

NORTH DAKOTA MEDICAID RENTAL DME Fee Schedule
Effective 07/1/2011

Code	Description	CMN Required?	Quantity Allowed	Prior Auth Required?	Minimum Age	Medicaid Fee
B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	Yes	1 Per Month.	Yes		\$136.21
B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	Yes	1 Per Month.	Yes		\$136.21
B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	Yes	1 Per Month.	Yes		\$231.68
B9006	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	Yes	1 Per Month.	Yes		\$231.68
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, COMPLETE WITH TIPS AND HANDGRIPS	No	1 Per Month.	Yes		\$7.76
E0114	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	No	1 Per Month.	Yes		\$4.95
E0116	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH PAD, TIP, HANDGRIP, WITH OR WITHOUT SHOCK ABSORBER, EACH	No	1 Per Month.	Yes		\$2.63
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	No	1 Per Month.	Yes		\$8.42
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	No	1 Per Month.	Yes		\$10.92
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	No	1 Per Month.	Yes		\$11.57
E0144	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR SEAT	No	1 Per Month.	Yes		\$33.15
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	No	1 Per Month.	Yes		\$62.26
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	No	1 Per Month.	Yes		\$13.39
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	No	1 Per Month.	Yes		\$20.95
E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH	No	1 Per Month.	Yes		\$6.70
E0154	PLATFORM ATTACHMENT, WALKER, EACH	No	1 Per Month.	Yes		\$7.24
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	No	1 Per Month.	Yes		\$3.10
E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	No	1 Per Month.	Yes		\$3.24
E0162	SITZ BATH CHAIR	No	1 Per Month.	Yes		\$14.53
E0163	COMMODE CHAIR, STATIONARY, WITH FIXED ARMS	No	1 Per Month.	Yes		\$10.22
E0164	COMMODE CHAIR, MOBILE, WITH FIXED ARMS	No	1 Per Month.	Yes		\$17.95
E0165	COMMODE CHAIR, STATIONARY, WITH DETACHABLE ARMS	No	1 Per Month.	Yes		\$17.48
E0166	COMMODE CHAIR, MOBILE, WITH DETACHABLE ARMS	No	1 Per Month.	Yes		\$21.63
E0180	PRESSURE PAD, ALTERNATING WITH PUMP	Yes	1 Per Month.	Yes		\$22.30
E0181	PRESSURE PAD, ALTERNATING WITH PUMP, HEAVY DUTY	Yes	1 Per Month.	Yes		\$24.68
E0182	PUMP FOR ALTERNATING PRESSURE PAD	Yes	1 Per Month.	Yes		\$29.11
E0184	DRY PRESSURE MATTRESS	Yes	1 Per Month.	Yes		\$25.10
E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	No	1 Per Month.	Yes		\$0.00
E0194	AIR FLUIDIZED BED	No	1 Per Month.	Yes		\$0.00
E0196	GEL PRESSURE MATTRESS	Yes	1 Per Month.	Yes		\$35.48
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes	1 Per Month.	Yes		\$18.08
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes	1 Per Month.	Yes		\$24.00
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	No	7 days Per Lifetime.	Yes		\$58.39
E0203	THERAPEUTIC LIGHT BOX	No	1 Per Month.	Yes		\$22.12
E0240	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	No	1 Per Month.	Yes		\$5.67
E0245	TUB STOOL OR BENCH	No	1 Per Month.	Yes		\$4.33
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	1 Per Month.	Yes		\$91.97
E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month.	Yes		\$92.75

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E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	1 Per Month.	Yes		\$103.89
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month.	Yes		\$86.79
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	1 Per Month.	Yes		\$146.60
E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month.	Yes		\$125.96
E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT, AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	1 Per Month.	Yes		\$146.60
E0266	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT, AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month.	Yes		\$125.96
E0271	MATTRESS, INNERSPRING	No	1 Per Month.	Yes		\$21.90
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Yes	1 Per Month.	Yes		\$904.22
E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	Yes	1 Per Month.	Yes		\$80.49
E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month.	Yes		\$55.85
E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	Yes	1 Per Month.	Yes		\$90.91
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month.	Yes		\$77.92
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	Yes	1 Per Month.	Yes		\$129.85
E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month.	Yes		\$127.27
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	1 Per Month.	Yes		\$312.14
E0305	BED SIDE RAILS, HALF LENGTH	No	1 Per Month.	Yes		\$20.46
E0310	BED SIDE RAILS, FULL LENGTH	No	1 Per Month.	Yes		\$18.63
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	Yes	1 Per Month.	Yes		\$747.23
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	Yes	1 Per Month.	Yes		\$251.92
E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	Yes	1 Per Month.	Yes		\$32.45
E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIFUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE	Yes	1 Per Month.	Yes		\$42.27
E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	Yes	1 Per Month.	Yes		\$40.23
E0435	PORTABLE LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, FLOWMETER, HUMIDIFIER, CONTENTS GAUGE, CANNULA OR MASK, TUBING AND REFILL ADAPTOR	Yes	1 Per Month.	Yes		\$40.57
E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	Yes	1 Per Month.	Yes		\$251.69
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	No	1 Per Month.	Yes		\$69.50
E0450	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY TUBE)	No	1 Per Month.	Yes		\$1,238.81
E0457	CHEST SHELL (CUIRASS)	No	1 Per Month.	Yes		\$79.71
E0461	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK)	No	1 Per Month.	Yes		\$1,298.54
E0463	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G. TRACHEOSTOMY TUBE)	No	1 Per Month.	Yes		\$1,506.31
E0464	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK)	No	1 Per Month.	Yes		\$1,506.31
E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	Yes	1 Per Month.	Yes		\$237.66
E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	Yes	1 Per Month.	Yes		\$548.33
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	No	1 Per Month.	Yes		\$44.16

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E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	No	1 Per Month.	Yes		\$433.73
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, (INCLUDES HOSES AND VEST), EACH	No	1 Per Month.	Yes		\$1,065.07
E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY	No	1 Per Month.	Yes		\$64.92
E0560	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR OXYGEN DELIVERY	No	1 Per Month.	Yes		\$18.00
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	No	1 Per Month.	Yes		\$11.58
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	No	1 Per Month.	Yes		\$31.14
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR CYLINDER DRIVEN	No	1 Per Month.	Yes		\$54.04
E0570	NEBULIZER, WITH COMPRESSOR	No	1 Per Month.	Yes		\$18.95
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	No	1 Per Month.	Yes		\$41.73
E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	Yes	1 Per Month.	Yes		\$67.90
E0604	BREAST PUMP, HOSPITAL GRADE, ELECTRIC (AC AND / OR DC), ANY TYPE	Yes	1 Per Month.	Yes		\$49.68
E0615	PACEMAKER MONITOR, SELF CONTAINED, CHECKS BATTERY DEPLETION AND OTHER PACEMAKER COMPONENTS, INCLUDES DIGITAL/VISIBLE CHECK SYSTEMS	No	1 Per Month.	Yes		\$45.18
E0618	APNEA MONITOR, WITHOUT RECORDING FEATURE	Yes	1 Per Month.	Yes		\$215.57
E0619	APNEA MONITOR, WITH RECORDING FEATURE	Yes	1 Per Month.	Yes		\$215.37
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	No	1 Per Month.	Yes		\$34.36
E0630	PATIENT LIFT, HYDRAULIC, WITH SEAT OR SLING	No	1 Per Month.	Yes		\$111.34
E0720	TENS, TWO LEAD, LOCALIZED STIMULATION	Yes	1 Per Month.	Yes		\$37.36
E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	Yes	1 Per Month.	Yes		\$38.95
E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS	Yes	1 Per Month.	Yes		\$399.35
E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	Yes	1 Per Month.	Yes		\$328.51
E0776	IV POLE	No	1 Per Month.	Yes		\$11.13
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	Yes	1 Per Month.	Yes		\$264.66
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	Yes	1 Per Month.	Yes		\$434.74
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	Yes	1 Per Month.	Yes		\$324.63
E0849	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING TRACTION FORCE TO OTHER THAN MANDIBLE	No	1 Per Month.	Yes		\$38.49
E0850	TRACTION STAND, FREE STANDING, CERVICAL TRACTION	No	1 Per Month.	Yes		\$10.10
E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	No	1 Per Month.	Yes		\$51.35
E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION, (E.G. BUCK'S)	No	1 Per Month.	Yes		\$8.88
E0880	TRACTION STAND, FREE STANDING, EXTREMITY TRACTION, (E.G., BUCK'S)	No	1 Per Month.	Yes		\$12.37
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	No	1 Per Month.	Yes		\$10.04
E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	No	1 Per Month.	Yes		\$19.80
E0911	TRAPEZE BAR, HEAVY-DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	No		Yes		\$32.08
E0912	TRAPEZE BAR, HEAVY-DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREESTANDING, COMPLETE WITH GRAB BAR	No	1 Per Month.	Yes		\$102.10
E0920	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS	No	1 Per Month.	Yes		\$59.74
E0930	FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS	No	1 Per Month.	Yes		\$51.89
E0935	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY	No	1 Per Month.	Yes		\$28.53
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	No	1 Per Month.	Yes		\$38.95
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	No	1 Per Month.	Yes		\$10.95

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E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	No	1 Per Month.	Yes		\$2.04
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	No	1 Per Month.	Yes		\$21.28
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	No	1 Per Month.	Yes		\$10.38
E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	No	1 Per Month.	Yes		\$14.90
E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	No	1 Per Month.	Yes		\$43.74
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	No	1 Per Month.	Yes		\$3.13
E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	No	1 Per Month.	Yes		\$5.74
E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	No	1 Per Month.	Yes		\$11.35
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	No	1 Per Month.	Yes		\$4.42
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH	No	1 Per Month.	Yes		\$5.26
E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH	No	1 Per Month.	Yes		\$4.90
E0983	MANUAL WC ACCESS. PWR. ADD-ON TO CONVERT MANUAL WC TO MOTORIZED WC, JOYSTICK CONTROL	No	1 Per Month.	Yes		\$296.99
E0984	MANUAL WC ACCESS. PWR. ADD-ON TO CONVERT MANUAL WC TO MOTORIZED WC, TILLER CONTROL	No	1 Per Month.	Yes		\$160.70
E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH	No	1 Per Month.	Yes		\$409.78
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	No	1 Per Month.	Yes		\$12.33
E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	No	1 Per Month.	Yes		\$9.99
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	No	1 Per Month.	Yes		\$25.64
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	No	1 Per Month.	Yes		\$21.68
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	No	1 Per Month.	Yes		\$38.86
E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	1 Per Month.	Yes		\$163.62
E1070	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	Yes	1 Per Month.	Yes		\$123.37
E1083	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG REST	Yes	1 Per Month.	Yes		\$96.08
E1084	HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	1 Per Month.	Yes		\$114.27
E1087	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	1 Per Month.	Yes		\$133.74
E1092	WIDE HEAVY DUTY WHEEL CHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	1 Per Month.	Yes		\$135.04
E1093	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	Yes	1 Per Month.	Yes		\$117.45
E1100	SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	1 Per Month.	Yes		\$113.63
E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEG REST	Yes	1 Per Month.	Yes		\$107.28
E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	1 Per Month.	Yes		\$75.31
E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	1 Per Month.	Yes		\$60.38
E1224	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	Yes	1 Per Month.	Yes		\$77.92
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	No	1 Per Month.	Yes		\$48.84
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	Yes	1 Per Month.	Yes		\$37.91
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	Yes	1 Per Month.	Yes		\$183.56
E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY DETACHABLE, ELEVATING LEGREST	Yes	1 Per Month.	Yes		\$112.99
E1270	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	1 Per Month.	Yes		\$92.83
E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	Yes	1 Per Month.	Yes		\$119.03

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E1295	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEGREST	Yes	1 Per Month.	Yes		\$132.45
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	No	1 Per Month.	Yes		\$15.78
E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	Yes	1 Per Month.	Yes		\$240.12
E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	Yes	1 Per Month.	Yes		\$52.02
E1405	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITH HEATED DELIVERY	Yes	1 Per Month.	Yes		\$239.67
E1406	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITHOUT HEATED DELIVERY	Yes	1 Per Month.	Yes		\$223.03
E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	No	1 Per Month.	Yes		\$54.74
E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	No	1 Per Month.	Yes		\$40.02
E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 IN	No	1 Per Month.	Yes		\$31.93
E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 IN	No	1 Per Month.	Yes		\$47.60
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	No	1 Per Month.	Yes	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 IN	\$6.53
E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	No	1 Per Month.	Yes		\$15.57
E2320	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, REMOTE JOYSTICK OR TOUCHPAD, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, AND FIXED MOUNTING HARDWARE	No	1 Per Month.	Yes		\$120.06
E2321	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	No	1 Per Month.	Yes		\$167.36
E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE	No	1 Per Month.	Yes		\$263.68
E2331	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONIC AND FIXED MOUNTING HARDWARE	No	1 Per Month.	Yes		\$15.57
E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	No	1 Per Month.	Yes		\$48.39
E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEARLED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	No		No		\$11.69
E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	No	1 Per Month.	Yes		\$10.49
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	No	1 Per Month.	Yes		\$11.59
E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	No	1 Per Month.	Yes		\$26.34
E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	No	1 Per Month.	Yes		\$45.41
E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	Yes	1 Per Month.	Yes		\$2,226.13
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	No	1 Per Month.	Yes		\$9.36
E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	No	1 Per Month.	Yes		\$11.06
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	No	1 Per Month.	Yes		\$17.39
E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	No	1 Per Month.	Yes		\$31.13
E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	No	1 Per Month.	Yes		\$32.23

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NORTH DAKOTA MEDICAID RENTAL DME Fee Schedule

Effective 07/1/2011

Code	Description	CMN Required?	Quantity Allowed	Prior Auth Required?	Minimum Age	Medicaid Fee
E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	No	1 Per Month.	Yes		\$62.05
E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	No		Yes		\$30.96
E2623	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	No		Yes		\$38.96
E2624	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	No		Yes		\$30.83
E2625	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	No		Yes		\$39.17
E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	No		Yes		\$35.44
E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	No		Yes		\$56.56
E2628	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		Yes		\$42.61
E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	No		Yes		\$53.92
E2630	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		Yes		\$37.70
E2633	SEO, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	No		No		\$12.76
K0001	STANDARD WHEELCHAIR	Yes	1 Per Month.	Yes		\$52.43
K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	Yes	1 Per Month.	Yes		\$85.22
K0003	LIGHTWEIGHT WHEELCHAIR	Yes	1 Per Month.	Yes		\$90.67
K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	Yes	1 Per Month.	Yes		\$135.22
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	Yes	1 Per Month.	Yes		\$194.63
K0006	HEAVY DUTY WHEELCHAIR	Yes	1 Per Month.	Yes		\$126.38
K0007	EXTRA HEAVY DUTY WHEELCHAIR	Yes	1 Per Month.	Yes		\$184.60
K0011	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND BRAKING	Yes	1 Per Month.	Yes		\$530.79
K0012	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	Yes	1 Per Month.	Yes		\$334.15
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH	No	1 Per Month.	Yes		\$3.05
K0019	ARM PAD, EACH	No	1 Per Month.	Yes		\$1.82
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	No	1 Per Month.	Yes		\$5.35
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	No	1 Per Month.	Yes		\$8.17
K0045	FOOTREST, COMPLETE ASSEMBLY	No	1 Per Month.	Yes		\$5.38
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	No	1 Per Month.	Yes		\$10.95
K0056	SEAT HEIGHT LESS THAN 17 IN OR EQUAL TO OR GREATER THAN 21 IN FOR A HIGH-STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	No	1 Per Month.	Yes		\$10.65
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	No	1 Per Month.	Yes		\$11.15
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	No	1 Per Month.	Yes		\$16.92
K0455	INFUSION PUMP USED FOR UNINTERRUPTED PARENTERAL ADMINISTRATION OF MEDICATION, (E.G., EPOPROSTENOL OR TREPROSTINOL)	Yes	1 Per Month.	Yes		\$309.05
K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE	No	1 Per Month.	Yes		\$2,427.45
K0730	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	No	1 Per Month.	Yes		\$142.06
K0735	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Yes	1 Per Month.	Yes		\$38.92
K0736	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Yes	1 Per Month.	Yes		\$30.85
K0737	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Yes	1 Per Month.	Yes		\$39.17

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Effective 07/1/2011

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K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNUL OR MASK, AND TUBING	Yes	1 Per Month.	Yes		\$63.19
K0813	PWC, GR. 1 PORTABLE, SLING/SOLID SEAT AND BACK, PT. WT. CAPACITY UP TO AND INCLUDING 300 LBS	Yes	1 Per Month.	Yes		\$187.05
K0814	PWC, GR. 1 PORTABLE, CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month.	Yes		\$236.32
K0815	PWC, GR. 1, SLING/SOLID SEAT AND BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month.	Yes		\$290.67
K0816	PWC GR., CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month.	Yes		\$277.39
K0820	PWC GR. 2, PORTABLE, SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month.	Yes		\$211.43
K0821	PWC GR 2., PORTABLE, CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month.	Yes		\$266.03
K0822	PWC GR 2, SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month.	Yes		\$329.65
K0823	PWC GR 2, CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month.	Yes		\$332.64
K0824	PWC GR 2, HEAVY DUTY, SLING/SOLID SEAT/BACK, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per Month.	Yes		\$401.00
K0825	PWC GR 2 HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per Month.	Yes		\$333.00
K0826	PWC GR 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PT. WT. CAP. 451 TO 600 LBS	Yes	1 Per Month.	Yes		\$521.05
K0827	PWC GR 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 451 TO 600 LBS	Yes	1 Per Month.	Yes		\$505.51
K0828	PWC GR 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PT. WT. CAP. 601 LBS OR MORE	Yes	1 Per Month.	Yes		\$575.02
K0829	PWC GR 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 601 LBS OR MORE	Yes	1 Per Month.	Yes		\$601.56
K0830	PWC GR 2, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month.	Yes		\$372.82
K0831	PWC GR 2, SEAT ELEVATOR, CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month.	Yes		\$372.82
K0835	PWC GR 2, SINGLE PWR OPT., SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month.	Yes		\$341.22
K0836	PWC GR 2, SINGLE PWR. OPT., CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month.	Yes		\$347.54
K0837	PWC GR 2 HEAVY DUTY, SINGLE PWR OPT., SLING/SOLID SEAT/BACK, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per Month.	Yes		\$401.00
K0838	PWC GR 2 HEAVY DUTY, SINGLE PWR OPT., CAPTAINS CHAIR, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per Month.	Yes		\$361.82
K0839	PWC GR 2 VERY HEAVY DUTY, SINGLE PWR OPT., SLING/SOLID SEAT/BACK, PT. WT. CAP. 451 TO 600 LBS	Yes	1 Per Month.	Yes		\$521.05
K0840	PWC GR 2 XTRA HEAVY DUTY, SINGLE PWR. OPT. SLING/SOLID SEAT/BACK, PT. WT. CP. 601 LBS AND MORE	Yes	1 Per Month.	Yes		\$703.91
K0841	PWC GR 2, MULT. PWR OPT., SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month.	Yes		\$383.44
K0842	PWC GR 2, MULT. PWR OPT. CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month.	Yes		\$383.44
K0843	PWC GR 2 HEAVY DUTY, MULT. PWR. OPT. SLING/SOLID SEAT/BACK, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per Month.	Yes		\$428.68
K0848	PWC GR 3, SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month.	Yes		\$436.00
K0849	PWC GR 3 CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month.	Yes		\$418.94
K0850	PWC GR 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per Month.	Yes		\$483.78
K0851	PWC GR 3 HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per Month.	Yes		\$465.08
K0852	PWC GR 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK PT. WT. CAP. 451 TO 600 LBS	Yes	1 Per Month.	Yes		\$587.67
K0853	PWC GR 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 451 TO 600 LBS	Yes	1 Per Month.	Yes		\$603.58
K0854	PWC GR 3 XTRA HEAVY DUTY, SLING/SOLID SEAT/BACK PT. WT. CAP. 601 LBS AND MORE	Yes	1 Per Month.	Yes		\$767.88
K0855	PWC GR 3 XTRA HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 601 LBS OR MORE	Yes	1 Per Month.	Yes		\$718.20
K0856	PWC GR 3, SINGLE PWR. OPT, SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month.	Yes		\$468.55
K0857	PWC GR 3, SINGLE PWR. OPT. CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month.	Yes		\$436.95
K0858	PWC GR 3 HEAVY DUTY, SINGLE PWR. OPT., SLING/SOLID SEAT/BACK, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per Month.	Yes		\$583.55
K0859	PWC GR 3 HEAVY DUTY, SINGLE PWR. OPT. CAPTINS CHAIR, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per Month.	Yes		\$546.14
K0860	PWC GR 3 VERY HEAVY DUTY, SINGLE PWR. OPT. SLING/SOLID SEAT/BACK, PT. WT. CAP. 451 TO 600 LBS	Yes	1 Per Month.	Yes		\$820.19

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NORTH DAKOTA MEDICAID RENTAL DME Fee Schedule
Effective 07/1/2011

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K0861	PWC GR 3 MULT. PWR. OPT. SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month.	Yes		\$469.25
K0862	PWC GR 3 HEAVY DUTY, MULT. PWR. OPT. SLING/SOLID SEAT/BACK, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per Month.	Yes		\$583.55
K0863	PWC GR 3 VERY HEAVY DUTY, MULT. PWR. OPT. SLING/SOLID SEAT/BACK, PT. WT. CAP. 451 TO 600 LBS	Yes	1 Per Month.	Yes		\$820.08
K0864	PWC GR 3 XTRA HEAVY DUTY, MULT. PWR. OPT. SLING/SOLID SEAT/BACK, PT. WT. CAP 601 LBS OR MORE	Yes	1 Per Month.	Yes		\$731.73

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