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FEE SCHEDULE LOOK-UP TOOL & HCPCS CODES

Noridian DME Jurisdiction D

Noridian DME Jurisdiction D is the sole Medicare contractor responsible for health administrative and support services for the Medicare DMEPOS reimbursement in the following states and territories: Am. Samoa, Guam, N. Mariana Is., AK, AZ, CA, HI, ID, IA, KS, MO, MT, NE, NV, ND, OR, SD, UT, WA, WY. Pursuant to the AS Medicaid State Plan Section 4.19-B, Medicaid reimburses eligible medically and functionally necessary DMEPOS items based on the Hawaii Medicare Fee Schedule Rate found on the Noridian DME website. For your convenience, the links to the Noridian DMEPOS HCPCS and Fee Schedule Lookup Tool are listed below.

HCPCS Lookup Tool

https://www4.palmettogba.com/pdac_dmecs/initHcpcsResults.do?selectedvalue=1

Fee Schedule Lookup Tool

https://www4.palmettogba.com/pdac_dmecs/initFeeScheduleLookup.do?selectedvalue=4

Additional information on basic HCPCS codes for wheelchairs and hospitals have been added below in the HCPCS codes section. Please ensure that HCPCS code and description type fits with the exact prescription written by the referring physician. For exact schedule fee rates, please see check the Hawaii Medicare fee schedule rates in the Fee Schedule Lookup Tool link provided above.

Capped Rental Items

In accordance to the Medicare Fee Schedule rates, certain DMEPOS items such as wheelchairs and hospital bed types are usually categorized as capped rental items. DMEPOS items in this category are paid on a monthly basis not to exceed a period of continuous use of 13 months. Medicaid eligible beneficiaries can either opt-in to either rent or purchase the equipment type.

Rental Fee Schedule

For the first three rental months, the monthly rental fee schedule is limited to 10 percent of the average allowed purchase price on assigned claims for new equipment during a base period, updated to account inflation. For each of the remaining months, the monthly rental is limited to 7.5 percent of the average allowed purchase price.

Modifiers used in this category are as follows:

- RR – Rental
- KH – First rental month
- KI – Second rental month
- KJ – Fourth rental month

Additional information related to rental and purchasing capped rental items can be found at the following provided Noridian website links:

Link #1

<https://med.noridianmedicare.com/web/jddme/topics/payment-categories/capped-rental>

Link #2

<https://med.noridianmedicare.com/web/jddme/claims-appeals/billing-situations/new-capped-rental-period>

Inexpensive and Routinely Purchased Items

Inexpensive DME

- This category is defined as equipment whose purchase price does not exceed \$150.

Other Routinely Purchased DME

This category consists of equipment that is purchased at least 75 percent of the time.

Payment for this type of equipment is for rental or lump sum purchase. The total payment amount may not exceed the actual charge or fee of a purchase.

Modifiers used in this category are as follows (these modifiers are not all-inclusive):

- **RR** – Rental
- **NU** – Purchase of New Equipment. Only use if new equipment was delivered.
- **UE** – Purchase of Used Equipment

Used equipment is any equipment that has been purchased or rented by someone before the current purchase transaction. Used equipment also includes equipment that has been used under circumstances where there has been no commercial transaction, e.g., equipment used for trial periods or as a demonstrator.

NOTE: The following tables outlining HCPCS codes and billing modifier below were added to this document for your convenience. Certain DMEPOS types and their HCPCS codes may not be eligible for reimbursement under the American Samoa Medicaid State Agency DMEPOS program.

HCPCS Codes for Hospital Bed

Long Description for HCPCS Code	HCPCS Code	Modifier 1	Modifier 2
Hospital bed, fixed height, with any type of side rails, with mattress	E0250	RR	
Hospital bed, fixed height, with any type of side rails, without mattress	E0251	RR	
Hospital bed, variable height, hi-lo, with any type side rails, with mattress	E0255	RR	
Hospital bed, variable height, hi-lo, with any type side rails, without mattress	E0256	RR	
Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	E0260	RR	
Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	E0261	RR	
Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress	E0265	RR	
Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress	E0266	RR	
Hospital bed, fixed height, without side rails, with mattress	E0290	RR	
Hospital bed, fixed height, without side rails, without mattress	E0291	RR	
Hospital bed, variable height, hi-lo, without side rails, with mattress	E0292	RR	
Hospital bed, variable height, hi-lo, without side rails, without mattress	E0293	RR	
Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	E0294	RR	
Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	E0295	RR	
Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress	E0296	RR	
Hospital bed, total electric (head and foot adjustments), without side rails, with mattress	E0297	RR	

HCPCS Codes for Wheelchairs

Long Description for HCPCS Code	HCPCS Code	Modifier 1	Modifier 2
Transport chair, pediatric size	E1037	RR	
Transport chair, adult size, patient weight capacity up to and including 300 pounds	E1038	RR	
Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds	E1039	RR	
Manual adult size wheelchair, includes tilt in space	E1161	RR	
Wheelchair, pediatric size, tilt-in-space, folding adjustable, with seating system	E1232	RR	
Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	E1233	RR	
Wheelchair, pediatric size, tilt-in-space, folding adjustable, without seating system	E1234	RR	
Wheelchair, pediatric size, rigid, adjustable, with seating system	E1235	RR	

Long Description for HCPCS Code	HCPCS Code	Modifier 1	Modifier 2
Wheelchair, pediatric size, folding, adjustable, with seating system	E1236	RR	
Wheelchair, pediatric size, folding, adjustable without seating system	E1237	RR	
Wheelchair, pediatric size, folding, adjustable, without seating system	E1238	RR	
Standard Wheelchair	K0001	RR	
Standard hemi (low seat) wheelchair	K0002	RR	
Lightweight wheelchair	K0003	RR	
High strength, lightweight wheelchair	K0004	RR	
Ultralightweight wheelchair	K0005	RR	
Ultralightweight wheelchair	K0005	NU	
Ultralightweight wheelchair	K0005	UE	
Other manual wheelchair/base	K0009	RR	