

**2007 DME and Medical Supply Services Provider Fee Schedule for Recipients Under Age 21
-Draft-**

| CODE | DESCRIPTION | MAXPMT | RO | RENT | UNITS | BR | PA | LIMITS |
|-------------|---|---------------|-----------|-------------|--------------|-----------|-----------|---------------------|
| A4217 | STERILE WATER/SALINE, 500 ML | 2.43 | | 0.00 | 1 | | | 31 PER MONTH |
| A4221 | SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY) | 17.32 | | 0.00 | 1 | | | 52 PER YEAR |
| A4222 | INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY) | 34.39 | | 0.00 | 1 | | | 52 PER YEAR |
| A4246 | BETADINE OR PHISOHEX SOLUTION, PER PINT | 4.85 | | 0.00 | 3 | | | 36 PER YEAR |
| A4255 | PLATFORMS FOR HOME BLOOD GLUCOSE MONITOR, 50 PER BOX | 2.99 | | 0.00 | 1 | | | 2 PER MONTH |
| A4256 | NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS | 8.06 | | 0.00 | 1 | | | 4 PER YEAR |
| A4265 | PARAFFIN, PER POUND | 3.88 | | 0.00 | 6 | | | 72 PER YEAR |
| A4310 | INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY) | 4.03 | | 0.00 | 2 | | | 24 PER YEAR |
| A4314 | INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.) | 10.67 | | 0.00 | 2 | | | 24 PER YEAR |
| A4315 | INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE | 10.67 | | 0.00 | 2 | | | 24 PER YEAR |
| A4316 | INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION | 10.67 | | 0.00 | 2 | | | 24 PER YEAR |
| A4320 | IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE | 4.90 | | 0.00 | 31 | | | 372 PER YEAR |
| A4322 | IRRIGATION SYRINGE, BULB OR PISTON, EACH | 2.15 | | 0.00 | 31 | | | 372 PER YEAR |
| A4326 | MALE EXTERNAL CATHETER SPECIALTY TYPE WITH INTEGRAL COLLECTION CHAMBER, EACH | 8.34 | | 0.00 | 31 | | | 372 PER YEAR |
| A4327 | FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP, EACH | 16.10 | | 0.00 | 1 | | | 1 PER YEAR |
| A4328 | FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH | 5.00 | | 0.00 | 2 | | | 24 PER YEAR |
| A4330 | PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE, EACH | 5.19 | | 0.00 | 31 | | | 372 PER YEAR |
| A4335 | INCONTINENCE SUPPLY; MISCELLANEOUS | 19.40 | | 0.00 | 1 | | | 12 PER YEAR |
| A4338 | INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH | 6.16 | | 0.00 | 3 | | | 36 PER YEAR |
| A4340 | INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDE, MUSHROOM, WING, ETC.), EACH | 6.69 | | 0.00 | 3 | | | 36 PER YEAR |
| A4344 | INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH | 5.34 | | 0.00 | 3 | | | 36 PER YEAR |
| A4346 | INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH | 8.73 | | 0.00 | 3 | | | 36 PER YEAR |
| A4354 | INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER | 3.88 | | 0.00 | 3 | | | 36 PER YEAR |
| A4355 | IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY INDWELLING FOLEY CATHETER, EACH | 2.52 | | 0.00 | 4 | | | 48 PER YEAR |
| A4356 | EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP), EACH | 34.92 | | 0.00 | 1 | | | 1 PER YEAR |
| A4359 | URINARY SUSPENSORY WITHOUT LEG BAG, EACH | 7.76 | | 0.00 | 1 | | | 2 PER YEAR |
| A4554 | DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S) | 0.34 | | 0.00 | 150 | | | 1800 PER YEAR |
| A4565 | SLINGS | 5.34 | | 0.00 | 1 | | | 1 PER MEDICAL EVENT |
| A4570 | SPLINT | 10.67 | | 0.00 | 1 | | | 1 PER MEDICAL EVENT |

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|-------|--|-------|------|------|-------------------|
| A4640 | REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT | 33.95 | 0.00 | 1 | 1 PER YEAR |
| A4649 | SURGICAL SUPPLY; MISCELLANEOUS | 0.00 | 0.00 | 1 BR | MEDICAL NECESSITY |
| A5102 | BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH | 6.69 | 0.00 | 1 | 2 PER YEAR |
| A5105 | URINARY SUSPENSORY; WITH LEG BAG, WITH OR WITHOUT TUBE | 14.40 | 0.00 | 1 | 2 PER YEAR |
| A5113 | LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET | 4.48 | 0.00 | 1 | 4 PER YEAR |
| A5114 | LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET | 5.53 | 0.00 | 1 | 4 PER YEAR |
| A5126 | ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD | 0.63 | 0.00 | 20 | 240 PER YEAR |
| A5200 | PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT | 8.62 | 0.00 | 3 | 3 PER MONTH |
| A6154 | WOUND POUCH, EACH | 10.64 | 0.00 | 15 | 15 PER MONTH |
| A6196 | ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING | 5.61 | 0.00 | 31 | 31 PER MONTH |
| A6197 | ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING | 12.50 | 0.00 | 31 | 31 PER MONTH |
| A6199 | ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, PER 6 INCHES | 4.04 | 0.00 | 31 | 31 PER MONTH |
| A6200 | COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING | 7.25 | 0.00 | 31 | 31 PER MONTH |
| A6201 | COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | 15.87 | 0.00 | 31 | 31 PER MONTH |
| A6202 | COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | 26.62 | 0.00 | 31 | 31 PER MONTH |
| A6203 | COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | 2.56 | 0.00 | 31 | 31 PER MONTH |
| A6204 | COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | 4.76 | 0.00 | 31 | 31 PER MONTH |
| A6207 | CONTACT LAYER, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING | 5.60 | 0.00 | 31 | 31 PER MONTH |
| A6209 | FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING | 5.72 | 0.00 | 31 | 31 PER MONTH |
| A6210 | FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | 15.20 | 0.00 | 31 | 31 PER MONTH |
| A6211 | FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | 22.40 | 0.00 | 31 | 31 PER MONTH |
| A6212 | FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | 7.40 | 0.00 | 31 | 31 PER MONTH |
| A6214 | FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | 7.86 | 0.00 | 31 | 31 PER MONTH |
| A6216 | GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING | 0.04 | 0.00 | 200 | 200 PER MONTH |

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|-------|---|-------|------|----|--------------|
| A6219 | GAUZE, NON-IMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | 0.73 | 0.00 | 62 | 62 PER MONTH |
| A6220 | GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | 1.97 | 0.00 | 62 | 62 PER MONTH |
| A6222 | GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING | 1.63 | 0.00 | 31 | 31 PER MONTH |
| A6223 | GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, PAD SIZE MORE THAN 16 SQUARE INCHES, BUT LESS THAN OR EQUAL TO 48 SQUARE INCHES, WITHOUT ADHESIVE BORDER, EACH DRESSING | 1.84 | 0.00 | 31 | 31 PER MONTH |
| A6224 | GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, PAD SIZE MORE THAN 48 SQUARE INCHES, WITHOUT ADHESIVE BORDER, EACH DRESSING | 2.76 | 0.00 | 31 | 31 PER MONTH |
| A6229 | GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE MORE THAT 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | 2.75 | 0.00 | 31 | 31 PER MONTH |
| A6234 | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING | 5.00 | 0.00 | 31 | 31 PER MONTH |
| A6235 | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | 12.84 | 0.00 | 31 | 31 PER MONTH |
| A6236 | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | 20.80 | 0.00 | 31 | 31 PER MONTH |
| A6237 | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | 6.04 | 0.00 | 31 | 31 PER MONTH |
| A6238 | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | 17.40 | 0.00 | 31 | 31 PER MONTH |
| A6240 | HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, PER FLUID OUNCE | 9.35 | 0.00 | 31 | 31 PER MONTH |
| A6241 | HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, PER GRAM | 1.96 | 0.00 | 31 | 31 PER MONTH |
| A6242 | HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING | 4.63 | 0.00 | 31 | 31 PER MONTH |
| A6243 | HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | 9.40 | 0.00 | 31 | 31 PER MONTH |
| A6244 | HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | 29.95 | 0.00 | 31 | 31 PER MONTH |
| A6245 | HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | 5.55 | 0.00 | 31 | 31 PER MONTH |
| A6246 | HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | 7.55 | 0.00 | 31 | 31 PER MONTH |
| A6247 | HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | 18.15 | 0.00 | 31 | 31 PER MONTH |

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| A6248 | HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE | 12.40 | 0.00 | 15 | 15 PER MONTH |
| A6251 | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING | 1.52 | 0.00 | 31 | 31 PER MONTH |
| A6252 | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | 2.48 | 0.00 | 31 | 31 PER MONTH |
| A6253 | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | 4.84 | 0.00 | 31 | 31 PER MONTH |
| A6254 | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | 0.90 | 0.00 | 31 | 31 PER MONTH |
| A6255 | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | 2.32 | 0.00 | 31 | 31 PER MONTH |
| A6258 | TRANSPARENT FILM, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING | 3.28 | 0.00 | 31 | 31 PER MONTH |
| A6259 | TRANSPARENT FILM, MORE THAN 48 SQ. IN., EACH DRESSING | 8.35 | 0.00 | 31 | 31 PER MONTH |
| A6266 | GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, ANY WIDTH, PER LINEAR YARD | 1.45 | 0.00 | 31 | 31 PER MONTH |
| A6402 | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING | 0.10 | 0.00 | 200 | 200 PER MONTH |
| A6403 | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | 0.33 | 0.00 | 200 | 200 PER MONTH |
| A6441 | PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | 0.40 | 0.00 | 31 | 31 PER MONTH |
| A6443 | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | 0.40 | 0.00 | 31 | 31 PER MONTH |
| A6444 | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO 5 INCHES, PER YARD | 0.40 | 0.00 | 31 | 31 PER MONTH |
| A6446 | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | 0.40 | 0.00 | 31 | 31 PER MONTH |
| A6447 | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD | 0.40 | 0.00 | 31 | 31 PER MONTH |
| A6449 | LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | 0.50 | 0.00 | 31 | 31 PER MONTH |
| A6450 | LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD | 0.50 | 0.00 | 31 | 31 PER MONTH |

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|----------|---|-------|------|-----|----|---------------|
| A6451 | MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE OF 1.25 TO 1.34 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | 0.50 | 0.00 | 31 | | 31 PER MONTH |
| A6452 | HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN OR EQUAL TO 1.35 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | 0.50 | 0.00 | 31 | | 31 PER MONTH |
| A6454 | SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | 0.50 | 0.00 | 31 | | 31 PER MONTH |
| A6456 | ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | 9.10 | 0.00 | 31 | | 31 PER MONTH |
| B4034 | ENTERAL FEEDING SUPPLY KIT; SYRINGE, PER DAY | 4.69 | 0.00 | 31 | | 31 PER MONTH |
| B4036 | ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY | 6.10 | 0.00 | 31 | | 31 PER MONTH |
| B4081 | NASOGASTRIC TUBING WITH STYLET | 14.55 | 0.00 | 8 | | 96 PER YEAR |
| B4082 | NASOGASTRIC TUBING WITHOUT STYLET | 11.64 | 0.00 | 8 | | 96 PER YEAR |
| B4083 | STOMACH TUBE - LEVINE TYPE | 1.46 | 0.00 | 15 | | 180 PER YEAR |
| B4086 | GASTROSTOMY / JEJUNOSTOMY TUBE, ANY MATERIAL, ANY TYPE, (STANDARD OR LOW PROFILE), EACH | 14.55 | 0.00 | 4 | | 48 PER YEAR |
| B4160 | ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT | 0.00 | 0.78 | 930 | PA | 930 PER MONTH |
| B4160 SC | ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED ORALLY, 100 CALORIES = 1 UNIT | 0.00 | 0.78 | 930 | PA | 930 PER MONTH |
| B4161 | ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT | 0.00 | 0.00 | 930 | PA | 930 PER MONTH |
| B4161 SC | ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED ORALLY, 100 CALORIES = 1 UNIT | 0.00 | 0.00 | 930 | PA | 930 PER MONTH |

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|----------|---|---------|-------|-----|----|---------------------|
| B4162 | ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT | 0.00 | 0.00 | 930 | PA | 930 PER MONTH |
| B4162 SC | ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED ORALLY, 100 CALORIES = 1 UNIT | 0.00 | 0.00 | 930 | PA | 930 PER MONTH |
| B9000 | ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM | 0.00 RO | 82.45 | 1 | | MEDICAL NECESSITY |
| B9002 | ENTERAL NUTRITION INFUSION PUMP - WITH ALARM | 0.00 RO | 82.45 | 1 | | MEDICAL NECESSITY |
| B9004 | PARENTERAL NUTRITION INFUSION PUMP, PORTABLE | 0.00 RO | 82.45 | 1 | | MEDICAL NECESSITY |
| B9998 | NOC FOR ENTERAL SUPPLIES | 6.79 | 0.00 | 10 | | 120 PER YEAR |
| E0181 | PRESSURE PAD, ALTERNATING WITH PUMP, HEAVY DUTY | 150.40 | 15.04 | 1 | | 1 PER 3 YEARS |
| E0184 | DRY PRESSURE MATTRESS | 276.50 | 27.65 | 1 | | 1 PER 3 YEARS |
| E0186 | AIR PRESSURE MATTRESS | 184.30 | 0.00 | 1 | | 1 PER 3 YEARS |
| E0187 | WATER PRESSURE MATTRESS | 184.30 | 0.00 | 1 | | 1 PER 3 YEARS |
| E0189 | LAMBSWOOL SHEEPSKIN PAD, ANY SIZE | 77.60 | 0.00 | 1 | | 1 PER 2 YEARS |
| E0190 | POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE | 26.39 | 0.00 | 1 | | 1 PER 3 YEARS |
| E0191 | HEEL OR ELBOW PROTECTOR, EACH | 6.79 | 0.00 | 2 | | 4 PER YEAR |
| E0196 | GEL PRESSURE MATTRESS | 184.30 | 0.00 | 1 | | 1 PER 3 YEARS |
| E0202 | PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER | 0.00 RO | 42.68 | 1 | | 1 PER MEDICAL EVENT |
| E0205 | HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT | 38.80 | 0.00 | 1 | | 1 PER LIFETIME |
| E0215 | ELECTRIC HEAT PAD, MOIST | 16.49 | 0.00 | 1 | | 1 PER LIFETIME |
| E0217 | WATER CIRCULATING HEAT PAD WITH PUMP | 322.02 | 0.00 | 1 | | 1 PER 5 YEARS |
| E0235 | PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY CODE A4265 FOR PARAFFIN) | 116.40 | 11.64 | 1 | | 1 PER 8 YEARS |
| E0249 | PAD FOR WATER CIRCULATING HEAT UNIT | 25.71 | 0.00 | 1 | | 1 PER YEAR |
| E0260 | HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS | 1071.85 | 0.00 | 1 | | 1 PER 8 YEARS |
| E0265 | HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS | 1343.45 | 0.00 | 1 | | 1 PER 8 YEARS |
| E0305 | BED SIDE RAILS, HALF LENGTH | 105.73 | 0.00 | 1 | | 1 PER 8 YEARS |
| E0310 | BED SIDE RAILS, FULL LENGTH | 105.73 | 0.00 | 1 | | 1 PER 8 YEARS |
| E0315 | BED ACCESSORY: BOARD, TABLE, OR SUPPORT DEVICE, ANY TYPE | 82.45 | 0.00 | 1 | | 1 PER 8 YEARS |
| E0316 | SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE | 3500.00 | 0.00 | 1 | PA | 1 PER 5 YEARS |
| E0370 | AIR PRESSURE ELEVATOR FOR HEEL | 19.92 | 0.00 | 1 | | 2 PER 2 YEARS |
| E0445 | OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS, NON-INVASIVE | 0.00 | 95.00 | 1 | | MEDICAL NECESSITY |
| E0618 | APNEA MONITOR, WITHOUT RECORDING FEATURE | 0.00 RO | 6.15 | 1 | | MEDICAL NECESSITY |
| E0619 | APNEA MONITOR, WITH RECORDING FEATURE | 0.00 RO | 6.15 | 1 | | MEDICAL NECESSITY |
| E0621 | SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON | 58.20 | 0.00 | 1 | | 1 PER 4 YEARS |
| E0630 | PATIENT LIFT, HYDRAULIC, WITH SEAT OR SLING | 664.50 | 66.45 | 1 | | 1 PER 8 YEARS |
| E0635 | PATIENT LIFT, ELECTRIC WITH SEAT OR SLING | 664.50 | 66.45 | 1 | | 1 PER 8 YEARS |
| E0650 | PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL | 485.00 | 48.50 | 1 | | 1 PER 8 YEARS |

**2007 DME and Medical Supply Services Provider Fee Schedule for Recipients Under Age 21
-Draft-**

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|-------|---|---------|--------|---|-----------------------|
| E0651 | PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE | 941.90 | 94.19 | 1 | 1 PER 8 YEARS |
| E0652 | PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE | 3689.90 | 368.99 | 1 | 1 PER 8 YEARS |
| E0655 | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM | 73.72 | 0.00 | 1 | 2 PER YEAR |
| E0660 | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG | 67.90 | 0.00 | 1 | 2 PER YEAR |
| E0665 | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM | 67.90 | 0.00 | 1 | 2 PER YEAR |
| E0666 | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG | 101.37 | 0.00 | 1 | 2 PER YEAR |
| E0667 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG | 395.76 | 0.00 | 1 | 2 PER YEAR |
| E0668 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM | 395.76 | 0.00 | 1 | 2 PER YEAR |
| E0744 | NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS | 810.00 | 81.00 | 1 | MEDICAL NECESSITY |
| E0745 | NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT | 717.80 | 71.78 | 1 | MEDICAL NECESSITY |
| E0776 | IV POLE | 106.70 | 10.67 | 1 | 1 PER 8 YEARS |
| E0779 | AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER | 0.00 RO | 11.74 | 1 | MEDICAL NECESSITY |
| E0780 | AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS | 0.00 RO | 7.91 | 1 | MEDICAL NECESSITY |
| E0781 | AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT | 0.00 RO | 9.41 | 1 | MEDICAL NECESSITY |
| E0791 | PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL | 0.00 RO | 5.82 | 1 | MEDICAL NECESSITY |
| E0840 | TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION | 63.05 | 0.00 | 1 | 1 PER LIFETIME |
| E0850 | TRACTION STAND, FREE STANDING, CERVICAL TRACTION | 73.72 | 0.00 | 1 | 1 PER LIFETIME |
| E0870 | TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION, (E.G. BUCK'S) | 63.05 | 0.00 | 1 | 1 PER LIFETIME |
| E0880 | TRACTION STAND, FREE STANDING, EXTREMITY TRACTION, (E.G., BUCK'S) | 70.81 | 0.00 | 1 | 1 PER LIFETIME |
| E0890 | TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION | 44.62 | 0.00 | 1 | 1 PER LIFETIME |
| E0900 | TRACTION STAND, FREE STANDING, PELVIC TRACTION, (E.G., BUCK'S) | 77.60 | 0.00 | 1 | 1 PER LIFETIME |
| E0920 | FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS | 354.10 | 35.41 | 1 | 1 PER LIFETIME |
| E0930 | FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS | 354.10 | 35.41 | 1 | 1 PER LIFETIME |
| E0935 | PASSIVE MOTION EXERCISE DEVICE | 0.00 RO | 13.57 | 0 | 10 DAYS PER MED.EVENT |
| E0942 | CERVICAL HEAD HARNESS/HALTER | 15.52 | 0.00 | 1 | 1 PER MEDICAL EVENT |
| E0944 | PELVIC BELT/HARNESS/BOOT | 12.13 | 0.00 | 1 | 1 PER MEDICAL EVENT |
| E0945 | EXTREMITY BELT/HARNESS | 15.04 | 0.00 | 1 | 1 PER MEDICAL EVENT |
| E0947 | FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION | 217.80 | 21.78 | 1 | 1 PER MEDICAL EVENT |
| E0948 | FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION | 209.50 | 20.95 | 1 | 1 PER MEDICAL EVENT |
| E1030 | WHEELCHAIR ACCESSORY, VENTILATOR TRAY GIMBALED | 932.21 | 0.00 | 1 | PA 1 PER 4 YEARS |

**2007 DME and Medical Supply Services Provider Fee Schedule for Recipients Under Age 21
-Draft-**

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|-------|--|---------|-------|---|---------------------|
| E1085 | HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOT RESTS | 489.90 | 48.99 | 1 | 1 PER 5 YEARS |
| E1231 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM | 1892.87 | 0.00 | 1 | PA 1 PER 5 YEARS |
| E1232 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM | 1710.73 | 0.00 | 1 | PA 1 PER 5 YEARS |
| E1233 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM | 1772.58 | 0.00 | 1 | PA 1 PER 5 YEARS |
| E1234 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM | 1543.16 | 0.00 | 1 | PA 1PER 5 YEARS |
| E1235 | WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM | 1485.94 | 0.00 | 1 | PA 1 PER 5 YEARS |
| E1236 | WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM | 1310.98 | 0.00 | 1 | PA 1 PER 5 YEARS |
| E1237 | WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM | 1322.44 | 0.00 | 1 | PA 1 PER 5 YEARS |
| E1238 | WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM | 1378.84 | 0.00 | 1 | PA 1 PER 5 YEARS |
| E1800 | DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL | 73.50 | 0.00 | 2 | 2 PER 2 YEARS |
| E1805 | DYNAMIC ADJUSTABLE WRIST EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL | 75.50 | 0.00 | 2 | 2 PER 2 YEARS |
| E1815 | DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL | 75.50 | 0.00 | 2 | 2 PER 2 YEARS |
| E1820 | REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE | 6.06 | 0.00 | 8 | 8 PER YEAR |
| E1825 | DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL | 75.50 | 0.00 | 2 | 2 PER 2 YEARS |
| E1830 | DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL | 75.50 | 0.00 | 2 | 2 PER 2 YEARS |
| L3201 | ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT | 36.38 | 0.00 | 2 | 3 PAIR PER YEAR |
| L3202 | ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD | 36.38 | 0.00 | 2 | 3 PAIR PER YEAR |
| L3203 | ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR | 36.38 | 0.00 | 2 | 3 PAIR PER YEAR |
| L3204 | ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT | 34.92 | 0.00 | 2 | 3 PAIR PER YEAR |
| L3206 | ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD | 41.71 | 0.00 | 2 | 3 PAIR PER YEAR |
| L3207 | ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR | 52.38 | 0.00 | 2 | 3 PAIR PER YEAR |
| L3208 | SURGICAL BOOT, EACH, INFANT | 17.46 | 0.00 | 2 | 2 PER FOOT PER YEAR |
| L3209 | SURGICAL BOOT, EACH, CHILD | 17.46 | 0.00 | 2 | 2 PER FOOT PER YEAR |
| L3211 | SURGICAL BOOT, EACH, JUNIOR | 19.40 | 0.00 | 2 | 2 PER FOOT PER YEAR |