

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
- R = *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

Feeding Pumps, Nutritional Supplements, Feeding Kits and Tubes UCC = Bill Usual and Customary Charge IC = Individual Consideration

| Old HCPCS Code | New HCPCS Code | Description | Billing Unit | PA Type | Fee | Limit |
|---|----------------|---|--------------|---------|---------------------|-------------------|
| Enteral/Parenteral Pumps | | | | | | |
| See Durable Medical Equipment and Supplies Manual , Chapter IV, for coverage criteria. | | | | | | |
| Effective for dates of service on and after 10/01/07, nutritional supplements for all children under age 21 are carved out of the MCO contract and are covered under the DMAS Fee-for-Service Program within the DMAS established criteria and guidelines. Note: the DME provider must continue to bill the member's MCO for supplies and equipment, including those needed in relation to enteral nutrition. | | | | | | |
| | B9000 | Enteral nutrition infusion pump – without alarm | Each | Y | P-\$ 1188.74 | 1/60 Months |
| | B9000 RR | Enteral nutrition infusion pump – without alarm | Day | N | R-\$ 3.52 | 3 Months |
| | B9002 | Enteral Nutrition Infusion Pump W/ Alarm | Each | Y | P-\$ 1188.74 | 1/60 Months |
| | B9002 RR | Enteral Nutrition Infusion Pump W/ Alarm | Day | N | R-\$ 3.71 | 3 Months |
| | B9004 | Parenteral nutrition unfusion pump, portable | Each | Y | P-\$ 2751.11 | 1/60 Months |
| | B9004 RR | Parenteral nutrition unfusion pump, portable | Day | N | R-\$ 14.05 | 3 Months |
| | B9006 | Parenteral nutrition unfusion pump, stationary | Each | Y | P-\$ 2751.11 | 1/60 Months |
| | B9006 RR | Parenteral nutrition unfusion pump, stationary | Day | N | R-\$ 14.05 | 3 Months |
| | E0791 | Parenteral infusion pump, stationary, single or multichannel | Each | Y | P-\$ UCC | 1/60 Months |
| | E0791 RR | Parenteral infusion pump, stationary, single or multichannel | Day | N | R-\$ 9.37 | 6 Months |
| | E1399 | Extension tubing, male to male end, for use with ambulatory pump | Each | Y | P-\$ 4.22 | 31/Month |
| Nutrition Kits/Feeding Tubes | | | | | | |
| Effective for dates of service on and after 10/01/07, nutritional supplements for all children under age 21 are carved out of the MCO contract and are covered under the DMAS Fee-for-Service Program within the DMAS established criteria and guidelines. Note: the DME provider must continue to bill the member's MCO for supplies and equipment, including those needed in relation to enteral nutrition. | | | | | | |
| | B4034 | Enteral feeding supply kit; syringe fed, per day | Each | N | P-\$ 5.93 | 31/Month |
| | B4035 | Enteral feeding supply kit; pump fed | Each | N | P-\$11.30 | 31/Month |
| | B4036 | Enteral feeding supply kit; gravity fed | Each | N | P-\$ 7.76 | 31/Month |
| | B4081 | Nasogastric tubing with stylet | Each | N | P-\$20.96 | 4/Month |
| | B4082 | Nasogastric tubing without stylet | Each | N | P-\$ 15.59 | 4/Month |
| | B4083 | Stomach tube – Levine type | Each | N | P-\$ 2.39 | 4/Month |
| | B4087 | Gastrostomy/jejunostomy tube, standard, any material, any type, each | Each | N | P-\$ 34.59 | 1/2 Months |
| | B4088 | Gastrostomy/jejunostomy tube, low-profile, any material, any type, each | Each | N | P-\$ 34.59 | 1/2 Months |
| B4099 | E1399 | Enteral Supply Kit For Prepackaged Delivery System | Each | Y | P-\$ 9.05 | 31/Month |
| Y0005 | E1399 | Gastrostomy Button Type Feeding Kits (IE Mickey) | Each | Y | P-\$111.74 | 1/2 Months |

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| Old HCPCS Code | New HCPCS Code | Description | Billing Unit | PA Type | Fee | Limit |
|---|----------------|--|--------------------------|---------|------------------|-------|
| Nutritional Supplements | | | | | | |
| See <u>Durable Medical Equipment and Supplies Manual</u> , Chapter IV, for coverage criteria. Nutritional Supplements below do not require preauthorization. Items noted with the UCC fee require that the provider submit documentation of their usual and customary charge to the general public with their claim. | | | | | | |
| Effective for dates of service on and after 10/01/07, nutritional supplements for all children under age 21 are carved out of the MCO contract and are covered under the DMAS Fee-for-Service Program within the DMAS established criteria and guidelines. Note: the DME provider must continue to bill the member's MCO for supplies and equipment, including those needed in relation to enteral nutrition. | | | | | | |
| | B4100 | Food thickener, administered orally, per ounce | per ounce | N | P-\$ UCC | I.C. |
| Z4129 | B4102 | Enteral formula, for adults, used to replace fluids and electrolytes (e.g. clear liquids) | 500 ml = 1 unit | N | P - \$5.96 | I.C. |
| Z4129 | B4103 | Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g. clear liquids) | 500 ml = 1 unit | N | P - \$5.96 | I.C. |
| | B4104 | Additive for enteral formula | I.C. | N | P-\$ UCC | I.C. |
| | B4149 | Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber This code is for EPSDT use only. | 100 Calories = 1 Unit | N | P-\$ 1.52 | I.C. |
| | B4150 | Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber | 100 Calories= 1 Unit | N | P-\$ 0.65 | I.C. |
| | B4152 | Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber | 100 Calories= 1 Unit | N | P-\$ 0.54 | I.C. |
| | B4153 | Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber | 100 Calories= 1 Unit | N | P-\$ 1.85 | I.C. |

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|--|----------------|--|----------------------------|---------|------------------|-------|
| | B4154 | Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber | 100 Calories= 1 Unit | N | P-\$ 1.18 | I.C. |
| | B4155 | Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g. glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination | 100 Calories= 1 Unit | N | P-\$0.92 | I.C. |
| | B4157 | Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber | 100 Calories= 1 Unit | N | P-\$ UCC | I.C. |
| | B4158 | Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron | 100 Calories= 1 Unit | N | P-\$ UCC | I.C. |
| | B4159 | Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron | 100 Calories= 1 Unit | N | P-\$ UCC | I.C. |
| | B4160 | Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber | 100 Calories= 1 Unit | N | P-\$ UCC | I.C. |
| | B4161 | Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, include fats, carbohydrates, vitamins and minerals, may include fiber | 100 Calories= 1 Unit | N | P-\$ UCC | I.C. |
| | B4162 | Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber | 100 Calories= 1 Unit | N | P-\$ UCC | I.C. |
| | B9998 | NOC for enteral supplies | I.C. | Y | P-\$ UCC | I.C. |
| Changes | | | | | | |
| Fee changes noted in bold. Fee changes effective 02/1/09 | | | | | | |
| HCPCS code B4086 ended 1/1/08. | | | | | | |