

Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for Medicaid Recipients Under the Age of 21 Years

CODE	DESCRIPTION	MAXIMUM FEE	RENTAL ONLY	RENT-TO-PURCHASE	UNITS	BY REPORT	PRIOR AUTHORIZATION	LIMIT
A4217	STERILE WATER/SALINE, 500 ML	2.43			1			31 PER MONTH
A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY)	17.32			1			52 PER YEAR
A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	34.39			7			MEDICAL NECESSITY UP TO 365 PER YEAR MAX
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT	4.85			3			36 PER YEAR
A4255	PLATFORMS FOR HOME BLOOD GLUCOSE MONITOR, 50 PER BOX	2.99			1			2 PER MONTH
A4256	NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS	8.06			1			4 PER YEAR
A4265	PARAFFIN, PER POUND	3.88			6			72 PER YEAR
A4310	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)	4.03			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			2			24 PER YEAR
A4315	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	10.67			2			24 PER YEAR
A4316	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	10.67			2			24 PER YEAR
A4320	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE	4.90			31			372 PER YEAR
A4322	IRRIGATION SYRINGE, BULB OR PISTON, EACH	2.15			31			372 PER YEAR
A4326	MALE EXTERNAL CATHETER SPECIALTY TYPE WITH INTEGRAL COLLECTION CHAMBER, EACH	8.34			31			372 PER YEAR
A4327	FEMALE EXTERNAL URINARY COLLECTION DEVICE: MEATAL CUP, EACH	16.10			1			1 PER YEAR
A4328	FEMALE EXTERNAL URINARY COLLECTION DEVICE: POUCH, EACH	5.00			2			24 PER YEAR
A4330	PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE, EACH	5.19			31			372 PER YEAR
A4338	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH	6.16			3			36 PER YEAR
A4340	INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDE, MUSHROOM, WING, ETC.), EACH	6.69			3			36 PER YEAR
A4344	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH	5.34			3			36 PER YEAR
A4346	INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH	8.73			3			36 PER YEAR
A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	3.88			3			36 PER YEAR
A4355	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY INDWELLING FOLEY CATHETER, EACH	2.52			4			48 PER YEAR
A4356	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP), EACH	34.92			1			1 PER YEAR
A4359	URINARY SUSPENSORY WITHOUT LEG BAG, EACH	7.76			1			2 PER YEAR
A4554	DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S)	0.34			150			1800 PER YEAR
A4565	SLINGS	5.34			1			1 PER MEDICAL EVENT
A4570	SPLINT	10.67			1			1 PER MEDICAL EVENT
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	33.95			1			1 PER YEAR
A5102	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH	6.69			1			2 PER YEAR
A5105	URINARY SUSPENSORY WITH LEG BAG, WITH OR WITHOUT TUBE, EACH	14.40			1			2 PER YEAR
A5113	LEG STRAP- LATEX, REPLACEMENT ONLY, PER SET	4.48			1			4 PER YEAR
A5114	LEG STRAP- FOAM OR FABRIC, REPLACEMENT ONLY, PER SET	5.53			1			4 PER YEAR
A5126	ADHESIVE OR NON-ADHESIVE: DISK OR FOAM PAD	0.63			20			240 PER YEAR
A5200	PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT	8.62			3			3 PER MONTH
A6154	WOUND POUCH, EACH	10.64			15			15 PER MONTH
A6196	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING	5.61			31			31 PER MONTH
A6197	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	12.50			31			31 PER MONTH
A6199	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, STERILE, PER 6 INCHES	4.04			31			31 PER MONTH
A6203	COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	2.56			31			31 PER MONTH
A6204	COMPOSITE DRESSING, STERILE, 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			31			31 PER MONTH
A6207	CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	5.60			31			31 PER MONTH
A6209	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	5.72			31			31 PER MONTH
A6210	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	15.20			31			31 PER MONTH
A6211	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	22.40			31			31 PER MONTH
A6212	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	7.40			31			31 PER MONTH
A6214	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	7.86			31			31 PER MONTH

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A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	0.04			200			200 PER MONTH
A6219	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	0.73			62			62 PER MONTH
A6220	GAUZE, NON-IMPREGNATED, STERILE, 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			62			62 PER MONTH
A6222	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	1.63			31			31 PER MONTH
A6223	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	1.84			31			31 PER MONTH
A6224	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	2.76			31			31 PER MONTH
A6229	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	2.75			31			31 PER MONTH
A6234	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	5.00			31			31 PER MONTH
A6235	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	12.84			31			31 PER MONTH
A6236	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	20.80			31			31 PER MONTH
A6237	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	6.04			31			31 PER MONTH
A6238	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, 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			31			31 PER MONTH
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, STERILE, PER OUNCE	9.35			31			31 PER MONTH
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, STERILE, PER GRAM	1.96			31			31 PER MONTH
A6242	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	4.63			31			31 PER MONTH
A6243	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	9.40			31			31 PER MONTH
A6244	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	29.95			31			31 PER MONTH
A6245	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	5.55			31			31 PER MONTH
A6246	HYDROGEL DRESSING, WOUND COVER, STERILE, 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			31			31 PER MONTH
A6247	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	18.15			31			31 PER MONTH
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE	12.40			15			15 PER MONTH
A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	1.52			31			31 PER MONTH
A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	2.48			31			31 PER MONTH
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	4.84			31			31 PER MONTH
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	0.90			31			31 PER MONTH
A6255	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, 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			31			31 PER MONTH
A6258	TRANSPARENT FILM, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	3.28			31			31 PER MONTH
A6259	TRANSPARENT FILM, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING	8.35			31			31 PER MONTH
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, STERILE, ANY WIDTH, PER LINEAR YARD	1.45			31			31 PER MONTH
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	0.10			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			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			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			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			31			31 PER MONTH

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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			31			31 PER MONTH
A6447	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	0.40			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			31			31 PER MONTH
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	0.50			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			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			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			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			31			31 PER MONTH
A9276	SENSOR: INVASIVE (E.G., SUBCUTANEOUS), DISPOSABLE, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT = 1 DAY SUPPLY	399.20			31		PA	31 per month
A9277	TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	639.20			1		PA	2 per year
A9278	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	559.20			1		PA	1 per year
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET	8.60			31			31 PER MONTH
B4081	NASOGASTRIC TUBING WITH STYLET	14.55			8			96 PER YEAR
B4082	NASOGASTRIC TUBING WITHOUT STYLET	11.64			8			96 PER YEAR
B4083	STOMACH TUBE - LEVINE TYPE	1.46			15			180 PER YEAR
B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING	1.52			930			930 PER MONTH
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			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			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			930	BR		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			930	BR		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			930	BR		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			930	BR		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	0.00 6.79			10		PA	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			1			1 PER 3 YEARS
E0187	WATER PRESSURE MATTRESS	184.30			1			1 PER 3 YEARS
E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	77.60			1			1 PER 2 YEARS
E0190	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE	26.39			1			1 PER 3 YEARS
E0191	HEEL OR ELBOW PROTECTOR, EACH	6.79			2			4 PER YEAR
E0196	GEL PRESSURE MATTRESS	184.30			1			1 PER 3 YEARS
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	0.00	RO	42.68	1			1 PER MEDICAL EVENT (UP TO 5 DAYS)
E0205	HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT	38.80			1			1 PER LIFETIME
E0215	ELECTRIC HEAT PAD, MOIST	16.49			1			1 PER LIFETIME
E0217	WATER CIRCULATING HEAT PAD WITH PUMP	322.02			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

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E0249	PAD FOR WATER CIRCULATING HEAT UNIT	25.71			1			1 PER YEAR
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	1071.85			1			1 PER 8 YEARS
E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	1343.45			1			1 PER 8 YEARS
E0305	BED SIDE RAILS, HALF LENGTH	105.73			1			1 PER 8 YEARS
E0310	BED SIDE RAILS, FULL LENGTH	105.73			1			1 PER 8 YEARS
E0315	BED ACCESSORY: BOARD, TABLE, OR SUPPORT DEVICE, ANY TYPE	82.45			1			1 PER 8 YEARS
E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	3500.00			1		PA	1 PER 2 YEARS
E0370	AIR PRESSURE ELEVATOR FOR HEEL	19.92			1			2 PER 2 YEARS
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS, NON-INVASIVE	0.00	RO	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
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			1			2 PER YEAR
E0660	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	67.90			1			2 PER YEAR
E0665	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	67.90			1			2 PER YEAR
E0666	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	101.37			1			2 PER YEAR
E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	395.76			1			2 PER YEAR
E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	395.76			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			1			1 PER LIFETIME
E0850	TRACTION STAND, FREE STANDING, CERVICAL TRACTION	73.72			1			1 PER LIFETIME
E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION, (E.G. BUCKS)	63.05			1			1 PER LIFETIME
E0880	TRACTION STAND, FREE STANDING, EXTREMITY TRACTION, (E.G., BUCKS)	70.81			1			1 PER LIFETIME
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	44.62			1			1 PER LIFETIME
E0900	TRACTION STAND, FREE STANDING, PELVIC TRACTION, (E.G., BUCKS)	77.60			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	1			21 DAYS PER MEDICAL EVENT
E0942	CERVICAL HEAD HARNESS/HALTER	15.52			1			1 PER MEDICAL EVENT
E0944	PELVIC BELT/HARNESS/BOOT	12.13			1			1 PER MEDICAL EVENT
E0945	EXTREMITY BELT/HARNESS	15.04			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			1		PA	1 PER 4 YEARS

Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for Medicaid Recipients Under the Age of 21 Years

CODE	DESCRIPTION	MAXIMUM FEE	RENTAL ONLY	RENT-TO-PURCHASE	UNITS	BY REPORT	PRIOR AUTHORIZATION	LIMIT
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			1		PA	1 PER 5 YEARS
E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	1710.73			1		PA	1 PER 5 YEARS
E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	1772.58			1		PA	1 PER 5 YEARS
E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	1543.16			1		PA	1 PER 5 YEARS
E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	1485.94			1		PA	1 PER 5 YEARS
E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	1310.98			1		PA	1 PER 5 YEARS
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	1322.44			1		PA	1 PER 5 YEARS
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	1378.84			1		PA	1 PER 5 YEARS
E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	73.50			2			2 PER 2 YEARS
E1805	DYNAMIC ADJUSTABLE WRIST EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	75.50			2			2 PER 2 YEARS
E1815	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	75.50			2			2 PER 2 YEARS
E1820	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE	6.06			8			8 PER YEAR
E1825	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	75.50			2			2 PER 2 YEARS
E1830	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	75.50			2			2 PER 2 YEARS
L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT	36.38			2			3 PAIR PER YEAR
L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD	36.38			2			3 PAIR PER YEAR
L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR	36.38			2			3 PAIR PER YEAR
L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT	34.92			2			3 PAIR PER YEAR
L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD	41.71			2			3 PAIR PER YEAR
L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR	52.38			2			3 PAIR PER YEAR
L3208	SURGICAL BOOT, EACH, INFANT	17.46			2			2 PER FOOT PER YEAR
L3209	SURGICAL BOOT, EACH, CHILD	17.46			2			2 PER FOOT PER YEAR
L3211	SURGICAL BOOT, EACH, JUNIOR	19.40			2			2 PER FOOT PER YEAR
S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S)	3000.00			1		PA	MEDICAL NECESSITY
The codes listed below are for recipients 4 to 20 years of age Any combination of these codes can be billed but only up to 200 units.*								
T4521	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH	0.63			200			UP TO 200 PER MONTH
T4522	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH	0.69			200			UP TO 200 PER MONTH
T4523	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	0.80			200			UP TO 200 PER MONTH
T4524	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	0.90			200			UP TO 200 PER MONTH
T4525	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH	0.78			200			UP TO 200 PER MONTH
T4526	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH	0.85			200			UP TO 200 PER MONTH
T4527	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	0.94			200			UP TO 200 PER MONTH
T4528	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH	1.02			200			UP TO 200 PER MONTH
T4529	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH	0.53			200			UP TO 200 PER MONTH
T4530	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH	0.58			200			UP TO 200 PER MONTH
T4531	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE, EACH	0.69			200			UP TO 200 PER MONTH
T4532	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	0.75			200			UP TO 200 PER MONTH
T4533	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH	0.65			200			UP TO 200 PER MONTH
T4534	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH	0.84			200			UP TO 200 PER MONTH
T4535	DISPOSABLE LINER/SHIELD/GUARD/PAD/ UNDERGARMENT, FOR INCONTINENCE, EACH	0.44			200			UP TO 200 PER MONTH
T4543	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE BRIEF/DIAPER, ABOVE EXTRA LARGE, EACH	1.52			200			UP TO 200 PER MONTH
T4544	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, ABOVE EXTRA LARGE, EACH	1.52			200			UP TO 200 PER MONTH

*Example: A provider can bill 200 units of T4521 or a provider can bill 150 units of T4521 and 50 units of T4535 per month.

Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for Medicaid Recipients Under the Age of 21 Years

CODE	DESCRIPTION	MAXIMUM FEE	RENTAL ONLY	RENT-TO-PURCHASE	UNITS	BY REPORT	PRIOR AUTHORIZATION	LIMIT
Enteral Formula Category List for Medicaid Recipients Under the Age of 21 Years								
B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING							
Name		Indications						
Compleat Pediatric	For children with intolerance to semi-synthetic formulas							
Compleat Pediatric Reduced Calorie	For children with intolerance to semi-synthetic formulas with decreased caloric needs							
Compleat	For children with intolerance to semi-synthetic formulas							
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							
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							
Name		Indications						
Boost Kid Essentials	Oral or tube feeding							
Boost Kid Essentials 1.5	Oral or tube feeding							
Boost Kid Essentials 1.5 with Fiber	Oral or tube feeding							
Kindercal	Supplement							
Kindercal with Fiber	Supplement							
Kindercal TF	Tube feeding							
Kindercal TF with Fiber	Tube feeding							
Nutren Junior	Oral or tube feeding							
Nutren Junior with Fiber	Oral or tube feeding							
PediaSure	Nutritional supplement							
PediaSure 1.5 Cal	Nutritional supplement							
PediaSure 1.5 Cal with Fiber	Nutritional supplement							
PediaSure Enteral	Tube feeding							
PediaSure Enteral with Fiber	Tube feeding							
PediaSure with Fiber	Nutritional supplement							

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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
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
Name	Indications	Caloric Density
Allamino Infant	hypoallergenic amino acid powder formula with DHA, ARA and MCT oil for infants 0-12 months.	400g
Allamino Junior	hypoallergenic amino acid powder formula with MCT oil for children 1 year and older.	400g
EleCare (for infants)	malabsorption, GI tract impairment, severe food allergies, infants and children (elemental)	400g
EleCare Junior	malabsorption, GI tract impairment, severe food allergies, children ages 1 year and older	400g
Gerber Extensive HA	infants with cow's milk protein allergy	400g
Homactin AA Plus	homocystinuria (HCU)	250ml
Isovactin AA Plus	isovaleric acidemia	250ml
Neocate	infants w/ multiple food protein intolerance	400g
Neocate Nutra	amino acid-based semi-solid medical food for infants and children	400g
Neocate Junior	multiple food allergies, over one year of age	400g
Nutramigen with Enflora LGG	sensitivity to intact protein	357g
E028 Splash	elemental diet	237mL
PediaSure Peptide 1.0 Cal	malabsorption, maldigestion, and other GI conditions (children ages 1-13)	237mL
PediaSure Peptide 1.5 Cal	malabsorption, maldigestion, and other GI conditions (children ages 1-13)	237mL
Pepdite One+ (Pepdite Junior)	gastrointestinal impairment, malabsorption	51g
Peptamen Junior	gastrointestinal impairment	250mL
Peptamen Junior Fiber	gastrointestinal impairment with fiber blend for bowel management	250mL
Peptamen Junior Prebio	gastrointestinal impairment with soluble fiber for GI health	250mL
Peptamen Junior 1.5	calorically dense; gastrointestinal impairment with volume/fluid restriction	250mL
Phenactin AA Plus	phenylketonuria (PKU)	250ml
Portagen	impaired fat absorption, pancreatic insufficiency, bile acid deficiency	454g
Pregestimil	malabsorption, short gut syndrome, CF	454g
Pregestimil 24	malabsorption, short gut syndrome, CF	454g
Promactin AA Plus	methylmalonic acidemia and propionic acidemia (MMA/PA)	250ml
Similac Expert Care Alimentum	severe food allergies, sensitivity to intact protein, protein maldigestion, or fat malabsorption.	454g
Vilactin AA Plus	Maple Syrup Urine Disease (MSUD)	250mL
Vivonex Pediatric	impaired digestion or absorption	250mL

B4162		ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS,
B4162 SC		ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS,
Name	Indications	Caloric Density
3232A	disaccharidase deficiency	454g
Calcilo XD	restricted calcium and/or vitamin D intake, not covered for adults	375g
Complex JR MSD	Maple Syrup Urine Disease	400g
Cyclinex - 1	defect in urea cycle enzyme	400g
GlutarAde Junior GA-1	Glutaric aciduria Type 1	400g
Glutarex - 1	glutaric aciduria	400g
Glyciactin RTD	phenylketonuria (PKU)	250mL
Milupa HOM 2	homocystinuria (children)	500g
Homindex - 1	homocystinuria or hypermethioninemia	400g
I - Valex - 1	inborn error of metabolism	400g
Ketonex - 1	inborn error of metabolism	400g
MSUD 1	inborn error of metabolism	500g
MSUD Analog	inborn error of metabolism	400g
OS 1	inborn error of metabolism, infants	500g
Periflex Infant	inborn error of metabolism, infant	400g
Phenex - 1	inborn error of metabolism, infants, toddlers	400g
PhenylAde60	high protein, low calorie, low volume PKU formula	454g
Phenyl-Free 1	inborn error of metabolism, infants, toddlers	454g
PKU 1	inborn error of metabolism, infants	500g
PKU 2	inborn error of metabolism, children	500g
PKU 3	inborn error of metabolism, adolescents, women	500g
Propimex - 1	inborn error of metabolism, infants, toddlers	400g
Tylactin RTD 15	tyrosinemia (TYR)	250ml
TYROS 1	tyrosinemia (TYR)	454g
TYROS 2	tyrosinemia (TYR)	454g
TYR 2	inborn error of metabolism, children	500g
Tyrex - 1	inborn error of metabolism	400g
UCD 2	inborn error of metabolism	450g
XLEU Analog	inborn error of metabolism	400g
XLEU Maxamaid	inborn error of metabolism	454g
XLYS, XTrip Analog	inborn error of metabolism	400g
XLYS, XTrip Maxamaid	inborn error of metabolism	454g
XMET Analog	inborn error of metabolism	400g
XMET Maxamaid	inborn error of metabolism	454g

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XMTVI Analog	inborn error of metabolism	400q						
XMTVI Maxamaid	inborn error of metabolism	454q						
XPhe, XTyr Analog	inborn error of metabolism	400q						
XPTM Analog	inborn error of metabolism	400q						