

**2008 DME and Medical Supply Services Provider Fee Schedule for Recipients Under Age 21**

| <b>CODE</b> | <b>DESCRIPTION</b>  | <b>MAXPMT</b> | <b>RO</b> | <b>RENT</b> | <b>UNITS</b> | <b>BR</b> | <b>PA</b> | <b>LIMITS</b>       |
|-------------|---|---------------|-----------|-------------|--------------|-----------|-----------|---------------------|
| 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 |
| A4640       | REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT  | 33.95         |           | 0.00        | 1            |           |           | 1 PER YEAR          |

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|       |  |       |      |     |               |
|-------|--|-------|------|-----|---------------|
| 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, EACH  | 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 |
| 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  |

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| 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 |
| A6248 | HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE   | 12.40 | 0.00 | 15 | 15 PER MONTH |

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|-------|---|------|------|-----|---------------|
| 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  |
| 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  |

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|          |   |         |       |     |                   |
|----------|---|---------|-------|-----|-------------------|
| 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      |
| B4035    | ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY   | 8.60    | 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      |
| 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 | 0.78    | 0.00  | 930 | 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                          | 0.78    | 0.00  | 930 | 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 | 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 | 930 PER MONTH     |
| 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 | 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 | 930 PER MONTH     |
| B9000    | ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM   | 0.00 RO | 82.45 | 1   | MEDICAL NECESSITY |

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|       |   |         |        |    |    |                     |
|-------|---|---------|--------|----|----|---------------------|
| 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 OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)                       | 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       |
| 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          |

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|       |   |         |       |   |                       |
|-------|---|---------|-------|---|-----------------------|
| 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      |
| 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       |

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|       |   |         |      |   |    |                     |
|-------|---|---------|------|---|----|---------------------|
| 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 |