

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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Dialysis Equipment and Supplies						
UCC = Bill Usual and Customary Charge IC = Individual Consideration						
Old HCPCS Code	New HCPCS Code	Description	Billing Unit	PA Type	Fee	Limit
Dialysis						
	A4772	Blood glucose test strips, for dialysis, per 50	Btl. (of 50)	Y	P-\$ UCC	2/Month
	A4913	Miscellaneous Dialysis Supplies, Not Identified Elsewhere	Each	Y	P-\$ IC	I.C.
A4900	E1399	Continuous Ambulatory Peritoneal Dialysis Supply Kit	Month	Y	R-\$ 1986.04	12 Months Per Year
A4901	E1399	Continuous Cycling Peritoneal, Dialysis CCPD Supply Kit	Month	Y	R-\$ 1986.04	12 Months Per Year
A4905	E1399	Intermittent Peritoneal Dialysis (IPD) Supply Kit	Month	Y	R-\$ 1986.04	12 Months Per Year
	E1510	Kidney, dialysate delivery system kidney machine, pump recirculating, air removal system, flowrat meter, power off, heater and temp control with alarm, IV poles, pressure gauge, concentrate container	Month	N	R-\$ 1528.00	12 Months Per Year
	E1699	Dialysis equipment, not otherwise specified	Each	Y	P-\$ IC	I.C.
Changes to Dialysis Category						
Notes: E1699 used for equipment, miscellaneous supplies use A4913. No changes to this section.						