

# NORTH DAKOTA MEDICAID RENTAL DME Fee Schedule

## Effective 07/1/2014

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		\$151.75
B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	Yes	1 Per Month	Yes		\$151.75
B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	Yes	1 Per Month	Yes		\$258.11
B9006	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	Yes	1 Per Month	Yes		\$258.11
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, COMPLETE WITH TIPS AND HANDGRIPS	No	1 Per Month	Yes		\$8.64
E0114	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	No	1 Per Month	Yes		\$5.51
E0116	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH PAD, TIP, HANDGRIP, WITH OR WITHOUT SHOCK ABSORBER, EACH	No	1 Per Month	Yes		\$2.93
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	No	1 Per Month	Yes		\$9.38
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	No		Yes		\$12.17
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	No	1 Per Month	Yes		\$12.90
E0144	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR SEAT	No	1 Per Month	Yes		\$36.93
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	No	1 Per Month	Yes		\$69.37
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	No	1 Per Month	Yes		\$14.91
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	No	1 Per Month	Yes		\$23.34
E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH	No	1 Per Month	Yes		\$7.47
E0154	PLATFORM ATTACHMENT, WALKER, EACH	No	1 Per Month	Yes		\$8.07
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	No	1 Per Month	Yes		\$3.45
E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	No	1 Per Month	Yes		\$3.61
E0162	SITZ BATH CHAIR	No	1 Per Month	Yes		\$16.19
E0163	COMMODE CHAIR, STATIONARY, WITH FIXED ARMS	No	1 Per Month	Yes		\$11.39
E0164	COMMODE CHAIR, MOBILE, WITH FIXED ARMS	No	1 Per Month	Yes		\$20.00
E0165	COMMODE CHAIR, STATIONARY, WITH DETACHABLE ARMS	No	1 Per Month	Yes		\$19.47
E0166	COMMODE CHAIR, MOBILE, WITH DETACHABLE ARMS	No	1 Per Month	Yes		\$24.10
E0180	PRESSURE PAD, ALTERNATING WITH PUMP	Yes	1 Per Month	Yes		\$24.85
E0181	PRESSURE PAD, ALTERNATING WITH PUMP, HEAVY DUTY	Yes	1 Per Month	Yes		\$27.50
E0182	PUMP FOR ALTERNATING PRESSURE PAD	Yes	1 Per Month	Yes		\$32.43
E0184	DRY PRESSURE MATTRESS	No		Yes		\$27.96
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		\$39.52
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes	1 Per Month	Yes		\$20.13
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes	1 Per Month	Yes		\$26.74
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	No	7 days Per Lifetime	Yes		\$65.05
E0203	THERAPEUTIC LIGHT BOX	No	1 Per Month	Yes		\$24.64
E0240	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	No		Yes		\$6.31
E0245	TUB STOOL OR BENCH	No		Yes		\$4.83
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	1 Per Month	Yes		\$102.46
E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month	Yes		\$103.32

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E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	1 Per Month	Yes		\$115.74
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month	Yes		\$96.69
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	1 Per Month	Yes		\$163.32
E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month	Yes		\$140.33
E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT, AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	1 Per Month	Yes		\$163.32
E0266	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT, AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month	Yes		\$140.33
E0271	MATTRESS, INNERSPRING	No	1 Per Month	Yes		\$24.40
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Yes	1 Per Month	Yes		\$1,007.34
E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	Yes	1 Per Month	Yes		\$89.67
E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month	Yes		\$62.22
E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	Yes	1 Per Month	Yes		\$101.29
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month	Yes		\$86.81
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	Yes	1 Per Month	Yes		\$144.66
E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month	Yes		\$141.78
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		\$347.73
E0305	BED SIDE RAILS, HALF LENGTH	No	1 Per Month	Yes		\$22.79
E0310	BED SIDE RAILS, FULL LENGTH	No	1 Per Month	Yes		\$20.76
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	Yes	1 Per Month	Yes		\$832.46
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	Yes	1 Per Month	Yes		\$280.65
E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	Yes	1 Per Month	Yes		\$36.15
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		\$47.09
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		\$47.09
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		\$44.82
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		\$45.20
E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	Yes	1 Per Month	Yes		\$280.39
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	No	1 Per Month	Yes		\$77.43
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		\$1,380.09
E0457	CHEST SHELL (CUIRASS)	No	1 Per Month	Yes		\$88.80
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		\$1,446.64
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		\$1,678.10
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		\$1,678.10
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		\$264.76

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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		\$610.86
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	No	1 Per Month	Yes		\$49.19
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	No	1 Per Month	Yes		\$483.19
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, (INCLUDES HOSES AND VEST), EACH	No	1 Per Month	Yes		\$1,186.54
E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY	No	1 Per Month	Yes		\$72.32
E0560	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR OXYGEN DELIVERY	No	1 Per Month	Yes		\$20.05
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	No	1 Per Month	Yes		\$12.91
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	No	1 Per Month	Yes		\$34.68
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR CYLINDER DRIVEN	No	1 Per Month	Yes		\$60.21
E0570	NEBULIZER, WITH COMPRESSOR	No	1 Per Month	Yes		\$21.11
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	No	1 Per Month	Yes		\$46.49
E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	Yes	1 Per Month	Yes		\$75.65
E0604	BREAST PUMP, HOSPITAL GRADE, ELECTRIC (AC AND / OR DC), ANY TYPE	No	1 Per Month	After the 1 <sup>st</sup> Month of Rental		\$100.71
E0615	PACEMAKER MONITOR, SELF CONTAINED, CHECKS BATTERY DEPLETION AND OTHER PACEMAKER COMPONENTS, INCLUDES DIGITAL/VISIBLE CHECK SYSTEMS	No	1 Per Month	Yes		\$50.34
E0618	APNEA MONITOR, WITHOUT RECORDING FEATURE	Yes	1 Per Month	Yes		\$240.16
E0619	APNEA MONITOR, WITH RECORDING FEATURE	Yes	1 Per Month	Yes		\$239.93
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	No	1 Per Month	Yes		\$38.28
E0630	PATIENT LIFT, HYDRAULIC, WITH SEAT OR SLING	No	1 Per Month	Yes		\$124.04
E0720	TENS, TWO LEAD, LOCALIZED STIMULATION	Yes	1 Per Month	Yes		\$41.62
E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	Yes	1 Per Month	Yes		\$43.39
E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS	Yes	1 Per Month	Yes		\$444.89
E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	Yes	1 Per Month	Yes		\$365.98
E0776	IV POLE	No	1 Per Month	Yes		\$12.40
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	Yes	1 Per Month	Yes		\$294.84
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	Yes	1 Per Month	Yes		\$484.32
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	Yes	1 Per Month	Yes		\$361.65
E0849	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING TRACTION FORCE TO OTHER THAN MANDIBLE	No	1 Per Month	Yes		\$42.88
E0850	TRACTION STAND, FREE STANDING, CERVICAL TRACTION	No	1 Per Month	Yes		\$11.25
E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	No	1 Per Month	Yes		\$57.21
E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION, (E.G. BUCK'S)	No	1 Per Month	Yes		\$9.90
E0880	TRACTION STAND, FREE STANDING, EXTREMITY TRACTION, (E.G., BUCK'S)	No	1 Per Month	Yes		\$13.78
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	No	1 Per Month	Yes		\$11.18
E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	No	1 Per Month	Yes		\$22.06
E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	No		Yes		\$35.73
E0912	TRAPEZE BAR, HEAVY-DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREESTANDING, COMPLETE WITH GRAB BAR	No	1 Per Month	Yes		\$113.74

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Code	Description	CMN Required?	Quantity Allowed	Prior Auth Required?	Minimum Age	Medicaid Fee
E0920	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS	No	1 Per Month	Yes		\$66.55
E0930	FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS	No	1 Per Month	Yes		\$57.81
E0935	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY	No	1 Per Month	Yes		\$31.79
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	No	1 Per Month	Yes		\$43.39
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	No	1 Per Month	Yes		\$12.20
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	No	1 Per Month	Yes		\$2.27
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	No	1 Per Month	Yes		\$23.71
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	No	1 Per Month	Yes		\$11.56
E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	No	1 Per Month	Yes		\$16.60
E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	No	1 Per Month	Yes		\$48.72
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	No	1 Per Month	Yes		\$3.48
E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	No	1 Per Month	Yes		\$6.40
E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	No	1 Per Month	Yes		\$12.65
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	No	1 Per Month	Yes		\$4.92
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH	No	1 Per Month	Yes		\$5.87
E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH	No	1 Per Month	Yes		\$5.46
E0983	MANUAL WC ACCESS. PWR. ADD-ON TO CONVERT MANUAL WC TO MOTORIZED WC, JOYSTICK CONTROL	No	1 Per Month	Yes		\$330.87
E0984	MANUAL WC ACCESS. PWR. ADD-ON TO CONVERT MANUAL WC TO MOTORIZED WC, TILLER CONTROL	No	1 Per Month	Yes		\$179.03
E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH	No	1 Per Month	Yes		\$456.51
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	No	1 Per Month	Yes		\$13.74
E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	No	1 Per Month	Yes		\$11.13
E1002	POWER SEAT TILT	Yes	1 Per Month	Yes		\$482.57
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	No		Yes		\$28.57
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	No	1 Per Month	Yes		\$24.15
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	No	1 Per Month	Yes		\$43.30
E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	1 Per Month	Yes		\$182.28
E1070	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	Yes	1 Per Month	Yes		\$137.44
E1083	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG REST	Yes	1 Per Month	Yes		\$107.04
E1084	HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	1 Per Month	Yes		\$127.31
E1087	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	1 Per Month	Yes		\$148.99
E1092	WIDE HEAVY DUTY WHEEL CHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	1 Per Month	Yes		\$150.44
E1093	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	Yes	1 Per Month	Yes		\$130.84
E1100	SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	1 Per Month	Yes		\$126.59
E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEG REST	Yes	1 Per Month	Yes		\$119.52
E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	1 Per Month	Yes		\$83.90
E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	1 Per Month	Yes		\$67.27
E1161	MANUAL ADULT WC WITH TILT-IN-SPACE SPACE	No	1 Per Month	Yes		\$301.42
E1224	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	Yes	1 Per Month	Yes		\$86.81

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E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	No	1 Per Month	Yes		\$54.41
E1232	FOLDING PEDIATRIC WC TILT-IN-SPACE	Yes	1 Per Month	Yes		\$276.22
E1233	RIGID PEDIATRIC WC TILT-IN-SPACE W/O SEAT	No	1 Per Month	Yes		\$284.78
E1234	FOLDING PEDIATRIC WC TILT-IN-SPACE W/O SEAT	Yes	1 Per Month	Yes		\$253.04
E1235	RIGID PEDIATRIC WC ADJUSTABLE	Yes	1 Per Month	Yes		\$245.12
E1236	FOLDING PEDIATRIC WC ADJUSTABLE	Yes	1 Per Month	Yes		\$220.91
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	Yes	1 Per Month	Yes		\$42.23
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	Yes	1 Per Month	Yes		\$204.50
E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY DETACHABLE, ELEVATING LEGREST	Yes	1 Per Month	Yes		\$125.88
E1270	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	1 Per Month	Yes		\$103.41
E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	Yes	1 Per Month	Yes		\$132.60
E1295	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEGREST	Yes	1 Per Month	Yes		\$147.56
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	No	1 Per Month	Yes		\$17.58
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		\$267.50
E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	Yes	1 Per Month	Yes		\$57.95
E1405	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITH HEATED DELIVERY	Yes	1 Per Month	Yes		\$267.00
E1406	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITHOUT HEATED DELIVERY	Yes	1 Per Month	Yes		\$248.47
E1700	JAW MOTION REHABILITATION SYSTEM	No	1 Per Month	Yes		\$41.06
E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	No	1 Per Month	Yes		\$60.99
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		\$44.58
E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	No		Yes		\$35.58
E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	No		Yes		\$53.03
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	No	1 Per Month	Yes		\$7.28
E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	No	1 Per Month	Yes		\$17.35
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		\$137.30
E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	No	1 Per Month	Yes		\$194.83
E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH	No	1 Per Month	Yes		\$33.39
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		\$133.75
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		\$186.45
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		\$165.47
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		\$84.78
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		\$293.75
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		\$401.50
E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	No	1 Per Month	Yes		\$53.90

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**NORTH DAKOTA MEDICAID RENTAL DME Fee Schedule**  
**Effective 07/1/2014**

Code	Description	CMN Required?	Quantity Allowed	Prior Auth Required?	Minimum Age	Medicaid Fee
E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	No	1 Per Month	Yes		\$11.68
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	No	1 Per Month	Yes		\$12.92
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		\$29.35
E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	No	1 Per Month	Yes		\$50.59
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		\$136.53
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		\$18.39
E2376	POWER WHEELCHAIR ACCESS., EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	No	1 Per Month	Yes		\$145.72
E2377	POWER WHEELCHAIR ACCESS., EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE	No	1 Per Month	Yes		\$52.80
E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	Yes	1 Per Month	Yes		\$2,480.02
E2500	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME	No	1 Per Month	Yes		\$45.88
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		\$140.30
E2506	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME	Yes	1 Per Month	Yes		\$271.37
E2508	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE	Yes	1 Per Month	Yes		\$419.63
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	Yes	1 Per Month	Yes		\$794.09
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	No	1 Per Month	Yes		\$10.43
E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	No	1 Per Month	Yes		\$12.32
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	No	1 Per Month	Yes		\$19.38
E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	No	1 Per Month	Yes		\$34.67
E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	No	1 Per Month	Yes		\$35.91
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		\$69.13
E8000	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	Yes	1 Per Month	Yes		\$92.91
K0001	STANDARD WHEELCHAIR	Yes	1 Per Month	Yes		\$58.41
K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	Yes	1 Per Month	Yes		\$94.94
K0003	LIGHTWEIGHT WHEELCHAIR	Yes	1 Per Month	Yes		\$101.02
K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	Yes	1 Per Month	Yes		\$150.64
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	Yes	1 Per Month	Yes		\$216.83
K0006	HEAVY DUTY WHEELCHAIR	Yes	1 Per Month	Yes		\$140.80
K0007	EXTRA HEAVY DUTY WHEELCHAIR	Yes	1 Per Month	Yes		\$205.66
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		\$591.32
K0012	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	Yes	1 Per Month	Yes		\$372.26
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH	No	1 Per Month	Yes		\$3.40
K0019	ARM PAD, EACH	No	1 Per Month	Yes		\$2.02
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	No	1 Per Month	Yes		\$5.96
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	No	1 Per Month	Yes		\$9.11
K0045	FOOTREST, COMPLETE ASSEMBLY	No	1 Per Month	Yes		\$5.99

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# NORTH DAKOTA MEDICAID RENTAL DME Fee Schedule

## Effective 07/1/2014

Code	Description	CMN Required?	Quantity Allowed	Prior Auth Required?	Minimum Age	Medicaid Fee
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	No	1 Per Month	Yes		\$12.20
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		\$11.87
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	No	1 Per Month	Yes		\$12.42
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	No	1 Per Month	Yes		\$18.86
K0455	INFUSION PUMP USED FOR UNINTERRUPTED PARENTERAL ADMINISTRATION OF MEDICATION, (E.G., EPOPROSTENOL OR TREPROSTINOL)	Yes	1 Per Month	Yes		\$344.29
K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE	No	1 Per Month	Yes		\$2,704.29
K0730	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	Yes	1 Per Month	Yes		\$158.26
K0735	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Yes	1 Per Month	Yes		\$43.36
K0736	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Yes	1 Per Month	Yes		\$34.37
K0737	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Yes	1 Per Month	Yes		\$43.64
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		\$70.40
K0813	PWC, GR. 1 PORTABLE, SLING/SOLID SEAT AND BACK, PT. WT. CAPACITY UP TO AND INCLUDING 300 LBS	Yes	1 Per Month	Yes		\$208.38
K0814	PWC, GR. 1 PORTABLE, CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes		\$263.28
K0815	PWC, GR. 1, SLING/SOLID SEAT AND BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes		\$323.82
K0816	PWC GR., CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes		\$309.03
K0820	PWC GR. 2, PORTABLE, SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes		\$235.54
K0821	PWC GR 2,, PORTABLE, CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes		\$296.37
K0822	PWC GR 2, SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes		\$367.24
K0823	PWC GR 2, CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes		\$370.57
K0824	PWC GR 2, HEAVY DUTY, SLING/SOLID SEAT/BACK, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per Month	Yes		\$446.73
K0825	PWC GR 2 HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per Month	Yes		\$370.98
K0826	PWC GR 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PT. WT. CAP. 451 TO 600 LBS	Yes	1 Per Month	Yes		\$580.48
K0827	PWC GR 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 451 TO 600 LBS	Yes	1 Per Month	Yes		\$563.17
K0828	PWC GR 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PT. WT. CAP. 601 LBS OR MORE	Yes	1 Per Month	Yes		\$640.60
K0829	PWC GR 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 601 LBS OR MORE	Yes	1 Per Month	Yes		\$670.17
K0830	PWC GR 2, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes		\$415.33
K0831	PWC GR 2, SEAT ELEVATOR, CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes		\$415.33
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		\$380.14
K0836	PWC GR 2, SINGLE PWR. OPT., CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes		\$387.18
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		\$446.73
K0838	PWC GR 2 HEAVY DUTY, SINGLE PWR OPT., CAPTAINS CHAIR, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per Month	Yes		\$403.08
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		\$580.48
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		\$784.19
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		\$427.17
K0842	PWC GR 2, MULT. PWR OPT. CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes		\$427.17
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		\$477.57
K0848	PWC GR 3, SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes		\$485.72
K0849	PWC GR 3 CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes		\$466.72

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**NORTH DAKOTA MEDICAID RENTAL DME Fee Schedule**  
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Code	Description	CMN Required?	Quantity Allowed	Prior Auth Required?	Minimum Age	Medicaid Fee
K0850	PWC GR 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per Month	Yes		\$538.95
K0851	PWC GR 3 HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per Month	Yes		\$518.12
K0852	PWC GR 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK PT. WT. CAP. 451 TO 600 LBS	Yes	1 Per Month	Yes		\$654.69
K0853	PWC GR 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 451 TO 600 LBS	Yes	1 Per Month	Yes		\$672.42
K0854	PWC GR 3 XTRA HEAVY DUTY, SLING/SOLID SEAT/BACK PT. WT. CAP. 601 LBS AND MORE	Yes	1 Per Month	Yes		\$855.46
K0855	PWC GR 3 XTRA HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 601 LBS OR MORE	Yes	1 Per Month	Yes		\$800.11
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		\$521.99
K0857	PWC GR 3, SINGLE PWR. OPT. CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes		\$486.78
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		\$650.10
K0859	PWC GR 3 HEAVY DUTY, SINGLE PWR. OPT. CAPTINS CHAIR, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per Month	Yes		\$608.42
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		\$913.73
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		\$522.77
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		\$650.10
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		\$913.61
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		\$815.18