

Nebraska Medicaid Fee Schedule, DME-POS July 1, 2017



CODE	MOD	DESCRIPTION	Why Auth is Required
A4224		SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION CATHETER, PER WEEK	No rate is posted, requires invoice
A4225		SUPPLIES FOR EXTERNAL INSULIN INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	No rate is posted, requires invoice
A4230		INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE	No rate is posted, requires invoice
A4231		INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE	No rate is posted, requires invoice
A4248		CHLORHEXIDINE CONTAINING ANTISEPTIC, 1 ML	No rate is posted, requires invoice
A4250		URINE TEST OR REAGENT STRIPS OR TABLETS	No rate is posted, requires invoice
A4252		BLOOD KETONE TEST OR REAGENT STRIP, EACH	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
A4261		CERVICAL CAP FOR CONTRACEPTIVE USE	No rate is posted, requires invoice
A4266		DIAPHRAGM FOR CONTRACEPTIVE USE	No rate is posted, requires invoice
A4269		CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH	No rate is posted, requires invoice
A4281		TUBING FOR BREAST PUMP, REPLACEMENT	No rate is posted, requires invoice
A4282		ADAPTER FOR BREAST PUMP, REPLACEMENT	No rate is posted, requires invoice
A4283		CAP FOR BREAST PUMP BOTTLE, REPLACEMENT	No rate is posted, requires invoice
A4284		BREAST SHIELD & SPLASH PROTECTOR FOR USE W/BREAST PUMP, REPLACEMENT	No rate is posted, requires invoice
A4285		POLYCARBONATE BOTTLE FOR USE W/BREAST PUMP, REPLACEMENT	No rate is posted, requires invoice
A4286		LOCKING RING FOR BREAST PUMP, REPLACEMENT	No rate is posted, requires invoice
A4290		SACRAL NERVE STIMULATION TEST LEAD, EACH	No rate is posted, requires invoice
A4335		INCONTINENCE SUPPLY, MISCELLANEOUS	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
A4337		INCONTINENCE SUPPLY, RECTAL INSERT, ANY TYPE, EACH	No rate is posted, requires invoice
A4420		OSTOMY POUCH, CLOSED, FOR USE ON BARRIER W/LOCKING FLANGE (2 PIECE), EACH	No rate is posted, requires invoice
A4421		OSTOMY SUPPLY, MISCELLANEOUS	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
A4435		OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, W/EXTENDED WEAR BARRIER (1 PIECE SYSTEM), W/ OR W/O FILTER, EACH	No rate is posted, requires invoice
A4458		ENEMA BAG W/TUBING, REUSABLE	No rate is posted, requires invoice
A4465		NON-ELASTIC BINDER FOR EXTREMITY	No rate is posted, requires invoice
A4466		GARMENT, BELT, SLEEVE OR OTHER COVERING, ELASTIC OR SIMILAR STRETCHABLE MATERIAL, ANY TYPE, EACH	No rate is posted, requires invoice
A4467		BELT, STRAP, SLEEVE, GARMENT, OR COVERING, ANY TYPE	No rate is posted, requires invoice
A4483		MOISTURE EXCHANGER, DISPOSABLE, FOR USE W/ INVASIVE MECHANICAL VENTILATION	No rate is posted, requires invoice
A4553		NON-DISPOSABLE UNDERPADS, ALL SIZES	No rate is posted, requires invoice
A4565		SLINGS	No rate is posted, requires invoice
A4600		SLEEVE FOR INTERMITTENT LIMB COMPRESSION DEVICE, REPLACEMENT ONLY, EACH	No rate is posted, requires invoice
A4601		LITHIUM ION BATTERY FOR NON-PROSTHETIC USE, REPLACEMENT	No rate is posted, requires invoice
A4606	RB	OXYGEN PROBE FOR USE W/OXIMETER DEVICE, REPLACEMENT	No rate is posted, requires invoice
A4613	RB	BATTERY CHARGER, REPLACEMENT FOR PATIENT-OWNED VENTILATOR	No rate is posted, requires invoice
A4624	22	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, EACH	No rate is posted, requires invoice
A4649		SURGICAL SUPPLIES, MISCELLANEOUS	DME Fee Schedule indicates Auth is required, No rate is posted, requires invoice
A4663	RB	BLOOD PRESSURE CUFF ONLY	No rate is posted, requires invoice
A4670	22	AUTOMATIC BLOOD PRESSURE MONITOR - TALKING	No rate is posted, requires invoice
A4911		DRAIN BAG/BOTTLE, FOR DIALYSIS, EACH	No rate is posted, requires invoice
A4928		SURGICAL MASK, PER 20	No rate is posted, requires invoice
A5057		OSTOMY POUCH, DRAINABLE, W/EXTENDED WEAR BARRIER ATTACHED, W/BUILT- IN CONVEXITY, W/FILTER, (1 PIECE), EACH	No rate is posted, requires invoice
A5508		DELUXE FEATURE OF OFF-THE-SHELF DEPTH-INLAY OR CUSTOM-MOLDED SHOE, PER SHOE	No rate is posted, requires invoice
A5510		DIRECT FORMED, COMPRESSION MOLDED TO PATIENT'S FOOT W/O EXTERNAL HEAT SOURCE, MULTIPLE-DENSITY INSERT(S) PREFABRICATED	No rate is posted, requires invoice
A6025		GEL SHEET FOR DERMAL OR EPIDERMAL APPLICATION, (E.G., SILICONE, HYDROGEL, OTHER), EACH	No rate is posted, requires invoice
A6198		ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING	No rate is posted, requires invoice
A6205		COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/ANY SIZE ADHESIVE BORDER, EACH DRESSING	No rate is posted, requires invoice
A6206		CONTACT LAYER, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING	No rate is posted, requires invoice
A6208		CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING	No rate is posted, requires invoice
A6213		FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., W/ ANY SIZE ADHESIVE BORDER, EACH	No rate is posted, requires invoice
A6215		FOAM DRESSING, WOUND FILLER, STERILE, PER GRAM	No rate is posted, requires invoice
A6218		GAUZE, NON-IMPREGNATED, NON-STERILE, MORE THAN 48 SQ IN, W/O ADHESIVE BORDER, EACH DRESSING	No rate is posted, requires invoice
A6221		GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/ ANY SIZE ADHESIVE BORDER, EACH DRESSING	No rate is posted, requires invoice
A6228		GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/O ADHESIVE BORDER, EACH DRESSING	No rate is posted, requires invoice
A6230		GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER, EACH DRESSING	No rate is posted, requires invoice
A6239		HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ.IN., W/ANY SIZE ADHESIVE BORDER, EACH DRESSING	No rate is posted, requires invoice
A6256		SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/ANY SIZE ADHESIVE BORDER, EACH DRESSING	No rate is posted, requires invoice
A6261		WOUND FILLER, GEL/PASTE, STERILE, PER FLUID OUNCE, NOT OTHERWISE SPECIFIED	No rate is posted, requires invoice
A6262		WOUND FILLER, DRY FORM, STERILE, PER GRAM, NOT OTHERWISE SPECIFIED	No rate is posted, requires invoice
A6404		GAUZE, NON-IMPREGNATED, STERILE, MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER, EACH DRESSING	No rate is posted, requires invoice
A6413		ADHESIVE BANDAGE, FIRST-AID TYPE, ANY SIZE, EACH	No rate is posted, requires invoice

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A6450		LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE IN., PER YARD	No rate is posted, requires invoice
A6451		MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE OF 1.25 TO 1.34 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN	No rate is posted, requires invoice
A6501		COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED	No rate is posted, requires invoice
A6502		COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED	No rate is posted, requires invoice
A6503		COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED	No rate is posted, requires invoice
A6504		COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED	No rate is posted, requires invoice
A6505		COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED	No rate is posted, requires invoice
A6506		COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED	No rate is posted, requires invoice
A6507		COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED	No rate is posted, requires invoice
A6508		COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED	No rate is posted, requires invoice
A6509		COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED	No rate is posted, requires invoice
A6510		COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED	No rate is posted, requires invoice
A6511		COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED	No rate is posted, requires invoice
A6512		COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED	No rate is posted, requires invoice
A6513		COMPRESSION BURN MASK, FACE AND/OR NECK, PLASTIC OR EQUAL, CUSTOM FABRICATED	No rate is posted, requires invoice
A6540		GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40 MMHG, EACH	No rate is posted, requires invoice
A6545		GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 MM HG, EACH	No rate is posted, requires invoice
A6549		GRADIENT COMPRESSION STOCKING/SLEEVE, NOT OTHERWISE SPECIFIED	No rate is posted, requires invoice
A7011		CORRUGATED TUBING, NON-DISPOSABLE, USED W/ LARGE VOLUME NEBULIZER, 10 FT	No rate is posted, requires invoice
A7020		INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS	No rate is posted, requires invoice
A7028		ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	No rate is posted, requires invoice
A7029		NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	No rate is posted, requires invoice
A7047		ORAL INTERFACE USED WITH RESPIRATORY SUCTION PUMP, EACH	No rate is posted, requires invoice
A7523		TRACHEOSTOMY SHOWER PROTECTOR, EACH	No rate is posted, requires invoice
A8003		HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	No rate is posted, requires invoice
A9285		INVERSION/EVERSION CORRECTION DEVICE	No rate is posted, requires invoice
A9286		HYGIENIC ITEM OR DEVICE, DISPOSABLE OR NON-DISPOSABLE, ANY TYPE, EACH	No rate is posted, requires invoice
A9900		MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE	No rate is posted, requires invoice
A9999		MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED	No rate is posted, requires invoice
B4088		GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH	No rate is posted, requires invoice
B4157		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM. INCLUDES PROTEINS, FATS, CARBOHYDRATES	No rate is posted, requires invoice
B4157	BO	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM. 100 CAL = 1 UNIT	No rate is posted, requires invoice
B4162		ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS	No rate is posted, requires invoice
B4162	BO	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM. 100 CALORIES = 1 UNIT	No rate is posted, requires invoice
B5200		PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, VITAMINS, INCLUDING PREP.; PREMIX	No rate is posted, requires invoice
B9000	KR	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	No rate is posted, requires invoice
B9000	LL	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	No rate is posted, requires invoice
B9000	MS	ENTERAL NUTRITION INFUSION PUMP-WITHOUT ALARM. MAINTENANCE AND SERVICING FEE FOR REASONABLE NECESSARY PARTS & LABOR	No rate is posted, requires invoice
B9000	NU	ENTERAL NUTRITION PUMP WITHOUT ALARM	No rate is posted, requires invoice
B9000	RR	ENTERAL NUTRITION INFUSION PUMP-WITHOUT ALARM	No rate is posted, requires invoice
B9002	LL	ENTERAL NUTRITION INFUSION PUMP	No rate is posted, requires invoice
B9002	NU	ENTERAL NUTRITION INFUSION PUMP-WITH ALARM	Allowable is greater than or equal to \$750
B9002	RB	ENTERAL NUTRITION INFUSION PUMP-WITH ALARM, CLIENT-OWNED, REPAIR	Allowable is greater than or equal to \$750
B9998		NOC FOR ENTERAL SUPPLIES	No rate is posted, requires invoice
E0114	22	CRUTCHES, UNDERARM, BARIATRIC (CLIENT'S WEIGHT OVER 250 POUNDS), OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR	No rate is posted, requires invoice
E0118	KR	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEELS, EACH	No rate is posted, requires invoice
E0118	NU	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEELS, EACH	No rate is posted, requires invoice
E0118	RR	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEELS, EACH	No rate is posted, requires invoice
E0130	22	WALKER, RIGID (PICKUP) ADJ OR FIXED HEIGHT	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E0135	LL	WALKER, FOLDING (PICKUP) ADJ OR FIXED HEIGHT	No rate is posted, requires invoice
E0143	LL	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	No rate is posted, requires invoice
E0170	NU	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	Allowable is greater than or equal to \$750
E0172	KR	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE	No rate is posted, requires invoice
E0172	NU	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE	No rate is posted, requires invoice
E0172	RR	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE	No rate is posted, requires invoice
E0190	KR	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND ACCES.	No rate is posted, requires invoice
E0190	NU	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND ACCES.	No rate is posted, requires invoice
E0190	RR	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND ACCES.	No rate is posted, requires invoice
E0193	RR	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	Allowable is greater than or equal to \$750
E0194	RR	AIR FLUIDIZED BED	Allowable is greater than or equal to \$750
E0221	NU	INFRARED HEATING PAD SYSTEM	Allowable is greater than or equal to \$750
E0236	RB	PUMP FOR WATER CIRCULATING PAD	No rate is posted, requires invoice
E0240	KR	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	No rate is posted, requires invoice
E0240	NU	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	No rate is posted, requires invoice
E0240	RR	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	No rate is posted, requires invoice
E0245	22	TUB STOOL OR BENCH	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice

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E0247	KR	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	No rate is posted, requires invoice
E0247	NU	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	No rate is posted, requires invoice
E0247	RR	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	No rate is posted, requires invoice
E0248	KR	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	No rate is posted, requires invoice
E0248	NU	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	No rate is posted, requires invoice
E0248	RR	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	No rate is posted, requires invoice
E0250	NU	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Allowable is greater than or equal to \$750
E0255	NU	HOSPITAL BED, VARIABLE HGT HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Allowable is greater than or equal to \$750
E0256	NU	HOSPITAL BED, VARIABLE HGT HI-LO, WITH ANY TYPE SIDE RAILS W/O MATTRESS	Allowable is greater than or equal to \$750
E0260	LL	HOSPITAL BED, SEMI-ELEC (HEAD & FT ADJ) WITH ANY TYPE SIDE RAILS W/ MATTRESS	No rate is posted, requires invoice
E0260	NU	HOSPITAL BED, SEMI-ELEC (HEAD & FT ADJ) WITH ANY TYPE SIDE RAILS W/ MATTRESS	Allowable is greater than or equal to \$750
E0260	UE	HOSPITAL BED, SEMI-ELEC (HEAD & FT ADJ) WITH ANY TYPE SIDE RAILS W/ MATTRESS	Allowable is greater than or equal to \$750
E0261	NU	HOSPITAL BED, SEMI-ELEC (HEAD & FT ADJ) WITH ANY TYPE SIDE RAILS W/O MATTRESS	Allowable is greater than or equal to \$750
E0265	NU	HOSPITAL BED, ELECTRIC (HEAD, FT & HGT ADJ) W/ ANY TYPE SIDE RAILS W/ MATTRESS	Allowable is greater than or equal to \$750
E0265	UE	HOSPITAL BED, ELECTRIC (HEAD, FT & HGT ADJ) WITH ANY TYPE SIDE RAILS W/ MATTRESS	Allowable is greater than or equal to \$750
E0266	NU	HOSPITAL BED, ELECTRIC (HEAD, FT & HGT ADJ) WITH ANY TYPE RAILS W/O MATTRESS	Allowable is greater than or equal to \$750
E0271	LL	MATTRESS, INNERSPRING	No rate is posted, requires invoice
E0292	NU	HOSP BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	Allowable is greater than or equal to \$750
E0294	NU	HOSP BED, SEMI ELEC, WITHOUT SIDE RAILS, WITH MATTRESS	Allowable is greater than or equal to \$750
E0295	NU	HOSP BED, SEMI ELEC, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Allowable is greater than or equal to \$750
E0296	NU	HOSP BED, TOTAL ELEC, WITHOUT SIDE RAILS, WITH MATTRESS	Allowable is greater than or equal to \$750
E0297	NU	HOSP BED, TOTAL ELEC, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Allowable is greater than or equal to \$750
E0300	KR	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED	DME Fee Schedule indicates Auth is required
E0300	NU	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED	Allowable is greater than or equal to \$750
E0300	RR	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED	DME Fee Schedule indicates Auth is required
E0301	KR	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	DME Fee Schedule indicates Auth is required
E0301	NU	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	Allowable is greater than or equal to \$750
E0301	RR	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	DME Fee Schedule indicates Auth is required
E0302	KR	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	DME Fee Schedule indicates Auth is required
E0302	NU	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Allowable is greater than or equal to \$750
E0302	RR	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Allowable is greater than or equal to \$750
E0303	KR	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	DME Fee Schedule indicates Auth is required
E0303	NU	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	Allowable is greater than or equal to \$750
E0303	RR	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	DME Fee Schedule indicates Auth is required
E0303	22	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	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E0304	KR	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	DME Fee Schedule indicates Auth is required
E0304	NU	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Allowable is greater than or equal to \$750
E0304	RR	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Allowable is greater than or equal to \$750
E0316	KR	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	DME Fee Schedule indicates Auth is required
E0316	NU	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	Allowable is greater than or equal to \$750
E0316	RR	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	DME Fee Schedule indicates Auth is required
E0316	22	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E0328	KR	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLU	No rate is posted, requires invoice
E0328	NU	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLU	No rate is posted, requires invoice
E0328	RR	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLU	No rate is posted, requires invoice
E0329	KR	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE	No rate is posted, requires invoice
E0329	NU	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE	No rate is posted, requires invoice
E0329	RR	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE	No rate is posted, requires invoice
E0370	NU	AIR PRESSURE ELEVATOR FOR HEEL	No rate is posted, requires invoice
E0371	NU	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STD LGTH/WID	Allowable is greater than or equal to \$750
E0373	NU	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	Allowable is greater than or equal to \$750
E0450	KR	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY T	No rate is posted, requires invoice
E0450	MS	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY T	No rate is posted, requires invoice
E0450	RR	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY T	No rate is posted, requires invoice
E0453	RR	THERAPEUTIC VENTILATOR; SUITABLE FOR 12 HRS OR LESS PER DAY	Allowable is greater than or equal to \$750
E0455	RA	OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS	No rate is posted, requires invoice
E0455	RB	OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS	No rate is posted, requires invoice

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E0460	KR	NEGATIVE PRESSURE VENTILATOR,PORTABLE OR STATIONARY	No rate is posted, requires invoice
E0460	RR	NEGATIVE PRESSURE VENTILATOR,PORTABLE OR STATIONARY	No rate is posted, requires invoice
E0461	KR	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK)	No rate is posted, requires invoice
E0461	RR	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK)	No rate is posted, requires invoice
E0463	KR	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G. TRACHEOSTOMY TU	No rate is posted, requires invoice
E0463	RR	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G. TRACHEOSTOMY TU	No rate is posted, requires invoice
E0464	KR	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK)	No rate is posted, requires invoice
E0464	RR	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK)	No rate is posted, requires invoice
E0465		HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE, (E.G., TRACHEOSTOMY TUBE)	No rate is posted, requires invoice
E0465	NU	HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE, (E.G., TRACHEOSTOMY TUBE)	Allowable is greater than or equal to \$750
E0465	RR	HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE, (E.G., TRACHEOSTOMY TUBE)	Allowable is greater than or equal to \$750
E0466		HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST SHELL)	No rate is posted, requires invoice
E0466	NU	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST SHELL)	Allowable is greater than or equal to \$750
E0466	RR	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST SHELL)	Allowable is greater than or equal to \$750
E0470	LL	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL	No rate is posted, requires invoice
E0470	NU	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL	Allowable is greater than or equal to \$750
E0480	LL	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	No rate is posted, requires invoice
E0482	NU	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	Allowable is greater than or equal to \$750
E0483	LL	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, (INCLUDES HOSES & VEST), EACH	Allowable is greater than or equal to \$750
E0483	RR	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, (INCLUDES HOSES & VEST), EACH	Allowable is greater than or equal to \$750
E0485	KR	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No rate is posted, requires invoice
E0485	NU	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No rate is posted, requires invoice
E0485	RR	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No rate is posted, requires invoice
E0486	KR	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	No rate is posted, requires invoice
E0486	NU	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	No rate is posted, requires invoice
E0486	RR	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	No rate is posted, requires invoice
E0487	KR	SPIROMETER, ELECTRONIC, INCLUDES ALL ACCESSORIES	No rate is posted, requires invoice
E0487	NU	SPIROMETER, ELECTRONIC, INCLUDES ALL ACCESSORIES	No rate is posted, requires invoice
E0487	RR	SPIROMETER, ELECTRONIC, INCLUDES ALL ACCESSORIES	No rate is posted, requires invoice
E0500	LL	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTO VALVE	No rate is posted, requires invoice
E0500	NU	IPPB MACHINE	Allowable is greater than or equal to \$750
E0550	RA	HUMIDIFIER, DURABLE FOR EXT SUPP HUMID IPPB TREATMENTS OR OXY DELIVERY	Allowable is greater than or equal to \$750
E0550	RB	HUMIDIFIER, DURABLE FOR EXT SUPP HUMID IPPB TREATMENTS OR OXY DELIVERY	Allowable is greater than or equal to \$750
E0570	LL	NEBULIZER WITH COMPRESSOR.	No rate is posted, requires invoice
E0575	NU	NEBULIZER, ULTRASONIC, LARGE VOLUME	Allowable is greater than or equal to \$750
E0600	LL	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	No rate is posted, requires invoice
E0601	LL	CONTINUOUS AIRWAY PRESSURE CPAP DEVICE	No rate is posted, requires invoice
E0601	NU	CONTINUOUS AIRWAY PRESSURE CPAP DEVICE	Allowable is greater than or equal to \$750
E0617	NU	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS	Allowable is greater than or equal to \$750
E0625	KR	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED	DME Fee Schedule indicates Auth is required
E0625	NU	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E0625	RR	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED	DME Fee Schedule indicates Auth is required
E0627	KR	SEAT LIFT MECHANISM INCORP COMBINATION LIFT CHAIR MECHANISM	DME Fee Schedule indicates Auth is required
E0627	NU	SEAT LIFT MECHANISM INCORP COMBINATION LIFT CHAIR MECHANISM	Allowable is greater than or equal to \$750

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E0627	RR	SEAT LIFT MECHANISM INCORP COMBINATION LIFT CHAIR MECHANISM	DME Fee Schedule indicates Auth is required
E0627	UE	SEAT LIFT MECHANISM INCORP COMBINATION LIFT CHAIR MECHANISM	Allowable is greater than or equal to \$750
E0627	22	SEAT LIFT MECHANISM INCORP COMBINATION LIFT CHAIR MECHANISM	No rate is posted, requires invoice
E0628	KR	SEPARATE SEAT LIFT MECHANISM W/ PATIENT OWNED FURNITURE-ELEC	No rate is posted, requires invoice
E0628	NU	SEPARATE SEAT LIFT MECHANISM W/ PATIENT OWNED FURNITURE-ELEC	No rate is posted, requires invoice
E0628	RR	SEPARATE SEAT LIFT MECHANISM W/ PATIENT OWNED FURNITURE-ELEC	No rate is posted, requires invoice
E0629	KR	SEPARATE SEAT LIFT MECHANISM W/ PATIENT OWNED FURNITURE-NON ELEC	DME Fee Schedule indicates Auth is required
E0629	NU	SEPARATE SEAT LIFT MECHANISM W/ PATIENT OWNED FURNITURE-NON ELEC	DME Fee Schedule indicates Auth is required
E0629	RR	SEPARATE SEAT LIFT MECHANISM W/ PATIENT OWNED FURNITURE-NON ELEC	DME Fee Schedule indicates Auth is required
E0630	NU	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	Allowable is greater than or equal to \$750
E0635	NU	PATIENT LIFT,ELEC,W/ SEAT OR SLING	Allowable is greater than or equal to \$750
E0636	NU	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	Allowable is greater than or equal to \$750
E0636	RR	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	Allowable is greater than or equal to \$750
E0637	KR	COMBINATION SIT TO STAND SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEATLIFT FEATURE, WITH OR WITHOUT WHEELS	No rate is posted, requires invoice
E0637	NU	COMBINATION SIT TO STAND SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEATLIFT FEATURE, WITH OR WITHOUT WHEELS	No rate is posted, requires invoice
E0637	RR	COMBINATION SIT TO STAND SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEATLIFT FEATURE, WITH OR WITHOUT WHEELS	No rate is posted, requires invoice
E0638	KR	STANDING FRAME SYSTEM, ONE POSITION (E.G. UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	No rate is posted, requires invoice
E0638	NU	STANDING FRAME SYSTEM, ONE POSITION (E.G. UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	No rate is posted, requires invoice
E0638	RR	STANDING FRAME SYSTEM, ONE POSITION (E.G. UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	No rate is posted, requires invoice
E0639	KR	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY, INCLUDES ALL COMPONENTS/ACCESSORIES	No rate is posted, requires invoice
E0639	NU	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY, INCLUDES ALL COMPONENTS/ACCESSORIES	No rate is posted, requires invoice
E0639	RR	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY, INCLUDES ALL COMPONENTS/ACCESSORIES	No rate is posted, requires invoice
E0640	52	PATIENT LIFT, FIXED SYSTEM, INCLUDES ALL COMPONENTS/ACCESSORIES (ACCOMPANYING BRACKETS, SWITCH, ACCESSORIES, AND TWO SLINGS/BODY SUPPORTS)	No rate is posted, requires invoice
E0641	KR	STANDING FRAME SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	No rate is posted, requires invoice

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E0641	NU	STANDING FRAME SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	No rate is posted, requires invoice
E0641	RR	STANDING FRAME SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	No rate is posted, requires invoice
E0642	KR	STANDING FRAME SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	No rate is posted, requires invoice
E0642	NU	STANDING FRAME SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	No rate is posted, requires invoice
E0642	RR	STANDING FRAME SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	No rate is posted, requires invoice
E0650	NU	PNEUMATIC COMPRESSOR, NON SEGMENTAL HOME MODEL	Allowable is greater than or equal to \$750
E0650	22	PNEUMATIC COMPRESSOR, NON SEGMENTAL HOME MODEL	No rate is posted, requires invoice
E0651	NU	PNEUMATIC COMP, SEGMENTAL HOME MODEL WITHOUT CAL GRADIENT PRESSURE	Allowable is greater than or equal to \$750
E0652	NU	PNEUMATIC COMP, SEGMENTAL HOME MODEL W/ CALIBRATED GRADIENT PRESSURE	Allowable is greater than or equal to \$750
E0657	KR	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, CHEST	No rate is posted, requires invoice
E0670	KR	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTEGRATED, 2 FULL LEGS AND TRUNK	No rate is posted, requires invoice
E0670	NU	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTEGRATED, 2 FULL LEGS AND TRUNK	No rate is posted, requires invoice
E0670	RR	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTEGRATED, 2 FULL LEGS AND TRUNK	No rate is posted, requires invoice
E0675	NU	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)	Allowable is greater than or equal to \$750
E0691	KR	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; TREATMENT AREA 2 SQUARE FEET OR LESS	DME Fee Schedule indicates Auth is required
E0691	NU	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; TREATMENT AREA 2 SQUARE FEET OR LESS	Allowable is greater than or equal to \$750
E0691	RR	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; TREATMENT AREA 2 SQUARE FEET OR LESS	DME Fee Schedule indicates Auth is required
E0692	KR	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, 4 FOOT PANEL	DME Fee Schedule indicates Auth is required
E0692	NU	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, 4 FOOT PANEL	Allowable is greater than or equal to \$750
E0692	RR	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, 4 FOOT PANEL	DME Fee Schedule indicates Auth is required
E0693	KR	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, 6 FOOT PANEL	DME Fee Schedule indicates Auth is required
E0693	NU	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, 6 FOOT PANEL	Allowable is greater than or equal to \$750
E0693	RR	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, 6 FOOT PANEL	DME Fee Schedule indicates Auth is required
E0694	KR	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION	DME Fee Schedule indicates Auth is required

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E0694	NU	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION	Allowable is greater than or equal to \$750
E0694	RR	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION	DME Fee Schedule indicates Auth is required
E0720	KR	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED	DME Fee Schedule indicates Auth is required
E0720	LL	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E0720	NU	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED	DME Fee Schedule indicates Auth is required
E0720	RR	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED	DME Fee Schedule indicates Auth is required
E0720	UE	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED	DME Fee Schedule indicates Auth is required
E0730	KR	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	DME Fee Schedule indicates Auth is required
E0730	LL	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E0730	NU	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	DME Fee Schedule indicates Auth is required
E0730	RR	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	DME Fee Schedule indicates Auth is required
E0730	UE	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	DME Fee Schedule indicates Auth is required
E0745	LL	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT - CONVERT TO PURCHASE	No rate is posted, requires invoice
E0745	NU	NEUROMUSCULAR STIMULATOR, ELECTRIC SHOCK UNIT	Allowable is greater than or equal to \$750
E0745	UE	NEUROMUSCULAR STIMULATOR, ELECTRIC SHOCK UNIT	Allowable is greater than or equal to \$750
E0746	KR	ELECTROMYOGRAPHY (EMG),BIOFEEDBACK DEVICE	No rate is posted, requires invoice
E0746	NU	ELECTROMYOGRAPHY (EMG),BIOFEEDBACK DEVICE	No rate is posted, requires invoice
E0746	RR	ELECTROMYOGRAPHY (EMG),BIOFEEDBACK DEVICE	No rate is posted, requires invoice
E0747	NU	OSTEOGENESIS STIM, ELEC, NON-INVASIVE, OTHER THAN SPINAL APPL	Allowable is greater than or equal to \$750
E0748	NU	OSTEOGENIC STIMULATOR, SPINAL APPLICATIONS	Allowable is greater than or equal to \$750
E0748	RA	OSTEOGENIC STIMULATOR, SPINAL APPLICATIONS	No rate is posted, requires invoice
E0748	RB	OSTEOGENIC STIMULATOR, SPINAL APPLICATIONS	No rate is posted, requires invoice
E0755		ELECTRONIC SALIVARY REFLEX	No rate is posted, requires invoice
E0766	KR	ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT, INCL ALL ACCESSORIES, ANY TYPE	No rate is posted, requires invoice
E0766	NU	ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT, INCL ALL ACCESSORIES, ANY TYPE	No rate is posted, requires invoice
E0766	RR	ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT, INCL ALL ACCESSORIES, ANY TYPE	No rate is posted, requires invoice
E0770		FUNCTIONAL ELECTRICAL STIMULATOR, TRANSCUTANEOUS STIMULATION OF NERVE AND/OR MUSCLE GROUPS, ANY TYPE, COMPLETE SYSTEM, NOT OTHERWISE SPECIFIED	No rate is posted, requires invoice
E0781	NU	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT WORN BY PATIENT.	Allowable is greater than or equal to \$750
E0784	NU	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	Allowable is greater than or equal to \$750
E0791	NU	PARENTERAL INFUSION PUMP, STATIONARY, SGL OR MULTI CHANNEL	Allowable is greater than or equal to \$750
E0830	KR	AMBULATORY TRACTION DEVICE, ALL TYPES, EACH	No rate is posted, requires invoice
E0830	NU	AMBULATORY TRACTION DEVICE, ALL TYPES, EACH	No rate is posted, requires invoice
E0830	RR	AMBULATORY TRACTION DEVICE, ALL TYPES, EACH	No rate is posted, requires invoice
E0856	KR	CERVICAL TRACTION DEVICE, W/ INFLATABLE AIR BLADDERS(S)	No rate is posted, requires invoice
E0856	NU	CERVICAL TRACTION DEVICE, W/ INFLATABLE AIR BLADDER(S)	No rate is posted, requires invoice
E0856	RR	CERVICAL TRACTION DEVICE, W/ INFLATABLE AIR BLADDER(S)	No rate is posted, requires invoice
E0912	NU	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	Allowable is greater than or equal to \$750
E0950	KA	WHEELCHAIR ACCESSORY, TRAY, EACH	DME Fee Schedule indicates Auth is required
E0950	KR	WHEELCHAIR ACCESSORY, TRAY, EACH	DME Fee Schedule indicates Auth is required
E0950	MS	WHEELCHAIR ACCESSORY, TRAY, EACH	DME Fee Schedule indicates Auth is required
E0950	NU	WHEELCHAIR ACCESSORY, TRAY, EACH	DME Fee Schedule indicates Auth is required
E0950	RR	WHEELCHAIR ACCESSORY, TRAY, EACH	DME Fee Schedule indicates Auth is required
E0951	KA	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	DME Fee Schedule indicates Auth is required
E0951	KR	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	DME Fee Schedule indicates Auth is required
E0951	MS	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	DME Fee Schedule indicates Auth is required
E0951	NU	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	DME Fee Schedule indicates Auth is required
E0951	RR	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	DME Fee Schedule indicates Auth is required
E0952	KA	TOE LOOP/HOLDER, ANY TYPE, EACH	DME Fee Schedule indicates Auth is required
E0952	KR	TOE LOOP/HOLDER, ANY TYPE, EACH	DME Fee Schedule indicates Auth is required
E0952	MS	TOE LOOP/HOLDER, ANY TYPE, EACH	DME Fee Schedule indicates Auth is required
E0952	NU	TOE LOOP/HOLDER, ANY TYPE, EACH	DME Fee Schedule indicates Auth is required
E0952	RR	TOE LOOP/HOLDER, ANY TYPE, EACH	DME Fee Schedule indicates Auth is required

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E0955	KA	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCL FIXED MOUNTING HARDWARE, EA	DME Fee Schedule indicates Auth is required
E0955	KR	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCL FIXED MOUNTING HARDWARE, EA	DME Fee Schedule indicates Auth is required
E0955	MS	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCL FIXED MOUNTING HARDWARE, EA	DME Fee Schedule indicates Auth is required
E0955	NU	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCL FIXED MOUNTING HARDWARE, EA	DME Fee Schedule indicates Auth is required
E0955	RR	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCL FIXED MOUNTING HARDWARE, EA	DME Fee Schedule indicates Auth is required
E0956	KA	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	DME Fee Schedule indicates Auth is required
E0956	KR	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	DME Fee Schedule indicates Auth is required
E0956	MS	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	DME Fee Schedule indicates Auth is required
E0956	NU	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	DME Fee Schedule indicates Auth is required
E0956	RR	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	DME Fee Schedule indicates Auth is required
E0957	KR	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	DME Fee Schedule indicates Auth is required
E0957	MS	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCL FIXED MOUNTING HARDWARE, EA	DME Fee Schedule indicates Auth is required
E0957	NU	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCL FIXED MOUNTING HARDWARE, EA	DME Fee Schedule indicates Auth is required
E0957	RR	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCL FIXED MOUNTING HARDWARE, EA	DME Fee Schedule indicates Auth is required
E0958	KA	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	DME Fee Schedule indicates Auth is required
E0958	KR	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	DME Fee Schedule indicates Auth is required
E0958	MS	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH ACCESSORY, ONE-ARM DRIVE ATTACHMENT,	DME Fee Schedule indicates Auth is required
E0958	NU	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	DME Fee Schedule indicates Auth is required
E0958	RR	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	DME Fee Schedule indicates Auth is required
E0959	KA	MANUAL WHEELCHAIR ACCESSORY, ADAPTOR FOR AMPUTEE, EACH	DME Fee Schedule indicates Auth is required
E0959	KR	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	DME Fee Schedule indicates Auth is required
E0959	MS	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	DME Fee Schedule indicates Auth is required
E0959	NU	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	DME Fee Schedule indicates Auth is required
E0959	RR	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	DME Fee Schedule indicates Auth is required
E0960	KA	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required
E0960	KR	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required
E0960	MS	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required
E0960	NU	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required
E0960	RR	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required
E0961	KA	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	DME Fee Schedule indicates Auth is required
E0961	KR	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	DME Fee Schedule indicates Auth is required
E0961	MS	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	DME Fee Schedule indicates Auth is required
E0961	NU	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	DME Fee Schedule indicates Auth is required
E0961	RR	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	DME Fee Schedule indicates Auth is required
E0966	KA	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	DME Fee Schedule indicates Auth is required
E0966	KR	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	DME Fee Schedule indicates Auth is required
E0966	MS	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	DME Fee Schedule indicates Auth is required
E0966	NU	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	DME Fee Schedule indicates Auth is required
E0966	RR	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	DME Fee Schedule indicates Auth is required
E0967	KA	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	DME Fee Schedule indicates Auth is required
E0967	KR	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	DME Fee Schedule indicates Auth is required
E0967	MS	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	DME Fee Schedule indicates Auth is required
E0967	NU	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	DME Fee Schedule indicates Auth is required
E0967	RR	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	DME Fee Schedule indicates Auth is required
E0968	KA	COMMODE SEAT, WHEELCHAIR	DME Fee Schedule indicates Auth is required

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E0968	KR	COMMODE SEAT, WHEELCHAIR	DME Fee Schedule indicates Auth is required
E0968	NU	COMMODE SEAT, WHEELCHAIR	DME Fee Schedule indicates Auth is required
E0968	RR	COMMODE SEAT, WHEELCHAIR	DME Fee Schedule indicates Auth is required
E0969	KR	NARROWING DEVICE, WHEELCHAIR	DME Fee Schedule indicates Auth is required
E0969	NU	NARROWING DEVICE, WHEELCHAIR	DME Fee Schedule indicates Auth is required
E0969	RR	NARROWING DEVICE, WHEELCHAIR	DME Fee Schedule indicates Auth is required
E0971	KA	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	DME Fee Schedule indicates Auth is required
E0971	KR	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	DME Fee Schedule indicates Auth is required
E0971	MS	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	DME Fee Schedule indicates Auth is required
E0971	NU	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	DME Fee Schedule indicates Auth is required
E0971	RR	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	DME Fee Schedule indicates Auth is required
E0973	KA	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	DME Fee Schedule indicates Auth is required
E0973	KR	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	DME Fee Schedule indicates Auth is required
E0973	MS	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	DME Fee Schedule indicates Auth is required
E0973	NU	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	DME Fee Schedule indicates Auth is required
E0973	RR	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	DME Fee Schedule indicates Auth is required
E0974	KA	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	DME Fee Schedule indicates Auth is required
E0974	KR	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	DME Fee Schedule indicates Auth is required
E0974	MS	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	DME Fee Schedule indicates Auth is required
E0974	NU	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	DME Fee Schedule indicates Auth is required
E0974	RR	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	DME Fee Schedule indicates Auth is required
E0978	KA	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	DME Fee Schedule indicates Auth is required
E0978	KR	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	DME Fee Schedule indicates Auth is required
E0978	MS	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	DME Fee Schedule indicates Auth is required
E0978	NU	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	DME Fee Schedule indicates Auth is required
E0978	RB	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	DME Fee Schedule indicates Auth is required
E0978	RR	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	DME Fee Schedule indicates Auth is required
E0983	KA	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	Allowable is greater than or equal to \$750
E0983	KR	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	DME Fee Schedule indicates Auth is required
E0983	NU	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	Allowable is greater than or equal to \$750
E0983	RR	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	DME Fee Schedule indicates Auth is required
E0984	KA	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	Allowable is greater than or equal to \$750
E0984	KR	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	DME Fee Schedule indicates Auth is required
E0984	NU	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	Allowable is greater than or equal to \$750
E0984	RB	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	Allowable is greater than or equal to \$750
E0984	RR	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	DME Fee Schedule indicates Auth is required
E0985	KA	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	DME Fee Schedule indicates Auth is required
E0985	KR	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	DME Fee Schedule indicates Auth is required
E0985	NU	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	DME Fee Schedule indicates Auth is required
E0985	RR	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	DME Fee Schedule indicates Auth is required
E0986	KA	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH	Allowable is greater than or equal to \$750
E0986	KR	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH	DME Fee Schedule indicates Auth is required
E0986	NU	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH	Allowable is greater than or equal to \$750
E0986	RA	MANUAL WHEELCHAIR ACCESSORY, PUSH-RIM ACTIVATED POWER ASSIST SYSTEM	Allowable is greater than or equal to \$750
E0986	RB	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH	Allowable is greater than or equal to \$750
E0986	RR	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH	DME Fee Schedule indicates Auth is required
E0990	KA	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	DME Fee Schedule indicates Auth is required
E0990	KR	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	DME Fee Schedule indicates Auth is required

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E0990	MS	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	DME Fee Schedule indicates Auth is required
E0990	NU	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	DME Fee Schedule indicates Auth is required
E0990	RR	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	DME Fee Schedule indicates Auth is required
E0992	KA	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	DME Fee Schedule indicates Auth is required
E0992	KR	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	DME Fee Schedule indicates Auth is required
E0992	MS	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	DME Fee Schedule indicates Auth is required
E0992	NU	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	DME Fee Schedule indicates Auth is required
E0992	RR	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	DME Fee Schedule indicates Auth is required
E0994	KA	ARMREST, EACH	DME Fee Schedule indicates Auth is required
E0994	KR	ARMREST, EACH	DME Fee Schedule indicates Auth is required
E0994	NU	ARMREST, EACH	DME Fee Schedule indicates Auth is required
E0994	RR	ARMREST, EACH	DME Fee Schedule indicates Auth is required
E0995	KA	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH	DME Fee Schedule indicates Auth is required
E0995	KR	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH	DME Fee Schedule indicates Auth is required
E0995	MS	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH	DME Fee Schedule indicates Auth is required
E0995	NU	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH	DME Fee Schedule indicates Auth is required
E0995	RR	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH	DME Fee Schedule indicates Auth is required
E1002	KA	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	Allowable is greater than or equal to \$750
E1002	KR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	DME Fee Schedule indicates Auth is required
E1002	NU	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	Allowable is greater than or equal to \$750
E1002	RB	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	Allowable is greater than or equal to \$750
E1002	RR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	DME Fee Schedule indicates Auth is required
E1003	KA	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	Allowable is greater than or equal to \$750
E1003	KR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	DME Fee Schedule indicates Auth is required
E1003	NU	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	Allowable is greater than or equal to \$750
E1003	RB	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	Allowable is greater than or equal to \$750
E1003	RR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	DME Fee Schedule indicates Auth is required
E1004	KA	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	Allowable is greater than or equal to \$750
E1004	KR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	DME Fee Schedule indicates Auth is required
E1004	NU	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	Allowable is greater than or equal to \$750
E1004	RB	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	Allowable is greater than or equal to \$750
E1004	RR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	DME Fee Schedule indicates Auth is required
E1005	KA	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	Allowable is greater than or equal to \$750
E1005	KR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	DME Fee Schedule indicates Auth is required
E1005	NU	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	Allowable is greater than or equal to \$750
E1005	RB	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	Allowable is greater than or equal to \$750
E1005	RR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	DME Fee Schedule indicates Auth is required
E1006	KA	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION	Allowable is greater than or equal to \$750
E1006	KR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION	DME Fee Schedule indicates Auth is required
E1006	NU	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION	Allowable is greater than or equal to \$750
E1006	RB	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION	Allowable is greater than or equal to \$750
E1006	RR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION	DME Fee Schedule indicates Auth is required
E1007	KA	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE WITH MECHANICAL SHEAR REDUCTION	Allowable is greater than or equal to \$750
E1007	KR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	DME Fee Schedule indicates Auth is required
E1007	NU	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	Allowable is greater than or equal to \$750
E1007	RB	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	Allowable is greater than or equal to \$750
E1007	RR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	Allowable is greater than or equal to \$750
E1008	KA	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	Allowable is greater than or equal to \$750

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E1008	KR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	DME Fee Schedule indicates Auth is required
E1008	NU	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	Allowable is greater than or equal to \$750
E1008	RB	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	Allowable is greater than or equal to \$750
E1008	RR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	Allowable is greater than or equal to \$750
E1009	KA	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSH ROD AND LEG REST, EACH	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E1009	KR	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSH ROD AND LEG REST, EACH	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E1009	NU	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSH ROD AND LEG REST, EACH	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E1009	RB	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSH ROD AND LEG REST, EACH	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E1009	RR	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSH ROD AND LEG REST, EACH	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
0E1010	KA	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR	Allowable is greater than or equal to \$750
E1010	KR	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR	DME Fee Schedule indicates Auth is required
E1010	NU	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR	Allowable is greater than or equal to \$750
E1010	RB	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR	Allowable is greater than or equal to \$750
E1010	RR	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR	DME Fee Schedule indicates Auth is required
E1011	KA	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E1011	KR	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)	No rate is posted, requires invoice
E1011	NU	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)	No rate is posted, requires invoice
E1011	RR	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)	No rate is posted, requires invoice
E1012	NU	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE SYSTEM, ANY TYPE, EACH	Allowable is greater than or equal to \$750
E1014	KA	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	DME Fee Schedule indicates Auth is required
E1014	KR	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	DME Fee Schedule indicates Auth is required
E1014	NU	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	DME Fee Schedule indicates Auth is required
E1014	RR	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	DME Fee Schedule indicates Auth is required
E1015	KA	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	DME Fee Schedule indicates Auth is required
E1015	KR	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	DME Fee Schedule indicates Auth is required
E1015	NU	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	DME Fee Schedule indicates Auth is required
E1015	RB	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	DME Fee Schedule indicates Auth is required
E1015	RR	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	DME Fee Schedule indicates Auth is required
E1016	KA	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	DME Fee Schedule indicates Auth is required
E1016	KR	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	DME Fee Schedule indicates Auth is required
E1016	NU	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	DME Fee Schedule indicates Auth is required
E1016	RR	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	DME Fee Schedule indicates Auth is required
E1017	KR	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR, EACH	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E1017	NU	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR, EACH	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E1017	RB	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR, EACH	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E1017	RR	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR, EACH	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E1018	KA	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E1018	KR	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E1018	NU	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E1018	RB	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E1020	KA	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	DME Fee Schedule indicates Auth is required
E1020	KR	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	DME Fee Schedule indicates Auth is required
E1020	NU	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	DME Fee Schedule indicates Auth is required
E1020	RR	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	DME Fee Schedule indicates Auth is required
E1028	KA	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSOR	DME Fee Schedule indicates Auth is required

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E1028	KR	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING AC	DME Fee Schedule indicates Auth is required
E1028	NU	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING AC	DME Fee Schedule indicates Auth is required
E1028	RR	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING AC	DME Fee Schedule indicates Auth is required
E1029	KA	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	DME Fee Schedule indicates Auth is required
E1029	KR	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	DME Fee Schedule indicates Auth is required
E1029	NU	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	DME Fee Schedule indicates Auth is required
E1029	RR	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	DME Fee Schedule indicates Auth is required
E1030	KA	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	Allowable is greater than or equal to \$750
E1030	KR	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	DME Fee Schedule indicates Auth is required
E1030	NU	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	Allowable is greater than or equal to \$750
E1030	RB	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	Allowable is greater than or equal to \$750
E1030	RR	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	DME Fee Schedule indicates Auth is required
E1035	KR	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	DME Fee Schedule indicates Auth is required
E1035	NU	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	Allowable is greater than or equal to \$750
E1035	RR	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	DME Fee Schedule indicates Auth is required
E1037	KR	TRANSPORT CHAIR, PEDIATRIC SIZE	DME Fee Schedule indicates Auth is required
E1037	NU	TRANSPORT CHAIR, PEDIATRIC SIZE	Allowable is greater than or equal to \$750
E1037	RR	TRANSPORT CHAIR, PEDIATRIC SIZE	DME Fee Schedule indicates Auth is required
E1038	KR	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	DME Fee Schedule indicates Auth is required
E1038	NU	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	DME Fee Schedule indicates Auth is required
E1038	RR	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	DME Fee Schedule indicates Auth is required
E1039	KR	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	DME Fee Schedule indicates Auth is required
E1039	NU	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	DME Fee Schedule indicates Auth is required
E1039	RR	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	DME Fee Schedule indicates Auth is required
E1050	KR	FULLY RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1050	NU	FULLY RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	Allowable is greater than or equal to \$750
E1050	RR	FULLY RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1060	NU	FULLY RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	Allowable is greater than or equal to \$750
E1060	RB	FULLY RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	Allowable is greater than or equal to \$750
E1060	RR	FULLY RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1070	KR	FULLY RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE FOOT RESTS	DME Fee Schedule indicates Auth is required
E1070	NU	FULLY RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE FOOT RESTS	Allowable is greater than or equal to \$750
E1070	RB	FULLY RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE FOOT RESTS	Allowable is greater than or equal to \$750
E1070	RR	FULLY RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE FOOT RESTS	DME Fee Schedule indicates Auth is required
E1083	KR	HEMI-WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1083	NU	HEMI-WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	Allowable is greater than or equal to \$750
E1083	RR	HEMI-WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1084	KR	HEMI-WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1084	NU	HEMI-WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	Allowable is greater than or equal to \$750
E1084	RR	HEMI-WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1087	KR	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1087	NU	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	Allowable is greater than or equal to \$750
E1087	RB	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	Allowable is greater than or equal to \$750
E1087	RR	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1088	KR	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1088	NU	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	Allowable is greater than or equal to \$750
E1088	RB	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	Allowable is greater than or equal to \$750

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E1088	RR	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE ELEVATING LEGRESTS	DME Fee Schedule indicates Auth is required
E1092	KR	WIDE, HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	DME Fee Schedule indicates Auth is required
E1092	NU	WIDE, HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	Allowable is greater than or equal to \$750
E1092	RB	WIDE, HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	Allowable is greater than or equal to \$750
E1092	RR	WIDE, HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1093	KR	WIDE, HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE FOOT RESTS	DME Fee Schedule indicates Auth is required
E1093	NU	WIDE, HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE FOOT RESTS	Allowable is greater than or equal to \$750
E1093	RB	WIDE, HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE FOOT RESTS	Allowable is greater than or equal to \$750
E1093	RR	WIDE, HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE FOOT RESTS	DME Fee Schedule indicates Auth is required
E1100	KR	SEMI-RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1100	NU	SEMI-RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	Allowable is greater than or equal to \$750
E1100	RB	SEMI-RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	Allowable is greater than or equal to \$750
E1100	RR	SEMI-RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1110	KR	SEMI-RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, ELEVATING LEG REST	DME Fee Schedule indicates Auth is required
E1110	NU	SEMI-RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, ELEVATING LEG REST	Allowable is greater than or equal to \$750
E1110	RB	SEMI-RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, ELEVATING LEG REST	Allowable is greater than or equal to \$750
E1110	RR	SEMI-RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, ELEVATING LEG REST	DME Fee Schedule indicates Auth is required
E1150	KR	WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1150	NU	WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	Allowable is greater than or equal to \$750
E1150	RB	WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	Allowable is greater than or equal to \$750
E1150	RR	WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1160	KR	WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1160	NU	WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1160	RR	WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1161	NU	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	Allowable is greater than or equal to \$750
E1161	RB	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	Allowable is greater than or equal to \$750
E1161	RR	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	DME Fee Schedule indicates Auth is required
E1161	UE	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	Allowable is greater than or equal to \$750
E1170	KR	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1170	NU	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	Allowable is greater than or equal to \$750
E1170	RR	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1171	KR	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, WITHOUT FOOT RESTS OR LEG RESTS	DME Fee Schedule indicates Auth is required
E1171	NU	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, WITHOUT FOOT RESTS OR LEG RESTS	Allowable is greater than or equal to \$750
E1171	RR	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, WITHOUT FOOT RESTS OR LEG RESTS	DME Fee Schedule indicates Auth is required
E1172	KR	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, WITHOUT FOOT RESTS OR LEG RESTS	DME Fee Schedule indicates Auth is required
E1172	NU	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH WITHOUT FOOT RESTS OR LEG RESTS	Allowable is greater than or equal to \$750
E1172	RR	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, WITHOUT FOOT RESTS OR LEG RESTS	DME Fee Schedule indicates Auth is required
E1180	KR	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE FOOT RESTS	DME Fee Schedule indicates Auth is required
E1180	NU	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE FOOT RESTS	Allowable is greater than or equal to \$750
E1180	RR	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE FOOT RESTS	DME Fee Schedule indicates Auth is required
E1190	KR	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1190	NU	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	Allowable is greater than or equal to \$750
E1190	RR	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1195	KR	HEAVY DUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1195	NU	HEAVY DUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	Allowable is greater than or equal to \$750
E1195	RR	HEAVY DUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1200	KR	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE FOOT RESTS	DME Fee Schedule indicates Auth is required
E1200	NU	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE FOOT RESTS	Allowable is greater than or equal to \$750
E1200	RR	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE FOOT RESTS	DME Fee Schedule indicates Auth is required

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E1220	KR	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED (INDICATE BRAND NAME, MODEL NUMBER, IF ANY, AND JUSTIFICATION)	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E1220	NU	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED (INDICATE BRAND NAME, MODEL NUMBER, IF ANY, AND JUSTIFICATION)	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E1220	RR	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED (INDICATE BRAND NAME, MODEL NUMBER, IF ANY, AND JUSTIFICATION)	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E1221	KR	WHEELCHAIR WITH FIXED ARM, FOOT RESTS	DME Fee Schedule indicates Auth is required
E1221	NU	WHEELCHAIR WITH FIXED ARM, FOOT RESTS	DME Fee Schedule indicates Auth is required
E1221	RR	WHEELCHAIR WITH FIXED ARM, FOOT RESTS	DME Fee Schedule indicates Auth is required
E1222	KR	WHEELCHAIR WITH FIXED ARM, ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1222	NU	WHEELCHAIR WITH FIXED ARM, ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1222	RR	WHEELCHAIR WITH FIXED ARM, ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1223	KR	WHEELCHAIR WITH DETACHABLE ARMS, FOOT RESTS	DME Fee Schedule indicates Auth is required
E1223	NU	WHEELCHAIR WITH DETACHABLE ARMS, FOOT RESTS	Allowable is greater than or equal to \$750
E1223	RR	WHEELCHAIR WITH DETACHABLE ARMS, FOOT RESTS	DME Fee Schedule indicates Auth is required
E1224	KR	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1224	NU	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEG RESTS	Allowable is greater than or equal to \$750
E1224	RR	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1225	KR	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	DME Fee Schedule indicates Auth is required
E1225	NU	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	DME Fee Schedule indicates Auth is required
E1225	RR	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	DME Fee Schedule indicates Auth is required
E1226	KR	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EA	DME Fee Schedule indicates Auth is required
E1226	NU	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EA	DME Fee Schedule indicates Auth is required
E1226	RR	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EA	DME Fee Schedule indicates Auth is required
E1227	KR	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	DME Fee Schedule indicates Auth is required
E1227	NU	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	DME Fee Schedule indicates Auth is required
E1227	RR	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	DME Fee Schedule indicates Auth is required
E1228	KR	SPECIAL BACK HEIGHT FOR WHEELCHAIR	DME Fee Schedule indicates Auth is required
E1228	NU	SPECIAL BACK HEIGHT FOR WHEELCHAIR	DME Fee Schedule indicates Auth is required
E1228	RR	SPECIAL BACK HEIGHT FOR WHEELCHAIR	DME Fee Schedule indicates Auth is required
E1229	KR	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E1229	NU	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E1229	RR	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E1230	NU	POWER OPERATED VEHICLE (3 OR 4 WHEEL, NON HIGHWAY)	Allowable is greater than or equal to \$750
E1230	RR	POWER OPERATED VEHICLE (3 OR 4 WHEEL, NON HIGHWAY)	DME Fee Schedule indicates Auth is required
E1230	UE	POWER OPERATED VEHICLE (3 OR 4 WHEEL, NON HIGHWAY)	Allowable is greater than or equal to \$750
E1231	KR	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E1231	NU	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E1231	RR	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E1232	KR	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	DME Fee Schedule indicates Auth is required
E1232	NU	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	Allowable is greater than or equal to \$750
E1232	RR	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	DME Fee Schedule indicates Auth is required
E1233	KR	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	DME Fee Schedule indicates Auth is required
E1233	NU	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	Allowable is greater than or equal to \$750
E1233	RR	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	DME Fee Schedule indicates Auth is required
E1234	KR	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	DME Fee Schedule indicates Auth is required
E1234	NU	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	Allowable is greater than or equal to \$750
E1234	RR	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	DME Fee Schedule indicates Auth is required
E1235	KR	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	DME Fee Schedule indicates Auth is required
E1235	NU	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	Allowable is greater than or equal to \$750
E1235	RR	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	DME Fee Schedule indicates Auth is required
E1236	KR	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	DME Fee Schedule indicates Auth is required
E1236	NU	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	Allowable is greater than or equal to \$750

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E1236	RR	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	DME Fee Schedule indicates Auth is required
E1237	KR	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	DME Fee Schedule indicates Auth is required
E1237	NU	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	Allowable is greater than or equal to \$750
E1237	RR	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	DME Fee Schedule indicates Auth is required
E1238	KR	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	DME Fee Schedule indicates Auth is required
E1238	NU	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	Allowable is greater than or equal to \$750
E1238	RR	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	DME Fee Schedule indicates Auth is required
E1239	KR	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E1239	NU	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E1239	RR	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E1240	NU	LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEG REST	Allowable is greater than or equal to \$750
E1240	RR	LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEG REST	DME Fee Schedule indicates Auth is required
E1270	KR	LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1270	NU	LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE ELEVATING LEG RESTS	Allowable is greater than or equal to \$750
E1270	RR	LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1280	KR	HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1280	NU	HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, ELEVATING LEG RESTS	Allowable is greater than or equal to \$750
E1280	RR	HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1295	KR	HEAVY-DUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS, ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1295	NU	HEAVY-DUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS, ELEVATING LEG RESTS	Allowable is greater than or equal to \$750
E1295	RR	HEAVY-DUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS, ELEVATING LEG RESTS	DME Fee Schedule indicates Auth is required
E1296	KA	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	DME Fee Schedule indicates Auth is required
E1296	KR	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	DME Fee Schedule indicates Auth is required
E1296	NU	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	DME Fee Schedule indicates Auth is required
E1296	RR	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	DME Fee Schedule indicates Auth is required
E1297	KA	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	DME Fee Schedule indicates Auth is required
E1297	KR	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	DME Fee Schedule indicates Auth is required
E1297	NU	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	DME Fee Schedule indicates Auth is required
E1297	RR	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	DME Fee Schedule indicates Auth is required
E1298	KA	SPECIAL WHEELCHAIR SEATDEPTH AND/OR WIDTH, BY CONSTRUCTION	DME Fee Schedule indicates Auth is required
E1298	KR	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	DME Fee Schedule indicates Auth is required
E1298	NU	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	DME Fee Schedule indicates Auth is required
E1298	RR	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	DME Fee Schedule indicates Auth is required
E1310	KR	WHIRLPOOL, NON-PORTABLE (BUILT IN TYPE)	DME Fee Schedule indicates Auth is required
E1310	NU	WHIRLPOOL, NON PORTABLE (BUILT IN TYPE)	Allowable is greater than or equal to \$750
E1310	RR	WHIRLPOOL, NON PORTABLE (BUILT IN TYPE)	DME Fee Schedule indicates Auth is required
E1352	KR	OXYGEN ACCESSORY, FLOW REGULATOR CAPABLE OF POSITIVE INSPIRATORY PRESSURE	No rate is posted, requires invoice
E1352	NU	OXYGEN ACCESSORY, FLOW REGULATOR CAPABLE OF POSITIVE INSPIRATORY PRESSURE	No rate is posted, requires invoice
E1352	RR	OXYGEN ACCESSORY, FLOW REGULATOR CAPABLE OF POSITIVE INSPIRATORY PRESSURE	No rate is posted, requires invoice
E1399	KR	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	No rate is posted, requires invoice
E1399	LL	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	No rate is posted, requires invoice
E1399	NU	DURABLE MEDICAL EQUIPT,MISCELLANEOUS PA OVER \$500/REV. PA FOR PRICING.	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E1399	RA	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS PA OVER \$500, REVIEW PA FOR PRICING	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E1399	RB	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS PRIOR AUTHORIZATION REQUIRED IF BILLING OVER \$500; REVIEW PA FOR PRICING	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E1399	RR	DURABLE MEDICAL EQUIPT,MISCELLANEOUS PA OVER \$500/REV. PA FOR PRICING	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E1406	RA	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITHOUT HEATED DELIVERY	Allowable is greater than or equal to \$750
E1639	22	SCALE, EACH TO BE USED FOR DIALYSIS ESRD ONLY - TALKING SCALE	No rate is posted, requires invoice
E1702	RB	REPLACEMENT MEASURING SCALES FOR JAW MOTION REHABILITATION SYSTEM, PACKAGE OF 200	No rate is posted, requires invoice
E1800	NU	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	Allowable is greater than or equal to \$750
E1801	NU	STATIC PROGRESSIVE STRETCH ELBOW DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND	Allowable is greater than or equal to \$750
E1802	NU	DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	Allowable is greater than or equal to \$750

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E1805	NU	DYNAMIC ADJUSTABLE WRIST EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	Allowable is greater than or equal to \$750
E1806	NU	STATIC PROGRESSIVE STRETCH WRIST DEVICE, FLEXION AND/OR EXTENSION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND	Allowable is greater than or equal to \$750
E1810	NU	DYNAMIC ADJUSTABLE KNEE EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	Allowable is greater than or equal to \$750
E1811	NU	STATIC PROGRESSIVE STRETCH KNEE DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND	Allowable is greater than or equal to \$750
E1812	NU	DYNAMIC KNEE, EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL	Allowable is greater than or equal to \$750
E1815	NU	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	Allowable is greater than or equal to \$750
E1815	UE	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	Allowable is greater than or equal to \$750
E1816	NU	STATIC PROGRESSIVE STRETCH ANKLE DEVICE, FLEXION AND/OR EXTENSION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND	Allowable is greater than or equal to \$750
E1818	NU	STATIC PROGRESSIVE STRETCH FOREARM PRONATION / SUPINATION DEVICE, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND	Allowable is greater than or equal to \$750
E1825	NU	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	Allowable is greater than or equal to \$750
E1830	NU	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	Allowable is greater than or equal to \$750
E1840	NU	DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	Allowable is greater than or equal to \$750
E1841	NU	STATIC PROGRESSIVE STRETCH SHOULDER DEVICE, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	Allowable is greater than or equal to \$750
E1902	KR	COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE COMMUNICATION DEVICE	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E1902	NU	COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE COMMUNICATION DEVICE	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E1902	RR	COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE COMMUNICATION DEVICE	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2201	KA	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	DME Fee Schedule indicates Auth is required
E2201	KR	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR	DME Fee Schedule indicates Auth is required
E2201	NU	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR	DME Fee Schedule indicates Auth is required
E2201	RR	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR	DME Fee Schedule indicates Auth is required
E2202	KA	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	DME Fee Schedule indicates Auth is required
E2202	KR	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	DME Fee Schedule indicates Auth is required
E2202	NU	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	DME Fee Schedule indicates Auth is required
E2202	RR	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	DME Fee Schedule indicates Auth is required
E2203	KA	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	DME Fee Schedule indicates Auth is required
E2203	KR	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	DME Fee Schedule indicates Auth is required
E2203	NU	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	DME Fee Schedule indicates Auth is required
E2203	RR	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	DME Fee Schedule indicates Auth is required
E2204	KR	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	DME Fee Schedule indicates Auth is required
E2204	NU	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	Allowable is greater than or equal to \$750
E2204	RR	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	DME Fee Schedule indicates Auth is required
E2206	KR	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	DME Fee Schedule indicates Auth is required
E2206	NU	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	DME Fee Schedule indicates Auth is required
E2206	RR	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	DME Fee Schedule indicates Auth is required
E2207	KR	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	DME Fee Schedule indicates Auth is required
E2207	NU	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	DME Fee Schedule indicates Auth is required
E2207	RR	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	DME Fee Schedule indicates Auth is required
E2208	KR	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	DME Fee Schedule indicates Auth is required
E2208	NU	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	DME Fee Schedule indicates Auth is required
E2208	RR	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	DME Fee Schedule indicates Auth is required
E2209	KR	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	DME Fee Schedule indicates Auth is required
E2209	NU	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	DME Fee Schedule indicates Auth is required
E2209	RR	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	DME Fee Schedule indicates Auth is required
E2211	KR	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required
E2211	NU	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required
E2211	RR	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required
E2212	KR	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required
E2212	NU	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required

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E2212	RR	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required
E2213	KR	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required
E2213	NU	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required
E2213	RR	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required
E2214	KR	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required
E2214	NU	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required
E2214	RR	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required
E2215	KR	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required
E2215	NU	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required
E2215	RR	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required
E2216	KR	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2216	NU	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2216	RB	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2216	RR	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2217	KR	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2217	NU	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2217	RB	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2217	RR	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2218	KR	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2218	NU	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2218	RB	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	No rate is posted, requires invoice
E2218	RR	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2219	KR	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required
E2219	NU	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required
E2219	RR	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required
E2220	KR	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required
E2220	NU	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required
E2220	RR	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required
E2221	KR	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EA	DME Fee Schedule indicates Auth is required
E2221	NU	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EA	DME Fee Schedule indicates Auth is required
E2221	RR	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EA	DME Fee Schedule indicates Auth is required
E2222	KR	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required
E2222	NU	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required
E2222	RR	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required
E2224	KR	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required
E2224	NU	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required
E2224	RR	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	DME Fee Schedule indicates Auth is required
E2225	RB	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EA	DME Fee Schedule indicates Auth is required
E2226	RB	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	DME Fee Schedule indicates Auth is required
E2227	NU	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH	Allowable is greater than or equal to \$750
E2228	RB	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	Allowable is greater than or equal to \$750
E2230	KR	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM	No rate is posted, requires invoice
E2230	NU	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM	No rate is posted, requires invoice
E2230	RR	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM	No rate is posted, requires invoice
E2291	KR	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2291	NU	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2291	RR	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2292	KR	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2292	NU	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice

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E2292	RR	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2293	KR	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2293	NU	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2293	RR	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2294	KR	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2294	NU	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2294	RR	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2295	KR	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING FEATU	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2295	NU	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING FEATU	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2295	RR	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING FEATU	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2310	KA	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INC ELECTRONICS, IND FEATURE,	Allowable is greater than or equal to \$750
E2310	KR	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTR	DME Fee Schedule indicates Auth is required
E2310	NU	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTR	Allowable is greater than or equal to \$750
E2310	RB	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INC ELECTRONICS, IND FEATUR	Allowable is greater than or equal to \$750
E2310	RR	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTR	DME Fee Schedule indicates Auth is required
E2311	KA	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCL ELECTRONICS,	Allowable is greater than or equal to \$750
E2311	KR	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELAT	DME Fee Schedule indicates Auth is required
E2311	NU	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELAT	Allowable is greater than or equal to \$750
E2311	RB	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCL ELECTRONICS,	Allowable is greater than or equal to \$750
E2311	RR	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELAT	DME Fee Schedule indicates Auth is required
E2312	KR	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2312	NU	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2312	RR	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2313	KR	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2313	NU	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2313	RR	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2321	KR	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH,	DME Fee Schedule indicates Auth is required
E2321	NU	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH,	Allowable is greater than or equal to \$750
E2321	RB	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH,	Allowable is greater than or equal to \$750
E2321	RR	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH,	DME Fee Schedule indicates Auth is required
E2322	KA	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCL ELECTRONICS, MECHANICAL STOP SWITCH, FIX	Allowable is greater than or equal to \$750
E2322	KR	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, ME	DME Fee Schedule indicates Auth is required
E2322	NU	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, ME	Allowable is greater than or equal to \$750
E2322	RB	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULT MECHANICAL SWITCHES, NONPROPORTIONAL, INCL ALL RELATED ELECTRONICS, MECHANICAL STOP SWIT	Allowable is greater than or equal to \$750
E2322	RR	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, ME	DME Fee Schedule indicates Auth is required
E2323	KA	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	DME Fee Schedule indicates Auth is required
E2323	KR	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	DME Fee Schedule indicates Auth is required
E2323	NU	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	DME Fee Schedule indicates Auth is required
E2323	RR	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	DME Fee Schedule indicates Auth is required
E2324	KA	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	DME Fee Schedule indicates Auth is required
E2324	KR	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	DME Fee Schedule indicates Auth is required
E2324	NU	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	DME Fee Schedule indicates Auth is required
E2324	RR	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	DME Fee Schedule indicates Auth is required
E2325	KA	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPORPORTIONAL, INCLUDING ALL ELECTRONICS, MECHANICAL STOP SWITCH, MANUAL SWINGAWAY MOUNTING HAR	Allowable is greater than or equal to \$750
E2325	KR	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWIN	DME Fee Schedule indicates Auth is required

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E2325	NU	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWIN	Allowable is greater than or equal to \$750
E2325	RB	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL ELECTRONICS, MECH STOP SWITCH, MAN SWINGAWAY MOUNTING HARDWARE	Allowable is greater than or equal to \$750
E2325	RR	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWIN	DME Fee Schedule indicates Auth is required
E2326	KA	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	DME Fee Schedule indicates Auth is required
E2326	KR	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	DME Fee Schedule indicates Auth is required
E2326	NU	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	DME Fee Schedule indicates Auth is required
E2326	RR	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	DME Fee Schedule indicates Auth is required
E2327	KA	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWI	Allowable is greater than or equal to \$750
E2327	KR	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE S	DME Fee Schedule indicates Auth is required
E2327	NU	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE	Allowable is greater than or equal to \$750
E2327	RR	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE	DME Fee Schedule indicates Auth is required
E2328	KA	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED	Allowable is greater than or equal to \$750
E2328	NU	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED	Allowable is greater than or equal to \$750
E2328	RB	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED	Allowable is greater than or equal to \$750
E2328	RR	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED	DME Fee Schedule indicates Auth is required
E2329	KA	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL	Allowable is greater than or equal to \$750
E2329	KR	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL	DME Fee Schedule indicates Auth is required
E2329	NU	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL	Allowable is greater than or equal to \$750
E2329	RB	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL	Allowable is greater than or equal to \$750
E2329	RR	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL	DME Fee Schedule indicates Auth is required
E2330	KA	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL	Allowable is greater than or equal to \$750
E2330	KR	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL	DME Fee Schedule indicates Auth is required
E2330	NU	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL	Allowable is greater than or equal to \$750
E2330	RB	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL	Allowable is greater than or equal to \$750
E2330	RR	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL	DME Fee Schedule indicates Auth is required
E2331	KA	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2331	KR	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2331	NU	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2331	RB	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	No rate is posted, requires invoice
E2331	RR	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2340	KA	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES	DME Fee Schedule indicates Auth is required
E2340	KR	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES	DME Fee Schedule indicates Auth is required
E2340	NU	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES	DME Fee Schedule indicates Auth is required
E2340	RR	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES	DME Fee Schedule indicates Auth is required
E2341	KA	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES'	DME Fee Schedule indicates Auth is required
E2341	KR	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	DME Fee Schedule indicates Auth is required
E2341	NU	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	DME Fee Schedule indicates Auth is required
E2341	RR	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	DME Fee Schedule indicates Auth is required
E2342	KA	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	DME Fee Schedule indicates Auth is required
E2342	KR	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	DME Fee Schedule indicates Auth is required
E2342	NU	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	DME Fee Schedule indicates Auth is required
E2342	RR	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	DME Fee Schedule indicates Auth is required
E2343	KA	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	Allowable is greater than or equal to \$750
E2343	KR	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	DME Fee Schedule indicates Auth is required
E2343	NU	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	Allowable is greater than or equal to \$750
E2343	RB	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	Allowable is greater than or equal to \$750

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E2343	RR	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	DME Fee Schedule indicates Auth is required
E2351	KA	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE	Allowable is greater than or equal to \$750
E2351	KR	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE	DME Fee Schedule indicates Auth is required
E2351	NU	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE	Allowable is greater than or equal to \$750
E2351	RB	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE	Allowable is greater than or equal to \$750
E2351	RR	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE	DME Fee Schedule indicates Auth is required
E2359	NU	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	No rate is posted, requires invoice
E2360	KA	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	DME Fee Schedule indicates Auth is required
E2360	KR	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	DME Fee Schedule indicates Auth is required
E2360	NU	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	DME Fee Schedule indicates Auth is required
E2360	RR	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	DME Fee Schedule indicates Auth is required
E2361	KA	POWER WHEELCHAIR ACCESSORY, 22 NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)	DME Fee Schedule indicates Auth is required
E2361	KR	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)	DME Fee Schedule indicates Auth is required
E2361	NU	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)	DME Fee Schedule indicates Auth is required
E2361	RR	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)	DME Fee Schedule indicates Auth is required
E2362	KA	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	DME Fee Schedule indicates Auth is required
E2362	KR	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	DME Fee Schedule indicates Auth is required
E2362	NU	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	DME Fee Schedule indicates Auth is required
E2362	RR	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	DME Fee Schedule indicates Auth is required
E2363	KA	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G.GEL CELL, ABSORBED GLASSMAT)	DME Fee Schedule indicates Auth is required
E2363	KR	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	DME Fee Schedule indicates Auth is required
E2363	NU	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	DME Fee Schedule indicates Auth is required
E2363	RR	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	DME Fee Schedule indicates Auth is required
E2364	KA	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	DME Fee Schedule indicates Auth is required
E2364	KR	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	DME Fee Schedule indicates Auth is required
E2364	NU	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	DME Fee Schedule indicates Auth is required
E2364	RR	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	DME Fee Schedule indicates Auth is required
E2365	KA	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	DME Fee Schedule indicates Auth is required
E2365	KR	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	DME Fee Schedule indicates Auth is required
E2365	NU	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	DME Fee Schedule indicates Auth is required
E2365	RR	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	DME Fee Schedule indicates Auth is required
E2366	KA	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	DME Fee Schedule indicates Auth is required
E2366	KR	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	DME Fee Schedule indicates Auth is required
E2366	NU	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	DME Fee Schedule indicates Auth is required
E2366	RR	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	DME Fee Schedule indicates Auth is required
E2367	KA	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	DME Fee Schedule indicates Auth is required
E2367	KR	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	DME Fee Schedule indicates Auth is required
E2367	NU	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	DME Fee Schedule indicates Auth is required
E2367	RR	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	DME Fee Schedule indicates Auth is required
E2370	RB	POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	Allowable is greater than or equal to \$750
E2371	KR	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH	DME Fee Schedule indicates Auth is required
E2371	NU	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH	DME Fee Schedule indicates Auth is required
E2371	RR	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH	DME Fee Schedule indicates Auth is required
E2372	KR	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2372	NU	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice

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E2372	RB	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH	No rate is posted, requires invoice
E2372	RR	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2373	KR	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required
E2373	NU	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required
E2373	RB	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required
E2373	RR	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required
E2375	RB	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	Allowable is greater than or equal to \$750
E2376	RB	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	Allowable is greater than or equal to \$750
E2377	KR	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL I	DME Fee Schedule indicates Auth is required
E2377	NU	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL I	DME Fee Schedule indicates Auth is required
E2377	RR	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL I	DME Fee Schedule indicates Auth is required
E2378	RB	POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY	No rate is posted, requires invoice
E2397	NU	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	DME Fee Schedule indicates Auth is required
E2402	KR	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	DME Fee Schedule indicates Auth is required
E2500	KR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS	DME Fee Schedule indicates Auth is required
E2500	NU	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS	DME Fee Schedule indicates Auth is required
E2500	RR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS	DME Fee Schedule indicates Auth is required
E2502	KR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECO	DME Fee Schedule indicates Auth is required
E2502	NU	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECO	Allowable is greater than or equal to \$750
E2502	RR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECO	DME Fee Schedule indicates Auth is required
E2504	KR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES REC	DME Fee Schedule indicates Auth is required
E2504	NU	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES REC	Allowable is greater than or equal to \$750
E2504	RR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES REC	DME Fee Schedule indicates Auth is required
E2506	KR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME	DME Fee Schedule indicates Auth is required
E2506	NU	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME	Allowable is greater than or equal to \$750
E2506	RR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME	DME Fee Schedule indicates Auth is required
E2508	KR	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE	DME Fee Schedule indicates Auth is required
E2508	NU	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE	Allowable is greater than or equal to \$750
E2508	RR	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE	DME Fee Schedule indicates Auth is required
E2510	KR	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	DME Fee Schedule indicates Auth is required
E2510	NU	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	Allowable is greater than or equal to \$750
E2510	RR	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	DME Fee Schedule indicates Auth is required
E2511	KR	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2511	NU	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2511	RR	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2512	KR	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2512	NU	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2512	RB	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2512	RR	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2599	NU	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2599	RB	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	No rate is posted, requires invoice
E2599	RR	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2609	KR	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	No rate is posted, requires invoice
E2609	NU	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	No rate is posted, requires invoice
E2609	RR	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	No rate is posted, requires invoice
E2611	KR	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required
E2611	NU	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required

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E2611	RR	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required
E2612	KR	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required
E2612	NU	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required
E2612	RR	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required
E2613	KR	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required
E2613	NU	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required
E2613	RR	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required
E2614	KR	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required
E2614	NU	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required
E2614	RR	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required
E2615	KA	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING AND TYPE MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required
E2615	KR	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required
E2615	NU	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required
E2615	RR	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required
E2616	KR	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required
E2616	NU	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required
E2616	RR	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required
E2617	KR	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2617	NU	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2617	RR	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
E2620	KR	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HAR	DME Fee Schedule indicates Auth is required
E2620	NU	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HAR	DME Fee Schedule indicates Auth is required
E2620	RR	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HAR	DME Fee Schedule indicates Auth is required
E2621	KR	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HA	DME Fee Schedule indicates Auth is required
E2621	NU	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HA	DME Fee Schedule indicates Auth is required
E2621	RR	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HA	DME Fee Schedule indicates Auth is required
E2622	NU	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	DME Fee Schedule indicates Auth is required
E2622	RR	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	DME Fee Schedule indicates Auth is required
E2623	KR	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	No rate is posted, requires invoice
E2624	NU	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	DME Fee Schedule indicates Auth is required
E2624	RR	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	DME Fee Schedule indicates Auth is required
E2625	NU	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	DME Fee Schedule indicates Auth is required
E2625	RR	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	DME Fee Schedule indicates Auth is required
E8000	KR	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	No rate is posted, requires invoice
E8000	NU	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	No rate is posted, requires invoice
E8000	RR	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	No rate is posted, requires invoice
E8001	KR	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	No rate is posted, requires invoice
E8001	NU	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	No rate is posted, requires invoice
E8001	RR	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	No rate is posted, requires invoice
E8002	KR	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	No rate is posted, requires invoice
E8002	NU	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	No rate is posted, requires invoice
E8002	RR	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	No rate is posted, requires invoice
K0001	LL	STANDARD WHEELCHAIR	No rate is posted, requires invoice
K0001	UE	STANDARD CHAIR,(USED EQUIPMENT)	No rate is posted, requires invoice
K0002	NU	STANDARD HEMI (LOW SEAT) WHEELCHAIR	Allowable is greater than or equal to \$750
K0003	KR	LT WT WHEELCHAIR	DME Fee Schedule indicates Auth is required
K0003	NU	LT WT WHEELCHAIR	Allowable is greater than or equal to \$750
K0003	RR	LT WT WHEELCHAIR	DME Fee Schedule indicates Auth is required

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K0004	KR	HIGH STRENGTH, LT WT WHEELCHAIR	DME Fee Schedule indicates Auth is required
K0004	NU	HIGH STRENGTH,LT WT WHEELCHAIR	Allowable is greater than or equal to \$750
K0004	RR	HIGH STRENGTH,LT WT WHEELCHAIR	DME Fee Schedule indicates Auth is required
K0005	KR	ULTRALIGHT WT WHEELCHAIR	DME Fee Schedule indicates Auth is required
K0005	NU	ULTRALIGHT WT WHEELCHAIR	Allowable is greater than or equal to \$750
K0005	RR	ULTRALIGHT WT WHEELCHAIR	DME Fee Schedule indicates Auth is required
K0006	KR	HEAVY DUTY WHEELCHAIR	DME Fee Schedule indicates Auth is required
K0006	NU	HEAVY DUTY WHEELCHAIR	Allowable is greater than or equal to \$750
K0006	RR	HEAVY DUTY WHEELCHAIR	DME Fee Schedule indicates Auth is required
K0007	KR	EXTRA HEAVY DUTY WHEELCHAIR	DME Fee Schedule indicates Auth is required
K0007	NU	EXTRA HEAVY DUTY WHEELCHAIR	Allowable is greater than or equal to \$750
K0007	RR	EXTRA HEAVY DUTY WHEELCHAIR	DME Fee Schedule indicates Auth is required
K0007	UE	EXTRA HEAVY DUTY WHEELCHAIR	Allowable is greater than or equal to \$750
K0008		CUSTOM MANUAL WHEELCHAIR/BASE	No rate is posted, requires invoice
K0009	KR	OTHER MANUAL WHEELCHAIR/BASE	No rate is posted, requires invoice
K0009	NU	OTHER MANUAL WHEELCHAIR/BASE	No rate is posted, requires invoice
K0009	RR	OTHER MANUAL WHEELCHAIR/BASE	No rate is posted, requires invoice
K0009	UE	OTHER MANUAL WHEELCHAIR/BASE REVIEW PA FOR PRICING	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
K0010	KR	STANDARD WT FRAME MOTORIZED/POWER WHEELCHAIR	DME Fee Schedule indicates Auth is required
K0010	NU	STANDARD WT FRAME MOTORIZED/POWER WHEELCHAIR	Allowable is greater than or equal to \$750
K0010	RR	STANDARD WT FRAME MOTORIZED/POWER WHEELCHAIR	DME Fee Schedule indicates Auth is required
K0011	KR	STANDARD WT FRAME MOTORIZED/POWER WHEELCHAIR, W/PROGRAMMABLE CONTROL	DME Fee Schedule indicates Auth is required
K0011	NU	STANDARD WT FRAME MOTORIZED/POWER WHEELCHAIR, W/PROGRAMMABLE CONTROL	Allowable is greater than or equal to \$750
K0011	RR	STANDARD WT FRAME MOTORIZED/POWER WHEELCHAIR, W/PROGRAMMABLE CONTROL	DME Fee Schedule indicates Auth is required
K0012	KR	LT WT PORTABLE MOTORIZED/POWER WHEELCHAIR	DME Fee Schedule indicates Auth is required
K0012	NU	LT WT PORTABLE MOTORIZED/POWER WHEELCHAIR	Allowable is greater than or equal to \$750
K0012	RR	LT WT PORTABLE MOTORIZED/POWER WHEELCHAIR	DME Fee Schedule indicates Auth is required
K0013		CUSTOM MOTORIZED/POWER WHEELCHAIR BASE	No rate is posted, requires invoice
K0014	KR	OTHER MOTORIZED/POWER WHEELCHAIR BASE	No rate is posted, requires invoice
K0014	NU	OTHER MOTORIZED/POWER WHEELCHAIR BASE	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
K0014	RR	OTHER MOTORIZED/POWER WHEELCHAIR BASE	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
K0020	KR	FIXED, ADJ HEIGHT ARMREST, PAIR	DME Fee Schedule indicates Auth is required
K0020	NU	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	DME Fee Schedule indicates Auth is required
K0020	RR	FIXED, ADJ HEIGHT ARMREST, PAIR	DME Fee Schedule indicates Auth is required
K0037	KA	HIGH MOUNT FLIP-UP FOOTREST, EACH	DME Fee Schedule indicates Auth is required
K0037	KR	HIGH MOUNT FLIP-UP FOOTREST, EACH	DME Fee Schedule indicates Auth is required
K0037	NU	HIGH MOUNT FLIP-UP FOOTREST, EACH	DME Fee Schedule indicates Auth is required
K0037	RR	HIGH MOUNT FLIP-UP FOOTREST, EACH	DME Fee Schedule indicates Auth is required
K0038	KR	LEG STRAP, EACH	DME Fee Schedule indicates Auth is required
K0038	NU	LEG STRAP, EACH	DME Fee Schedule indicates Auth is required
K0038	RR	LEG STRAP, EACH	DME Fee Schedule indicates Auth is required
K0039	KA	LEG STRAP, H STYLE, EACH	DME Fee Schedule indicates Auth is required
K0039	KR	LEG STRAP, H STYLE, EACH	DME Fee Schedule indicates Auth is required
K0039	NU	LEG STRAP, H STYLE, EACH	DME Fee Schedule indicates Auth is required
K0039	RR	LEG STRAP, H STYLE, EACH	DME Fee Schedule indicates Auth is required
K0040	KA	ADJ ANGLE FOOTPLATE, EACH	DME Fee Schedule indicates Auth is required
K0040	KR	ADJ ANGLE FOOTPLATE, EACH	DME Fee Schedule indicates Auth is required
K0040	NU	ADJ ANGLE FOOTPLATE, EACH	DME Fee Schedule indicates Auth is required
K0040	RR	ADJ ANGLE FOOTPLATE, EACH	DME Fee Schedule indicates Auth is required
K0041	KR	LARGE SIZE FOOTPLATE, EACH	DME Fee Schedule indicates Auth is required

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K0041	NU	LARGE SIZE FOOTPLATE, EACH	DME Fee Schedule indicates Auth is required
K0041	RR	LARGE SIZE FOOTPLATE, EACH	DME Fee Schedule indicates Auth is required
K0053	KA	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	DME Fee Schedule indicates Auth is required
K0053	KR	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH REV PA FOR PRICING	DME Fee Schedule indicates Auth is required
K0053	NU	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	DME Fee Schedule indicates Auth is required
K0053	RR	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	DME Fee Schedule indicates Auth is required
K0056	KR	SEAT HT <17" OR >21" FOR HIGH STRGTH, LTWT OR ULTRALTWT WC	DME Fee Schedule indicates Auth is required
K0056	NU	SEAT HT <17" OR >21" FOR HIGH STRGTH, LTWT OR ULTRALTWT WC	DME Fee Schedule indicates Auth is required
K0056	RR	SEAT HT <17" OR >21" FOR HIGH STRGTH, LTWT OR ULTRALTWT WC	DME Fee Schedule indicates Auth is required
K0065	KA	SPOKE PROTECTORS, EACH	DME Fee Schedule indicates Auth is required
K0065	KR	SPOKE PROTECTORS, EACH	DME Fee Schedule indicates Auth is required
K0065	NU	SPOKE PROTECTORS, EACH	DME Fee Schedule indicates Auth is required
K0065	RR	SPOKE PROTECTORS, EACH	DME Fee Schedule indicates Auth is required
K0073	RR	CASTER PIN LOCK, EACH	DME Fee Schedule indicates Auth is required
K0105	KA	IV HANGER, EACH	DME Fee Schedule indicates Auth is required
K0105	KR	IV HANGER, EACH	DME Fee Schedule indicates Auth is required
K0105	NU	IV HANGER, EACH	DME Fee Schedule indicates Auth is required
K0105	RR	IV HANGER, EACH	DME Fee Schedule indicates Auth is required
K0108	KA	OTHER ACCESSORIES (WHEELCHAIR)	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
K0108	KR	OTHER ACCESSORIES (WHEELCHAIR) REV. PA FOR PRICING	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
K0108	NU	OTHER ACCESSORIES (WHEELCHAIR)	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
K0108	RB	OTHER ACCESSORIES (WHEELCHAIR) REV. FOR COVERAGE	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
K0108	RR	OTHER ACCESSORIES (WHEELCHAIR) REV. PA FOR PRICING	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
K0108	UE	OTHER ACCESSORIES (WHEELCHAIR)	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
K0606	KR	AUTOMATIC EXTERNAL DEFIBRILLATOR, W/INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE	DME Fee Schedule indicates Auth is required
K0606	RR	AUTOMATIC EXTERNAL DEFIBRILLATOR, W/INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE	Allowable is greater than or equal to \$750
K0730		CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	Allowable is greater than or equal to \$750
K0733	KR	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	DME Fee Schedule indicates Auth is required
K0733	NU	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	DME Fee Schedule indicates Auth is required
K0733	RR	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	DME Fee Schedule indicates Auth is required
K0800	LL	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	No rate is posted, requires invoice
K0800	NU	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Allowable is greater than or equal to \$750
K0800	RA	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Allowable is greater than or equal to \$750
K0801	NU	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Allowable is greater than or equal to \$750
K0801	RA	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Allowable is greater than or equal to \$750
K0801	RR	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	DME Fee Schedule indicates Auth is required
K0802	NU	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 LBS	Allowable is greater than or equal to \$750
K0802	RA	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 LBS	Allowable is greater than or equal to \$750
K0806	NU	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Allowable is greater than or equal to \$750
K0806	RA	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Allowable is greater than or equal to \$750
K0806	RR	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	DME Fee Schedule indicates Auth is required
K0807	NU	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Allowable is greater than or equal to \$750
K0807	RA	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Allowable is greater than or equal to \$750
K0808	NU	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 LBS	Allowable is greater than or equal to \$750
K0808	RA	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY	Allowable is greater than or equal to \$750
K0812	KR	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	No rate is posted, requires invoice
K0812	NU	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	No rate is posted, requires invoice

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L0113	CRANIAL CERVICAL ORTHOSIS, TORTICOLLIS TYPE, WITH OR WITHOUT JOINT, WITH OR WITHOUT SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING	No rate is posted, requires invoice
L0452	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, CUSTOM	No rate is posted, requires invoice
L0455	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTA	No rate is posted, requires invoice
L0456	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL FITTING AND ADJUSTMENT	Allowable is greater than or equal to \$750
L0457	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION	No rate is posted, requires invoice
L0458	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC FITTING AND ADJUSTMENT	Allowable is greater than or equal to \$750
L0460	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC INCLUDES FITTING AND ADJUSTMENT	Allowable is greater than or equal to \$750
L0462	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC INCLUDES FITTING AND ADJUSTMENT	Allowable is greater than or equal to \$750
L0464	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC FITTING AND ADJUSTMENT	Allowable is greater than or equal to \$750
L0467	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, RESTRICTS GROSS TRUNK MOTION	No rate is posted, requires invoice
L0469	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM	No rate is posted, requires invoice
L0480	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	Allowable is greater than or equal to \$750
L0482	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, OR CAD-CAM MODEL, CUSTOM FABRICATED	Allowable is greater than or equal to \$750
L0484	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	Allowable is greater than or equal to \$750
L0486	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	Allowable is greater than or equal to \$750
L0488	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, FITTING AND ADJ	Allowable is greater than or equal to \$750
L0623	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS OVER THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SAC	No rate is posted, requires invoice
L0629	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES	No rate is posted, requires invoice
L0631	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VE	Allowable is greater than or equal to \$750
L0635	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANEL(S), LATERAL ARTICULATING DESIGN TO FLEX THE	Allowable is greater than or equal to \$750
L0636	LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANEL(S), LATERAL ARTICULATING DESIGN TO FLEX THE	Allowable is greater than or equal to \$750
L0637	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL	Allowable is greater than or equal to \$750
L0638	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL	Allowable is greater than or equal to \$750
L0639	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA,	Allowable is greater than or equal to \$750
L0640	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA,	Allowable is greater than or equal to \$750
L0641	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY P	No rate is posted, requires invoice
L0642	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRA	No rate is posted, requires invoice
L0643	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA,	No rate is posted, requires invoice
L0648	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VE	No rate is posted, requires invoice
L0649	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION	No rate is posted, requires invoice
L0650	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL	No rate is posted, requires invoice
L0651	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA,	No rate is posted, requires invoice
L0700	CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO), ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL (MINERVA TYPE)	Allowable is greater than or equal to \$750
L0710	CTLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL, (MINERVA TYPE)	Allowable is greater than or equal to \$750
L0810	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST	Allowable is greater than or equal to \$750
L0820	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET	Allowable is greater than or equal to \$750
L0830	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS	Allowable is greater than or equal to \$750
L0859	ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS AND PINS, ANY MATERIAL	Allowable is greater than or equal to \$750
L0999	ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	No rate is posted, requires invoice
L1000	CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS, INCLUDING MODEL	Allowable is greater than or equal to \$750
L1001	CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, IMMOBILIZER, INFANT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No rate is posted, requires invoice
L1005	TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT	Allowable is greater than or equal to \$750
L1200	THORACIC-LUMBAR-SACRAL-ORTHOSES (TLSO), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY	Allowable is greater than or equal to \$750
L1300	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL	Allowable is greater than or equal to \$750
L1310	OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET	Allowable is greater than or equal to \$750
L1499	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED REVIEW PRICING	No rate is posted, requires invoice
L1680	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, ADJ HIP MOTION CONTROL, THIGH CUFFS(RANCHO HIP ACTION)CUSTOM FABRICATED	Allowable is greater than or equal to \$750
L1685	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, CUSTOM FABRICATED	Allowable is greater than or equal to \$750

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L1686		HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Allowable is greater than or equal to \$750
L1690		COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ABDUCTION AND INTERNAL ROTATION CONTROL, PREFABRICATED, INCLUDES FITTING A	Allowable is greater than or equal to \$750
L1700		LEGG PERTHES ORTHOSIS, (TORONTO TYPE), CUSTOM-FABRICATED	Allowable is greater than or equal to \$750
L1710		LEGG PERTHES ORTHOSIS, (NEWINGTON TYPE), CUSTOM FABRICATED	Allowable is greater than or equal to \$750
L1720		LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE), CUSTOM-FABRICATED	Allowable is greater than or equal to \$750
L1730		LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM-FABRICATED	Allowable is greater than or equal to \$750
L1755		LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM-FABRICATED	Allowable is greater than or equal to \$750
L1812		KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, OFF-THE-SHELF	No rate is posted, requires invoice
L1833		KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, OFF-THE SHELF	No rate is posted, requires invoice
L1840		KNEE ORTHOSIS, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM FABRICATED	Allowable is greater than or equal to \$750
L1843		KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND	Allowable is greater than or equal to \$750
L1844		KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND	Allowable is greater than or equal to \$750
L1846		KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND	Allowable is greater than or equal to \$750
L1848		KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFABRICATED, OFF-THE-SHELF	No rate is posted, requires invoice
L1851		KNEE ORTHOSIS (KO), SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND	No rate is posted, requires invoice
L1852		KNEE ORTHOSIS (KO), DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND	No rate is posted, requires invoice
L1860		KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM-FABRICATED (SK)	Allowable is greater than or equal to \$750
L1932		AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Allowable is greater than or equal to \$750
L1945		ANKLE FOOT ORTHOSIS, MOLDED TO PATIENT MODEL, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), CUSTOM FABRICATED	Allowable is greater than or equal to \$750
L1951		ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND A	Allowable is greater than or equal to \$750
L1970		ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM-FABRICATED	Allowable is greater than or equal to \$750
L2000		KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH & CALF BANDS/CUFFS (SINGLE BAR "AK" ORTHOSIS), CUSTOM-FA	Allowable is greater than or equal to \$750
L2005		KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELEASE, MECHANICAL ACTI	Allowable is greater than or equal to \$750
L2010		KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH&CALF BANDS/CUFFS (SINGLE BAR "AK" ORTHO) WITHOUT KNEE JOINT, CUS FA	Allowable is greater than or equal to \$750
L2020		KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE KNEE/ANKLE, SOLID STIRRUPTHIGH & CALF BANDS/CUFFS (DOUBLE BAR "AK" ORTHO), CUSTOM-FABRICATED	Allowable is greater than or equal to \$750
L2030		KNEE, ANKLE, FOOT ORTHO, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH& CALF BANDS/CUFFS (DOUBLE BAR "AK" ORTHO) WITH OUT KNEE JOINT, CUST F	Allowable is greater than or equal to \$750
L2034		KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, MEDIAL LATERAL ROTATION CONTROL, WITH OR WITHOUT FR	Allowable is greater than or equal to \$750
L2036		KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATE	Allowable is greater than or equal to \$750
L2036	52	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATE	Allowable is greater than or equal to \$750
L2037		KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATE	Allowable is greater than or equal to \$750
L2038		KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE, MULTI-AXIS ANKLE, CUSTOM FABRICATED	Allowable is greater than or equal to \$750
L2108		ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED	Allowable is greater than or equal to \$750
L2126		KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED	Allowable is greater than or equal to \$750
L2128		KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED	Allowable is greater than or equal to \$750
L2134		KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Allowable is greater than or equal to \$750
L2136		KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Allowable is greater than or equal to \$750
L2350		ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE "BK" SOCKET, MOLDED TO PATIENT MODEL (USED FOR 'PTB' 'AFO' ORTHOSIS)	Allowable is greater than or equal to \$750
L2525		ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/ NARROW M-L BRIM, MOLDED TO PATIENT MODEL	Allowable is greater than or equal to \$750
L2627		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, MOLDED TO PT MODEL	Allowable is greater than or equal to \$750
L2628		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME	Allowable is greater than or equal to \$750
L2999		LOWER EXTREMITY ORTHOSIS, NOT OTHERWISE SPECIFIED	No rate is posted, requires invoice
L3031		FOOT INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG CO	No rate is posted, requires invoice
L3160		FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	No rate is posted, requires invoice
L3230		ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EACH	No rate is posted, requires invoice
L3649		ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOS	No rate is posted, requires invoice
L3671		SHOULDER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUS	Allowable is greater than or equal to \$750
L3674		SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITH OR WITHOUT NONTORSION JOINT/TURNBuckle, MA	No rate is posted, requires invoice
L3677		SHOULDER ORTHOSIS, HARD PLASTIC, SHOULDER STABILIZER, PRE-FABRICATED, INCLUDES FITTING AND ADJUSTMENT	No rate is posted, requires invoice
L3678		SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF	No rate is posted, requires invoice
L3730		ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/FLEXIONASSIST, CUSTOM-FABRICATED	Allowable is greater than or equal to \$750
L3740		ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL, CUSTOM FABRICATED	Allowable is greater than or equal to \$750

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L3765		ELBOW WRIST HAND FINGER ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUS	Allowable is greater than or equal to \$750
L3766		ELBOW WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS,	Allowable is greater than or equal to \$750
L3809		WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF-THE-SHELF, ANY TYPE	No rate is posted, requires invoice
L3891		ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE	No rate is posted, requires invoice
L3900		TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EA	Allowable is greater than or equal to \$750
L3901		WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN, CUSTOM-FABRICATED	Allowable is greater than or equal to \$750
L3904		WRIST HAND FINGER ORTHOSIS, EXTERNAL POWERED, ELECTRIC, CUSTOM FABRICATED	Allowable is greater than or equal to \$750
L3905		WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICAT	Allowable is greater than or equal to \$750
L3916		WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED	No rate is posted, requires invoice
L3918		HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, OFF-THE-SHELF	No rate is posted, requires invoice
L3924		HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPSPREFABRICATED, OFF-THE-SHELF	No rate is posted, requires invoice
L3930		HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS	No rate is posted, requires invoice
L3956		ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS, ANY MATERIAL, PER JOINT	No rate is posted, requires invoice
L3961		SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITT	Allowable is greater than or equal to \$750
L3967		SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE	Allowable is greater than or equal to \$750
L3971		SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT	Allowable is greater than or equal to \$750
L3973		SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORS	Allowable is greater than or equal to \$750
L3975		SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES	Allowable is greater than or equal to \$750
L3976		SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY	Allowable is greater than or equal to \$750
L3977		SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE	Allowable is greater than or equal to \$750
L3978		SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MOR	Allowable is greater than or equal to \$750
L3999		UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED REVIEW PRICING	No rate is posted, requires invoice
L4000		REPLACE GIRDLE FOR SPINAL ORTHOSIS (CTLSO OR SO)	Allowable is greater than or equal to \$750
L4002		REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE	No rate is posted, requires invoice
L4020		REPLACE QUADRILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL	Allowable is greater than or equal to \$750
L4210		REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS	No rate is posted, requires invoice
L4210	52	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS REVIEW SERVICE	No rate is posted, requires invoice
L4361		WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	No rate is posted, requires invoice
L4387		WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	No rate is posted, requires invoice
L4397		STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMB	No rate is posted, requires invoice
L4631		ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHELL, SOFT INTERFACE, CUSTOM ARCH SUPPORT, PLAS	Allowable is greater than or equal to \$750
L5010		PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER	Allowable is greater than or equal to \$750
L5020		PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER	Allowable is greater than or equal to \$750
L5050		ANKLE, SYMES, MOLDED SOCKET, SACH FOOT	Allowable is greater than or equal to \$750
L5060		ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT	Allowable is greater than or equal to \$750
L5100		BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT	Allowable is greater than or equal to \$750
L5105		BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT (J90 ONLY)	Allowable is greater than or equal to \$750
L5150		KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FT	Allowable is greater than or equal to \$750
L5160		KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	Allowable is greater than or equal to \$750
L5200		ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	Allowable is greater than or equal to \$750
L5210		ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ("STUBBIES"), WITH FOOT BLOCKS, NO ANKLE JOINTS, EACH	Allowable is greater than or equal to \$750
L5220		ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ("STUBBIES"), WITH ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED, EACH	Allowable is greater than or equal to \$750
L5230		ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH FOOT	Allowable is greater than or equal to \$750
L5250		HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	Allowable is greater than or equal to \$750
L5270		HIP DISARTICULATION, TILT TABLE TYPE; MOLDED SOCKET, LOCKING HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	Allowable is greater than or equal to \$750
L5280		HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	Allowable is greater than or equal to \$750
L5301		BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	Allowable is greater than or equal to \$750
L5312		KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON, SACH FOOT, ENDOSKELETAL SYSTEM	No rate is posted, requires invoice
L5321		ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE	Allowable is greater than or equal to \$750
L5331		HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	Allowable is greater than or equal to \$750
L5341		HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	Allowable is greater than or equal to \$750
L5400		IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INC FITTING, ALIGNMENT,SUSPENSION, & 1 CAST CHANGE BELOW KNEE	Allowable is greater than or equal to \$750
L5500		INITIAL, BELOW KNEE "PTB" TYPE SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED	Allowable is greater than or equal to \$750
L5505		INITIAL, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED	Allowable is greater than or equal to \$750

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L5510	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED	Allowable is greater than or equal to \$750
L5520	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, "UXMC" OR EQUAL PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED	Allowable is greater than or equal to \$750
L5530	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO PATIENT	Allowable is greater than or equal to \$750
L5535	PREPARATORY, BELOW KNEE PTB TYPE SOCKET, NON-ALIGNABLE SYSTEM	Allowable is greater than or equal to \$750
L5540	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	Allowable is greater than or equal to \$750
L5560	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	Allowable is greater than or equal to \$750
L5570	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQ, DIRECT FO	Allowable is greater than or equal to \$750
L5580	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED	Allowable is greater than or equal to \$750
L5585	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, PREFAB. ADJUSTABLE OPEN END SC	Allowable is greater than or equal to \$750
L5590	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	Allowable is greater than or equal to \$750
L5595	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON	Allowable is greater than or equal to \$750
L5600	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER	Allowable is greater than or equal to \$750
L5610	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, HYDRACADENCE SYSTEM	Allowable is greater than or equal to \$750
L5611	ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL	Allowable is greater than or equal to \$750
L5613	ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION 4 BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTROL	Allowable is greater than or equal to \$750
L5614	ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, 4-BAR LINKAGE, WITH PNEUMATIC SWING PHASE CONTROL	Allowable is greater than or equal to \$750
L5616	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL	Allowable is greater than or equal to \$750
L5639	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET	Allowable is greater than or equal to \$750
L5643	ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	Allowable is greater than or equal to \$750
L5645	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	Allowable is greater than or equal to \$750
L5647	ADDITION TO LOWER EXTREMITY, BELOW KNEE, SUCTION SOCKET	Allowable is greater than or equal to \$750
L5649	ADDITION TO LOWER EXTREMITY, CAT-CAM SOCKET	Allowable is greater than or equal to \$750
L5651	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	Allowable is greater than or equal to \$750
L5681	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GE	Allowable is greater than or equal to \$750
L5683	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE,	Allowable is greater than or equal to \$750
L5700	REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL	Allowable is greater than or equal to \$750
L5701	REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL	Allowable is greater than or equal to \$750
L5702	REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO PATIENT MODEL	Allowable is greater than or equal to \$750
L5703	ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANKLE CUSHION HEEL	Allowable is greater than or equal to \$750
L5705	CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE	Allowable is greater than or equal to \$750
L5706	CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION	Allowable is greater than or equal to \$750
L5707	CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION	Allowable is greater than or equal to \$750
L5716	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	Allowable is greater than or equal to \$750
L5718	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL	Allowable is greater than or equal to \$750
L5722	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	Allowable is greater than or equal to \$750
L5724	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	Allowable is greater than or equal to \$750
L5726	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS, FLUID SWING PHASE CONTROL	Allowable is greater than or equal to \$750
L5728	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	Allowable is greater than or equal to \$750
L5780	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC, HYDRA PNEUMATIC SWING PHASE CONTROL	Allowable is greater than or equal to \$750
L5781	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM	Allowable is greater than or equal to \$750
L5795	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Allowable is greater than or equal to \$750
L5814	ADDITION, ENDOSKELETAL KNEE-SHIN SYS, POLYCENTRIC, HYDRAULIC SWING PHASE	Allowable is greater than or equal to \$750
L5816	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	Allowable is greater than or equal to \$750
L5818	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL	Allowable is greater than or equal to \$750
L5822	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	Allowable is greater than or equal to \$750
L5824	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	Allowable is greater than or equal to \$750
L5826	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE CONTROL, W MINIATURE HIGH ACTIVITY FRAME	Allowable is greater than or equal to \$750
L5828	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	Allowable is greater than or equal to \$750
L5830	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/ HYDRAPNEUMATIC SWING PHASE CONTROL	Allowable is greater than or equal to \$750
L5840	ADDITION, ENDOSKELETAL KNEE/SKIN SYSTEM, MULTIAXIAL, PNEUMATIC SWING PHASE CONTROL	Allowable is greater than or equal to \$750
L5845	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE	Allowable is greater than or equal to \$750
L5848	ADDITION TO ENDOSKELETAL KNEE-SHIN SYSTEM, FLUID STANCE EXTENSION, DAMPENING FEATURE, WITH OR WITHOUT ADJUSTABILITY	Allowable is greater than or equal to \$750
L5859	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED AND PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTROL, INCLUDES ANY	No rate is posted, requires invoice
L5930	ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME	Allowable is greater than or equal to \$750
L5950	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Allowable is greater than or equal to \$750

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L5960	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Allowable is greater than or equal to \$750
L5961	ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CONTROL, ROTATION CONTROL, WITH OR WITHOUT FLEXION AND/OR EXTENSION	Allowable is greater than or equal to \$750
L5964	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTION OUTER SURFACE COVERING SYSTEM	Allowable is greater than or equal to \$750
L5966	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	Allowable is greater than or equal to \$750
L5968	ADDITION TO LOWER LIMB PROsthESIS, MULTIAxIAL ANKLE WITH SWING PHASE ACTIVE DORSIFLEXION FEATURE	Allowable is greater than or equal to \$750
L5969	ADDITION, ENDOSKELETAL ANKLE-FOOT OR ANKLE SYSTEM, POWER ASSIST, INCLUDES ANY TYPE MOTOR(S)	No rate is posted, requires invoice
L5979	ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ANKLE, DYNAMIC RESPONSE FOOTONE PIECE SYSTEM	Allowable is greater than or equal to \$750
L5980	ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM	Allowable is greater than or equal to \$750
L5981	ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL	Allowable is greater than or equal to \$750
L5987	ALL LOWER EXTREMITY PROsthESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON	Allowable is greater than or equal to \$750
L5988	ADDITION TO LOWER LIMB PROsthESIS, VERTICAL SHOCK REDUCING PYLON FEATURE	Allowable is greater than or equal to \$750
L5990	ADDITION TO LOWER EXTREMITY PROsthESIS, USER ADJUSTABLE HEEL HEIGHT	Allowable is greater than or equal to \$750
L5999	LOWER EXTREMITY PROsthESIS, NOT OTHERWISE SPECIFIED	No rate is posted, requires invoice
L6000	PARTIAL HAND, ROBIN-AIDS, THUMB REMAINING (OR EQUAL)	Allowable is greater than or equal to \$750
L6010	PARTIAL HAND, ROBIN-AIDS, LITTLE AND/OR RING FINGER REMAINING (OR EQUAL)	Allowable is greater than or equal to \$750
L6020	PARTIAL HAND, ROBIN-AIDS, NO FINGER REMAINING (OR EQUAL) L6110	Allowable is greater than or equal to \$750
L6050	WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD	Allowable is greater than or equal to \$750
L6055	WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD	Allowable is greater than or equal to \$750
L6100	BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD	Allowable is greater than or equal to \$750
L6110	BELOW ELBOW, MOLDED SOCKET (MUENSTER OR NORTHWESTERN SUSPENSION TYPES)	Allowable is greater than or equal to \$750
L6120	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF	Allowable is greater than or equal to \$750
L6130	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE, HALF CUFF	Allowable is greater than or equal to \$750
L6200	ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM	Allowable is greater than or equal to \$750
L6205	ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE LOCKING HINGES, FOREARM	Allowable is greater than or equal to \$750
L6250	ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM	Allowable is greater than or equal to \$750
L6300	SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	Allowable is greater than or equal to \$750
L6310	SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROsthESIS)	Allowable is greater than or equal to \$750
L6320	SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY)	Allowable is greater than or equal to \$750
L6350	INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION INTERNAL LOCKING ELBOW, FOREARM	Allowable is greater than or equal to \$750
L6360	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROsthESIS)	Allowable is greater than or equal to \$750
L6370	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY)	Allowable is greater than or equal to \$750
L6380	POST OR EARLY FIT, APP OF INIT RIGID DRESSING, INC FIT ALIGN AND SUSPEND IF PLACE OF SERVICE = 21 OR 22, DENY INCLUDED IN HOSPITAL PAYMENT	Allowable is greater than or equal to \$750
L6382	POST SURG OR EARLY FIT, APP OF INIT RIGID DRESSING, INC FIT ALIGN ANDIF PLACE OF SERVICE = 21 OR 22, DENY INCLUDED IN HOSPITAL PAYMENT	Allowable is greater than or equal to \$750
L6384	IMM POST SURG OR EARLY FIT, APP OF INIT RIGID DRESS,INC FIT ALIGN AND IF PLACE OF SERVICE = 21 OR 22, DENY INCLUDED IN HOSPITAL PAYMENT	Allowable is greater than or equal to \$750
L6400	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROsthETIC TISSUE SHAPING	Allowable is greater than or equal to \$750
L6450	ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROsthETIC TISSUE SHAPING	Allowable is greater than or equal to \$750
L6500	ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROsthETIC TISSUE SHAPING	Allowable is greater than or equal to \$750
L6550	SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROsthETIC TISSUE SHAPING	Allowable is greater than or equal to \$750
L6570	INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM	Allowable is greater than or equal to \$750
L6580	PREP,WR DISART OR BEL ELB,SGL WALL PLAS SOCK,FRICT WR FLEX ELB HNG "8" HARN,HUM CUFF,BOWDEN CABLE CONT,USMC OR EQ PYLON,NO COV,MOLD TO PAT MO	Allowable is greater than or equal to \$750
L6582	PREP,WR DISART OR BEL ELB,SGL WALL SOCK,FRICT WR,FLEX ELB HNG "8" HARN HUM CUF, BOWDEN CABLE CONT, USMC OR EQ PYLON, NO COV, DIRECT FORMED	Allowable is greater than or equal to \$750
L6584	PREP, ELB DISART OR AB ELB, SGL WALL PLAS SOCK, FRICT WR, LOCKING ELB, "8" HARN, FAIR LEAD CBL CONT, USMC OR EQ PYLON, NO COV, MOLD OT PAT MO	Allowable is greater than or equal to \$750
L6586	PREP,ELB DISART OR AB ELB,SGL WALL SOCK, FRICT WR, LOCK ELB, "8" HARN, FAIR LEAD CABLE CONT, USMC OR EQ PYLON, NO COV, DIRECT FORMED	Allowable is greater than or equal to \$750
L6588	PREP,SHLD DISART OR INTSCAP THORAC,SGL WALL PLAST SOCK, SHLDJT,LOCK,ELB FRICT WR,CHEST STRAP,FAIR LEAD, CAB CONT,NO COV, MOLD TO PAT MOD	Allowable is greater than or equal to \$750
L6590	PREP, SHLDER DISART OR INTSCAP THORAC, SGL WALL SOCK, SHLDER JT,LOCK ELB,FRICT WR,CHEST STRAP,FAIR LEAD CAB CONT,NO COV, DIRECT FORM	Allowable is greater than or equal to \$750
L6624	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT	Allowable is greater than or equal to \$750
L6693	UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALANCE	Allowable is greater than or equal to \$750
L6696	ADDITION TO UPPER EXTREMITY PROsthESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AM	Allowable is greater than or equal to \$750
L6697	ADDITION TO UPPER EXTREMITY PROsthESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL	Allowable is greater than or equal to \$750
L6707	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	Allowable is greater than or equal to \$750
L6708	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	Allowable is greater than or equal to \$750
L6709	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE	Allowable is greater than or equal to \$750
L6712	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC	Allowable is greater than or equal to \$750
L6713	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, PEDIATRIC	Allowable is greater than or equal to \$750
L6714	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC	Allowable is greater than or equal to \$750

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L6721		TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	Allowable is greater than or equal to \$750
L6722		TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	Allowable is greater than or equal to \$750
L6881		AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL DEVICE	Allowable is greater than or equal to \$750
L6900		HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, THUMB OR ONE FINGER REMAINING	Allowable is greater than or equal to \$750
L6905		HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS, INCLUDED), PARTIAL HAND, WITH GLOVE, MULTIPLE FINGERS REMAINING	Allowable is greater than or equal to \$750
L6910		HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, NO FINGERS REMAINING	Allowable is greater than or equal to \$750
L6915		HAND RESTORATION (SHADING AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR ABOVE	Allowable is greater than or equal to \$750
L7499		UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED REVIEW PRICE	No rate is posted, requires invoice
L7510		REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS	No rate is posted, requires invoice
L7600		PROSTHETIC DONNING SLEEVE, ANY MATERIAL, EACH	No rate is posted, requires invoice
L8035		CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL	Allowable is greater than or equal to \$750
L8039		BREAST PROSTHESIS, NOT OTHERWISE SPECIFIED	No rate is posted, requires invoice
L8040		NASAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Allowable is greater than or equal to \$750
L8041		MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Allowable is greater than or equal to \$750
L8042		ORBITAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Allowable is greater than or equal to \$750
L8043		UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Allowable is greater than or equal to \$750
L8044		HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Allowable is greater than or equal to \$750
L8045		AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Allowable is greater than or equal to \$750
L8046		PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Allowable is greater than or equal to \$750
L8047		NASAL SEPTAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Allowable is greater than or equal to \$750
L8048		UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT, PROVIDED BY A NON-PHYSICIAN	No rate is posted, requires invoice
L8499		UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES REVIEW SERVICE AND PRICING	No rate is posted, requires invoice
L8499	RR	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES REVIEW SERVICE AND PRICING	No rate is posted, requires invoice
L8500		ARTIFICIAL LARYNX, ANY TYPE	DME Fee Schedule indicates Auth is required, no rate is posted, requires invoice
L8505		ARTIFICIAL LARYNX REPLACEMENT BATTERY / ACCESSORY, ANY TYPE	No rate is posted, requires invoice
L8600		IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL NOT A SUPPLIER SERVICE	No rate is posted, requires invoice
L8607		INJECTABLE BULKING AGENT FOR VOCAL CORD MEDIALIZATION, 0.1 ML, INCLUDES SHIPPING AND NECESSARY SUPPLIES	No rate is posted, requires invoice
L8614		COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	No rate is posted, requires invoice
L8615		HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	DME Fee Schedule indicates Auth is required
L8616		MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	DME Fee Schedule indicates Auth is required
L8617		TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	DME Fee Schedule indicates Auth is required
L8618		TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	DME Fee Schedule indicates Auth is required
L8619		COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	Allowable is greater than or equal to \$750
L8619	RA	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	Allowable is greater than or equal to \$750
L8619	RB	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	Allowable is greater than or equal to \$750
L8629		TRANSMITTING COIL & CABLE, INTEGRATED, FOR USE W/ COCHLEAR IMPLANT DEVICE, REPLACEMENT	No rate is posted, requires invoice
L8679		IMPLANTABLE NEUROSTIMULATOR, PULSE GENERATOR, ANY TYPE	No rate is posted, requires invoice
L8680		IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH	No rate is posted, requires invoice
L8682		IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	No rate is posted, requires invoice
L8683		RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	Allowable is greater than or equal to \$750
L8684		RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE SACRAL ROOT NEUROSTIMULATOR RECEIVER FOR BOWEL AND BLADDER MANAGEMENT, REPLA	Allowable is greater than or equal to \$750
L8685		IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGEABLE, INCL EXT.	No rate is posted, requires invoice
L8686		IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON-RECHARGEABLE, INCL EXT.	No rate is posted, requires invoice
L8687		IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCL EXT.	No rate is posted, requires invoice
L8688		IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE, INCL EXT.	No rate is posted, requires invoice
L8691	RA	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, REPLACEMENT	Allowable is greater than or equal to \$750
L8692		AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED W/O OSSEOINTEGRATION, BODY WORN, INCLUDES HEADBAND OR OTHER MEANS OF	No rate is posted, requires invoice
L8693		AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY	No rate is posted, requires invoice
L9900		ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS L CODE.	No rate is posted, requires invoice
S5560		INSULIN DELIVERY DEVICE, REUSABLE PEN; 1.5 ML SIZE	No rate is posted, requires invoice
S5561		INSULIN DELIVERY DEVICE, REUSABLE PEN; 3 ML SIZE	No rate is posted, requires invoice
S8185	NU	FLUTTER DEVICE	No rate is posted, requires invoice
S8189		TRACHEOSTOMY SUPPLY, NOT OTHERWISE CLASSIFIED	No rate is posted, requires invoice
S8210		MUCUS TRAP	No rate is posted, requires invoice
S8420		GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBINATION), CUSTOM MADE	No rate is posted, requires invoice
S8422		GRADIENT PRESSURE AID (SLEEVE), CUSTOM MADE, MEDIUM WEIGHT	No rate is posted, requires invoice
S8425		GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, MEDIUM WEIGHT	No rate is posted, requires invoice
S8426		GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, HEAVY WEIGHT	No rate is posted, requires invoice
S8427		GRADIENT PRESSURE AID (GLOVE), READY MADE, EACH	No rate is posted, requires invoice

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S8428		GRADIENT PRESSURE AID (GAUNTLET), READY MADE	No rate is posted, requires invoice
S8460		CAMISOLE, POST-MASTECTOMY	No rate is posted, requires invoice
S8999		RESUSCITATION BAG (FOR USE BY PATIENT ON ARTIFICIAL RESPIRATION DURING POWER FAILURE OR OTHER CATASTROPHIC EVENT)	No rate is posted, requires invoice
S9001	RR	HOME UTERINE MONITOR W OR W/O ASSOCIATED NURSING SERVICES	Allowable is greater than or equal to \$750
T4536		INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, REUSABLE, ANY SIZE, EACH	No rate is posted, requires invoice
T4539		INCONTINENCE PRODUCT, DIAPER/BRIEF, REUSABLE, ANY SIZE, EACH	No rate is posted, requires invoice
T5001		POSITIONING SEAT FOR PERSONS WITH SPECIAL ORTHOPEDIC NEEDS	No rate is posted, requires invoice