

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.

MEDICAID DME AND SUPPLIES LISTING

Dry Heat Application, TENS, NMES
UCC = Bill Usual and Customary Charge IC = Individual Consideration

Old HCPCS Code	New HCPCS Code	Description	Billing Unit	PA Type	Fee	Limit
Heat Application						
	E0200	Heat Lamp W/O Stand, Table Model includes bulb or infrared element	Each	Y	P-\$ 83.24	1/60 Months
	E0205	Heat Lamp, With Stand, (Includes Bulbs, Or Infrared Element)	Each	Y	P-\$ 203.76	
	E0200 RR	Heat Lamp W/O Stand, Table Model Rental includes bulb or infrared element	Day	N	R-\$ 0.36	3 Months
	E0205 RR	Heat Lamp, With Stand, (Includes Bulbs, Or Infrared Element)	Day	N	R-\$ 0.72	
	E0210	Electric heat pad, standard	Each	N	P-\$ 34.27	1/60 Months
	E0215	Electric heat pad, moist	Each	N	P-\$ 74.38	
	E0210 RR	Electric heat pad, standard	Day	N	R-\$ 0.10	3 Months
	E0215 RR	Electric heat pad, moist	Day	N	R-\$ 0.25	
TENS/NMES Supplies						
	A4558	Conductive gel or paste, for use with electrical device (E.G., TENS, NMES) per oz	Tube	N	P-\$ 5.72	1/Month
	A4595	Electrical stimulator supplies, 2 lead, per month (e.g. TENS, NMES)	Pair	N	P-\$ 30.25	15/Month
	A4630	Replacement batteries for medically necessary transcutaneous electrical nerve stimulator (TENS) owned by patient	Each	N	P-\$6.56	6 Months/Year
	E0731	Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from patient's skin by layers of fabric)	Each	Y	P-\$ 349.94	I.C.
TENS/NMES Units						
	E0720	TENS Units, Two Lead, localized stimulation	Each	Y	P-\$ 385.96	1/60 Months
	E0720 RR	TENS Units	Day	N	R-\$ 1.88	2 Months
	E0730	TENS, Four or more Leads, Multiple Nerve Stimulation	Each	Y	P-\$ 363.73	1/60 Months
	E0730 RR	TENS, Four or more Leads, Multiple Nerve Stimulation	Day	Y	R-\$ UCC	2 Months
	E0745	Neuromuscular Stimulator, Electronic Shock Unit	Each	Y	P-\$ UCC	1/60 Months
	E0745 RR	Neuromuscular Stimulator, Electronic Shock Unit	Day	N	R-\$ 2.68	3 Months
Changes						
Rate changes effective 2/1/09.						
Service limits combined for Heat Applications						