventilation only, to provide optimal levels of heat and	4		12 MONTHS	



VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	moisture to the patient's airway. S8182				
A1023	Portable Suction Machine- The contractor shall provide a portable suction machine equipped with an internal battery for use during transport to Veterans receiving mechanical ventilation only E0600	2		12 MONTHS	
A1024	Nebulizer with Compressor- The contractor will provide a nebulizer with compressor to ventilator patients only, as ordered by the VA. MONTHLY PRICE shall include spring loaded T-adapter, neb cups, tubing, masks, trach masks E0570	3		12 MONTHS	
A1025	Tracheostomy Care Supplies- The contractor shall provide supplies needed to properly clean and maintain trach and stoma to ventilator patients only. These supplies shall include, tracheostomy drain sponges A6402, basic tracheostomy care kits A4629, 3ml UNIT dose normal saline A4649, cuffed and uncuffed tracheostomy tubes A7521 A7520, tracheostomy inner cannulas A4623	4		12 MONTHS	
A1026	Inline HME- The contractor shall provide an inline heated moisture exchanger (HME) to Veterans receiving non-invasive mechanical ventilation in order to provide optimal levels of heat and moisture to the patient's airway. A4483	2		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

A1027	Refillable- type oxygen cylinder- Rental of additional re-fillable cylinders for patients who are assessed to have an extended need for oxygen portability due to high liter flow and /or increased patient activity outside of the home. E0443	22		12 MONTHS	
A1028	Battery for Portable Home Oxygen Concentrator- Temporary rental to be used only during patient travel, when extended time away from a permanent power source is expected	2		12 MONTHS	
A1029	PAP Pressure Valve- Contractor shall furnish a Positive Airway Pressure (PAP) Valve to each Veteran on nocturnal oxygen bled into a Positive Airway Pressure (PAP) Device when ordered by the VAMC. E1399	5		12 MONTHS	
A1030	Variable Concentration Trach Mask- The contractor shall provide a variable concentration trach mask to Veterans, as ordered by VA Medical Center Staff. This shall include the mask and all mask components A4620	1		12 MONTHS	
A1031	Cough Stimulating Device – The Contractor Respiratory Therapist shall deliver a Cough Stimulating Device to the Veteran; provide instruction on use of device, with return demonstration by caregiver, along with applicable patient education and equipment maintenance training. This MONTHLY PRICE shall include all components required for operation of the device, both	5		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	disposable and non-disposable components. E0482				
A1032	Full Face Mask - The Contractor shall provide a full-face mask to Veterans receiving non-invasive mechanical ventilation. This item is to be provided to ventilator patients only. A7030	1		12 MONTHS	
		OPTION YEAR ONE TOTAL - CHILLICOTHE: \$ _____			
CLIN	DESCRIPTION	ESTIMATED MONTHLY QUANTITY	UNIT PRICE	UNITS	TOTAL PRICE
B1001 (a)	<b>CINCINNATI:</b> Rental concentrator with backup system consisting of compressed gas source, regulator, stand, (nasal cannula or mask and humidifier when specified). Concentrator will have flow rate capacity up to 5LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	135		12 MONTHS	
B1001 (b)	Rental concentrator with backup system consisting of compressed gas source, regulator, stand (nasal cannula or mask and humidifier when specified). Concentrator must have flow rate capacity up to 10 LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	30		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

B1001 (c)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 5 LPM. E1390	600		12 MONTHS	
B1001 (d)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 10 LPM. E1390	30		12 MONTHS	
B1002	Cylinder, size M or H set-up consisting of regulator, flow meter, safety stand, humidifier and disposable supplies (emergency backup system or as primary) <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	1		12 MONTHS	
B1003	Cylinder, size M or H refill (Backup/Primary) E0441 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

B1004	<p>Portable system ONLY: prescription does not include concentrator: consists of “E”, “D”, “B” (M6), or “C” (M9) size aluminum (or equivalent weight metal) cylinder with regulator, flow meter, handcart, pouch and disposable supplies.</p> <p><b>NOTICE:</b> This shall be invoiced per cylinder provided to the patient. This is <b>NOT</b> a recurring rental <b>PRICE</b>, charges will only incur when an empty cylinder is replaced with a full cylinder.</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	25		12 MONTHS	
B1005	<p>Cylinder, size “E” refill for Item B1004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</p>	50		12 MONTHS	
B1006	<p>Cylinder, size “D” (M15) refill for Item B1004 above.</p> <p>Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</p>	50		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

B1007	Cylinder, size “B” (M6) refill for Item B1004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	5		12 MONTHS	
B1008	Cylinder, size “C” refill for Item B1004 above; Aluminum (or metal of equivalent weight) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	5		12 MONTHS	
B1009	Demand Nasal Cannula (e.g. Oximyzzer) Reservoir or pendant/equivalent. VA111	1		12 MONTHS	
B1010	<b>ESTIMATED MONTHLY</b> Volume Demand Pulse Conserving Device; no less than a 5:1 ratio or 60 ML/pulse VA111 <b>SPECIAL NOTE:</b> <b>Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	200		12 MONTHS	
B1011	Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per patient. E0439; AND Rental portable liquid oxygen system per patient E0434	1		12 MONTHS	
B1012	Liquid oxygen per pound for portable liquid oxygen system under Item B1011 E0444	1		12 MONTHS	
B1013	Volume Delivery for re-supply and/or relocation of	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	equipment due to change in patient's residence				
B1014	Portable Concentrator- Rental portable oxygen concentrator E1392	50		12 MONTHS	
B1015	Overnight Oximeter- Rental oximeter for overnight oximetry testing E0445	2		12 MONTHS	
B1016	Suction Machine- Rental suction machine E0600	2		12 MONTHS	
B1017	Compressor 50 psi - Rental 50 psi air compressor E0565	2		12 MONTHS	
B1018	Ventilator Negative Pressure ventilator; portable or stationary; Rental negative pressure ventilator E0465	1		12 MONTHS	
B1019	Pressure support ventilator with volume control mode; may include pressure control mode; Rental pressure support ventilator E0465	20		12 MONTHS	
B1020	Oxygen Thermal Fuse (Fire Safe Cannula) - fuse to isolate oxygen supply in case of fire	300		12 MONTHS	
B1021	Closed Suction Catheters- Contractor shall provide four (4) closed suction catheters to each ventilator patient each month, so that a clean catheter can be placed into the breathing circuit each week. Catheters shall be replaced as needed during MONTHLY visit by contractor RT. A4605	20		12 MONTHS	
B1022	Heated Humidifier- The contractor shall provide a heated humidifier to Veterans receiving mechanical ventilation only, to provide optimal levels of heat and	20		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	moisture to the patient's airway. S8182				
B1023	Portable Suction Machine- The contractor shall provide a portable suction machine equipped with an internal battery for use during transport to Veterans receiving mechanical ventilation only E0600	20		12 MONTHS	
B1024	Nebulizer with Compressor- The contractor will provide a nebulizer with compressor to ventilator patients only, as ordered by the VA. MONTHLY PRICE shall include spring loaded T-adapter, neb cups, tubing, masks, trach masks E0570	5		12 MONTHS	
B1025	Tracheostomy Care Supplies- The contractor shall provide supplies needed to properly clean and maintain trach and stoma to ventilator patients only. These supplies shall include, tracheostomy drain sponges A6402, basic tracheostomy care kits A4629, 3ml UNIT dose normal saline A4649, cuffed and uncuffed tracheostomy tubes A7521 A7520, tracheostomy inner cannulas A4623	15		12 MONTHS	
B1026	Inline HME- The contractor shall provide an inline heated moisture exchanger (HME) to Veterans receiving non-invasive mechanical ventilation in order to provide optimal levels of heat and moisture to the patient's airway. A4483	5		12 MONTHS	



VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

B1027	Refillable- type oxygen cylinder- Rental of additional re-fillable cylinders for patients who are assessed to have an extended need for oxygen portability due to high liter flow and /or increased patient activity outside of the home. E0443	100		12 MONTHS	
B1028	Battery for Portable Home Oxygen Concentrator- Temporary rental to be used only during patient travel, when extended time away from a permanent power source is expected	6		12 MONTHS	
B1029	PAP Pressure Valve- Contractor shall furnish a Positive Airway Pressure (PAP) Valve to each Veteran on nocturnal oxygen bled into a Positive Airway Pressure (PAP) Device when ordered by the VAMC. E1399	20		12 MONTHS	
B1030	Variable Concentration Trach Mask- The contractor shall provide a variable concentration trach mask to Veterans, as ordered by VA Medical Center Staff. This shall include the mask and all mask components A4620	1		12 MONTHS	
B1031	Cough Stimulating Device – The Contractor Respiratory Therapist shall deliver a Cough Stimulating Device to the Veteran; provide instruction on use of device, with return demonstration by caregiver, along with applicable patient education and equipment maintenance training. This MONTHLY PRICE shall include all components required for operation of the device, both	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	disposable and non-disposable components. E0482				
B1032	Full Face Mask - The Contractor shall provide a full-face mask to Veterans receiving non-invasive mechanical ventilation. This item is to be provided to ventilator patients only. A7030	1		12 MONTHS	
		OPTION YEAR ONE TOTAL - CINCINNATI: \$ _____			
CLIN	DESCRIPTION	ESTIMATED MONTHLY QUANTITY	UNIT PRICE	UNITS	TOTAL PRICE
C1001 (a)	<b>CLEVELAND:</b> Rental concentrator with backup system consisting of compressed gas source, regulator, stand, (nasal cannula or mask and humidifier when specified). Concentrator will have flow rate capacity up to 5LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	500		12 MONTHS	
C1001 (b)	Rental concentrator with backup system consisting of compressed gas source, regulator, stand (nasal cannula or mask and humidifier when specified). Concentrator must have flow rate capacity up to 10 LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	200		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

C1001 (c)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 5 LPM. E1390	400		12 MONTHS	
C1001 (d)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 10 LPM. E1390	100		12 MONTHS	
C1002	Cylinder, size M or H set-up consisting of regulator, flow meter, safety stand, humidifier and disposable supplies (emergency backup system or as primary) <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	45		12 MONTHS	
C1003	Cylinder, size M or H refill (Backup/Primary) E0441 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	18		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

C1004	<p>Portable system ONLY: prescription does not include concentrator: consists of “E”, “D”, “B” (M6), or “C” (M9) size aluminum (or equivalent weight metal) cylinder with regulator, flow meter, handcart, pouch and disposable supplies.</p> <p><b>NOTICE:</b> This shall be invoiced per cylinder provided to the patient. This is <b>NOT</b> a recurring rental <b>PRICE</b>, charges will only incur when an empty cylinder is replaced with a full cylinder.</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	18		12 MONTHS	
C1005	<p>Cylinder, size “E” refill for Item C1004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	30		12 MONTHS	
C1006	<p>Cylinder, size “D” (M15) refill for Item C1004 above.</p> <p>Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	30		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

C1007	Cylinder, size “B” (M6) refill for Item C1004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	10		12 MONTHS	
C1008	Cylinder, size “C” refill for Item C1004 above; Aluminum (or metal of equivalent weight) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	30		12 MONTHS	
C1009	Demand Nasal Cannula (e.g. Oximzyer) Reservoir or pendant/equivalent. VA111	10		12 MONTHS	
C1010	<b>ESTIMATED MONTHLY</b> Volume Demand Pulse Conserving Device; no less than a 5:1 ratio or 60 ML/pulse VA111 <b>SPECIAL NOTE:</b> <b>Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	31		12 MONTHS	
C1011	Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per patient. E0439; AND Rental portable liquid oxygen system per patient E0434	1		12 MONTHS	
C1012	Liquid oxygen per pound for portable liquid oxygen system under Item C1011 E0444	1		12 MONTHS	
C1013	Volume Delivery for re-supply and/or relocation of	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	equipment due to change in patient's residence				
C1014	Portable Concentrator- Rental portable oxygen concentrator E1392	50		12 MONTHS	
C1015	Overnight Oximeter- Rental oximeter for overnight oximetry testing E0445	1		12 MONTHS	
C1016	Suction Machine- Rental suction machine E0600	8		12 MONTHS	
C1017	Compressor 50 psi - Rental 50 psi air compressor E0565	3		12 MONTHS	
C1018	Ventilator Negative Pressure ventilator; portable or stationary; Rental negative pressure ventilator E0465	29		12 MONTHS	
C1019	Pressure support ventilator with volume control mode; may include pressure control mode; Rental pressure support ventilator E0465	1		12 MONTHS	
C1020	Oxygen Thermal Fuse (Fire Safe Cannula) - fuse to isolate oxygen supply in case of fire	633		12 MONTHS	
C1021	Closed Suction Catheters- Contractor shall provide four (4) closed suction catheters to each ventilator patient each month, so that a clean catheter can be placed into the breathing circuit each week. Catheters shall be replaced as needed during MONTHLY visit by contractor RT. A4605	4		12 MONTHS	
C1022	Heated Humidifier- The contractor shall provide a heated humidifier to Veterans receiving mechanical ventilation only, to provide optimal levels of heat and	11		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	moisture to the patient's airway. S8182				
C1023	Portable Suction Machine- The contractor shall provide a portable suction machine equipped with an internal battery for use during transport to Veterans receiving mechanical ventilation only E0600	8		12 MONTHS	
C1024	Nebulizer with Compressor- The contractor will provide a nebulizer with compressor to ventilator patients only, as ordered by the VA. MONTHLY PRICE shall include spring loaded T-adapter, neb cups, tubing, masks, trach masks E0570	3		12 MONTHS	
C1025	Tracheostomy Care Supplies- The contractor shall provide supplies needed to properly clean and maintain trach and stoma to ventilator patients only. These supplies shall include, tracheostomy drain sponges A6402, basic tracheostomy care kits A4629, 3ml UNIT dose normal saline A4649, cuffed and uncuffed tracheostomy tubes A7521 A7520, tracheostomy inner cannulas A4623	5		12 MONTHS	
C1026	Inline HME- The contractor shall provide an inline heated moisture exchanger (HME) to Veterans receiving non-invasive mechanical ventilation in order to provide optimal levels of heat and moisture to the patient's airway. A4483	29		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

C1027	Refillable- type oxygen cylinder- Rental of additional re-fillable cylinders for patients who are assessed to have an extended need for oxygen portability due to high liter flow and /or increased patient activity outside of the home. E0443	50		12 MONTHS	
C1028	Battery for Portable Home Oxygen Concentrator- Temporary rental to be used only during patient travel, when extended time away from a permanent power source is expected	12		12 MONTHS	
C1029	PAP Pressure Valve- Contractor shall furnish a Positive Airway Pressure (PAP) Valve to each Veteran on nocturnal oxygen bled into a Positive Airway Pressure (PAP) Device when ordered by the VAMC. E1399	2		12 MONTHS	
C1030	Variable Concentration Trach Mask- The contractor shall provide a variable concentration trach mask to Veterans, as ordered by VA Medical Center Staff. This shall include the mask and all mask components A4620	5		12 MONTHS	
C1031	Cough Stimulating Device – The Contractor Respiratory Therapist shall deliver a Cough Stimulating Device to the Veteran; provide instruction on use of device, with return demonstration by caregiver, along with applicable patient education and equipment maintenance training. This MONTHLY PRICE shall include all components required for operation of the device, both	20		12 MONTHS	



VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	disposable and non-disposable components. E0482				
C1032	Full Face Mask - The Contractor shall provide a full-face mask to Veterans receiving non-invasive mechanical ventilation. This item is to be provided to ventilator patients only. A7030	1		12 MONTHS	
		OPTION YEAR ONE TOTAL - CLEVELAND: \$ _____			
CLIN	DESCRIPTION	ESTIMATED MONTHLY QUANTITY	UNIT PRICE	UNITS	TOTAL PRICE
D1001 (a)	<b>DAYTON:</b> Rental concentrator with backup system consisting of compressed gas source, regulator, stand, (nasal cannula or mask and humidifier when specified). Concentrator will have flow rate capacity up to 5LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	754		12 MOTNHS	
D1001 (b)	Rental concentrator with backup system consisting of compressed gas source, regulator, stand (nasal cannula or mask and humidifier when specified). Concentrator must have flow rate capacity up to 10 LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	39		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

D1001 (c)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 5 LPM. E1390	442		12 MONTHS	
D1001 (d)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 10 LPM. E1390	24		12 MONTHS	
D1002	Cylinder, size M or H set-up consisting of regulator, flow meter, safety stand, humidifier and disposable supplies (emergency backup system or as primary) <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	78		12 MONTHS	
D1003	Cylinder, size M or H refill (Backup/Primary) E0441 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	78		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

D1004	<p>Portable system ONLY: prescription does not include concentrator: consists of “E”, “D”, “B” (M6), or “C” (M9) size aluminum (or equivalent weight metal) cylinder with regulator, flow meter, handcart, pouch and disposable supplies.</p> <p><b>NOTICE:</b> This shall be invoiced per cylinder provided to the patient. This is <b>NOT</b> a recurring rental <b>PRICE</b>, charges will only incur when an empty cylinder is replaced with a full cylinder.</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	350		12 MONTHS	
D1005	<p>Cylinder, size “E” refill for Item D1004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	69		12 MONTHS	
D1006	<p>Cylinder, size “D” (M15) refill for Item D1004 above.</p> <p>Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	39		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

D1007	Cylinder, size “B” (M6) refill for Item D1004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	78		12 MONTHS	
D1008	Cylinder, size “C” refill for Item D1004 above; Aluminum (or metal of equivalent weight) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	64		12 MONTHS	
D1009	Demand Nasal Cannula (e.g. Oximyzzer) Reservoir or pendant/equivalent. VA111	7		12 MONTHS	
D1010	<b>ESTIMATED MONTHLY</b> Volume Demand Pulse Conserving Device; no less than a 5:1 ratio or 60 ML/pulse VA111 <b>SPECIAL NOTE:</b> <b>Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	470		12 MONTHS	
D1011	Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per patient. E0439; AND Rental portable liquid oxygen system per patient E0434	7		12 MONTHS	
D1012	Liquid oxygen per pound for portable liquid oxygen system under Item D1011 E0444	7		12 MONTHS	
D1013	Volume Delivery for re-supply and/or relocation of	6		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	equipment due to change in patient's residence				
D1014	Portable Concentrator- Rental portable oxygen concentrator E1392	96		12 MONTHS	
D1015	Overnight Oximeter- Rental oximeter for overnight oximetry testing E0445	1		12 MONTHS	
D1016	Suction Machine- Rental suction machine E0600	1		12 MONTHS	
D1017	Compressor 50 psi - Rental 50 psi air compressor E0565	6		12 MONTHS	
D1018	Ventilator Negative Pressure ventilator; portable or stationary; Rental negative pressure ventilator E0465	1		12 MONTHS	
D1019	Pressure support ventilator with volume control mode; may include pressure control mode; Rental pressure support ventilator E0465	1		12 MONTHS	
D1020	Oxygen Thermal Fuse (Fire Safe Cannula) - fuse to isolate oxygen supply in case of fire	446		12 MONTHS	
D1021	Closed Suction Catheters- Contractor shall provide four (4) closed suction catheters to each ventilator patient each month, so that a clean catheter can be placed into the breathing circuit each week. Catheters shall be replaced as needed during MONTHLY visit by contractor RT. A4605	1		12 MONTHS	
D1022	Heated Humidifier- The contractor shall provide a heated humidifier to Veterans receiving mechanical ventilation only, to provide optimal levels of heat and	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	moisture to the patient's airway. S8182				
D1023	Portable Suction Machine- The contractor shall provide a portable suction machine equipped with an internal battery for use during transport to Veterans receiving mechanical ventilation only E0600	1		12 MONTHS	
D1024	Nebulizer with Compressor- The contractor will provide a nebulizer with compressor to ventilator patients only, as ordered by the VA. MONTHLY PRICE shall include spring loaded T-adapter, neb cups, tubing, masks, trach masks E0570	1		12 MONTHS	
D1025	Tracheostomy Care Supplies- The contractor shall provide supplies needed to properly clean and maintain trach and stoma to ventilator patients only. These supplies shall include, tracheostomy drain sponges A6402, basic tracheostomy care kits A4629, 3ml UNIT dose normal saline A4649, cuffed and uncuffed tracheostomy tubes A7521 A7520, tracheostomy inner cannulas A4623	1		12 MONTHS	
D1026	Inline HME- The contractor shall provide an inline heated moisture exchanger (HME) to Veterans receiving non-invasive mechanical ventilation in order to provide optimal levels of heat and moisture to the patient's airway. A4483	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

D1027	Refillable- type oxygen cylinder- Rental of additional re-fillable cylinders for patients who are assessed to have an extended need for oxygen portability due to high liter flow and /or increased patient activity outside of the home. E0443	12		12 MONTHS	
D1028	Battery for Portable Home Oxygen Concentrator- Temporary rental to be used only during patient travel, when extended time away from a permanent power source is expected	25		12 MONTHS	
D1029	PAP Pressure Valve- Contractor shall furnish a Positive Airway Pressure (PAP) Valve to each Veteran on nocturnal oxygen bled into a Positive Airway Pressure (PAP) Device when ordered by the VAMC. E1399	1		12 MONTHS	
D1030	Variable Concentration Trach Mask- The contractor shall provide a variable concentration trach mask to Veterans, as ordered by VA Medical Center Staff. This shall include the mask and all mask components A4620	1		12 MONTHS	
D1031	Cough Stimulating Device – The Contractor Respiratory Therapist shall deliver a Cough Stimulating Device to the Veteran; provide instruction on use of device, with return demonstration by caregiver, along with applicable patient education and equipment maintenance training. This MONTHLY PRICE shall include all components required for operation of the device, both	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	disposable and non-disposable components. E0482				
D1032	Full Face Mask - The Contractor shall provide a full-face mask to Veterans receiving non-invasive mechanical ventilation. This item is to be provided to ventilator patients only. A7030	1		12 MONTHS	
		OPTION YEAR ONE TOTAL - DAYTON: \$ _____			
CLIN	DESCRIPTION	ESTIMATED MONTHLY QUANTITY	UNIT PRICE	UNITS	TOTAL PRICE
E1001 (a)	<b>COLUMBUS:</b> Rental concentrator with backup system consisting of compressed gas source, regulator, stand, (nasal cannula or mask and humidifier when specified). Concentrator will have flow rate capacity up to 5LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	172		12 MOTNHS	
E1001 (b)	Rental concentrator with backup system consisting of compressed gas source, regulator, stand (nasal cannula or mask and humidifier when specified). Concentrator must have flow rate capacity up to 10 LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	5		12 MONTHS	



VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

E1001 (c)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 5 LPM. E1390	659		12 MONTHS	
E1001 (d)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 10 LPM. E1390	20		12 MONTHS	
E1002	Cylinder, size M or H set-up consisting of regulator, flow meter, safety stand, humidifier and disposable supplies (emergency backup system or as primary) <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	3		12 MONTHS	
E1003	Cylinder, size M or H refill (Backup/Primary) E0441 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	3		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

E1004	<p>Portable system ONLY: prescription does not include concentrator: consists of “E”, “D”, “B” (M6), or “C” (M9) size aluminum (or equivalent weight metal) cylinder with regulator, flow meter, handcart, pouch and disposable supplies.</p> <p><b>NOTICE:</b> This shall be invoiced per cylinder provided to the patient. This is <b>NOT</b> a recurring rental <b>PRICE</b>, charges will only incur when an empty cylinder is replaced with a full cylinder.</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	10		12 MONTHS	
E1005	<p>Cylinder, size “E” refill for Item E1004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</p>	30		12 MONTHS	
E1006	<p>Cylinder, size “D” (M15) refill for Item E1004 above.</p> <p>Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</p>	30		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

E1007	Cylinder, size “B” (M6) refill for Item E1004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	10		12 MONTHS	
E1008	Cylinder, size “C” refill for Item E1004 above; Aluminum (or metal of equivalent weight) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	10		12 MONTHS	
E1009	Demand Nasal Cannula (e.g. Oximyzzer) Reservoir or pendant/equivalent. VA111	1		12 MONTHS	
E1010	<b>ESTIMATED MONTHLY</b> Volume Demand Pulse Conserving Device; no less than a 5:1 ratio or 60 ML/pulse VA111 <b>SPECIAL NOTE:</b> <b>Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	31		12 MONTHS	
E1011	Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per patient. E0439; AND Rental portable liquid oxygen system per patient E0434	1		12 MONTHS	
E1012	Liquid oxygen per pound for portable liquid oxygen system under Item E1011 E0444	1		12 MONTHS	
E1013	Volume Delivery for re-supply and/or relocation of	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	equipment due to change in patient's residence				
E1014	Portable Concentrator- Rental portable oxygen concentrator E1392	50		12 MONTHS	
E1015	Overnight Oximeter- Rental oximeter for overnight oximetry testing E0445	10		12 MONTHS	
E1016	Suction Machine- Rental suction machine E0600	10		12 MONTHS	
E1017	Compressor 50 psi - Rental 50 psi air compressor E0565	10		12 MONTHS	
E1018	Ventilator Negative Pressure ventilator; portable or stationary; Rental negative pressure ventilator E0465	1		12 MONTHS	
E1019	Pressure support ventilator with volume control mode; may include pressure control mode; Rental pressure support ventilator E0465	35		12 MONTHS	
E1020	Oxygen Thermal Fuse (Fire Safe Cannula) - fuse to isolate oxygen supply in case of fire	300		12 MONTHS	
E1021	Closed Suction Catheters- Contractor shall provide four (4) closed suction catheters to each ventilator patient each month, so that a clean catheter can be placed into the breathing circuit each week. Catheters shall be replaced as needed during MONTHLY visit by contractor RT. A4605	30		12 MONTHS	
E1022	Heated Humidifier- The contractor shall provide a heated humidifier to Veterans receiving mechanical ventilation only, to provide optimal levels of heat and	30		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	moisture to the patient's airway. S8182				
E1023	Portable Suction Machine- The contractor shall provide a portable suction machine equipped with an internal battery for use during transport to Veterans receiving mechanical ventilation only E0600	5		12 MONTHS	
E1024	Nebulizer with Compressor- The contractor will provide a nebulizer with compressor to ventilator patients only, as ordered by the VA. MONTHLY PRICE shall include spring loaded T-adapter, neb cups, tubing, masks, trach masks E0570	5		12 MONTHS	
E1025	Tracheostomy Care Supplies- The contractor shall provide supplies needed to properly clean and maintain trach and stoma to ventilator patients only. These supplies shall include, tracheostomy drain sponges A6402, basic tracheostomy care kits A4629, 3ml UNIT dose normal saline A4649, cuffed and uncuffed tracheostomy tubes A7521 A7520, tracheostomy inner cannulas A4623	35		12 MONTHS	
E1026	Inline HME- The contractor shall provide an inline heated moisture exchanger (HME) to Veterans receiving non-invasive mechanical ventilation in order to provide optimal levels of heat and moisture to the patient's airway. A4483	5		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

E1027	Refillable- type oxygen cylinder- Rental of additional re-fillable cylinders for patients who are assessed to have an extended need for oxygen portability due to high liter flow and /or increased patient activity outside of the home. E0443	20		12 MONTHS	
E1028	Battery for Portable Home Oxygen Concentrator- Temporary rental to be used only during patient travel, when extended time away from a permanent power source is expected	10		12 MONTHS	
E1029	PAP Pressure Valve- Contractor shall furnish a Positive Airway Pressure (PAP) Valve to each Veteran on nocturnal oxygen bled into a Positive Airway Pressure (PAP) Device when ordered by the VAMC. E1399	20		12 MONTHS	
E1030	Variable Concentration Trach Mask- The contractor shall provide a variable concentration trach mask to Veterans, as ordered by VA Medical Center Staff. This shall include the mask and all mask components A4620	1		12 MONTHS	
E1031	Cough Stimulating Device – The Contractor Respiratory Therapist shall deliver a Cough Stimulating Device to the Veteran; provide instruction on use of device, with return demonstration by caregiver, along with applicable patient education and equipment maintenance training. This MONTHLY PRICE shall include all components required for operation of the device, both	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	disposable and non-disposable components. E0482				
E1032	Full Face Mask - The Contractor shall provide a full-face mask to Veterans receiving non-invasive mechanical ventilation. This item is to be provided to ventilator patients only. A7030	1		12 MONTHS	
		OPTION YEAR ONE TOTAL - COLUMBUS: \$ _____			

OPTION YEAR ONE TOTAL: \$ \_\_\_\_\_

OPTION YEAR TWO					
CLIN	DESCRIPTION	ESTIMATED MONTHLY QUANTITY	UNIT PRICE	UNITS	TOTAL PRICE
A2001 (a)	<b>CHILLICOTHE:</b> Rental concentrator with backup system consisting of compressed gas source, regulator, stand, (nasal cannula or mask and humidifier when specified). Concentrator will have flow rate capacity up to 5LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	310		12 MONTHS	
A2001 (b)	Rental concentrator with backup system consisting of compressed gas source, regulator, stand (nasal cannula or mask and humidifier when specified). Concentrator must have flow rate capacity up to	10		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	10 LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>				
A2001 (c)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 5 LPM. E1390	310		12 MONTHS	
A2001 (d)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 10 LPM. E1390	50		12 MONTHS	
A2002	Cylinder, size M or H set-up consisting of regulator, flow meter, safety stand, humidifier and disposable supplies (emergency backup system or as primary) <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	310		12 MONTHS	
A2003	Cylinder, size M or H refill (Backup/Primary) E0441 <b>SPECIAL NOTE: Regulators,</b>	105		12 MONTHS	



	<b>Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>				
A2004	<p>Portable system ONLY: prescription does not include concentrator: consists of “E”, “D”, “B” (M6), or “C” (M9) size aluminum (or equivalent weight metal) cylinder with regulator, flow meter, handcart, pouch and disposable supplies.</p> <p><b>NOTICE:</b> This shall be invoiced per cylinder provided to the patient. This is <b>NOT</b> a recurring rental <b>PRICE</b>, charges will only incur when an empty cylinder is replaced with a full cylinder.</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	5		12 MONTHS	
A2005	<p>Cylinder, size “E” refill for Item A2004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	300		12 MONTHS	
A2006	<p>Cylinder, size “D” (M15) refill for Item A2004 above.</p> <p>Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in</b></p>	100		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	the MONTHLY rental PRICE for all applicable equipment				
A2007	Cylinder, size “B” (M6) refill for Item A2004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	300		12 MONTHS	
A2008	Cylinder, size “C” refill for Item A2004 above; Aluminum (or metal of equivalent weight) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	50		12 MONTHS	
A2009	Demand Nasal Cannula (e.g. Oximzyer) Reservoir or pendant/equivalent. VA111	11		12 MONTHS	
A2010	<b>ESTIMATED MONTHLY</b> Volume Demand Pulse Conserver Device; no less than a 5:1 ratio or 60 ML/pulse VA111 <b>SPECIAL NOTE:</b> <b>Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	163		12 MONTHS	
A2011	Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per patient. E0439; AND Rental portable liquid	3		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	oxygen system per patient E0434				
A2012	Liquid oxygen per pound for portable liquid oxygen system under Item A2011 E0444	4		12 MONTHS	
A2013	Volume Delivery for re-supply and/or relocation of equipment due to change in patient's residence	1		12 MONTHS	
A2014	Portable Concentrator- Rental portable oxygen concentrator E1392	50		12 MONTHS	
A2015	Overnight Oximeter- Rental oximeter for overnight oximetry testing E0445	35		12 MONTHS	
A2016	Suction Machine- Rental suction machine E0600	2		12 MONTHS	
A2017	Compressor 50 psi - Rental 50 psi air compressor E0565	5		12 MONTHS	
A2018	Ventilator Negative Pressure ventilator; portable or stationary; Rental negative pressure ventilator E0465	1		12 MONTHS	
A2019	Pressure support ventilator with volume control mode; may include pressure control mode; Rental pressure support ventilator E0465	5		12 MONTHS	
A2020	Oxygen Thermal Fuse (Fire Safe Cannula) - fuse to isolate oxygen supply in case of fire	310		12 MONTHS	
A2021	Closed Suction Catheters- Contractor shall provide four (4) closed suction catheters to each ventilator patient each month, so that a clean catheter can be placed into the breathing circuit each week. Catheters shall be replaced as needed during	4		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	MONTHLY visit by contractor RT. A4605				
A2022	Heated Humidifier- The contractor shall provide a heated humidifier to Veterans receiving mechanical ventilation only, to provide optimal levels of heat and moisture to the patient's airway. S8182	4		12 MONTHS	
A2023	Portable Suction Machine- The contractor shall provide a portable suction machine equipped with an internal battery for use during transport to Veterans receiving mechanical ventilation only E0600	2		12 MONTHS	
A2024	Nebulizer with Compressor- The contractor will provide a nebulizer with compressor to ventilator patients only, as ordered by the VA. MONTHLY PRICE shall include spring loaded T-adapter, neb cups, tubing, masks, trach masks E0570	3		12 MONTHS	
A2025	Tracheostomy Care Supplies- The contractor shall provide supplies needed to properly clean and maintain trach and stoma to ventilator patients only. These supplies shall include, tracheostomy drain sponges A6402, basic tracheostomy care kits A4629, 3ml UNIT dose normal saline A4649, cuffed and uncuffed tracheostomy tubes A7521 A7520, tracheostomy inner cannulas A4623	5		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

A2026	Inline HME- The contractor shall provide an inline heated moisture exchanger (HME) to Veterans receiving non-invasive mechanical ventilation in order to provide optimal levels of heat and moisture to the patient's airway. A4483	2		12 MONTHS	
A2027	Refillable- type oxygen cylinder- Rental of additional re-fillable cylinders for patients who are assessed to have an extended need for oxygen portability due to high liter flow and /or increased patient activity outside of the home. E0443	22		12 MONTHS	
A2028	Battery for Portable Home Oxygen Concentrator- Temporary rental to be used only during patient travel, when extended time away from a permanent power source is expected	2		12 MONTHS	
A2029	PAP Pressure Valve- Contractor shall furnish a Positive Airway Pressure (PAP) Valve to each Veteran on nocturnal oxygen bled into a Positive Airway Pressure (PAP) Device when ordered by the VAMC. E1399	5		12 MONTHS	
A2030	Variable Concentration Trach Mask- The contractor shall provide a variable concentration trach mask to Veterans, as ordered by VA Medical Center Staff. This shall include the mask and all mask components A4620	1		12 MONTHS	
A2031	Cough Stimulating Device – The Contractor Respiratory Therapist shall deliver a Cough Stimulating Device to the	5		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	Veteran; provide instruction on use of device, with return demonstration by caregiver, along with applicable patient education and equipment maintenance training. This MONTHLY PRICE shall include all components required for operation of the device, both disposable and non-disposable components. E0482				
A2032	Full Face Mask - The Contractor shall provide a full-face mask to Veterans receiving non-invasive mechanical ventilation. This item is to be provided to ventilator patients only. A7030	1		12 MONTHS	
		OPTION YEAR TWO TOTAL - CHILLICOTHE: \$ _____			
CLIN	DESCRIPTION	ESTIMATED MONTHLY QUANTITY	UNIT PRICE	UNITS	TOTAL PRICE
B2001 (a)	<b>CINCINNATI:</b> Rental concentrator with backup system consisting of compressed gas source, regulator, stand, (nasal cannula or mask and humidifier when specified). Concentrator will have flow rate capacity up to 5LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	136		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

B2001 (b)	Rental concentrator with backup system consisting of compressed gas source, regulator, stand (nasal cannula or mask and humidifier when specified). Concentrator must have flow rate capacity up to 10 LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	32		12 MONTHS	
B2001 (c)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 5 LPM. E1390	610		12 MONTHS	
B2001 (d)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 10 LPM. E1390	33		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

B2002	Cylinder, size M or H set-up consisting of regulator, flow meter, safety stand, humidifier and disposable supplies (emergency backup system or as primary) <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	1		12 MONTHS	
B2003	Cylinder, size M or H refill (Backup/Primary) E0441 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	1		12 MONTHS	
B2004	Portable system ONLY: prescription does not include concentrator: consists of "E", "D", "B" (M6), or "C" (M9) size aluminum (or equivalent weight metal) cylinder with regulator, flow meter, handcart, pouch and disposable supplies. <b>NOTICE:</b> This shall be invoiced per cylinder provided to the patient. This is <b>NOT</b> a recurring rental <b>PRICE</b> , charges will only incur when an empty cylinder is replaced with a full cylinder. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	25		12 MONTHS	



VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

B2005	Cylinder, size “E” refill for Item B2004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	52		12 MONTHS	
B2006	Cylinder, size “D” (M15) refill for Item B2004 above. Aluminum (or metal of equivalent weight or less) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	52		12 MONTHS	
B2007	Cylinder, size “B” (M6) refill for Item B2004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	5		12 MONTHS	
B2008	Cylinder, size “C” refill for Item B2004 above; Aluminum (or metal of equivalent weight) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	5		12 MONTHS	
B2009	Demand Nasal Cannula (e.g. Oximzyer) Reservoir or pendant/equivalent. VA111	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

B2010	<b>ESTIMATED MONTHLY</b> Volume Demand Pulse Conservor Device; no less than a 5:1 ratio or 60 ML/pulse VA111 <b>SPECIAL NOTE:</b> <b>Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	200		12 MONTHS	
B2011	Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per patient. E0439; AND Rental portable liquid oxygen system per patient E0434	1		12 MONTHS	
B2012	Liquid oxygen per pound for portable liquid oxygen system under Item B2011 E0444	1		12 MONTHS	
B2013	Volume Delivery for re-supply and/or relocation of equipment due to change in patient's residence	1		12 MONTHS	
B2014	Portable Concentrator- Rental portable oxygen concentrator E1392	52		12 MONTHS	
B2015	Overnight Oximeter- Rental oximeter for overnight oximetry testing E0445	5		12 MONTHS	
B2016	Suction Machine- Rental suction machine E0600	3		12 MONTHS	
B2017	Compressor 50 psi - Rental 50 psi air compressor E0565	3		12 MONTHS	
B2018	Ventilator Negative Pressure ventilator; portable or stationary; Rental negative pressure ventilator E0465	1		12 MONTHS	
B2019	Pressure support ventilator with volume control mode; may include pressure control mode; Rental pressure support ventilator E0465	22		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

B2020	Oxygen Thermal Fuse (Fire Safe Cannula) - fuse to isolate oxygen supply in case of fire	310		12 MONTHS	
B2021	Closed Suction Catheters- Contractor shall provide four (4) closed suction catheters to each ventilator patient each month, so that a clean catheter can be placed into the breathing circuit each week. Catheters shall be replaced as needed during MONTHLY visit by contractor RT. A4605	22		12 MONTHS	
B2022	Heated Humidifier- The contractor shall provide a heated humidifier to Veterans receiving mechanical ventilation only, to provide optimal levels of heat and moisture to the patient's airway. S8182	22		12 MONTHS	
B2023	Portable Suction Machine- The contractor shall provide a portable suction machine equipped with an internal battery for use during transport to Veterans receiving mechanical ventilation only E0600	22		12 MONTHS	
B2024	Nebulizer with Compressor- The contractor will provide a nebulizer with compressor to ventilator patients only, as ordered by the VA. MONTHLY PRICE shall include spring loaded T-adapter, neb cups, tubing, masks, trach masks E0570	5		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

B2025	Tracheostomy Care Supplies- The contractor shall provide supplies needed to properly clean and maintain trach and stoma to ventilator patients only. These supplies shall include, tracheostomy drain sponges A6402, basic tracheostomy care kits A4629, 3ml UNIT dose normal saline A4649, cuffed and uncuffed tracheostomy tubes A7521 A7520, tracheostomy inner cannulas A4623	15		12 MONTHS	
B2026	Inline HME- The contractor shall provide an inline heated moisture exchanger (HME) to Veterans receiving non-invasive mechanical ventilation in order to provide optimal levels of heat and moisture to the patient's airway. A4483	8		12 MONTHS	
B2027	Refillable- type oxygen cylinder- Rental of additional re-fillable cylinders for patients who are assessed to have an extended need for oxygen portability due to high liter flow and /or increased patient activity outside of the home. E0443	100		12 MONTHS	
B2028	Battery for Portable Home Oxygen Concentrator- Temporary rental to be used only during patient travel, when extended time away from a permanent power source is expected	6		12 MONTHS	
B2029	PAP Pressure Valve- Contractor shall furnish a Positive Airway Pressure (PAP) Valve to each Veteran on nocturnal oxygen bled into a Positive Airway Pressure (PAP)	22		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	Device when ordered by the VAMC. E1399				
B2030	Variable Concentration Trach Mask- The contractor shall provide a variable concentration trach mask to Veterans, as ordered by VA Medical Center Staff. This shall include the mask and all mask components A4620	1		12 MONTHS	
B2031	Cough Stimulating Device – The Contractor Respiratory Therapist shall deliver a Cough Stimulating Device to the Veteran; provide instruction on use of device, with return demonstration by caregiver, along with applicable patient education and equipment maintenance training. This MONTHLY PRICE shall include all components required for operation of the device, both disposable and non-disposable components. E0482	1		12 MONTHS	
B2032	Full Face Mask - The Contractor shall provide a full-face mask to Veterans receiving non-invasive mechanical ventilation. This item is to be provided to ventilator patients only. A7030	1		12 MONTHS	
		OPTION YEAR TWO TOTAL - CINCINNATI: \$ _____			
<b>CLIN</b>	<b>DESCRIPTION</b>	<b>ESTIMATED MONTHLY QUANTITY</b>	<b>UNIT PRICE</b>	<b>UNITS</b>	<b>TOTAL PRICE</b>

C2001 (a)	<b>CLEVELAND:</b> Rental concentrator with backup system consisting of compressed gas source, regulator, stand, (nasal cannula or mask and humidifier when specified). Concentrator will have flow rate capacity up to 5LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	510		12 MONTHS	
C2001 (b)	Rental concentrator with backup system consisting of compressed gas source, regulator, stand (nasal cannula or mask and humidifier when specified). Concentrator must have flow rate capacity up to 10 LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	210		12 MONTHS	
C2001 (c)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 5 LPM. E1390	410		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

C2001 (d)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 10 LPM. E1390	110		12 MONTHS	
C2002	Cylinder, size M or H set-up consisting of regulator, flow meter, safety stand, humidifier and disposable supplies (emergency backup system or as primary) <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	48		12 MONTHS	
C2003	Cylinder, size M or H refill (Backup/Primary) E0441 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	18		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

C2004	<p>Portable system ONLY: prescription does not include concentrator: consists of “E”, “D”, “B” (M6), or “C” (M9) size aluminum (or equivalent weight metal) cylinder with regulator, flow meter, handcart, pouch and disposable supplies.</p> <p><b>NOTICE:</b> This shall be invoiced per cylinder provided to the patient. This is <b>NOT</b> a recurring rental <b>PRICE</b>, charges will only incur when an empty cylinder is replaced with a full cylinder.</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	19		12 MONTHS	
C2005	<p>Cylinder, size “E” refill for Item C2004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	30		12 MONTHS	
C2006	<p>Cylinder, size “D” (M15) refill for Item C2004 above.</p> <p>Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	30		12 MONTHS	



VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

C2007	Cylinder, size “B” (M6) refill for Item C2004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	10		12 MONTHS	
C2008	Cylinder, size “C” refill for Item C2004 above; Aluminum (or metal of equivalent weight) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	10		12 MONTHS	
C2009	Demand Nasal Cannula (e.g. Oximyzzer) Reservoir or pendant/equivalent. VA111	1		12 MONTHS	
C2010	<b>ESTIMATED MONTHLY</b> Volume Demand Pulse Conserving Device; no less than a 5:1 ratio or 60 ML/pulse VA111 <b>SPECIAL NOTE:</b> <b>Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	32		12 MONTHS	
C2011	Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per patient. E0439; AND Rental portable liquid oxygen system per patient E0434	1		12 MONTHS	
C2012	Liquid oxygen per pound for portable liquid oxygen system under Item C2011 E0444	1		12 MONTHS	
C2013	Volume Delivery for re-supply and/or relocation of	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	equipment due to change in patient's residence				
C2014	Portable Concentrator- Rental portable oxygen concentrator E1392	50		12 MONTHS	
C2015	Overnight Oximeter- Rental oximeter for overnight oximetry testing E0445	1		12 MONTHS	
C2016	Suction Machine- Rental suction machine E0600	8		12 MONTHS	
C2017	Compressor 50 psi - Rental 50 psi air compressor E0565	3		12 MONTHS	
C2018	Ventilator Negative Pressure ventilator; portable or stationary; Rental negative pressure ventilator E0465	29		12 MONTHS	
C2019	Pressure support ventilator with volume control mode; may include pressure control mode; Rental pressure support ventilator E0465	1		12 MONTHS	
C2020	Oxygen Thermal Fuse (Fire Safe Cannula) - fuse to isolate oxygen supply in case of fire	652		12 MONTHS	
C2021	Closed Suction Catheters- Contractor shall provide four (4) closed suction catheters to each ventilator patient each month, so that a clean catheter can be placed into the breathing circuit each week. Catheters shall be replaced as needed during MONTHLY visit by contractor RT. A4605	4		12 MONTHS	
C2022	Heated Humidifier- The contractor shall provide a heated humidifier to Veterans receiving mechanical ventilation only, to provide optimal levels of heat and	11		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	moisture to the patient's airway. S8182				
C2023	Portable Suction Machine- The contractor shall provide a portable suction machine equipped with an internal battery for use during transport to Veterans receiving mechanical ventilation only E0600	8		12 MONTHS	
C2024	Nebulizer with Compressor- The contractor will provide a nebulizer with compressor to ventilator patients only, as ordered by the VA. MONTHLY PRICE shall include spring loaded T-adapter, neb cups, tubing, masks, trach masks E0570	3		12 MONTHS	
C2025	Tracheostomy Care Supplies- The contractor shall provide supplies needed to properly clean and maintain trach and stoma to ventilator patients only. These supplies shall include, tracheostomy drain sponges A6402, basic tracheostomy care kits A4629, 3ml UNIT dose normal saline A4649, cuffed and uncuffed tracheostomy tubes A7521 A7520, tracheostomy inner cannulas A4623	5		12 MONTHS	
C2026	Inline HME- The contractor shall provide an inline heated moisture exchanger (HME) to Veterans receiving non-invasive mechanical ventilation in order to provide optimal levels of heat and moisture to the patient's airway. A4483	29		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

C2027	Refillable- type oxygen cylinder- Rental of additional re-fillable cylinders for patients who are assessed to have an extended need for oxygen portability due to high liter flow and /or increased patient activity outside of the home. E0443	55		12 MONTHS	
C2028	Battery for Portable Home Oxygen Concentrator- Temporary rental to be used only during patient travel, when extended time away from a permanent power source is expected	13		12 MONTHS	
C2029	PAP Pressure Valve- Contractor shall furnish a Positive Airway Pressure (PAP) Valve to each Veteran on nocturnal oxygen bled into a Positive Airway Pressure (PAP) Device when ordered by the VAMC. E1399	2		12 MONTHS	
C2030	Variable Concentration Trach Mask- The contractor shall provide a variable concentration trach mask to Veterans, as ordered by VA Medical Center Staff. This shall include the mask and all mask components A4620	5		12 MONTHS	
C2031	Cough Stimulating Device – The Contractor Respiratory Therapist shall deliver a Cough Stimulating Device to the Veteran; provide instruction on use of device, with return demonstration by caregiver, along with applicable patient education and equipment maintenance training. This MONTHLY PRICE shall include all components required for operation of the device, both	20		12 MONTHS	

## VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	disposable and non-disposable components. E0482				
C2032	Full Face Mask - The Contractor shall provide a full-face mask to Veterans receiving non-invasive mechanical ventilation. This item is to be provided to ventilator patients only. A7030	1		12 MONTHS	
		OPTION YEAR TWO TOTAL - CLEVELAND: \$ _____			
CLIN	DESCRIPTION	ESTIMATED MONTHLY QUANTITY	UNIT PRICE	UNITS	TOTAL PRICE
D2001 (a)	<b>DAYTON:</b> Rental concentrator with backup system consisting of compressed gas source, regulator, stand, (nasal cannula or mask and humidifier when specified). Concentrator will have flow rate capacity up to 5LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	817		12 MOTNHS	
D2001 (b)	Rental concentrator with backup system consisting of compressed gas source, regulator, stand (nasal cannula or mask and humidifier when specified). Concentrator must have flow rate capacity up to 10 LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	42		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

D2001 (c)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 5 LPM. E1390	481		12 MONTHS	
D2001 (d)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 10 LPM. E1390	26		12 MONTHS	
D2002	Cylinder, size M or H set-up consisting of regulator, flow meter, safety stand, humidifier and disposable supplies (emergency backup system or as primary) <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	85		12 MONTHS	
D2003	Cylinder, size M or H refill (Backup/Primary) E0441 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	85		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

D2004	<p>Portable system ONLY: prescription does not include concentrator: consists of “E”, “D”, “B” (M6), or “C” (M9) size aluminum (or equivalent weight metal) cylinder with regulator, flow meter, handcart, pouch and disposable supplies.</p> <p><b>NOTICE:</b> This shall be invoiced per cylinder provided to the patient. This is <b>NOT</b> a recurring rental <b>PRICE</b>, charges will only incur when an empty cylinder is replaced with a full cylinder.</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	375		12 MONTHS	
D2005	<p>Cylinder, size “E” refill for Item D2004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	75		12 MONTHS	
D2006	<p>Cylinder, size “D” (M15) refill for Item D2004 above.</p> <p>Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	42		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

D2007	Cylinder, size “B” (M6) refill for Item D2004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	85		12 MONTHS	
D2008	Cylinder, size “C” refill for Item D2004 above; Aluminum (or metal of equivalent weight) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	70		12 MONTHS	
D2009	Demand Nasal Cannula (e.g. Oximyzzer) Reservoir or pendant/equivalent. VA111	8		12 MONTHS	
D2010	<b>ESTIMATED MONTHLY</b> Volume Demand Pulse Conserving Device; no less than a 5:1 ratio or 60 ML/pulse VA111 <b>SPECIAL NOTE:</b> <b>Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	510		12 MONTHS	
D2011	Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per patient. E0439; AND Rental portable liquid oxygen system per patient E0434	8		12 MONTHS	
D2012	Liquid oxygen per pound for portable liquid oxygen system under Item D2011 E0444	8		12 MONTHS	
D2013	Volume Delivery for re-supply and/or relocation of	7		12 MONTHS	



VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	equipment due to change in patient's residence				
D2014	Portable Concentrator- Rental portable oxygen concentrator E1392	104		12 MONTHS	
D2015	Overnight Oximeter- Rental oximeter for overnight oximetry testing E0445	1		12 MONTHS	
D2016	Suction Machine- Rental suction machine E0600	1		12 MONTHS	
D2017	Compressor 50 psi - Rental 50 psi air compressor E0565	7		12 MONTHS	
D2018	Ventilator Negative Pressure ventilator; portable or stationary; Rental negative pressure ventilator E0465	1		12 MONTHS	
D2019	Pressure support ventilator with volume control mode; may include pressure control mode; Rental pressure support ventilator E0465	1		12 MONTHS	
D2020	Oxygen Thermal Fuse (Fire Safe Cannula) - fuse to isolate oxygen supply in case of fire	483		12 MONTHS	
D2021	Closed Suction Catheters- Contractor shall provide four (4) closed suction catheters to each ventilator patient each month, so that a clean catheter can be placed into the breathing circuit each week. Catheters shall be replaced as needed during MONTHLY visit by contractor RT. A4605	1		12 MONTHS	
D2022	Heated Humidifier- The contractor shall provide a heated humidifier to Veterans receiving mechanical ventilation only, to provide optimal levels of heat and	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	moisture to the patient's airway. S8182				
D2023	Portable Suction Machine- The contractor shall provide a portable suction machine equipped with an internal battery for use during transport to Veterans receiving mechanical ventilation only E0600	1		12 MONTHS	
D2024	Nebulizer with Compressor- The contractor will provide a nebulizer with compressor to ventilator patients only, as ordered by the VA. MONTHLY PRICE shall include spring loaded T-adapter, neb cups, tubing, masks, trach masks E0570	1		12 MONTHS	
D2025	Tracheostomy Care Supplies- The contractor shall provide supplies needed to properly clean and maintain trach and stoma to ventilator patients only. These supplies shall include, tracheostomy drain sponges A6402, basic tracheostomy care kits A4629, 3ml UNIT dose normal saline A4649, cuffed and uncuffed tracheostomy tubes A7521 A7520, tracheostomy inner cannulas A4623	1		12 MONTHS	
D2026	Inline HME- The contractor shall provide an inline heated moisture exchanger (HME) to Veterans receiving non-invasive mechanical ventilation in order to provide optimal levels of heat and moisture to the patient's airway. A4483	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

D2027	Refillable- type oxygen cylinder- Rental of additional re-fillable cylinders for patients who are assessed to have an extended need for oxygen portability due to high liter flow and /or increased patient activity outside of the home. E0443	14		12 MONTHS	
D2028	Battery for Portable Home Oxygen Concentrator- Temporary rental to be used only during patient travel, when extended time away from a permanent power source is expected	27		12 MONTHS	
D2029	PAP Pressure Valve- Contractor shall furnish a Positive Airway Pressure (PAP) Valve to each Veteran on nocturnal oxygen bled into a Positive Airway Pressure (PAP) Device when ordered by the VAMC. E1399	1		12 MONTHS	
D2030	Variable Concentration Trach Mask- The contractor shall provide a variable concentration trach mask to Veterans, as ordered by VA Medical Center Staff. This shall include the mask and all mask components A4620	1		12 MONTHS	
D2031	Cough Stimulating Device – The Contractor Respiratory Therapist shall deliver a Cough Stimulating Device to the Veteran; provide instruction on use of device, with return demonstration by caregiver, along with applicable patient education and equipment maintenance training. This MONTHLY PRICE shall include all components required for operation of the device, both	1		12 MONTHS	

## VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	disposable and non-disposable components. E0482				
D2032	Full Face Mask - The Contractor shall provide a full-face mask to Veterans receiving non-invasive mechanical ventilation. This item is to be provided to ventilator patients only. A7030	1		12 MONTHS	
		OPTION YEAR TWO TOTAL - DAYTON: \$ _____			
CLIN	DESCRIPTION	ESTIMATED MONTHLY QUANTITY	UNIT PRICE	UNITS	TOTAL PRICE
E2001 (a)	<b>COLUMBUS:</b> Rental concentrator with backup system consisting of compressed gas source, regulator, stand, (nasal cannula or mask and humidifier when specified). Concentrator will have flow rate capacity up to 5LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	173		12 MOTNHS	
E2001 (b)	Rental concentrator with backup system consisting of compressed gas source, regulator, stand (nasal cannula or mask and humidifier when specified). Concentrator must have flow rate capacity up to 10 LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	5		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

E2001 (c)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 5 LPM. E1390	670		12 MONTHS	
E2001 (d)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 10 LPM. E1390	22		12 MONTHS	
E2002	Cylinder, size M or H set-up consisting of regulator, flow meter, safety stand, humidifier and disposable supplies (emergency backup system or as primary) <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	3		12 MONTHS	
E2003	Cylinder, size M or H refill (Backup/Primary) E0441 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	3		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

E2004	<p>Portable system ONLY: prescription does not include concentrator: consists of “E”, “D”, “B” (M6), or “C” (M9) size aluminum (or equivalent weight metal) cylinder with regulator, flow meter, handcart, pouch and disposable supplies.</p> <p><b>NOTICE:</b> This shall be invoiced per cylinder provided to the patient. This is <b>NOT</b> a recurring rental <b>PRICE</b>, charges will only incur when an empty cylinder is replaced with a full cylinder.</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	10		12 MONTHS	
E2005	<p>Cylinder, size “E” refill for Item E2004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	30		12 MONTHS	
E2006	<p>Cylinder, size “D” (M15) refill for Item E2004 above.</p> <p>Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	30		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

E2007	Cylinder, size “B” (M6) refill for Item E2004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	10		12 MONTHS	
E2008	Cylinder, size “C” refill for Item E2004 above; Aluminum (or metal of equivalent weight) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	10		12 MONTHS	
E2009	Demand Nasal Cannula (e.g. Oximyzzer) Reservoir or pendant/equivalent. VA111	1		12 MONTHS	
E2010	<b>ESTIMATED MONTHLY</b> Volume Demand Pulse Conserver Device; no less than a 5:1 ratio or 60 ML/pulse VA111 <b>SPECIAL NOTE:</b> <b>Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	32		12 MONTHS	
E2011	Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per patient. E0439; AND Rental portable liquid oxygen system per patient E0434	1		12 MONTHS	
E2012	Liquid oxygen per pound for portable liquid oxygen system under Item E2011 E0444	1		12 MONTHS	
E2013	Volume Delivery for re-supply and/or relocation of	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	equipment due to change in patient's residence				
E2014	Portable Concentrator- Rental portable oxygen concentrator E1392	50		12 MONTHS	
E2015	Overnight Oximeter- Rental oximeter for overnight oximetry testing E0445	10		12 MONTHS	
E2016	Suction Machine- Rental suction machine E0600	10		12 MONTHS	
E2017	Compressor 50 psi - Rental 50 psi air compressor E0565	10		12 MONTHS	
E2018	Ventilator Negative Pressure ventilator; portable or stationary; Rental negative pressure ventilator E0465	1		12 MONTHS	
E2019	Pressure support ventilator with volume control mode; may include pressure control mode; Rental pressure support ventilator E0465	35		12 MONTHS	
E2020	Oxygen Thermal Fuse (Fire Safe Cannula) - fuse to isolate oxygen supply in case of fire	300		12 MONTHS	
E2021	Closed Suction Catheters- Contractor shall provide four (4) closed suction catheters to each ventilator patient each month, so that a clean catheter can be placed into the breathing circuit each week. Catheters shall be replaced as needed during MONTHLY visit by contractor RT. A4605	30		12 MONTHS	
E2022	Heated Humidifier- The contractor shall provide a heated humidifier to Veterans receiving mechanical ventilation only, to provide optimal levels of heat and	30		12 MONTHS	



VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	moisture to the patient's airway. S8182				
E2023	Portable Suction Machine- The contractor shall provide a portable suction machine equipped with an internal battery for use during transport to Veterans receiving mechanical ventilation only E0600	5		12 MONTHS	
E2024	Nebulizer with Compressor- The contractor will provide a nebulizer with compressor to ventilator patients only, as ordered by the VA. MONTHLY PRICE shall include spring loaded T-adapter, neb cups, tubing, masks, trach masks E0570	5		12 MONTHS	
E2025	Tracheostomy Care Supplies- The contractor shall provide supplies needed to properly clean and maintain trach and stoma to ventilator patients only. These supplies shall include, tracheostomy drain sponges A6402, basic tracheostomy care kits A4629, 3ml UNIT dose normal saline A4649, cuffed and uncuffed tracheostomy tubes A7521 A7520, tracheostomy inner cannulas A4623	35		12 MONTHS	
E2026	Inline HME- The contractor shall provide an inline heated moisture exchanger (HME) to Veterans receiving non-invasive mechanical ventilation in order to provide optimal levels of heat and moisture to the patient's airway. A4483	5		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

E2027	Refillable- type oxygen cylinder- Rental of additional re-fillable cylinders for patients who are assessed to have an extended need for oxygen portability due to high liter flow and /or increased patient activity outside of the home. E0443	20		12 MONTHS	
E2028	Battery for Portable Home Oxygen Concentrator- Temporary rental to be used only during patient travel, when extended time away from a permanent power source is expected	10		12 MONTHS	
E2029	PAP Pressure Valve- Contractor shall furnish a Positive Airway Pressure (PAP) Valve to each Veteran on nocturnal oxygen bled into a Positive Airway Pressure (PAP) Device when ordered by the VAMC. E1399	20		12 MONTHS	
E2030	Variable Concentration Trach Mask- The contractor shall provide a variable concentration trach mask to Veterans, as ordered by VA Medical Center Staff. This shall include the mask and all mask components A4620	1		12 MONTHS	
E2031	Cough Stimulating Device – The Contractor Respiratory Therapist shall deliver a Cough Stimulating Device to the Veteran; provide instruction on use of device, with return demonstration by caregiver, along with applicable patient education and equipment maintenance training. This MONTHLY PRICE shall include all components required for operation of the device, both	1		12 MONTHS	

	disposable and non-disposable components. E0482				
E2032	Full Face Mask - The Contractor shall provide a full-face mask to Veterans receiving non-invasive mechanical ventilation. This item is to be provided to ventilator patients only. A7030	1		12 MONTHS	
		OPTION YEAR TWO TOTAL - COLUMBUS: \$ _____			

OPTION YEAR TWO TOTAL: \$ \_\_\_\_\_

OPTION YEAR THREE					
CLIN	DESCRIPTION	ESTIMATED MONTHLY QUANTITY	UNIT PRICE	UNITS	TOTAL PRICE
A3001 (a)	<b>CHILLICOTHE:</b> Rental concentrator with backup system consisting of compressed gas source, regulator, stand, (nasal cannula or mask and humidifier when specified). Concentrator will have flow rate capacity up to 5LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	315		12 MONTHS	
A3001 (b)	Rental concentrator with backup system consisting of compressed gas source, regulator, stand (nasal cannula or mask and humidifier when specified). Concentrator must have flow rate capacity up to	11		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	10 LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>				
A3001 (c)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 5 LPM. E1390	310		12 MONTHS	
A3001 (d)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 10 LPM. E1390	50		12 MONTHS	
A3002	Cylinder, size M or H set-up consisting of regulator, flow meter, safety stand, humidifier and disposable supplies (emergency backup system or as primary) <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	310		12 MONTHS	
A3003	Cylinder, size M or H refill (Backup/Primary) E0441 <b>SPECIAL NOTE: Regulators,</b>	110		12 MONTHS	

	<b>Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>				
A3004	<p>Portable system ONLY: prescription does not include concentrator: consists of “E”, “D”, “B” (M6), or “C” (M9) size aluminum (or equivalent weight metal) cylinder with regulator, flow meter, handcart, pouch and disposable supplies.</p> <p><b>NOTICE:</b> This shall be invoiced per cylinder provided to the patient. This is <b>NOT</b> a recurring rental <b>PRICE</b>, charges will only incur when an empty cylinder is replaced with a full cylinder.</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	5		12 MONTHS	
A3005	<p>Cylinder, size “E” refill for Item A3004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	300		12 MONTHS	
A3006	<p>Cylinder, size “D” (M15) refill for Item A3004 above.</p> <p>Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in</b></p>	100		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	the MONTHLY rental PRICE for all applicable equipment				
A3007	Cylinder, size “B” (M6) refill for Item A3004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	300		12 MONTHS	
A3008	Cylinder, size “C” refill for Item A3004 above; Aluminum (or metal of equivalent weight) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	50		12 MONTHS	
A3009	Demand Nasal Cannula (e.g. Oximzyer) Reservoir or pendant/equivalent. VA111	12		12 MONTHS	
A3010	<b>ESTIMATED MONTHLY</b> Volume Demand Pulse Conserver Device; no less than a 5:1 ratio or 60 ML/pulse VA111 <b>SPECIAL NOTE:</b> <b>Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	165		12 MONTHS	
A3011	Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per patient. E0439; AND Rental portable liquid	3		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	oxygen system per patient E0434				
A3012	Liquid oxygen per pound for portable liquid oxygen system under Item A3011 E0444	4		12 MONTHS	
A3013	Volume Delivery for re-supply and/or relocation of equipment due to change in patient's residence	1		12 MONTHS	
A3014	Portable Concentrator- Rental portable oxygen concentrator E1392	50		12 MONTHS	
A3015	Overnight Oximeter- Rental oximeter for overnight oximetry testing E0445	35		12 MONTHS	
A3016	Suction Machine- Rental suction machine E0600	3		12 MONTHS	
A3017	Compressor 50 psi - Rental 50 psi air compressor E0565	5		12 MONTHS	
A3018	Ventilator Negative Pressure ventilator; portable or stationary; Rental negative pressure ventilator E0465	1		12 MONTHS	
A3019	Pressure support ventilator with volume control mode; may include pressure control mode; Rental pressure support ventilator E0465	5		12 MONTHS	
A3020	Oxygen Thermal Fuse (Fire Safe Cannula) - fuse to isolate oxygen supply in case of fire	320		12 MONTHS	
A3021	Closed Suction Catheters- Contractor shall provide four (4) closed suction catheters to each ventilator patient each month, so that a clean catheter can be placed into the breathing circuit each week. Catheters shall be replaced as needed during	5		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	MONTHLY visit by contractor RT. A4605				
A3022	Heated Humidifier- The contractor shall provide a heated humidifier to Veterans receiving mechanical ventilation only, to provide optimal levels of heat and moisture to the patient's airway. S8182	5		12 MONTHS	
A3023	Portable Suction Machine- The contractor shall provide a portable suction machine equipped with an internal battery for use during transport to Veterans receiving mechanical ventilation only E0600	3		12 MONTHS	
A3024	Nebulizer with Compressor- The contractor will provide a nebulizer with compressor to ventilator patients only, as ordered by the VA. MONTHLY PRICE shall include spring loaded T-adapter, neb cups, tubing, masks, trach masks E0570	4		12 MONTHS	
A3025	Tracheostomy Care Supplies- The contractor shall provide supplies needed to properly clean and maintain trach and stoma to ventilator patients only. These supplies shall include, tracheostomy drain sponges A6402, basic tracheostomy care kits A4629, 3ml UNIT dose normal saline A4649, cuffed and uncuffed tracheostomy tubes A7521	5		12 MONTHS	



VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	A7520, tracheostomy inner cannulas A4623				
A3026	Inline HME- The contractor shall provide an inline heated moisture exchanger (HME) to Veterans receiving non-invasive mechanical ventilation in order to provide optimal levels of heat and moisture to the patient's airway. A4483	3		12 MONTHS	
A3027	Refillable- type oxygen cylinder- Rental of additional re-fillable cylinders for patients who are assessed to have an extended need for oxygen portability due to high liter flow and /or increased patient activity outside of the home. E0443	23		12 MONTHS	
A3028	Battery for Portable Home Oxygen Concentrator- Temporary rental to be used only during patient travel, when extended time away from a permanent power source is expected	2		12 MONTHS	
A3029	PAP Pressure Valve- Contractor shall furnish a Positive Airway Pressure (PAP) Valve to each Veteran on nocturnal oxygen bled into a Positive Airway Pressure (PAP) Device when ordered by the VAMC. E1399	5		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

A3030	Variable Concentration Trach Mask- The contractor shall provide a variable concentration trach mask to Veterans, as ordered by VA Medical Center Staff. This shall include the mask and all mask components A4620	1		12 MONTHS	
A3031	Cough Stimulating Device – The Contractor Respiratory Therapist shall deliver a Cough Stimulating Device to the Veteran; provide instruction on use of device, with return demonstration by caregiver, along with applicable patient education and equipment maintenance training. This MONTHLY PRICE shall include all components required for operation of the device, both disposable and non-disposable components. E0482	5		12 MONTHS	
A3032	Full Face Mask - The Contractor shall provide a full-face mask to Veterans receiving non-invasive mechanical ventilation. This item is to be provided to ventilator patients only. A7030	1		12 MONTHS	
		OPTION YEAR THREE TOTAL - CHILLICOTHE: \$ _____			
<b>CLIN</b>	<b>DESCRIPTION</b>	<b>ESTIMATED MONTHLY QUANTITY</b>	<b>UNIT PRICE</b>	<b>UNITS</b>	<b>TOTAL PRICE</b>

B3001 (a)	<b>CINCINNATI:</b> Rental concentrator with backup system consisting of compressed gas source, regulator, stand, (nasal cannula or mask and humidifier when specified). Concentrator will have flow rate capacity up to 5LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	138		12 MONTHS	
B3001 (b)	Rental concentrator with backup system consisting of compressed gas source, regulator, stand (nasal cannula or mask and humidifier when specified). Concentrator must have flow rate capacity up to 10 LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	35		12 MONTHS	
B3001 (c)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 5 LPM. E1390	610		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

B3001 (d)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 10 LPM. E1390	35		12 MONTHS	
B3002	Cylinder, size M or H set-up consisting of regulator, flow meter, safety stand, humidifier and disposable supplies (emergency backup system or as primary) <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	1		12 MONTHS	
B3003	Cylinder, size M or H refill (Backup/Primary) E0441 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

B3004	<p>Portable system ONLY: prescription does not include concentrator: consists of “E”, “D”, “B” (M6), or “C” (M9) size aluminum (or equivalent weight metal) cylinder with regulator, flow meter, handcart, pouch and disposable supplies.</p> <p><b>NOTICE:</b> This shall be invoiced per cylinder provided to the patient. This is <b>NOT</b> a recurring rental <b>PRICE</b>, charges will only incur when an empty cylinder is replaced with a full cylinder.</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	25		12 MONTHS	
B3005	<p>Cylinder, size “E” refill for Item B3004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</p>	53		12 MONTHS	
B3006	<p>Cylinder, size “D” (M15) refill for Item B3004 above.</p> <p>Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</p>	53		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

B3007	Cylinder, size “B” (M6) refill for Item B3004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	5		12 MONTHS	
B3008	Cylinder, size “C” refill for Item B3004 above; Aluminum (or metal of equivalent weight) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	5		12 MONTHS	
B3009	Demand Nasal Cannula (e.g. Oximyzzer) Reservoir or pendant/equivalent. VA111	1		12 MONTHS	
B3010	<b>ESTIMATED MONTHLY</b> Volume Demand Pulse Conserving Device; no less than a 5:1 ratio or 60 ML/pulse VA111 <b>SPECIAL NOTE:</b> <b>Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	200		12 MONTHS	
B3011	Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per patient. E0439; AND Rental portable liquid oxygen system per patient E0434	1		12 MONTHS	
B3012	Liquid oxygen per pound for portable liquid oxygen system under Item B3011 E0444	1		12 MONTHS	
B3013	Volume Delivery for re-supply and/or relocation of	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	equipment due to change in patient's residence				
B3014	Portable Concentrator- Rental portable oxygen concentrator E1392	53		12 MONTHS	
B3015	Overnight Oximeter- Rental oximeter for overnight oximetry testing E0445	5		12 MONTHS	
B3016	Suction Machine- Rental suction machine E0600	3		12 MONTHS	
B3017	Compressor 50 psi - Rental 50 psi air compressor E0565	3		12 MONTHS	
B3018	Ventilator Negative Pressure ventilator; portable or stationary; Rental negative pressure ventilator E0465	1		12 MONTHS	
B3019	Pressure support ventilator with volume control mode; may include pressure control mode; Rental pressure support ventilator E0465	23		12 MONTHS	
B3020	Oxygen Thermal Fuse (Fire Safe Cannula) - fuse to isolate oxygen supply in case of fire	315		12 MONTHS	
B3021	Closed Suction Catheters- Contractor shall provide four (4) closed suction catheters to each ventilator patient each month, so that a clean catheter can be placed into the breathing circuit each week. Catheters shall be replaced as needed during MONTHLY visit by contractor RT. A4605	23		12 MONTHS	
B3022	Heated Humidifier- The contractor shall provide a heated humidifier to Veterans receiving mechanical ventilation only, to provide optimal levels of heat and	23		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	moisture to the patient's airway. S8182				
B3023	Portable Suction Machine- The contractor shall provide a portable suction machine equipped with an internal battery for use during transport to Veterans receiving mechanical ventilation only E0600	23		12 MONTHS	
B3024	Nebulizer with Compressor- The contractor will provide a nebulizer with compressor to ventilator patients only, as ordered by the VA. MONTHLY PRICE shall include spring loaded T-adapter, neb cups, tubing, masks, trach masks E0570	6		12 MONTHS	
B3025	Tracheostomy Care Supplies- The contractor shall provide supplies needed to properly clean and maintain trach and stoma to ventilator patients only. These supplies shall include, tracheostomy drain sponges A6402, basic tracheostomy care kits A4629, 3ml UNIT dose normal saline A4649, cuffed and uncuffed tracheostomy tubes A7521 A7520, tracheostomy inner cannulas A4623	16		12 MONTHS	
B3026	Inline HME- The contractor shall provide an inline heated moisture exchanger (HME) to Veterans receiving non-invasive mechanical ventilation in order to provide optimal levels of heat and moisture to the patient's airway. A4483	8		12 MONTHS	



VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

B3027	Refillable- type oxygen cylinder- Rental of additional re-fillable cylinders for patients who are assessed to have an extended need for oxygen portability due to high liter flow and /or increased patient activity outside of the home. E0443	110		12 MONTHS	
B3028	Battery for Portable Home Oxygen Concentrator- Temporary rental to be used only during patient travel, when extended time away from a permanent power source is expected	6		12 MONTHS	
B3029	PAP Pressure Valve- Contractor shall furnish a Positive Airway Pressure (PAP) Valve to each Veteran on nocturnal oxygen bled into a Positive Airway Pressure (PAP) Device when ordered by the VAMC. E1399	22		12 MONTHS	
B3030	Variable Concentration Trach Mask- The contractor shall provide a variable concentration trach mask to Veterans, as ordered by VA Medical Center Staff. This shall include the mask and all mask components A4620	1		12 MONTHS	
B3031	Cough Stimulating Device – The Contractor Respiratory Therapist shall deliver a Cough Stimulating Device to the Veteran; provide instruction on use of device, with return demonstration by caregiver, along with applicable patient education and equipment maintenance training. This MONTHLY PRICE shall include all components required for operation of the device, both	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	disposable and non-disposable components. E0482				
B3032	Full Face Mask - The Contractor shall provide a full-face mask to Veterans receiving non-invasive mechanical ventilation. This item is to be provided to ventilator patients only. A7030	1		12 MONTHS	
		OPTION YEAR THREE TOTAL - CINCINNATI: \$ _____			
CLIN	DESCRIPTION	ESTIMATED MONTHLY QUANTITY	UNIT PRICE	UNITS	TOTAL PRICE
C3001 (a)	<b>CLEVELAND:</b> Rental concentrator with backup system consisting of compressed gas source, regulator, stand, (nasal cannula or mask and humidifier when specified). Concentrator will have flow rate capacity up to 5LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	515		12 MONTHS	
C3001 (b)	Rental concentrator with backup system consisting of compressed gas source, regulator, stand (nasal cannula or mask and humidifier when specified). Concentrator must have flow rate capacity up to 10 LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	210		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

C3001 (c)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 5 LPM. E1390	415		12 MONTHS	
C3001 (d)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 10 LPM. E1390	115		12 MONTHS	
C3002	Cylinder, size M or H set-up consisting of regulator, flow meter, safety stand, humidifier and disposable supplies (emergency backup system or as primary) <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	49		12 MONTHS	
C3003	Cylinder, size M or H refill (Backup/Primary) E0441 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	19		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

C3004	<p>Portable system ONLY: prescription does not include concentrator: consists of “E”, “D”, “B” (M6), or “C” (M9) size aluminum (or equivalent weight metal) cylinder with regulator, flow meter, handcart, pouch and disposable supplies.</p> <p><b>NOTICE:</b> This shall be invoiced per cylinder provided to the patient. This is <b>NOT</b> a recurring rental <b>PRICE</b>, charges will only incur when an empty cylinder is replaced with a full cylinder.</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	20		12 MONTHS	
C3005	<p>Cylinder, size “E” refill for Item C3004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	30		12 MONTHS	
C3006	<p>Cylinder, size “D” (M15) refill for Item C3004 above.</p> <p>Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	30		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

C3007	Cylinder, size “B” (M6) refill for Item C3004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	10		12 MONTHS	
C3008	Cylinder, size “C” refill for Item C3004 above; Aluminum (or metal of equivalent weight) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	10		12 MONTHS	
C3009	Demand Nasal Cannula (e.g. Oximyzzer) Reservoir or pendant/equivalent. VA111	1		12 MONTHS	
C3010	<b>ESTIMATED MONTHLY</b> Volume Demand Pulse Conserving Device; no less than a 5:1 ratio or 60 ML/pulse VA111 <b>SPECIAL NOTE:</b> <b>Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	33		12 MONTHS	
C3011	Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per patient. E0439; AND Rental portable liquid oxygen system per patient E0434	1		12 MONTHS	
C3012	Liquid oxygen per pound for portable liquid oxygen system under Item C3011 E0444	1		12 MONTHS	
C3013	Volume Delivery for re-supply and/or relocation of	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	equipment due to change in patient's residence				
C3014	Portable Concentrator- Rental portable oxygen concentrator E1392	55		12 MONTHS	
C3015	Overnight Oximeter- Rental oximeter for overnight oximetry testing E0445	2		12 MONTHS	
C3016	Suction Machine- Rental suction machine E0600	9		12 MONTHS	
C3017	Compressor 50 psi - Rental 50 psi air compressor E0565	4		12 MONTHS	
C3018	Ventilator Negative Pressure ventilator; portable or stationary; Rental negative pressure ventilator E0465	30		12 MONTHS	
C3019	Pressure support ventilator with volume control mode; may include pressure control mode; Rental pressure support ventilator E0465	1		12 MONTHS	
C3020	Oxygen Thermal Fuse (Fire Safe Cannula) - fuse to isolate oxygen supply in case of fire	672		12 MONTHS	
C3021	Closed Suction Catheters- Contractor shall provide four (4) closed suction catheters to each ventilator patient each month, so that a clean catheter can be placed into the breathing circuit each week. Catheters shall be replaced as needed during MONTHLY visit by contractor RT. A4605	4		12 MONTHS	
C3022	Heated Humidifier- The contractor shall provide a heated humidifier to Veterans receiving mechanical ventilation only, to provide optimal levels of heat and	11		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	moisture to the patient's airway. S8182				
C3023	Portable Suction Machine- The contractor shall provide a portable suction machine equipped with an internal battery for use during transport to Veterans receiving mechanical ventilation only E0600	8		12 MONTHS	
C3024	Nebulizer with Compressor- The contractor will provide a nebulizer with compressor to ventilator patients only, as ordered by the VA. MONTHLY PRICE shall include spring loaded T-adapter, neb cups, tubing, masks, trach masks E0570	4		12 MONTHS	
C3025	Tracheostomy Care Supplies- The contractor shall provide supplies needed to properly clean and maintain trach and stoma to ventilator patients only. These supplies shall include, tracheostomy drain sponges A6402, basic tracheostomy care kits A4629, 3ml UNIT dose normal saline A4649, cuffed and uncuffed tracheostomy tubes A7521 A7520, tracheostomy inner cannulas A4623	5		12 MONTHS	
C3026	Inline HME- The contractor shall provide an inline heated moisture exchanger (HME) to Veterans receiving non-invasive mechanical ventilation in order to provide optimal levels of heat and moisture to the patient's airway. A4483	30		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

C3027	Refillable- type oxygen cylinder- Rental of additional re-fillable cylinders for patients who are assessed to have an extended need for oxygen portability due to high liter flow and /or increased patient activity outside of the home. E0443	55		12 MONTHS	
C3028	Battery for Portable Home Oxygen Concentrator- Temporary rental to be used only during patient travel, when extended time away from a permanent power source is expected	14		12 MONTHS	
C3029	PAP Pressure Valve- Contractor shall furnish a Positive Airway Pressure (PAP) Valve to each Veteran on nocturnal oxygen bled into a Positive Airway Pressure (PAP) Device when ordered by the VAMC. E1399	2		12 MONTHS	
C3030	Variable Concentration Trach Mask- The contractor shall provide a variable concentration trach mask to Veterans, as ordered by VA Medical Center Staff. This shall include the mask and all mask components A4620	5		12 MONTHS	
C3031	Cough Stimulating Device – The Contractor Respiratory Therapist shall deliver a Cough Stimulating Device to the Veteran; provide instruction on use of device, with return demonstration by caregiver, along with applicable patient education and equipment maintenance training. This MONTHLY PRICE shall include all components required for operation of the device, both	21		12 MONTHS	



VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	disposable and non-disposable components. E0482				
C3032	Full Face Mask - The Contractor shall provide a full-face mask to Veterans receiving non-invasive mechanical ventilation. This item is to be provided to ventilator patients only. A7030	1		12 MONTHS	
		OPTION YEAR THREE TOTAL - CLEVELAND: \$ _____			
CLIN	DESCRIPTION	ESTIMATED MONTHLY QUANTITY	UNIT PRICE	UNITS	TOTAL PRICE
D3001 (a)	<b>DAYTON:</b> Rental concentrator with backup system consisting of compressed gas source, regulator, stand, (nasal cannula or mask and humidifier when specified). Concentrator will have flow rate capacity up to 5LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	880		12 MOTNHS	
D3001 (b)	Rental concentrator with backup system consisting of compressed gas source, regulator, stand (nasal cannula or mask and humidifier when specified). Concentrator must have flow rate capacity up to 10 LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	45		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

D3001 (c)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 5 LPM. E1390	520		12 MONTHS	
D3001 (d)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 10 LPM. E1390	28		12 MONTHS	
D3002	Cylinder, size M or H set-up consisting of regulator, flow meter, safety stand, humidifier and disposable supplies (emergency backup system or as primary) <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	94		12 MONTHS	
D3003	Cylinder, size M or H refill (Backup/Primary) E0441 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	94		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

D3004	<p>Portable system ONLY: prescription does not include concentrator: consists of “E”, “D”, “B” (M6), or “C” (M9) size aluminum (or equivalent weight metal) cylinder with regulator, flow meter, handcart, pouch and disposable supplies.</p> <p><b>NOTICE:</b> This shall be invoiced per cylinder provided to the patient. This is <b>NOT</b> a recurring rental <b>PRICE</b>, charges will only incur when an empty cylinder is replaced with a full cylinder.</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	400		12 MONTHS	
D3005	<p>Cylinder, size “E” refill for Item D3004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	81		12 MONTHS	
D3006	<p>Cylinder, size “D” (M15) refill for Item D3004 above.</p> <p>Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	45		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

D3007	Cylinder, size “B” (M6) refill for Item D3004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	94		12 MONTHS	
D3008	Cylinder, size “C” refill for Item D3004 above; Aluminum (or metal of equivalent weight) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	76		12 MONTHS	
D3009	Demand Nasal Cannula (e.g. Oximyzzer) Reservoir or pendant/equivalent. VA111	9		12 MONTHS	
D3010	<b>ESTIMATED MONTHLY</b> Volume Demand Pulse Conserver Device; no less than a 5:1 ratio or 60 ML/pulse VA111 <b>SPECIAL NOTE:</b> <b>Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	550		12 MONTHS	
D3011	Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per patient. E0439; AND Rental portable liquid oxygen system per patient E0434	9		12 MONTHS	
D3012	Liquid oxygen per pound for portable liquid oxygen system under Item D3011 E0444	9		12 MONTHS	
D3013	Volume Delivery for re-supply and/or relocation of	8		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	equipment due to change in patient's residence				
D3014	Portable Concentrator- Rental portable oxygen concentrator E1392	112		12 MONTHS	
D3015	Overnight Oximeter- Rental oximeter for overnight oximetry testing E0445	1		12 MONTHS	
D3016	Suction Machine- Rental suction machine E0600	1		12 MONTHS	
D3017	Compressor 50 psi - Rental 50 psi air compressor E0565	8		12 MONTHS	
D3018	Ventilator Negative Pressure ventilator; portable or stationary; Rental negative pressure ventilator E0465	1		12 MONTHS	
D3019	Pressure support ventilator with volume control mode; may include pressure control mode; Rental pressure support ventilator E0465	1		12 MONTHS	
D3020	Oxygen Thermal Fuse (Fire Safe Cannula) - fuse to isolate oxygen supply in case of fire	520		12 MONTHS	
D3021	Closed Suction Catheters- Contractor shall provide four (4) closed suction catheters to each ventilator patient each month, so that a clean catheter can be placed into the breathing circuit each week. Catheters shall be replaced as needed during MONTHLY visit by contractor RT. A4605	1		12 MONTHS	
D3022	Heated Humidifier- The contractor shall provide a heated humidifier to Veterans receiving mechanical ventilation only, to provide optimal levels of heat and	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	moisture to the patient's airway. S8182				
D3023	Portable Suction Machine- The contractor shall provide a portable suction machine equipped with an internal battery for use during transport to Veterans receiving mechanical ventilation only E0600	1		12 MONTHS	
D3024	Nebulizer with Compressor- The contractor will provide a nebulizer with compressor to ventilator patients only, as ordered by the VA. MONTHLY PRICE shall include spring loaded T-adapter, neb cups, tubing, masks, trach masks E0570	1		12 MONTHS	
D3025	Tracheostomy Care Supplies- The contractor shall provide supplies needed to properly clean and maintain trach and stoma to ventilator patients only. These supplies shall include, tracheostomy drain sponges A6402, basic tracheostomy care kits A4629, 3ml UNIT dose normal saline A4649, cuffed and uncuffed tracheostomy tubes A7521 A7520, tracheostomy inner cannulas A4623	1		12 MONTHS	
D3026	Inline HME- The contractor shall provide an inline heated moisture exchanger (HME) to Veterans receiving non-invasive mechanical ventilation in order to provide optimal levels of heat and moisture to the patient's airway. A4483	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

D3027	Refillable- type oxygen cylinder- Rental of additional re-fillable cylinders for patients who are assessed to have an extended need for oxygen portability due to high liter flow and /or increased patient activity outside of the home. E0443	16		12 MONTHS	
D3028	Battery for Portable Home Oxygen Concentrator- Temporary rental to be used only during patient travel, when extended time away from a permanent power source is expected	29		12 MONTHS	
D3029	PAP Pressure Valve- Contractor shall furnish a Positive Airway Pressure (PAP) Valve to each Veteran on nocturnal oxygen bled into a Positive Airway Pressure (PAP) Device when ordered by the VAMC. E1399	1		12 MONTHS	
D3030	Variable Concentration Trach Mask- The contractor shall provide a variable concentration trach mask to Veterans, as ordered by VA Medical Center Staff. This shall include the mask and all mask components A4620	1		12 MONTHS	
D3031	Cough Stimulating Device – The Contractor Respiratory Therapist shall deliver a Cough Stimulating Device to the Veteran; provide instruction on use of device, with return demonstration by caregiver, along with applicable patient education and equipment maintenance training. This MONTHLY PRICE shall include all components required for operation of the device, both	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	disposable and non-disposable components. E0482				
D3032	Full Face Mask - The Contractor shall provide a full-face mask to Veterans receiving non-invasive mechanical ventilation. This item is to be provided to ventilator patients only. A7030	1		12 MONTHS	
		OPTION YEAR THREE TOTAL - DAYTON: \$ _____			
CLIN	DESCRIPTION	ESTIMATED MONTHLY QUANTITY	UNIT PRICE	UNITS	TOTAL PRICE
E3001 (a)	<b>COLUMBUS:</b> Rental concentrator with backup system consisting of compressed gas source, regulator, stand, (nasal cannula or mask and humidifier when specified). Concentrator will have flow rate capacity up to 5LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	174		12 MOTNHS	
E3001 (b)	Rental concentrator with backup system consisting of compressed gas source, regulator, stand (nasal cannula or mask and humidifier when specified). Concentrator must have flow rate capacity up to 10 LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	6		12 MONTHS	



VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

E3001 (c)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 5 LPM. E1390	672		12 MONTHS	
E3001 (d)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 10 LPM. E1390	23		12 MONTHS	
E3002	Cylinder, size M or H set-up consisting of regulator, flow meter, safety stand, humidifier and disposable supplies (emergency backup system or as primary) <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	3		12 MONTHS	
E3003	Cylinder, size M or H refill (Backup/Primary) E0441 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	3		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

E3004	<p>Portable system ONLY: prescription does not include concentrator: consists of “E”, “D”, “B” (M6), or “C” (M9) size aluminum (or equivalent weight metal) cylinder with regulator, flow meter, handcart, pouch and disposable supplies.</p> <p><b>NOTICE:</b> This shall be invoiced per cylinder provided to the patient. This is <b>NOT</b> a recurring rental <b>PRICE</b>, charges will only incur when an empty cylinder is replaced with a full cylinder.</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	10		12 MONTHS	
E3005	<p>Cylinder, size “E” refill for Item E3004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	30		12 MONTHS	
E3006	<p>Cylinder, size “D” (M15) refill for Item E3004 above.</p> <p>Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	30		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

E3007	Cylinder, size “B” (M6) refill for Item E3004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	10		12 MONTHS	
E3008	Cylinder, size “C” refill for Item E3004 above; Aluminum (or metal of equivalent weight) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	10		12 MONTHS	
E3009	Demand Nasal Cannula (e.g. Oximyzzer) Reservoir or pendant/equivalent. VA111	1		12 MONTHS	
E3010	<b>ESTIMATED MONTHLY</b> Volume Demand Pulse Conserver Device; no less than a 5:1 ratio or 60 ML/pulse VA111 <b>SPECIAL NOTE:</b> <b>Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	33		12 MONTHS	
E3011	Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per patient. E0439; AND Rental portable liquid oxygen system per patient E0434	1		12 MONTHS	
E3012	Liquid oxygen per pound for portable liquid oxygen system under Item E3011 E0444	1		12 MONTHS	
E3013	Volume Delivery for re-supply and/or relocation of	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	equipment due to change in patient's residence				
E3014	Portable Concentrator- Rental portable oxygen concentrator E1392	55		12 MONTHS	
E3015	Overnight Oximeter- Rental oximeter for overnight oximetry testing E0445	10		12 MONTHS	
E3016	Suction Machine- Rental suction machine E0600	10		12 MONTHS	
E3017	Compressor 50 psi - Rental 50 psi air compressor E0565	11		12 MONTHS	
E3018	Ventilator Negative Pressure ventilator; portable or stationary; Rental negative pressure ventilator E0465	1		12 MONTHS	
E3019	Pressure support ventilator with volume control mode; may include pressure control mode; Rental pressure support ventilator E0465	36		12 MONTHS	
E3020	Oxygen Thermal Fuse (Fire Safe Cannula) - fuse to isolate oxygen supply in case of fire	300		12 MONTHS	
E3021	Closed Suction Catheters- Contractor shall provide four (4) closed suction catheters to each ventilator patient each month, so that a clean catheter can be placed into the breathing circuit each week. Catheters shall be replaced as needed during MONTHLY visit by contractor RT. A4605	30		12 MONTHS	
E3022	Heated Humidifier- The contractor shall provide a heated humidifier to Veterans receiving mechanical ventilation only, to provide optimal levels of heat and	30		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	moisture to the patient's airway. S8182				
E3023	Portable Suction Machine- The contractor shall provide a portable suction machine equipped with an internal battery for use during transport to Veterans receiving mechanical ventilation only E0600	5		12 MONTHS	
E3024	Nebulizer with Compressor- The contractor will provide a nebulizer with compressor to ventilator patients only, as ordered by the VA. MONTHLY PRICE shall include spring loaded T-adapter, neb cups, tubing, masks, trach masks E0570	5		12 MONTHS	
E3025	Tracheostomy Care Supplies- The contractor shall provide supplies needed to properly clean and maintain trach and stoma to ventilator patients only. These supplies shall include, tracheostomy drain sponges A6402, basic tracheostomy care kits A4629, 3ml UNIT dose normal saline A4649, cuffed and uncuffed tracheostomy tubes A7521 A7520, tracheostomy inner cannulas A4623	35		12 MONTHS	
E3026	Inline HME- The contractor shall provide an inline heated moisture exchanger (HME) to Veterans receiving non-invasive mechanical ventilation in order to provide optimal levels of heat and moisture to the patient's airway. A4483	5		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

E3027	Refillable- type oxygen cylinder- Rental of additional re-fillable cylinders for patients who are assessed to have an extended need for oxygen portability due to high liter flow and /or increased patient activity outside of the home. E0443	25		12 MONTHS	
E3028	Battery for Portable Home Oxygen Concentrator- Temporary rental to be used only during patient travel, when extended time away from a permanent power source is expected	15		12 MONTHS	
E3029	PAP Pressure Valve- Contractor shall furnish a Positive Airway Pressure (PAP) Valve to each Veteran on nocturnal oxygen bled into a Positive Airway Pressure (PAP) Device when ordered by the VAMC. E1399	20		12 MONTHS	
E3030	Variable Concentration Trach Mask- The contractor shall provide a variable concentration trach mask to Veterans, as ordered by VA Medical Center Staff. This shall include the mask and all mask components A4620	1		12 MONTHS	
E3031	Cough Stimulating Device – The Contractor Respiratory Therapist shall deliver a Cough Stimulating Device to the Veteran; provide instruction on use of device, with return demonstration by caregiver, along with applicable patient education and equipment maintenance training. This MONTHLY PRICE shall include all components required for operation of the device, both	1		12 MONTHS	

	disposable and non-disposable components. E0482				
E3032	Full Face Mask - The Contractor shall provide a full-face mask to Veterans receiving non-invasive mechanical ventilation. This item is to be provided to ventilator patients only. A7030	1		12 MONTHS	
		OPTION YEAR THREE TOTAL - COLUMBUS: \$ _____			

OPTION YEAR THREE TOTAL: \$ \_\_\_\_\_

OPTION YEAR FOUR					
CLIN	DESCRIPTION	ESTIMATED MONTHLY QUANTITY	UNIT PRICE	UNITS	TOTAL PRICE
A4001 (a)	<b>CHILLICOTHE:</b> Rental concentrator with backup system consisting of compressed gas source, regulator, stand, (nasal cannula or mask and humidifier when specified). Concentrator will have flow rate capacity up to 5LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	315		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

A4001 (b)	Rental concentrator with backup system consisting of compressed gas source, regulator, stand (nasal cannula or mask and humidifier when specified). Concentrator must have flow rate capacity up to 10 LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	11		12 MONTHS	
A4001 (c)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 5 LPM. E1390	315		12 MONTHS	
A4001 (d)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 10 LPM. E1390	50		12 MONTHS	
A4002	Cylinder, size M or H set-up consisting of regulator, flow meter, safety stand, humidifier and disposable supplies (emergency backup system or as primary) <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be</b>	315		12 MONTHS	



	<b>included in the MONTHLY rental PRICE for all applicable equipment.</b>				
A4003	Cylinder, size M or H refill (Backup/Primary) E0441 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	110		12 MONTHS	
A4004	Portable system ONLY: prescription does not include concentrator: consists of “E”, “D”, “B” (M6), or “C” (M9) size aluminum (or equivalent weight metal) cylinder with regulator, flow meter, handcart, pouch and disposable supplies. <b>NOTICE:</b> This shall be invoiced per cylinder provided to the patient. This is <b>NOT</b> a recurring rental <b>PRICE</b> , charges will only incur when an empty cylinder is replaced with a full cylinder. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	5		12 MONTHS	
A4005	Cylinder, size “E” refill for Item A4004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	300		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

A4006	Cylinder, size “D” (M15) refill for Item A4004 above. Aluminum (or metal of equivalent weight or less) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	100		12 MONTHS	
A4007	Cylinder, size “B” (M6) refill for Item A4004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	300		12 MONTHS	
A4008	Cylinder, size “C” refill for Item A4004 above; Aluminum (or metal of equivalent weight) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	50		12 MONTHS	
A4009	Demand Nasal Cannula (e.g. Oximyzzer) Reservoir or pendant/equivalent. VA111	12		12 MONTHS	
A4010	<b>ESTIMATED MONTHLY</b> Volume Demand Pulse Conserver Device; no less than a 5:1 ratio or 60 ML/pulse VA111 <b>SPECIAL NOTE:</b> <b>Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	165		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

A4011	Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per patient. E0439; AND Rental portable liquid oxygen system per patient E0434	3		12 MONTHS	
A4012	Liquid oxygen per pound for portable liquid oxygen system under Item A4011 E0444	4		12 MONTHS	
A4013	Volume Delivery for re-supply and/or relocation of equipment due to change in patient's residence	1		12 MONTHS	
A4014	Portable Concentrator- Rental portable oxygen concentrator E1392	50		12 MONTHS	
A4015	Overnight Oximeter- Rental oximeter for overnight oximetry testing E0445	35		12 MONTHS	
A4016	Suction Machine- Rental suction machine E0600	3		12 MONTHS	
A4017	Compressor 50 psi - Rental 50 psi air compressor E0565	6		12 MONTHS	
A4018	Ventilator Negative Pressure ventilator; portable or stationary; Rental negative pressure ventilator E0465	1		12 MONTHS	
A4019	Pressure support ventilator with volume control mode; may include pressure control mode; Rental pressure support ventilator E0465	5		12 MONTHS	
A4020	Oxygen Thermal Fuse (Fire Safe Cannula) - fuse to isolate oxygen supply in case of fire	320		12 MONTHS	
A4021	Closed Suction Catheters- Contractor shall provide four (4) closed suction catheters to each ventilator patient each month, so that a clean catheter can be placed into the breathing circuit each	5		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	week. Catheters shall be replaced as needed during MONTHLY visit by contractor RT. A4605				
A4022	Heated Humidifier- The contractor shall provide a heated humidifier to Veterans receiving mechanical ventilation only, to provide optimal levels of heat and moisture to the patient's airway. S8182	5		12 MONTHS	
A4023	Portable Suction Machine- The contractor shall provide a portable suction machine equipped with an internal battery for use during transport to Veterans receiving mechanical ventilation only E0600	3		12 MONTHS	
A4024	Nebulizer with Compressor- The contractor will provide a nebulizer with compressor to ventilator patients only, as ordered by the VA. MONTHLY PRICE shall include spring loaded T-adapter, neb cups, tubing, masks, trach masks E0570	4		12 MONTHS	
A4025	Tracheostomy Care Supplies- The contractor shall provide supplies needed to properly clean and maintain trach and stoma to ventilator patients only. These supplies shall include, tracheostomy drain sponges A6402, basic tracheostomy care kits A4629, 3ml UNIT dose normal saline A4649, cuffed and uncuffed tracheostomy tubes A7521 A7520, tracheostomy inner cannulas A4623	5		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

A4026	Inline HME- The contractor shall provide an inline heated moisture exchanger (HME) to Veterans receiving non-invasive mechanical ventilation in order to provide optimal levels of heat and moisture to the patient's airway. A4483	3		12 MONTHS	
A4027	Refillable- type oxygen cylinder- Rental of additional re-fillable cylinders for patients who are assessed to have an extended need for oxygen portability due to high liter flow and /or increased patient activity outside of the home. E0443	25		12 MONTHS	
A4028	Battery for Portable Home Oxygen Concentrator- Temporary rental to be used only during patient travel, when extended time away from a permanent power source is expected	2		12 MONTHS	
A4029	PAP Pressure Valve- Contractor shall furnish a Positive Airway Pressure (PAP) Valve to each Veteran on nocturnal oxygen bled into a Positive Airway Pressure (PAP) Device when ordered by the VAMC. E1399	5		12 MONTHS	
A4030	Variable Concentration Trach Mask- The contractor shall provide a variable concentration trach mask to Veterans, as ordered by VA Medical Center Staff. This shall include the mask and all mask components A4620	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

A4031	Cough Stimulating Device – The Contractor Respiratory Therapist shall deliver a Cough Stimulating Device to the Veteran; provide instruction on use of device, with return demonstration by caregiver, along with applicable patient education and equipment maintenance training. This MONTHLY PRICE shall include all components required for operation of the device, both disposable and non-disposable components. E0482	5		12 MONTHS	
A4032	Full Face Mask - The Contractor shall provide a full-face mask to Veterans receiving non-invasive mechanical ventilation. This item is to be provided to ventilator patients only. A7030	1		12 MONTHS	
		OPTION YEAR FOUR TOTAL - CHILLICOTHE: \$ _____			
CLIN	DESCRIPTION	ESTIMATED MONTHLY QUANTITY	UNIT PRICE	UNITS	TOTAL PRICE
B4001 (a)	<b>CINCINNATI:</b> Rental concentrator with backup system consisting of compressed gas source, regulator, stand, (nasal cannula or mask and humidifier when specified). Concentrator will have flow rate capacity up to 5LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	140		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

B4001 (b)	Rental concentrator with backup system consisting of compressed gas source, regulator, stand (nasal cannula or mask and humidifier when specified). Concentrator must have flow rate capacity up to 10 LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	36		12 MONTHS	
B4001 (c)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 5 LPM. E1390	615		12 MONTHS	
B4001 (d)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 10 LPM. E1390	35		12 MONTHS	

B4002	Cylinder, size M or H set-up consisting of regulator, flow meter, safety stand, humidifier and disposable supplies (emergency backup system or as primary) <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	1		12 MONTHS	
B4003	Cylinder, size M or H refill (Backup/Primary) E0441 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	1		12 MONTHS	
B4004	Portable system ONLY: prescription does not include concentrator: consists of "E", "D", "B" (M6), or "C" (M9) size aluminum (or equivalent weight metal) cylinder with regulator, flow meter, handcart, pouch and disposable supplies. <b>NOTICE:</b> This shall be invoiced per cylinder provided to the patient. This is <b>NOT</b> a recurring rental <b>PRICE</b> , charges will only incur when an empty cylinder is replaced with a full cylinder. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	25		12 MONTHS	



VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

B4005	Cylinder, size “E” refill for Item B4004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	55		12 MONTHS	
B4006	Cylinder, size “D” (M15) refill for Item B4004 above. Aluminum (or metal of equivalent weight or less) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	55		12 MONTHS	
B4007	Cylinder, size “B” (M6) refill for Item B4004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	5		12 MONTHS	
B4008	Cylinder, size “C” refill for Item B4004 above; Aluminum (or metal of equivalent weight) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	5		12 MONTHS	
B4009	Demand Nasal Cannula (e.g. Oximzyer) Reservoir or pendant/equivalent. VA111	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

B4010	<b>ESTIMATED MONTHLY</b> Volume Demand Pulse Conservor Device; no less than a 5:1 ratio or 60 ML/pulse VA111 <b>SPECIAL NOTE:</b> <b>Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	200		12 MONTHS	
B4011	Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per patient. E0439; AND Rental portable liquid oxygen system per patient E0434	1		12 MONTHS	
B4012	Liquid oxygen per pound for portable liquid oxygen system under Item B4011 E0444	1		12 MONTHS	
B4013	Volume Delivery for re-supply and/or relocation of equipment due to change in patient's residence	1		12 MONTHS	
B4014	Portable Concentrator- Rental portable oxygen concentrator E1392	55		12 MONTHS	
B4015	Overnight Oximeter- Rental oximeter for overnight oximetry testing E0445	5		12 MONTHS	
B4016	Suction Machine- Rental suction machine E0600	5		12 MONTHS	
B4017	Compressor 50 psi - Rental 50 psi air compressor E0565	5		12 MONTHS	
B4018	Ventilator Negative Pressure ventilator; portable or stationary; Rental negative pressure ventilator E0465	1		12 MONTHS	
B4019	Pressure support ventilator with volume control mode; may include pressure control mode; Rental pressure support ventilator E0465	25		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

B4020	Oxygen Thermal Fuse (Fire Safe Cannula) - fuse to isolate oxygen supply in case of fire	320		12 MONTHS	
B4021	Closed Suction Catheters- Contractor shall provide four (4) closed suction catheters to each ventilator patient each month, so that a clean catheter can be placed into the breathing circuit each week. Catheters shall be replaced as needed during MONTHLY visit by contractor RT. A4605	25		12 MONTHS	
B4022	Heated Humidifier- The contractor shall provide a heated humidifier to Veterans receiving mechanical ventilation only, to provide optimal levels of heat and moisture to the patient's airway. S8182	25		12 MONTHS	
B4023	Portable Suction Machine- The contractor shall provide a portable suction machine equipped with an internal battery for use during transport to Veterans receiving mechanical ventilation only E0600	25		12 MONTHS	
B4024	Nebulizer with Compressor- The contractor will provide a nebulizer with compressor to ventilator patients only, as ordered by the VA. MONTHLY PRICE shall include spring loaded T-adapter, neb cups, tubing, masks, trach masks E0570	7		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

B4025	Tracheostomy Care Supplies- The contractor shall provide supplies needed to properly clean and maintain trach and stoma to ventilator patients only. These supplies shall include, tracheostomy drain sponges A6402, basic tracheostomy care kits A4629, 3ml UNIT dose normal saline A4649, cuffed and uncuffed tracheostomy tubes A7521 A7520, tracheostomy inner cannulas A4623	18		12 MONTHS	
B4026	Inline HME- The contractor shall provide an inline heated moisture exchanger (HME) to Veterans receiving non-invasive mechanical ventilation in order to provide optimal levels of heat and moisture to the patient's airway. A4483	10		12 MONTHS	
B4027	Refillable- type oxygen cylinder- Rental of additional re-fillable cylinders for patients who are assessed to have an extended need for oxygen portability due to high liter flow and /or increased patient activity outside of the home. E0443	115		12 MONTHS	
B4028	Battery for Portable Home Oxygen Concentrator- Temporary rental to be used only during patient travel, when extended time away from a permanent power source is expected	6		12 MONTHS	
B4029	PAP Pressure Valve- Contractor shall furnish a Positive Airway Pressure (PAP) Valve to each Veteran on nocturnal oxygen bled into a Positive Airway Pressure (PAP)	23		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	Device when ordered by the VAMC. E1399				
B4030	Variable Concentration Trach Mask- The contractor shall provide a variable concentration trach mask to Veterans, as ordered by VA Medical Center Staff. This shall include the mask and all mask components A4620	1		12 MONTHS	
B4031	Cough Stimulating Device – The Contractor Respiratory Therapist shall deliver a Cough Stimulating Device to the Veteran; provide instruction on use of device, with return demonstration by caregiver, along with applicable patient education and equipment maintenance training. This MONTHLY PRICE shall include all components required for operation of the device, both disposable and non-disposable components. E0482	1		12 MONTHS	
B4032	Full Face Mask - The Contractor shall provide a full-face mask to Veterans receiving non-invasive mechanical ventilation. This item is to be provided to ventilator patients only. A7030	1		12 MONTHS	
		OPTION YEAR FOUR TOTAL - CINCINNATI: \$ _____			
<b>CLIN</b>	<b>DESCRIPTION</b>	<b>ESTIMATED MONTHLY QUANTITY</b>	<b>UNIT PRICE</b>	<b>UNITS</b>	<b>TOTAL PRICE</b>

C4001 (a)	<b>CLEVELAND:</b> Rental concentrator with backup system consisting of compressed gas source, regulator, stand, (nasal cannula or mask and humidifier when specified). Concentrator will have flow rate capacity up to 5LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	515		12 MONTHS	
C4001 (b)	Rental concentrator with backup system consisting of compressed gas source, regulator, stand (nasal cannula or mask and humidifier when specified). Concentrator must have flow rate capacity up to 10 LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	215		12 MONTHS	
C4001 (c)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 5 LPM. E1390	415		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

C4001 (d)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 10 LPM. E1390	115		12 MONTHS	
C4002	Cylinder, size M or H set-up consisting of regulator, flow meter, safety stand, humidifier and disposable supplies (emergency backup system or as primary) <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	50		12 MONTHS	
C4003	Cylinder, size M or H refill (Backup/Primary) E0441 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	20		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

C4004	<p>Portable system ONLY: prescription does not include concentrator: consists of “E”, “D”, “B” (M6), or “C” (M9) size aluminum (or equivalent weight metal) cylinder with regulator, flow meter, handcart, pouch and disposable supplies.</p> <p><b>NOTICE:</b> This shall be invoiced per cylinder provided to the patient. This is <b>NOT</b> a recurring rental <b>PRICE</b>, charges will only incur when an empty cylinder is replaced with a full cylinder.</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	21		12 MONTHS	
C4005	<p>Cylinder, size “E” refill for Item C4004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	30		12 MONTHS	
C4006	<p>Cylinder, size “D” (M15) refill for Item C4004 above.</p> <p>Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	30		12 MONTHS	



VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

C4007	Cylinder, size “B” (M6) refill for Item C4004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	10		12 MONTHS	
C4008	Cylinder, size “C” refill for Item C4004 above; Aluminum (or metal of equivalent weight) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	10		12 MONTHS	
C4009	Demand Nasal Cannula (e.g. Oximyzzer) Reservoir or pendant/equivalent. VA111	1		12 MONTHS	
C4010	<b>ESTIMATED MONTHLY</b> Volume Demand Pulse Conserving Device; no less than a 5:1 ratio or 60 ML/pulse VA111 <b>SPECIAL NOTE:</b> <b>Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	34		12 MONTHS	
C4011	Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per patient. E0439; AND Rental portable liquid oxygen system per patient E0434	1		12 MONTHS	
C4012	Liquid oxygen per pound for portable liquid oxygen system under Item C4011 E0444	1		12 MONTHS	
C4013	Volume Delivery for re-supply and/or relocation of	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	equipment due to change in patient's residence				
C4014	Portable Concentrator- Rental portable oxygen concentrator E1392	55		12 MONTHS	
C4015	Overnight Oximeter- Rental oximeter for overnight oximetry testing E0445	2		12 MONTHS	
C4016	Suction Machine- Rental suction machine E0600	9		12 MONTHS	
C4017	Compressor 50 psi - Rental 50 psi air compressor E0565	4		12 MONTHS	
C4018	Ventilator Negative Pressure ventilator; portable or stationary; Rental negative pressure ventilator E0465	30		12 MONTHS	
C4019	Pressure support ventilator with volume control mode; may include pressure control mode; Rental pressure support ventilator E0465	1		12 MONTHS	
C4020	Oxygen Thermal Fuse (Fire Safe Cannula) - fuse to isolate oxygen supply in case of fire	692		12 MONTHS	
C4021	Closed Suction Catheters- Contractor shall provide four (4) closed suction catheters to each ventilator patient each month, so that a clean catheter can be placed into the breathing circuit each week. Catheters shall be replaced as needed during MONTHLY visit by contractor RT. A4605	4		12 MONTHS	
C4022	Heated Humidifier- The contractor shall provide a heated humidifier to Veterans receiving mechanical ventilation only, to provide optimal levels of heat and	11		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	moisture to the patient's airway. S8182				
C4023	Portable Suction Machine- The contractor shall provide a portable suction machine equipped with an internal battery for use during transport to Veterans receiving mechanical ventilation only E0600	8		12 MONTHS	
C4024	Nebulizer with Compressor- The contractor will provide a nebulizer with compressor to ventilator patients only, as ordered by the VA. MONTHLY PRICE shall include spring loaded T-adapter, neb cups, tubing, masks, trach masks E0570	4		12 MONTHS	
C4025	Tracheostomy Care Supplies- The contractor shall provide supplies needed to properly clean and maintain trach and stoma to ventilator patients only. These supplies shall include, tracheostomy drain sponges A6402, basic tracheostomy care kits A4629, 3ml UNIT dose normal saline A4649, cuffed and uncuffed tracheostomy tubes A7521 A7520, tracheostomy inner cannulas A4623	5		12 MONTHS	
C4026	Inline HME- The contractor shall provide an inline heated moisture exchanger (HME) to Veterans receiving non-invasive mechanical ventilation in order to provide optimal levels of heat and moisture to the patient's airway. A4483	30		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

C4027	Refillable- type oxygen cylinder- Rental of additional re-fillable cylinders for patients who are assessed to have an extended need for oxygen portability due to high liter flow and /or increased patient activity outside of the home. E0443	60		12 MONTHS	
C4028	Battery for Portable Home Oxygen Concentrator- Temporary rental to be used only during patient travel, when extended time away from a permanent power source is expected	15		12 MONTHS	
C4029	PAP Pressure Valve- Contractor shall furnish a Positive Airway Pressure (PAP) Valve to each Veteran on nocturnal oxygen bled into a Positive Airway Pressure (PAP) Device when ordered by the VAMC. E1399	2		12 MONTHS	
C4030	Variable Concentration Trach Mask- The contractor shall provide a variable concentration trach mask to Veterans, as ordered by VA Medical Center Staff. This shall include the mask and all mask components A4620	5		12 MONTHS	
C4031	Cough Stimulating Device – The Contractor Respiratory Therapist shall deliver a Cough Stimulating Device to the Veteran; provide instruction on use of device, with return demonstration by caregiver, along with applicable patient education and equipment maintenance training. This MONTHLY PRICE shall include all components required for operation of the device, both	21		12 MONTHS	

## VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	disposable and non-disposable components. E0482				
C4032	Full Face Mask - The Contractor shall provide a full-face mask to Veterans receiving non-invasive mechanical ventilation. This item is to be provided to ventilator patients only. A7030	1		12 MONTHS	
		OPTION YEAR FOUR TOTAL - CLEVELAND: \$ _____			
CLIN	DESCRIPTION	ESTIMATED MONTHLY QUANTITY	UNIT PRICE	UNITS	TOTAL PRICE
D4001 (a)	<b>DAYTON:</b> Rental concentrator with backup system consisting of compressed gas source, regulator, stand, (nasal cannula or mask and humidifier when specified). Concentrator will have flow rate capacity up to 5LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	943		12 MOTNHS	
D4001 (b)	Rental concentrator with backup system consisting of compressed gas source, regulator, stand (nasal cannula or mask and humidifier when specified). Concentrator must have flow rate capacity up to 10 LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	48		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

D4001 (c)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 5 LPM. E1390	581		12 MONTHS	
D4001 (d)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 10 LPM. E1390	30		12 MONTHS	
D4002	Cylinder, size M or H set-up consisting of regulator, flow meter, safety stand, humidifier and disposable supplies (emergency backup system or as primary) <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	103		12 MONTHS	
D4003	Cylinder, size M or H refill (Backup/Primary) E0441 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	103		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

D4004	<p>Portable system ONLY: prescription does not include concentrator: consists of “E”, “D”, “B” (M6), or “C” (M9) size aluminum (or equivalent weight metal) cylinder with regulator, flow meter, handcart, pouch and disposable supplies.</p> <p><b>NOTICE:</b> This shall be invoiced per cylinder provided to the patient. This is <b>NOT</b> a recurring rental <b>PRICE</b>, charges will only incur when an empty cylinder is replaced with a full cylinder.</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	425		12 MONTHS	
D4005	<p>Cylinder, size “E” refill for Item D4004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	87		12 MONTHS	
D4006	<p>Cylinder, size “D” (M15) refill for Item D4004 above.</p> <p>Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	48		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

D4007	Cylinder, size “B” (M6) refill for Item D4004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	103		12 MONTHS	
D4008	Cylinder, size “C” refill for Item D4004 above; Aluminum (or metal of equivalent weight) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	82		12 MONTHS	
D4009	Demand Nasal Cannula (e.g. Oximyzzer) Reservoir or pendant/equivalent. VA111	10		12 MONTHS	
D4010	<b>ESTIMATED MONTHLY</b> Volume Demand Pulse Conserving Device; no less than a 5:1 ratio or 60 ML/pulse VA111 <b>SPECIAL NOTE:</b> <b>Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	590		12 MONTHS	
D4011	Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per patient. E0439; AND Rental portable liquid oxygen system per patient E0434	10		12 MONTHS	
D4012	Liquid oxygen per pound for portable liquid oxygen system under Item D4011 E0444	10		12 MONTHS	
D4013	Volume Delivery for re-supply and/or relocation of	9		12 MONTHS	



## VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	equipment due to change in patient's residence				
D4014	Portable Concentrator- Rental portable oxygen concentrator E1392	120		12 MONTHS	
D4015	Overnight Oximeter- Rental oximeter for overnight oximetry testing E0445	1		12 MONTHS	
D4016	Suction Machine- Rental suction machine E0600	1		12 MONTHS	
D4017	Compressor 50 psi - Rental 50 psi air compressor E0565	9		12 MONTHS	
D4018	Ventilator Negative Pressure ventilator; portable or stationary; Rental negative pressure ventilator E0465	1		12 MONTHS	
D4019	Pressure support ventilator with volume control mode; may include pressure control mode; Rental pressure support ventilator E0465	1		12 MONTHS	
D4020	Oxygen Thermal Fuse (Fire Safe Cannula) - fuse to isolate oxygen supply in case of fire	557		12 MONTHS	
D4021	Closed Suction Catheters- Contractor shall provide four (4) closed suction catheters to each ventilator patient each month, so that a clean catheter can be placed into the breathing circuit each week. Catheters shall be replaced as needed during MONTHLY visit by contractor RT. A4605	1		12 MONTHS	
D4022	Heated Humidifier- The contractor shall provide a heated humidifier to Veterans receiving mechanical ventilation only, to provide optimal levels of heat and	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	moisture to the patient's airway. S8182				
D4023	Portable Suction Machine- The contractor shall provide a portable suction machine equipped with an internal battery for use during transport to Veterans receiving mechanical ventilation only E0600	1		12 MONTHS	
D4024	Nebulizer with Compressor- The contractor will provide a nebulizer with compressor to ventilator patients only, as ordered by the VA. MONTHLY PRICE shall include spring loaded T-adapter, neb cups, tubing, masks, trach masks E0570	1		12 MONTHS	
D4025	Tracheostomy Care Supplies- The contractor shall provide supplies needed to properly clean and maintain trach and stoma to ventilator patients only. These supplies shall include, tracheostomy drain sponges A6402, basic tracheostomy care kits A4629, 3ml UNIT dose normal saline A4649, cuffed and uncuffed tracheostomy tubes A7521 A7520, tracheostomy inner cannulas A4623	1		12 MONTHS	
D4026	Inline HME- The contractor shall provide an inline heated moisture exchanger (HME) to Veterans receiving non-invasive mechanical ventilation in order to provide optimal levels of heat and moisture to the patient's airway. A4483	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

D4027	Refillable- type oxygen cylinder- Rental of additional re-fillable cylinders for patients who are assessed to have an extended need for oxygen portability due to high liter flow and /or increased patient activity outside of the home. E0443	18		12 MONTHS	
D4028	Battery for Portable Home Oxygen Concentrator- Temporary rental to be used only during patient travel, when extended time away from a permanent power source is expected	31		12 MONTHS	
D4029	PAP Pressure Valve- Contractor shall furnish a Positive Airway Pressure (PAP) Valve to each Veteran on nocturnal oxygen bled into a Positive Airway Pressure (PAP) Device when ordered by the VAMC. E1399	1		12 MONTHS	
D4030	Variable Concentration Trach Mask- The contractor shall provide a variable concentration trach mask to Veterans, as ordered by VA Medical Center Staff. This shall include the mask and all mask components A4620	1		12 MONTHS	
D4031	Cough Stimulating Device – The Contractor Respiratory Therapist shall deliver a Cough Stimulating Device to the Veteran; provide instruction on use of device, with return demonstration by caregiver, along with applicable patient education and equipment maintenance training. This MONTHLY PRICE shall include all components required for operation of the device, both	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	disposable and non-disposable components. E0482				
D4032	Full Face Mask - The Contractor shall provide a full-face mask to Veterans receiving non-invasive mechanical ventilation. This item is to be provided to ventilator patients only. A7030	1		12 MONTHS	
		OPTION YEAR FOUR TOTAL - DAYTON: \$ _____			
CLIN	DESCRIPTION	ESTIMATED MONTHLY QUANTITY	UNIT PRICE	UNITS	TOTAL PRICE
E4001 (a)	<b>COLUMBUS:</b> Rental concentrator with backup system consisting of compressed gas source, regulator, stand, (nasal cannula or mask and humidifier when specified). Concentrator will have flow rate capacity up to 5LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	175		12 MOTNHS	
E4001 (b)	Rental concentrator with backup system consisting of compressed gas source, regulator, stand (nasal cannula or mask and humidifier when specified). Concentrator must have flow rate capacity up to 10 LPM. E1390. <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	6		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

E4001 (c)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 5 LPM. E1390	675		12 MONTHS	
E4001 (d)	Rental Concentrator with Portable Gaseous Oxygen System, home compressor used to fill portable oxygen cylinders- (2) self-filling -type oxygen cylinders, oxygen conserving device, regulator, flow meter, humidifier, cannula or mask, tubing, cylinder carrier. Concentrator will have flow rate capacity up to 10 LPM. E1390	25		12 MONTHS	
E4002	Cylinder, size M or H set-up consisting of regulator, flow meter, safety stand, humidifier and disposable supplies (emergency backup system or as primary) <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment.</b>	3		12 MONTHS	
E4003	Cylinder, size M or H refill (Backup/Primary) E0441 <b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	3		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

E4004	<p>Portable system ONLY: prescription does not include concentrator: consists of “E”, “D”, “B” (M6), or “C” (M9) size aluminum (or equivalent weight metal) cylinder with regulator, flow meter, handcart, pouch and disposable supplies.</p> <p><b>NOTICE:</b> This shall be invoiced per cylinder provided to the patient. This is <b>NOT</b> a recurring rental <b>PRICE</b>, charges will only incur when an empty cylinder is replaced with a full cylinder.</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	10		12 MONTHS	
E4005	<p>Cylinder, size “E” refill for Item E4004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	30		12 MONTHS	
E4006	<p>Cylinder, size “D” (M15) refill for Item E4004 above.</p> <p>Aluminum (or metal of equivalent weight or less) tanks required E0443</p> <p><b>SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b></p>	30		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

E4007	Cylinder, size “B” (M6) refill for Item E4004 above; Aluminum (or metal of equivalent weight or less) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	10		12 MONTHS	
E4008	Cylinder, size “C” refill for Item E4004 above; Aluminum (or metal of equivalent weight) tanks required E0443 SPECIAL NOTE: Regulators, Flowmeters, Adapter Pieces, Swivels and Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment	10		12 MONTHS	
E4009	Demand Nasal Cannula (e.g. Oximzyer) Reservoir or pendant/equivalent. VA111	1		12 MONTHS	
E4010	<b>ESTIMATED MONTHLY</b> Volume Demand Pulse Conserving Device; no less than a 5:1 ratio or 60 ML/pulse VA111 <b>SPECIAL NOTE:</b> <b>Conserving devices shall be included in the MONTHLY rental PRICE for all applicable equipment</b>	34		12 MONTHS	
E4011	Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per patient. E0439; AND Rental portable liquid oxygen system per patient E0434	1		12 MONTHS	
E4012	Liquid oxygen per pound for portable liquid oxygen system under Item E4011 E0444	1		12 MONTHS	
E4013	Volume Delivery for re-supply and/or relocation of	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	equipment due to change in patient's residence				
E4014	Portable Concentrator- Rental portable oxygen concentrator E1392	55		12 MONTHS	
E4015	Overnight Oximeter- Rental oximeter for overnight oximetry testing E0445	10		12 MONTHS	
E4016	Suction Machine- Rental suction machine E0600	10		12 MONTHS	
E4017	Compressor 50 psi - Rental 50 psi air compressor E0565	11		12 MONTHS	
E4018	Ventilator Negative Pressure ventilator; portable or stationary; Rental negative pressure ventilator E0465	1		12 MONTHS	
E4019	Pressure support ventilator with volume control mode; may include pressure control mode; Rental pressure support ventilator E0465	36		12 MONTHS	
E4020	Oxygen Thermal Fuse (Fire Safe Cannula) - fuse to isolate oxygen supply in case of fire	300		12 MONTHS	
E4021	Closed Suction Catheters- Contractor shall provide four (4) closed suction catheters to each ventilator patient each month, so that a clean catheter can be placed into the breathing circuit each week. Catheters shall be replaced as needed during MONTHLY visit by contractor RT. A4605	30		12 MONTHS	
E4022	Heated Humidifier- The contractor shall provide a heated humidifier to Veterans receiving mechanical ventilation only, to provide optimal levels of heat and	30		12 MONTHS	



VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	moisture to the patient's airway. S8182				
E4023	Portable Suction Machine- The contractor shall provide a portable suction machine equipped with an internal battery for use during transport to Veterans receiving mechanical ventilation only E0600	5		12 MONTHS	
E4024	Nebulizer with Compressor- The contractor will provide a nebulizer with compressor to ventilator patients only, as ordered by the VA. MONTHLY PRICE shall include spring loaded T-adapter, neb cups, tubing, masks, trach masks E0570	5		12 MONTHS	
E4025	Tracheostomy Care Supplies- The contractor shall provide supplies needed to properly clean and maintain trach and stoma to ventilator patients only. These supplies shall include, tracheostomy drain sponges A6402, basic tracheostomy care kits A4629, 3ml UNIT dose normal saline A4649, cuffed and uncuffed tracheostomy tubes A7521 A7520, tracheostomy inner cannulas A4623	35		12 MONTHS	
E4026	Inline HME- The contractor shall provide an inline heated moisture exchanger (HME) to Veterans receiving non-invasive mechanical ventilation in order to provide optimal levels of heat and moisture to the patient's airway. A4483	5		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

E4027	Refillable- type oxygen cylinder- Rental of additional re-fillable cylinders for patients who are assessed to have an extended need for oxygen portability due to high liter flow and /or increased patient activity outside of the home. E0443	25		12 MONTHS	
E4028	Battery for Portable Home Oxygen Concentrator- Temporary rental to be used only during patient travel, when extended time away from a permanent power source is expected	15		12 MONTHS	
E4029	PAP Pressure Valve- Contractor shall furnish a Positive Airway Pressure (PAP) Valve to each Veteran on nocturnal oxygen bled into a Positive Airway Pressure (PAP) Device when ordered by the VAMC. E1399	20		12 MONTHS	
E4030	Variable Concentration Trach Mask- The contractor shall provide a variable concentration trach mask to Veterans, as ordered by VA Medical Center Staff. This shall include the mask and all mask components A4620	1		12 MONTHS	
E4031	Cough Stimulating Device – The Contractor Respiratory Therapist shall deliver a Cough Stimulating Device to the Veteran; provide instruction on use of device, with return demonstration by caregiver, along with applicable patient education and equipment maintenance training. This MONTHLY PRICE shall include all components required for operation of the device, both	1		12 MONTHS	

VA250-17-R-0451 – PRICE SCHEDULE – VISN 10 Home O2 Services

	disposable and non-disposable components. E0482				
E4032	Full Face Mask - The Contractor shall provide a full-face mask to Veterans receiving non-invasive mechanical ventilation. This item is to be provided to ventilator patients only. A7030	1		12 MONTHS	
		OPTION YEAR FOUR TOTAL - COLUMBUS: \$ _____			

OPTION YEAR FOUR TOTAL: \$ \_\_\_\_\_

Base Period Total:	\$ _____
Option Year One Total:	\$ _____
Option Year Two Total:	\$ _____
Option Year Three Total:	\$ _____
Option Year Four Total:	\$ _____
 GRAND TOTAL:	 \$ _____