

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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Diabetic Products						
UCC = Usual and Customary Charge IC = Individual Consideration						
Old HCPCS Code	New HCPCS Code	Description	Billing Unit	PA Type	Fee	Limit
Supplies						
	A4250	Urine test or reagent strips or tablet	Tablets or Strips - 100	N	P-\$ 45.74	3/2 Months
	A4252	Blood ketone test or reagent strip, each	Each	N	P-\$UCC	31 Month
	A4253	Blood glucose test or reagent strips for home blood glucose monitor,	Strips - 50	N	P-\$33.43	3/Month
	A4256	Normal, low, and high calibrator solution/chips	Pkg.(5 ml	N	P-\$8.80	1/Month
	A4259	Lancets	Box (of	N	P-\$12.06	3/2 Months
Z4301	E1399	Medicine Dropper	3/Box	Y	P-\$ 1.19	1/12 Months
	S8490	Insulin Syringes	100/box	N	P-\$34.91	1/Month
	S5560	Insulin delivery device, reusable pen, 1.5 ml size	Each	Y	P-\$ - UCC	IC
	S5561	Insulin delivery device, reusable pen, 3 ml size	Each	Y	P-\$ - UCC	IC
Glucose Monitors						
	E0607	Home blood glucose monitor	Each	N	P-\$70.16	1/36 Months
	E2100	Blood glucose monitor with integrated voice synthesizer	Each	Y	P-\$ 636.93	
	E2101	Blood glucose monitor with integrated lancing/blood sample	Each	N	P-\$ 197.99	
	E0607 RR	Home blood glucose monitor	Day	N	R-\$ 0.23	3 Months
	E2100 RR	Blood glucose monitor with integrated voice synthesizer	Day	N	R-\$ 1.95	
	E2101 RR	Blood glucose monitor with integrated lancing/blood sample	Day	N	R-\$.64	
Insulin Pumps and Supplies						
	A4230	Infusion set for external insulin pump, non-needle cannula type	Each	N	P-\$ 12.13	16/Month
	A4231	Infusion set for external insulin pump, needle type	Each	N	P-\$ 8.13	
	A4232	Syringe with needle for external insulin pump, sterile 3cc	Each	N	P-\$ 3.33	16/Month
	E0784	External ambulatory infusion pump, insulin	Each	Y	P-\$ - UCC	1/60 Months
	E0784 RR	External ambulatory infusion pump, insulin	Day	Y	R-\$ 14.14	3 Months
Replacement Batteries						
A4254	A4233	Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each	Each	N	P-\$.72	1/6 Months
A4254	A4234	Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each	Each	N	P-\$ 3.29	
A4254	A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each	Each	N	P-\$ 2.12	
A4254	A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each	Each	N	P-\$ 1.52	

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Old HCPCS Code	New HCPCS Code	Description	Billing Unit	PA Type	Fee	Limit
Changes to the Diabetes Products Category						
Rate changes effective 2/1/09.						