

## **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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<b>I.V. Service Day Rate, I.V. Stands, I.V. Needles and Supplies</b>						
<b>UCC = Bill Usual and Customary Charge IC = Individual Consideration</b>						
Old HCPCS Code	New HCPCS Code	Description	Billing Unit	PA Type	Fee	Limit
<b>IV Service Day Rate</b>						
With the exception of the E1399 codes, the IV Day Rate codes no longer require preauthorization.						
Z7776	E1399	DME Drug Therapy, Recipient Owned Pump	Day	Y	P-\$42.73	
Z7777	E1399	DME TPN Management Therapy, Patient Owned IV Pump	Day	Y	P-\$53.44	
	S9325	Home infusion therapy, pain management infusion, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem, (do not use this code with S9326, S9327, or S9328) DME Providers can not bill for drugs or nursing visits. These services must be billed by the appropriate provider.	Day	N	P-\$44.00	
	S9326	Home infusion therapy, continuous (twenty-four hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem DME Providers can not bill for drugs or nursing visits. These services must be billed by the appropriate provider.	Day	N	P-\$44.00	
	S9327	Home infusion therapy; intermittent (less than twenty-four hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem DME Providers can not bill for drugs or nursing visits. These services must be billed by the appropriate provider.	Day	N	P-\$44.00	
	S9328	Home Infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem DME Providers can not bill for drugs or nursing visits. These services must be billed by the appropriate provider.	Day	N	P-\$ 44.00	

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Old HCPCS Code	New HCPCS Code	Description	Billing Unit	PA Type	Fee	Limit
	S9329	Home infusion therapy, chemotherapy infusion, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem, (do not use this code with S9330 or S9331 DME Providers can not bill for drugs or nursing visits. These services must be billed by the appropriate provider.	Day	N	P-\$ 37.00	
	S9330	Home infusion therapy, continuous (twenty-four hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem DME Providers can not bill for drugs or nursing visits. These services must be billed by the appropriate provider.	Day	N	P-\$37.00	
	S9331	Home infusion therapy, intermittent (less than twenty-four hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem DME Providers can not bill for drugs or nursing visits. These services must be billed by the appropriate provider.	Day	N	P-\$ 37.00	
	S9338	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem DME Providers can not bill for drugs or nursing visits. These services must be billed by the appropriate provider.	Day	N	P-\$47.00	
	S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g. Dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem DME Providers can not bill for drugs or nursing visits. These services must be billed by the appropriate provider.	Day	N	P-\$47.00	

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Old HCPCS Code	New HCPCS Code	Description	Billing Unit	PA Type	Fee	Limit
	S9364	Home infusion therapy, total Parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem, (do not use with home infusion codes S9365-S9368 using daily volume scales) DME Providers can not bill for drugs or nursing visits. These services must be billed by the appropriate provider.	Day	N	P-\$61.00	
	S9365	Home infusion therapy, total Parenteral nutrition (TPN), one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem DME Providers can not bill for drugs or nursing visits. These services must be billed by the appropriate provider.	Day	N	P-\$ 61.00	
	S9366	Home infusion therapy, total Parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment included standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem DME Providers can not bill for drugs or nursing visits. These services must be billed by the appropriate provider.	Day	N	P-\$ 61.00	
	S9367	Home infusion therapy, total Parenteral nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem DME Providers can not bill for drugs or nursing visits. These services must be billed by the appropriate provider.	Day	N	P-\$ 61.00	

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Old HCPCS Code	New HCPCS Code	Description	Billing Unit	PA Type	Fee	Limit
	S9368	Home infusion therapy, total Parenteral nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem DME Providers can not bill for drugs or nursing visits. These services must be billed by the appropriate provider.	Day	N	P-\$ 61.00	
	S9373	Hydration infusion therapy, hydration therapy; administration services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately) per diem (do not use with S9374-S9377 using daily volume scales) DME Providers can not bill for drugs or nursing visits. These services must be billed by the appropriate provider.	Day	N	P-\$ 30.00	
	S9374	Home infusion therapy, hydration therapy, one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem DME Providers can not bill for drugs or nursing visits. These services must be billed by the appropriate provider.	Day	N	P-\$30.00	
	S9375	Home infusion therapy, hydration therapy, more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem DME Providers can not bill for drugs or nursing visits. These services must be billed by the appropriate provider.	Day	N	P-\$30.00	
	S9376	Home infusion therapy, hydration therapy, more than two liters per day but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem DME Providers can not bill for drugs or nursing visits. These services must be billed by the appropriate provider.	Day	N	P-\$30.00	

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	S9377	Home infusion therapy, hydration therapy, more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem DME Providers can not bill for drugs or nursing visits. These services must be billed by the appropriate provider.	Day	N	P-\$30.00	
	S9490	Home infusion therapy, corticosteriod infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem DME Providers can not bill for drugs or nursing visits. These services must be billed by the appropriate provider.	Day	N	P-\$47.00	
	S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy <b>or other drug</b> , administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately, per diem) (do not use this code with home infusion codes for hourly dosing schedules S9497-S9504) DME Providers can not bill for drugs or nursing visits. These services must be billed by the appropriate provider.	Day	N	P-\$ 47.00	
	S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy <b>or other drug</b> ; once every three hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Day	N	P-\$ 47.00	
	S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy <b>or other drug</b> ; once every 24 hours; administration services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem DME Providers can not bill for drugs or nursing visits. These services must be billed by the appropriate provider.	Day	N	P-\$ 47.00	

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Old HCPCS Code	New HCPCS Code	Description	Billing Unit	PA Type	Fee	Limit
	S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy <b>or other drug</b> ; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem DME Providers can not bill for drugs or nursing visits. These services must be billed by the appropriate provider.	Day	N	P-\$ 47.00	
	S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy <b>or other drug</b> ; once every 8 hours, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem DME Providers can not bill for drugs or nursing visits. These services must be billed by the appropriate provider.	Day	N	P-\$ 47.00	
	S9503	Home infusion therapy, antibiotic, antiviral, or antifungal <b>or other drug</b> ; once every six hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem DME Providers can not bill for drugs or nursing visits. These services must be billed by the appropriate provider.	Day	N	P-\$ 47.00	
	S9504	Home infusion therapy, antibiotic, antiviral, or antifungal <b>or other drug</b> ; once every four hours, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem DME Providers can not bill for drugs or nursing visits. These services must be billed by the appropriate provider.	Day	N	P-\$ 47.00	
<b>IV Stands</b>						
	E0776	IV Pole	Each	N	<b>P-\$ 114.70</b>	1/60 Months
	E0776 RR	IV Pole	Day	N	<b>R-\$ 0.81</b>	6 Months
<b>IV Supplies/Needles</b>						
See <u>Durable Medical Equipment and Supplies Manual</u> , Chapter IV, for coverage criteria.						
	A4206	Syringe with needle, sterile, 1cc or less, each	Each	N	P-\$ 0.35	100/Month
	A4207	Syringe with needle, sterile 2cc, each	Each	N	P-\$ 0.32	31/Month
	A4208	Syringe with needle, sterile, 3cc, each	Each	N	P-\$ 0.28	31/Month

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	A4209	Syringe with needle, sterile, 5cc Or Greater, each	Each	N	P-\$ 0.53	31/Month
Y0000	A4210	Needle-free injection device, each	Each	N	P-\$ 0.11	31/Month
Z4109	A4212	Non coring needle or stylet with or without catheter	Each	N	P-\$ 4.91	5/Month
	A4213	Syringe, sterile, 20cc or greater, each	Each	N	P-\$ 0.63	31/Month
	A4215	Needles only, sterile, any size, each	Each	N	P-\$ 0.17	6/Month
	A4218	Sterile saline or water, metered dose dispenser, 10 ml	Each	Y	P-\$ UCC	IC
	A4245	Alcohol wipes	Box of 100	N	P-\$4.53	1/Month
	E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	Each	Y	P-\$ UCC	1/60 Months
	E0779 RR	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	Day	N	<b>R-\$ 0.54</b>	6 Months
	E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	Each	Y	<b>P-\$ 10.89</b>	1/60 Months
	E0780 RR	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	Day	N	R-\$ 0.33	6 Months
	E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient.	Each	Y	P-\$ UCC	1/60 Months
	E0781 RR	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient.	Day	N	<b>R-\$ \$7.63</b>	6 Months
	E0784	External ambulatory infusion pump, insulin	Each	Y	P-\$ UCC	1/60 Months
	E0784 RR	External ambulatory infusion pump, insulin	Day	N	<b>R-\$ 14.14</b>	6 Months
Z4401	E1399	3-Volt Battery	Each	Y	P-\$ 2.36	1/6 Months
Z4115	E1399	6" Extension Tubing With Slide Clamp And Luer Lock Adapter	Each	Y	P-\$ 5.01	15/Month
Z4400	E1399	6-Volt Or 9-Volt Battery	Each	Y	P-\$ 3.29	15/Month
Z4101	E1399	Adapter, Luer Lock	Each	Y	P-\$ 1.15	31/Month
Z4118	E1399	Alcohol Cotton Tip Swabs	Each	Y	P-\$ 0.03	15/Month
Z4111	E1399	Bag Spike	Each	Y	P-\$ 4.28	31/Month
Z4104	E1399	Bandaid - Any Size	Each	Y	P-\$ 0.29	31/Month
Z4452	E1399	Butterfly Infusion Needle - Any Size	Each	Y	P-\$ 1.58	31/Month
Z4102	E1399	Cap, Luer Lock With Female Connector	Each	Y	P-\$ 0.43	31/Month

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Z4122	E1399	Central Venous Catheter (CVC) Dressing Kit	Each	Y	P-\$ 8.28	15/Month
Z4119	E1399	Click Lock Extension Set IV tubing extension set	Each	Y	P-\$ 3.32	13/Month
Z4105	E1399	Click Lock Injection Cap	Each	Y	P-\$ 0.93	13/Month
Z4120	E1399	Click Lock Needle Housing W/Needle	Each	Y	P-\$ 2.15	13/Month
Z4121	E1399	Click Lock Replacement Needles	Each	Y	P-\$ 0.26	15/Month
Z4203	E1399	Click-Lock Needle Housing (Houses Needle Cap)	Each	Y	P-\$ 2.29	31/Month
Y0370	E1399	Clysis Set	Each	Y	P-\$ 0.28	3/Month
Z4123	E1399	Double Female Adapter	Each	Y	P-\$ 1.12	31/Month
Z4112	E1399	Enteral Irrigation Adapter	Each	Y	P-\$ 3.48	4/Month
Z4416	E1399	Filter Add-On (For Parenteral Infusion Air Elimination Size 0.22)	Each	Y	P-\$ 7.99	31/Month
Z4106	E1399	Filter Add-On For Parenteral Infusion Tubing, Size1.2	Each	Y	P-\$ 6.62	31/Month
Y0424	E1399	Heparin Lock Injection, heparin sodium, (heparin lock flush), per 10 units	Each	Y	P-\$ 0.94	8/Month
B4239	E1399	IV Administration Set W/Drainage Tubing	Each	Y	P-\$ 3.41	8/Month
B4240	E1399	IV administration set with attachments and drainage tubing	Each	Y	P-\$3.85	8/Month
Z4107	E1399	IV Start Kit	Each	Y	P-\$ 2.21	31/Month
Z4451	E1399	IV Tubing With Filter For Pump Infusion	Each	Y	P-\$ 10.60	31/Month
Z4108	E1399	J-Loop - Extension Tubing	Each	Y	P-\$ 1.61	31/Month
Z4114	E1399	Needleless IV Access-Cannula	Each	Y	P-\$ 0.64	15/Month
Z4128	E1399	Needleless IV Access-Site	Each	Y	P-\$ 2.15	15/Month
Z4156	E1399	Needleless IV Access-Vial Adapter	Each	Y	P-\$ 1.80	15/Month
Z4418	E1399	Peripheral IV Catheter With Y-Injection Site - All Sizes	Each	Y	P-\$ 3.67	11/Month
Z4110	E1399	Remote Reservoir	Each	Y	P-\$ 22.72	31/Month
Z4100	E1399	Sharps Container For Needle Disposal	Each	Y	P-\$ 5.47	2/Month
Z4124	E1399	Subcutaneous Disc Set For Pain Management	Each	Y	P-\$ 5.62	20/Month
Z4127	E1399	T-Connector Tubing With Injection Site	Each	Y	P-\$ 4.51	15/Month
Z4125	E1399	Tubex Holder	Each	Y	P-\$ 4.30	1/3 Months
Z4449	E1399	Unvented - Unfiltered IV Tubing	Each	Y	P-\$ 3.23	31/Month
Z4450	E1399	Vented - Unfiltered IV Tubing	Each	Y	P-\$ 2.87	31/Month
Z4126	E1399	Y-Connector Tubing Extension With Injection Site	Each	Y	P-\$ 6.08	15/Month
Z4419	E1399	Peripheral IV Catheter Without Y-Injection Site	Each	Y	P-\$ 9.29	11/Month

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Z4239	S1015	IV tubing extension set	12/Box	N	P-\$ 36.29	5bxs/2 Months
Z4447; Z4448	S5518	Home Infusion Therapy, all supplies necessary for catheter repair	Each	Y	P-\$ UCC	2/Month
Z4420	S5521	Midline Catheter For Parenteral Infusion Home Infusion Therapy, all supplies (including catheter), necessary for midline catheter insertion	Each	N	P-\$ 58.30	4/Month
<b>Changes to I.V. Service Day Rate, I.V. Stands, I.V. Needles and Supplies</b>						
Rate Changes effective 2/1/09.						