

**NORTH DAKOTA MEDICAID
DME RENTAL FEE SCHEDULE EFFECTIVE 2/27/2009**

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		\$117.69
B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	Yes	1 Per Month.	Yes		\$117.69
B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	Yes	1 Per Month.	Yes		\$200.19
B9006	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	Yes	1 Per Month.	Yes		\$200.19
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, COMPLETE WITH TIPS AND HANDGRIPS	No	1 Per Month.	Yes		\$6.70
E0114	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	No	1 Per Month.	Yes		\$4.28
E0116	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH PAD, TIP, HANDGRIP, WITH OR WITHOUT SHOCK ABSORBER, EACH	No	1 Per Month.	Yes		\$2.27
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	No	1 Per Month.	Yes		\$7.27
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	No	1 Per Month.	Yes		\$9.99
E0144	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR SEAT	No	1 Per Month.	Yes		\$28.64
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	No	1 Per Month.	Yes		\$53.80
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	No	1 Per Month.	Yes		\$11.57
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	No	1 Per Month.	Yes		\$18.10
E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH	No	1 Per Month.	Yes		\$5.78
E0154	PLATFORM ATTACHMENT, WALKER, EACH	No	1 Per Month.	Yes		\$6.25
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	No	1 Per Month.	Yes		\$2.68
E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODO	No	1 Per Month.	Yes		\$2.80
E0162	SITZ BATH CHAIR	No	1 Per Month.	Yes		\$12.56
E0163	COMMODO CHAIR, STATIONARY, WITH FIXED ARMS	No	1 Per Month.	Yes		\$8.83
E0164	COMMODO CHAIR, MOBILE, WITH FIXED ARMS	No	1 Per Month.	Yes		\$15.51
E0165	COMMODO CHAIR, STATIONARY, WITH DETACHABLE ARMS	No	1 Per Month.	Yes		\$15.10
E0166	COMMODO CHAIR, MOBILE, WITH DETACHABLE ARMS	No	1 Per Month.	Yes		\$18.69
E0180	PRESSURE PAD, ALTERNATING WITH PUMP	Yes	1 Per Month.	Yes		\$19.26
E0181	PRESSURE PAD, ALTERNATING WITH PUMP, HEAVY DUTY	Yes	1 Per Month.	Yes		\$21.32
E0182	PUMP FOR ALTERNATING PRESSURE PAD	Yes	1 Per Month.	Yes		\$25.15
E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	No		Yes		\$0.00
E0194	AIR FLUIDIZED BED	No		Yes		\$0.00
E0196	GEL PRESSURE MATTRESS	Yes	1 Per Month.	Yes		\$30.66
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes	1 Per Month.	Yes		\$15.62
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes	1 Per Month.	Yes		\$20.74
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	No	7 days Per Lifetime.	Yes		\$50.45
E0203	THERAPEUTIC LIGHT BOX	No	1 Per Month.	Yes		\$19.11
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	1 Per Month.	Yes		\$79.47
E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month.	Yes		\$80.14
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	1 Per Month.	Yes		\$89.76
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month.	Yes		\$74.99
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	1 Per Month.	Yes		\$126.67
E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month.	Yes		\$108.84

Inclusion or exclusion of a procedure code, supply, product or service does not imply Medicaid coverage, reimbursement or lack thereof.

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E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT, AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	1 Per Month.	Yes		\$126.67
E0266	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT, AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month.	Yes		\$108.84
E0271	MATTRESS, INNERSPRING	No	1 Per Month.	Yes		\$18.92
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Yes	1 Per Month.	Yes		\$781.31
E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	Yes	1 Per Month.	Yes		\$69.56
E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month.	Yes		\$48.25
E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	Yes	1 Per Month.	Yes		\$78.55
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month.	Yes		\$67.33
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	Yes	1 Per Month.	Yes		\$112.20
E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month.	Yes		\$109.97
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		\$269.72
E0305	BED SIDE RAILS, HALF LENGTH	No	1 Per Month.	Yes		\$17.68
E0310	BED SIDE RAILS, FULL LENGTH	No	1 Per Month.	Yes		\$16.10
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	Yes	1 Per Month.	Yes		\$645.67
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	Yes	1 Per Month.	Yes		\$217.68
E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	Yes	1 Per Month.	Yes		\$28.04
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		\$34.76
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		\$35.06
E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	Yes	1 Per Month.	Yes		\$217.48
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	No		Yes		\$60.06
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		\$1,070.42
E0457	CHEST SHELL (CUIRASS)	No	1 Per Month.	Yes		\$68.88
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		\$1,122.04
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		\$1,301.57
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		\$1,301.57
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		\$148.53
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		\$148.53
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	No	1 Per Month.	Yes		\$38.15
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	No	1 Per Month.	Yes		\$374.77
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, (INCLUDES HOSES AND VEST), EACH	No	1 Per Month.	Yes		\$920.30
E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY	No	1 Per Month.	Yes		\$56.09
E0560	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR OXYGEN DELIVERY	No	1 Per Month.	Yes		\$15.56
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	No	1 Per Month.	Yes		\$10.00
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	No	1 Per Month.	Yes		\$26.91

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E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR CYLINDER DRIVEN	No	1 Per Month.	Yes		\$46.70
E0570	NEBULIZER, WITH COMPRESSOR	No	1 Per Month.	Yes		\$16.38
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	No	1 Per Month.	Yes		\$36.06
E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	Yes	1 Per Month.	Yes		\$58.67
E0615	PACEMAKER MONITOR, SELF CONTAINED, CHECKS BATTERY DEPLETION AND OTHER PACEMAKER COMPONENTS, INCLUDES DIGITAL/VISIBLE CHECK SYSTEMS	No	1 Per Month.	Yes		\$39.04
E0618	APNEA MONITOR, WITHOUT RECORDING FEATURE	Yes	1 Per Month.	Yes		\$186.26
E0619	APNEA MONITOR, WITH RECORDING FEATURE	Yes	1 Per Month.	Yes		\$186.09
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	No	1 Per Month.	Yes		\$29.69
E0630	PATIENT LIFT, HYDRAULIC, WITH SEAT OR SLING	No	1 Per Month.	Yes		\$96.21
E0720	TENS, TWO LEAD, LOCALIZED STIMULATION	Yes	1 Per Month.	Yes		\$32.28
E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	Yes	1 Per Month.	Yes		\$33.66
E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS	Yes	1 Per Month.	Yes		\$345.07
E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	Yes	1 Per Month.	Yes		\$283.86
E0776	IV POLE	No	1 Per Month.	Yes		\$9.62
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	Yes	1 Per Month.	Yes		\$228.69
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	Yes	1 Per Month.	Yes		\$375.65
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	Yes	1 Per Month.	Yes		\$280.50
E0849	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING TRACTION FORCE TO OTHER THAN MANDIBLE	No		Yes		\$32.25
E0850	TRACTION STAND, FREE STANDING, CERVICAL TRACTION	No	1 Per Month.	Yes		\$8.73
E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	No	1 Per Month.	Yes		\$44.37
E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION, (E.G. BUCK'S)	No	1 Per Month.	Yes		\$7.67
E0880	TRACTION STAND, FREE STANDING, EXTREMITY TRACTION, (E.G., BUCK'S)	No	1 Per Month.	Yes		\$10.69
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	No	1 Per Month.	Yes		\$8.68
E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	No	1 Per Month.	Yes		\$17.10
E0912	TRAPEZE BAR, HEAVY-DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREESTANDING, COMPLETE WITH GRAB BAR	No		Yes		\$88.23
E0920	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS	No	1 Per Month.	Yes		\$51.62
E0930	FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS	No	1 Per Month.	Yes		\$44.84
E0935	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY	No	1 Per Month.	Yes		\$24.65
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	No	1 Per Month.	Yes		\$33.66
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	No	1 Per Month.	Yes		\$9.46
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	No	1 Per Month.	Yes		\$1.76
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	No	1 Per Month.	Yes		\$18.39
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	No	1 Per Month.	Yes		\$8.97
E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	No	1 Per Month.	Yes		\$12.88
E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	No	1 Per Month.	Yes		\$37.80
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	No	1 Per Month.	Yes		\$2.71
E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	No	1 Per Month.	Yes		\$4.95
E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	No	1 Per Month.	Yes		\$9.81

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Code	Description	CMN Required?	Quantity Allowed	Prior Auth Required?	Minimum Age	Medicaid Fee
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	No	1 Per Month.	Yes		\$3.82
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH	No	1 Per Month.	Yes		\$4.55
E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH	No	1 Per Month.	Yes		\$4.24
E0983	MANUAL WC ACCESS. PWR. ADD-ON TO CONVERT MANUAL WC TO MOTORIZED WC, JOYSTICK CONTROL	No		Yes		\$256.62
E0984	MANUAL WC ACCESS. PWR. ADD-ON TO CONVERT MANUAL WC TO MOTORIZED WC, TILLER CONTROL	No		Yes		\$138.86
E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH	No		Yes		\$354.08
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	No	1 Per Month.	Yes		\$10.65
E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	No	1 Per Month.	Yes		\$8.63
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	No	1 Per Month.	Yes		\$18.74
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	No	1 Per Month.	Yes		\$33.58
E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	1 Per Month.	Yes		\$141.38
E1070	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	Yes	1 Per Month.	Yes		\$106.60
E1083	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG REST	Yes	1 Per Month.	Yes		\$83.02
E1084	HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	1 Per Month.	Yes		\$98.74
E1087	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	1 Per Month.	Yes		\$115.56
E1092	WIDE HEAVY DUTY WHEEL CHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	1 Per Month.	Yes		\$116.69
E1093	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	Yes	1 Per Month.	Yes		\$101.49
E1100	SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	1 Per Month.	Yes		\$98.19
E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEG REST	Yes	1 Per Month.	Yes		\$92.70
E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	1 Per Month.	Yes		\$65.08
E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	1 Per Month.	Yes		\$52.17
E1224	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	Yes	1 Per Month.	Yes		\$67.33
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	No	1 Per Month.	Yes		\$42.21
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	Yes		Yes		\$32.76
E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY DETACHABLE, ELEVATING LEGREST	Yes	1 Per Month.	Yes		\$97.63
E1270	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	1 Per Month.	Yes		\$80.22
E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	Yes	1 Per Month.	Yes		\$102.85
E1295	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEGREST	Yes	1 Per Month.	Yes		\$114.44
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	No	1 Per Month.	Yes		\$13.63
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		\$207.48
E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	Yes	1 Per Month.	Yes		\$44.94
E1405	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITH HEATED DELIVERY	Yes	1 Per Month.	Yes		\$207.09
E1406	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITHOUT HEATED DELIVERY	Yes	1 Per Month.	Yes		\$192.71
E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	No	1 Per Month.	Yes		\$47.30
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		\$34.58
E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	No	1 Per Month.	Yes		\$13.45
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		\$103.74

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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		\$144.61
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		\$227.84
E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	No	1 Per Month.	Yes		\$41.81
E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	No	1 Per Month.	Yes		\$9.06
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	No	1 Per Month.	Yes		\$10.01
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		\$22.75
E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	No	1 Per Month.	Yes		\$39.24
E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	Yes	1 Per Month.	Yes		\$1,923.54
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	No	1 Per Month.	Yes		\$8.09
E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	No	1 Per Month.	Yes		\$9.56
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	No	1 Per Month.	Yes		\$15.02
E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	No	1 Per Month.	Yes		\$26.90
E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	No	1 Per Month.	Yes		\$27.85
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		\$53.61
E8000	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	Yes	1 Per Month.	Yes		\$72.07
K0001	STANDARD WHEELCHAIR	Yes	1 Per Month.	Yes		\$45.30
K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	Yes	1 Per Month.	Yes		\$73.64
K0003	LIGHTWEIGHT WHEELCHAIR	Yes	1 Per Month.	Yes		\$78.35
K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	Yes	1 Per Month.	Yes		\$116.84
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	Yes	1 Per Month.	Yes		\$168.17
K0006	HEAVY DUTY WHEELCHAIR	Yes	1 Per Month.	Yes		\$109.20
K0007	EXTRA HEAVY DUTY WHEELCHAIR	Yes	1 Per Month.	Yes		\$159.51
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		\$458.64
K0012	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	Yes	1 Per Month.	Yes		\$288.74
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH	No	1 Per Month.	Yes		\$2.63
K0019	ARM PAD, EACH	No	1 Per Month.	Yes		\$1.58
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	No	1 Per Month.	Yes		\$4.62
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	No	1 Per Month.	Yes		\$7.06
K0045	FOOTREST, COMPLETE ASSEMBLY	No	1 Per Month.	Yes		\$4.64
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	No	1 Per Month.	Yes		\$9.46
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		\$9.20
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	No	1 Per Month.	Yes		\$9.64
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	No	1 Per Month.	Yes		\$1.83
K0455	INFUSION PUMP USED FOR UNINTERRUPTED PARENTERAL ADMINISTRATION OF MEDICATION, (E.G., EPOPROSTENOL OR TREPROSTINOL)	Yes	1 Per Month.	Yes		\$267.05
K0735	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Yes		Yes		\$33.63
K0736	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Yes		Yes		\$26.65
K0737	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Yes		Yes		\$33.85

Inclusion or exclusion of a procedure code, supply, product or service does not imply Medicaid coverage, reimbursement or lack thereof.

**NORTH DAKOTA MEDICAID
DME RENTAL FEE SCHEDULE EFFECTIVE 2/27/2009**

Code	Description	CMN Required?	Quantity Allowed	Prior Auth Required?	Minimum Age	Medicaid Fee
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		\$54.60
K0813	PWC, GR. 1 PORTABLE, SLING/SOLID SEAT AND BACK, PT. WT. CAPACITY UP TO AND INCLUDING 300 LBS	Yes		Yes		\$161.62
K0814	PWC,GR. 1 PORTABLE, CAPTAINS CHAIR, PT WT. CAP. UP TO AND INCL. 300 LBS	Yes		Yes		\$204.20
K0815	PWC, GR. 1, SLING/SOLID SEAT AND BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes		Yes		\$251.16
K0816	PWC GR., CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes		Yes		\$239.69
K0820	PWC GR. 2, PORTABLE, SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes		Yes		\$182.69
K0821	PWC GR 2., PORTABLE, CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes		Yes		\$229.87
K0822	PWC GR 2, SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes		Yes		\$284.84
K0823	PWC GR 2, CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes		Yes		\$287.42
K0824	PWC GR 2, HEAVY DUTY, SLING/SOLID SEAT/BACK, PT. WT. CAP. 301 TO 450 LBS	Yes		Yes		\$346.49
K0825	PWC GR 2 HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 301 TO 450 LBS	Yes		Yes		\$287.74
K0826	PWC GR 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PT. WT. CAP. 451 TO 600 LBS	Yes		Yes		\$450.23
K0827	PWC GR 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 451 TO 600 LBS	Yes		Yes		\$436.80
K0828	PWC GR 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PT. WT. CAP. 601 LBS OR MORE	Yes		Yes		\$496.86
K0829	PWC GR 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 601 LBS OR MORE	Yes		Yes		\$519.79
K0830	PWC GR 2, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes		Yes		\$322.14
K0831	PWC GR 2, SEAT ELEVATOR, CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes		Yes		\$322.14
K0835	PWC GR 2, SINGLE PWR OPT., SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes		Yes		\$294.84
K0836	PWC GR 2, SINGLE PWR. OPT., CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes		Yes		\$300.30
K0837	PWC GR 2 HEAVY DUTY, SINGLE PWR OPT., SLING/SOLID SEAT/BACK, PT. WT. CAP. 301 TO 450 LBS	Yes		Yes		\$346.49
K0838	PWC GR 2 HEAVY DUTY, SINGLE PWR OPT., CAPTAINS CHAIR, PT. WT. CAP. 301 TO 450 LBS	Yes		Yes		\$312.64
K0839	PWC GR 2 VERY HEAVY DUTY, SINGLE PWR OPT., SLING/SOLID SEAT/BACK, PT. WT. CAP. 451 TO 600 LBS	Yes		Yes		\$450.23
K0840	PWC GR 2 XTRA HEAVY DUTY, SINGLE PWR. OPT. SLING/SOLID SEAT/BACK, PT. WT. CP. 601 LBS AND MORE	Yes		Yes		\$608.24
K0841	PWC GR 2, MULT. PWR OPT., SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes		Yes		\$331.32
K0842	PWC GR 2, MULT. PWR OPT. CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes		Yes		\$331.32
K0843	PWC GR 2 HEAVY DUTY, MULT. PWR. OPT. SLING/SOLID SEAT/BACK, PT. WT. CAP. 301 TO 450 LBS	Yes		Yes		\$370.41
K0848	PWC GR 3, SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes		Yes		\$376.74
K0849	PWC GR 3 CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes		Yes		\$362.00
K0850	PWC GR 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PT. WT. CAP. 301 TO 450 LBS	Yes		Yes		\$418.02
K0851	PWC GR 3 HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 301 TO 450 LBS	Yes		Yes		\$401.86
K0852	PWC GR 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK PT. WT. CAP. 451 TO 600 LBS	Yes		Yes		\$507.78
K0853	PWC GR 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 451 TO 600 LBS	Yes		Yes		\$521.54
K0854	PWC GR 3 XTRA HEAVY DUTY, SLING/SOLID SEAT/BACK PT. WT. CAP. 601 LBS AND MORE	Yes		Yes		\$663.50
K0855	PWC GR 3 XTRA HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 601 LBS OR MORE	Yes		Yes		\$620.58
K0856	PWC GR 3, SINGLE PWR. OPT. SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes		Yes		\$404.86
K0857	PWC GR 3, SINGLE PWR. OPT. CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes		Yes		\$377.56
K0858	PWC GR 3 HEAVY DUTY, SINGLE PWR. OPT., SLING/SOLID SEAT/BACK, PT. WT. CAP. 301 TO 450 LBS	Yes		Yes		\$504.23
K0859	PWC GR 3 HEAVY DUTY, SINGLE PWR. OPT. CAPTAINS CHAIR, PT. WT. CAP. 301 TO 450 LBS	Yes		Yes		\$471.91
K0860	PWC GR 3 VERY HEAVY DUTY, SINGLE PWR. OPT. SLING/SOLID SEAT/BACK, PT. WT. CAP. 451 TO 600 LBS	Yes		Yes		\$708.71

**NORTH DAKOTA MEDICAID
DME RENTAL FEE SCHEDULE EFFECTIVE 2/27/2009**

Code	Description	CMN Required?	Quantity Allowed	Prior Auth Required?	Minimum Age	Medicaid Fee
K0861	PWC GR 3 MULT. PWR. OPT. SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes		Yes		\$405.46
K0862	PWC GR 3 HEAVY DUTY, MULT. PWR. OPT. SLING/SOLID SEAT/BACK, PT. WT. CAP. 301 TO 450 LBS	Yes		Yes		\$504.23
K0863	PWC GR 3 VERY HEAVY DUTY, MULT. PWR. OPT. SLING/SOLID SEAT/BACK, PT. WT. CAP. 451 TO 600 LBS	Yes		Yes		\$708.60
K0864	PWC GR 3 XTRA HEAVY DUTY, MULT. PWR. OPT. SLING/SOLID SEAT/BACK, PT. WT. CAP 601 LBS OR MORE	Yes		Yes		\$632.27