

MEDICAID DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES LISTING

The following listing, based upon the Healthcare Common Procedure Coding System (HCPCS), describes equipment and supplies, coverage limitations, and pre-authorization requirements. The DME Listing HCPCS codes must be used for all Medicaid claims, regardless of whether Medicare uses the same HCPCS code for the item. Pre-authorization by Medicaid is not required when Medicare is the primary payer. Reimbursement for Medicare crossover claims will be made in accordance with established Medicare HCPCS codes and guidelines.

When extended utilization or unusual amounts or types of equipment or supplies are required, the provider must request pre-authorization from KePRO, the Department of Medical Assistance Services' (DMAS) pre-authorization contractor. Instructions regarding preauthorization may also be found in Appendix D of this Provider Manual. Items not identified in the listing require pre-authorization and may be submitted to preauthorization under the appropriate miscellaneous HCPCS code. Lack of a specific HCPCS code for the item does not determine coverage. The appropriate miscellaneous code may be used and submitted for preauthorization.

Providers must maintain documentation in accordance with the coverage criteria, documentation requirements, and Certificate of Medical Necessity (CMN) requirements as defined in Chapter IV and VI of this Provider Manual, regardless of whether or not pre-authorization is required.

The key below identifies the codes used in the DME Listing.

- N = Pre-authorization is not required up to the established limit
- Y = Pre-authorization is required
- P = Purchase
- RR = *Rental
- IC = Individual Consideration
- UCC = Usual and Customary Charge

*Medicaid reimbursement for rental items is a daily rate. DMAS will not provide rental reimbursement for days on which the recipient did not use the item. Please reference rental versus purchase guidelines in Chapter IV of this Provider Manual for additional requirements.

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Burn Garments						
UCC = Bill Usual and Customary Charge IC = Individual Consideration						
Old HCPCS Code	New HCPCS Code	Description	Billing Unit	PA Type	Fee	Limit
	A6501	Compression burn garment, bodysuit (head to foot), custom fabricated	Each	Y	P-\$ UCC	IC
	A6502	Compression burn garment, chin strap, custom fabricated	Each	Y	P-\$ UCC	IC
	A6503	Compression burn garment, facial hood, custom fabricated	Each	Y	P-\$ UCC	IC
	A6504	Compression burn garment, glove to wrist, custom fabricated	Each	Y	P-\$ UCC	IC
	A6505	Compression burn garment, glove to elbow, custom fabricated	Each	Y	P-\$ UCC	IC
	A6506	Compression burn garment, glove to axilla, custom fabricated	Each	Y	P-\$ UCC	IC
	A6507	Compression burn garment, foot to knee length, custom fabricated	Each	Y	P-\$ UCC	IC
	A6508	Compression burn garment, foot to thigh length, custom fabricated	Each	Y	P-\$ UCC	IC
	A6509	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated	Each	Y	P-\$ UCC	IC
	A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated	Each	Y	P-\$ UCC	IC
	A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated	Each	Y	P-\$ UCC	IC
	A6512	Compression burn garment, not otherwise classified	Each	Y	P-\$ UCC	IC
	A6513	Compression burn mask, face and/or neck, plastic or equal custom fabricated	Each	Y	P-\$ UCC	IC

Changes

There are no changes to this section.