

NORTH DAKOTA MEDICAID RENTAL DME FEE SCHEDULE

Effective 07/01/2016

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		\$156.30
B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	Yes	1 Per Month	Yes		\$156.30
B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	Yes	1 Per Month	Yes		\$265.85
B9006	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	Yes	1 Per Month	Yes		\$265.85
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, COMPLETE WITH TIPS AND HANDGRIPS	No	1 Per Month	Yes		\$8.90
E0114	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	No	1 Per Month	Yes		\$5.68
E0116	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH PAD, TIP, HANDGRIP, WITH OR WITHOUT SHOCK ABSORBER, EACH	No	1 Per Month	Yes		\$3.02
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	No	1 Per Month	Yes		\$9.66
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	No		Yes		\$12.54
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	No	1 Per Month	Yes		\$13.29
E0144	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR SEAT	No	1 Per Month	Yes		\$38.04
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	No	1 Per Month	Yes		\$71.45
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	No	1 Per Month	Yes		\$15.36
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	No	1 Per Month	Yes		\$24.04
E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH	No	1 Per Month	Yes		\$7.69
E0154	PLATFORM ATTACHMENT, WALKER, EACH	No	1 Per Month	Yes		\$8.31
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	No	1 Per Month	Yes		\$3.55
E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	No	1 Per Month	Yes		\$3.72
E0162	SITZ BATH CHAIR	No	1 Per Month	Yes		\$16.68
E0163	COMMODE CHAIR, STATIONARY, WITH FIXED ARMS	No	1 Per Month	Yes		\$11.73
E0164	COMMODE CHAIR, MOBILE, WITH FIXED ARMS	No	1 Per Month	Yes		\$20.60
E0165	COMMODE CHAIR, STATIONARY, WITH DETACHABLE ARMS	No	1 Per Month	Yes		\$20.05
E0180	PRESSURE PAD, ALTERNATING WITH PUMP	Yes	1 Per Month	Yes		\$25.60
E0181	PRESSURE PAD, ALTERNATING WITH PUMP, HEAVY DUTY	Yes	1 Per Month	Yes		\$28.33
E0182	PUMP FOR ALTERNATING PRESSURE PAD	Yes	1 Per Month	Yes		\$33.40
E0184	DRY PRESSURE MATTRESS	No		Yes		\$28.80
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		\$40.71
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes	1 Per Month	Yes		\$20.73
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes	1 Per Month	Yes		\$27.54
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	No	7 days Per Lifetime	Yes		\$67.00

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E0203	THERAPEUTIC LIGHT BOX	No	1 Per Month	Yes		\$25.38
E0240	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	No		Yes		\$6.50
E0245	TUB STOOL OR BENCH	No		Yes		\$4.97
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	1 Per Month	Yes		\$105.53
E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month	Yes		\$106.42
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	1 Per Month	Yes		\$119.21
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month	Yes		\$99.59
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	1 Per Month	Yes		\$168.22
E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month	Yes		\$144.54
E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT, AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	1 Per Month	Yes		\$168.22
E0266	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT, AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month	Yes		\$144.54
E0271	MATTRESS, INNERSPRING	No	1 Per Month	Yes		\$25.13
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Yes	1 Per Month	Yes		\$1,037.56
E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	Yes	1 Per Month	Yes		\$92.36
E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month	Yes		\$64.09
E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	Yes	1 Per Month	Yes		\$104.33
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month	Yes		\$89.41
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	Yes	1 Per Month	Yes		\$149.00
E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month	Yes		\$146.03
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		\$358.16
E0305	BED SIDE RAILS, HALF LENGTH	No	1 Per Month	Yes		\$23.47
E0310	BED SIDE RAILS, FULL LENGTH	No	1 Per Month	Yes		\$21.38
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	Yes	1 Per Month	Yes		\$857.43
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	Yes	1 Per Month	Yes		\$289.07
E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	Yes	1 Per Month	Yes		\$37.23
E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER 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		\$48.50

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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		\$48.50
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		\$46.16
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		\$46.56
E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	Yes	1 Per Month	Yes		\$288.80
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	No	1 Per Month	Yes		\$79.75
E0457	CHEST SHELL (CUIRASS)	No	1 Per Month	Yes		\$91.46
E0465	HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE, (E.G., TRACHEOSTOMY TUBE)	No		Yes		\$1,134.37
E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST SHELL)	No		Yes		\$1,134.37
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		\$272.70
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		\$629.19
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	No	1 Per Month	Yes		\$50.67
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	No	1 Per Month	Yes		\$497.69
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, (INCLUDES HOSES AND VEST), EACH	No	1 Per Month	Yes		\$1,222.14
E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY	No	1 Per Month	Yes		\$74.49
E0560	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR OXYGEN DELIVERY	No	1 Per Month	Yes		\$20.65
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	No	1 Per Month	Yes		\$13.30
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	No	1 Per Month	Yes		\$35.72
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR CYLINDER DRIVEN	No	1 Per Month	Yes		\$62.02
E0570	NEBULIZER, WITH COMPRESSOR	No	1 Per Month	Yes		\$21.74
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	No	1 Per Month	Yes		\$47.88
E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	Yes	1 Per Month	Yes		\$77.92
E0604	BREAST PUMP, HOSPITAL GRADE, ELECTRIC (AC AND / OR DC), ANY TYPE	No	1 Per Month	After the 1 st Month of Rental		\$103.73
E0615	PACEMAKER MONITOR, SELF CONTAINED, CHECKS BATTERY DEPLETION AND OTHER PACEMAKER COMPONENTS, INCLUDES DIGITAL/VISIBLE CHECK SYSTEMS	No	1 Per Month	Yes		\$51.85

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E0618	APNEA MONITOR, WITHOUT RECORDING FEATURE	Yes	1 Per Month	Yes		\$247.36
E0619	APNEA MONITOR, WITH RECORDING FEATURE	Yes	1 Per Month	Yes		\$247.13
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	No	1 Per Month	Yes		\$39.43
E0630	PATIENT LIFT, HYDRAULIC, WITH SEAT OR SLING	No	1 Per Month	Yes		\$127.76
E0720	TENS, TWO LEAD, LOCALIZED STIMULATION	Yes	1 Per Month	Yes		\$42.87
E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	Yes	1 Per Month	Yes		\$44.69
E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS	Yes	1 Per Month	Yes		\$458.24
E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	Yes	1 Per Month	Yes		\$376.96
E0776	IV POLE	No	1 Per Month	Yes		\$12.77
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	Yes	1 Per Month	Yes		\$303.69
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	Yes	1 Per Month	Yes		\$498.85
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	Yes	1 Per Month	Yes		\$372.50
E0849	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING TRACTION FORCE TO OTHER THAN MANDIBLE	No	1 Per Month	Yes		\$44.17
E0850	TRACTION STAND, FREE STANDING, CERVICAL TRACTION	No	1 Per Month	Yes		\$11.59
E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	No	1 Per Month	Yes		\$58.93
E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION, (E.G. BUCK'S)	No	1 Per Month	Yes		\$10.20
E0880	TRACTION STAND, FREE STANDING, EXTREMITY TRACTION, (E.G., BUCK'S)	No	1 Per Month	Yes		\$14.19
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	No	1 Per Month	Yes		\$11.52
E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	No	1 Per Month	Yes		\$22.72
E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	No		Yes		\$36.80
E0912	TRAPEZE BAR, HEAVY-DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREESTANDING, COMPLETE WITH GRAB BAR	No	1 Per Month	Yes		\$117.15
E0920	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS	No	1 Per Month	Yes		\$68.55
E0930	FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS	No	1 Per Month	Yes		\$59.54
E0935	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY	No	1 Per Month	Yes		\$32.74
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	No	1 Per Month	Yes		\$44.69
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	No	1 Per Month	Yes		\$12.57
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	No	1 Per Month	Yes		\$2.34
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	No	1 Per Month	Yes		\$24.42
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	No	1 Per Month	Yes		\$11.91
E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	No	1 Per Month	Yes		\$17.10
E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	No	1 Per Month	Yes		\$50.18
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	No	1 Per Month	Yes		\$3.58
E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	No	1 Per Month	Yes		\$6.59

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E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	No	1 Per Month	Yes		\$13.03
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	No	1 Per Month	Yes		\$5.07
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH	No	1 Per Month	Yes		\$6.05
E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH	No	1 Per Month	Yes		\$5.62
E0983	MANUAL WC ACCESS. PWR. ADD-ON TO CONVERT MANUAL WC TO MOTORIZED WC, JOYSTICK CONTROL	No	1 Per Month	Yes		\$340.80
E0984	MANUAL WC ACCESS. PWR. ADD-ON TO CONVERT MANUAL WC TO MOTORIZED WC, TILLER CONTROL	No	1 Per Month	Yes		\$184.40
E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH	No	1 Per Month	Yes		\$470.21
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	No	1 Per Month	Yes		\$14.15
E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	No	1 Per Month	Yes		\$11.46
E1002	POWER SEAT TILT	Yes	1 Per Month	Yes		\$497.05
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	No		Yes		\$29.43
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	No	1 Per Month	Yes		\$24.87
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	No	1 Per Month	Yes		\$44.60
E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	1 Per Month	Yes		\$187.75
E1070	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	Yes	1 Per Month	Yes		\$141.56
E1083	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG REST	Yes	1 Per Month	Yes		\$110.25
E1084	HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	1 Per Month	Yes		\$131.13
E1087	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	1 Per Month	Yes		\$153.46
E1092	WIDE HEAVY DUTY WHEEL CHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	1 Per Month	Yes		\$154.95
E1093	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	Yes	1 Per Month	Yes		\$134.77
E1100	SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	1 Per Month	Yes		\$130.39
E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEG REST	Yes	1 Per Month	Yes		\$123.11
E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	1 Per Month	Yes		\$86.42
E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	1 Per Month	Yes		\$69.29
E1161	MANUAL ADULT WC WITH TILT-IN-SPACE SPACE	No	1 Per Month	Yes		\$310.46
E1224	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	Yes	1 Per Month	Yes		\$89.41
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	No	1 Per Month	Yes		\$56.04

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E1232	FOLDING PEDIATRIC WC TILT-IN-SPACE	Yes	1 Per Month	Yes		\$284.51
E1233	RIGID PEDIATRIC WC TILT-IN-SPACE W/O SEAT	No	1 Per Month	Yes		\$293.32
E1234	FOLDING PEDIATRIC WC TILT-IN-SPACE W/O SEAT	Yes	1 Per Month	Yes		\$260.63
E1235	RIGID PEDIATRIC WC ADJUSTABLE	Yes	1 Per Month	Yes		\$252.47
E1236	FOLDING PEDIATRIC WC ADJUSTABLE	Yes	1 Per Month	Yes		\$227.54
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	Yes	1 Per Month	Yes		\$43.50
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	Yes	1 Per Month	Yes		\$210.64
E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY DETACHABLE, ELEVATING LEGREST	Yes	1 Per Month	Yes		\$129.66
E1270	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	1 Per Month	Yes		\$106.51
E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	Yes	1 Per Month	Yes		\$136.58
E1295	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEGREST	Yes	1 Per Month	Yes		\$151.99
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	No	1 Per Month	Yes		\$18.11
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		\$275.53
E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	Yes	1 Per Month	Yes		\$59.69
E1405	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITH HEATED DELIVERY	Yes	1 Per Month	Yes		\$275.01
E1406	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITHOUT HEATED DELIVERY	Yes	1 Per Month	Yes		\$255.92
E1700	JAW MOTION REHABILITATION SYSTEM	No	1 Per Month	Yes		\$42.29
E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	No	1 Per Month	Yes		\$62.82
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		\$45.92
E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	No		Yes		\$36.65
E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	No		Yes		\$54.62
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	No	1 Per Month	Yes		\$7.50
E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	No	1 Per Month	Yes		\$17.87
E2310	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE	No	1 Per Month	Yes		\$141.42
E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	No	1 Per Month	Yes		\$200.67
E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH	No	1 Per Month	Yes		\$34.39
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		\$137.76

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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		\$192.04
E2322	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	No	1 Per Month	Yes		\$170.43
E2325	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE	No	1 Per Month	Yes		\$87.32
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		\$302.56
E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE	No	1 Per Month	Yes		\$413.55
E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	No	1 Per Month	Yes		\$55.52
E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	No	1 Per Month	Yes		\$12.03
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	No	1 Per Month	Yes		\$13.31
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		\$30.23
E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	No	1 Per Month	Yes		\$52.11
E2373	POWER WHEELCHAIR ACCESS., HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL, COMPACT, OR SHORT THROW REMOTE JOYSTICK OR TOUCHPAD, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	No	1 Per Month	Yes		\$140.63
E2374	POWER WHEELCHAIR ACCESS., HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE NOT INCLUDING CONTROLLER, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE, REPLACEMENT ONLY	No	1 Per Month	Yes		\$18.94
E2376	POWER WHEELCHAIR ACCESS., EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	No	1 Per Month	Yes		\$150.09
E2377	POWER WHEELCHAIR ACCESS., EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE	No	1 Per Month	Yes		\$54.38
E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	Yes	1 Per Month	Yes		\$2,554.42
E2500	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME	No	1 Per Month	Yes		\$47.26
E2502	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECORDING TIME	Yes	1 Per Month	Yes		\$144.51
E2506	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME	Yes	1 Per Month	Yes		\$279.51
E2508	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE	Yes	1 Per Month	Yes		\$432.22
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	Yes	1 Per Month	Yes		\$817.91

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E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	No	1 Per Month	Yes		\$10.74
E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	No	1 Per Month	Yes		\$12.69
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	No	1 Per Month	Yes		\$19.96
E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	No	1 Per Month	Yes		\$35.71
E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	No	1 Per Month	Yes		\$36.99
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		\$71.20
E8000	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	Yes	1 Per Month	Yes		\$95.70
K0001	STANDARD WHEELCHAIR	Yes	1 Per Month	Yes		\$60.16
K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	Yes	1 Per Month	Yes		\$97.79
K0003	LIGHTWEIGHT WHEELCHAIR	Yes	1 Per Month	Yes		\$104.05
K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	Yes	1 Per Month	Yes		\$155.16
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	Yes	1 Per Month	Yes		\$223.33
K0006	HEAVY DUTY WHEELCHAIR	Yes	1 Per Month	Yes		\$145.02
K0007	EXTRA HEAVY DUTY WHEELCHAIR	Yes	1 Per Month	Yes		\$211.83
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		\$609.06
K0012	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	Yes	1 Per Month	Yes		\$383.43
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH	No	1 Per Month	Yes		\$3.50
K0019	ARM PAD, EACH	No	1 Per Month	Yes		\$2.08
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	No	1 Per Month	Yes		\$6.14
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	No	1 Per Month	Yes		\$9.38
K0045	FOOTREST, COMPLETE ASSEMBLY	No	1 Per Month	Yes		\$6.17
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	No	1 Per Month	Yes		\$12.57
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		\$12.23
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	No	1 Per Month	Yes		\$12.79
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	No	1 Per Month	Yes		\$19.43
K0455	INFUSION PUMP USED FOR UNINTERRUPTED PARENTERAL ADMINISTRATION OF MEDICATION, (E.G., EPOPROSTENOL OR TREPROSTINOL)	Yes	1 Per Month	Yes		\$354.62
K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE	No	1 Per Month	Yes		\$2,785.42
K0730	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	Yes	1 Per Month	Yes		\$163.01
K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	Yes	1 Per Month	Yes		\$72.51
K0813	PWC, GR. 1 PORTABLE, SLING/SOLID SEAT AND BACK, PT. WT. CAPACITY UP TO AND INCLUDING 300 LBS	Yes	1 Per Month	Yes		\$214.63

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K0814	PWC,GR. 1 PORTABLE, CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes		\$271.18
K0815	PWC, GR. 1, SLING/SOLID SEAT AND BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes		\$333.53
K0816	PWC GR., CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes		\$318.30
K0820	PWC GR. 2, PORTABLE, SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes		\$242.61
K0821	PWC GR 2., PORTABLE, CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes		\$305.26
K0822	PWC GR 2, SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes		\$378.26
K0823	PWC GR 2, CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes		\$381.69
K0824	PWC GR 2, HEAVY DUTY, SLING/SOLID SEAT/BACK, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per Month	Yes		\$460.13
K0825	PWC GR 2 HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per Month	Yes		\$382.11
K0826	PWC GR 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PT. WT. CAP. 451 TO 600 LBS	Yes	1 Per Month	Yes		\$597.89
K0827	PWC GR 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 451 TO 600 LBS	Yes	1 Per Month	Yes		\$580.07
K0828	PWC GR 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PT. WT. CAP. 601 LBS OR MORE	Yes	1 Per Month	Yes		\$659.82
K0829	PWC GR 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 601 LBS OR MORE	Yes	1 Per Month	Yes		\$690.28
K0830	PWC GR 2, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes		\$427.79
K0831	PWC GR 2, SEAT ELEVATOR, CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes		\$427.79
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		\$391.54
K0836	PWC GR 2, SINGLE PWR. OPT., CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes		\$398.80
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		\$460.13
K0838	PWC GR 2 HEAVY DUTY, SINGLE PWR OPT., CAPTAINS CHAIR, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per Month	Yes		\$415.17
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		\$597.89
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		\$807.72
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		\$439.99
K0842	PWC GR 2, MULT. PWR OPT. CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes		\$439.99
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		\$491.90
K0848	PWC GR 3, SLING/SOLID SEAT.BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes		\$500.29
K0849	PWC GR 3 CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes		\$480.72
K0850	PWC GR 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per Month	Yes		\$555.12
K0851	PWC GR 3 HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per Month	Yes		\$533.66
K0852	PWC GR 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK PT. WT. CAP. 451 TO 600 LBS	Yes	1 Per Month	Yes		\$674.33
K0853	PWC GR 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 451 TO 600 LBS	Yes	1 Per Month	Yes		\$692.59
K0854	PWC GR 3 XTRA HEAVY DUTY, SLING/SOLID SEAT/BACK PT. WT. CAP. 601 LBS AND MORE	Yes	1 Per Month	Yes		\$881.12
K0855	PWC GR 3 XTRA HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 601 LBS OR MORE	Yes	1 Per Month	Yes		\$824.11
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		\$537.65
K0857	PWC GR 3, SINGLE PWR. OPT. CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes		\$501.38
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		\$669.60
K0859	PWC GR 3 HEAVY DUTY, SINGLE PWR. OPT. CAPTINS CHAIR, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per Month	Yes		\$626.67

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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		\$941.14
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		\$538.45
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		\$669.60
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		\$941.02
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		\$839.64

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