

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

Miscellaneous Durable and Expendable Supplies						
UCC = Bill Usual and Customary Charge IC = Individual Consideration						
Old HCPCS Code	New HCPCS Code	Description	Billing Unit	PA Type	Fee	Limit
Miscellaneous Durable and Expendable Supplies						
	A4265	Paraffin	Per Pound	N	P-\$ 3.56	1/2 Months
	A4402	Lubricant - -- All Brands	Per Ounce	N	P-\$ 1.68	20 oz./Month
	A4458	Enema bag w/tubing, reusable	Each	N	P-\$ 1.43	15/Month
	A4561	Pessary; rubber, any type	Each	N	P-\$ 20.95	1/3 Months
	A4562	Pessary, non rubber, any type	Each	N	P-\$52.16	1/3 Months
	A4565	Sling-Any Type	Each	N	P-\$ 6.07	2/12 Months
	A4600	Sleeve for intermittent limb compression device, replacement only, each	Each	Y	P-\$ I.C.	1/6 Months
	A4601	Lithium ion battery for non-prosthetic use, replacement	Each	Y	P-\$ I.C.	1/6 Months
	A4611	Battery, heavy duty; replacement for patient-owner ventilator	Each	N	P-\$206.27	1/6 Months
	A4611 RR	Battery, heavy duty; replacement for patient-owner ventilator	Day	N	R-\$0.69	6 Months/Year
	A4612	Battery, cables; replacement for patient-owner ventilator	Each	N	P-\$ 71.34	1/6 Months
	A4612 RR	Battery, cables; replacement for patient-owner ventilator	Day	N	R-\$0.23	6 Months/Year
	A4613	Battery, charger; replacement for patient-owner ventilator	Each	N	P-\$151.42	1/6 Months
	A4613 RR	Battery, charger; replacement for patient-owner ventilator	Day	N	R-\$ 0.49	6 Months/Year
	A4638	Replacement battery, for patient-owned ear pulse generator, each	Each	Y	P-\$ - UCC	1/6 Months
	A4660	Sphygmomanometer/Bp Apparatus W/Cuff And Stethoscope	Each	N	P-\$ 29.26	1/36 Months
	A4670	Automatic Blood Pressure Monitor	Each	Y	P-\$ UCC	1/36 Months
Z4928	A4927	Gloves, Non-Sterile, Sm., Med., Lrg.	Per Box of 50	N	P-\$ 4.75	2 Boxes/Month
Z4927	A4930	Gloves, Sterile, Sm., Med., Lrg.	Per Pair	N	P-\$ 0.60	50 Pairs/Month
	A9155	Artificial saliva, 30 ml	30 ml	Y	P-\$ UCC	I.C.
Y9000	A9901	DME Delivery, set up, and/or dispensing service component of another HCPCS code	Each	Y	P-\$ 19.10	I.C.
	E0160	Sitz bath or equipment, portable, used with or without commode	Each	N	P-\$ 29.50	1/12 Months
	E0160 RR	Sitz bath or equipment, portable, used with or without commode	Day	N	R-\$0.12	3 Months
	E0161	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment's)	Each	N	P-\$27.54	1/12 Months
	E0161 RR	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment's)	Day	N	R-\$0.10	3 Months
	E0162	Sitz bath chair	Each	N	P-\$130.04	1/12 Months
	E0162 RR	Sitz bath chair	Day	N	R-\$0.46	3 Months
	E0163	Commode chair, mobile or stationary, with fixed arms	Each	N	P-\$ 115.80	1/36 Months
	E0163 RR	Commode chair, mobile or stationary, with fixed arms	Day	N	R-\$ \$0.83	3 Months

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	E0165	Commode chair, mobile or stationary, with detachable arms	Each	N	P-\$ 112.38	1/36 Months
	E0165 RR	Commode chair, mobile or stationary, with detachable arms	Day	N	R-\$ 0.62	3 Months
	E0167	Pail or pan for use with commode chair, replacement only	Each	N	P-\$ 11.25	1/36 Months
	E0167 RR	Pail or pan for use with commode chair, replacement only	Day	N	R\$0.04	3 Months
	E0168	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each	Each	N	P-\$ 158.47	1/36 Months
	E0168 RR	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each	Day	N	R-\$ 0.51	3 Months
	E0175	Foot rest, for use with commode chair, each	Each	N	P-\$ 69.54	2/36 Months
	E0175 RR	Foot rest, for use with commode chair, each	Day	N	R-\$0.22	3 Months
	E0202 RR	Phototherapy (bilirubin) light with photometer	Day	N	R-\$ 65.74	3 Days
	E0235	Paraffin bath unit, portable	Each	N	P-\$ 166.36	1/2 Months
	E0235 RR	Paraffin bath unit, portable	Day	N	R-\$0.58	3 Months
	E0236	Pump for water circulating pad	Each	Y	P-\$ 358.41	1/12 Months
	E0236 RR	Pump for water circulating pad	Day	Y	R-\$1.50	3 Months
	E0239	Hydrocollator unit, portable	Each	Y	P-\$472.32	2 Months Per Year
	E0239 RR	Hydrocollator unit, portable	Day	Y	R-\$ 1.52	3 Months
	E0240	Bath/Shower chair, with or without wheels, any size	Each	N	P-\$ 340.94	1/36 Months
	E0244	Raised Toilet Seat	Each	N	P-\$ 21.43	1/36 Months
	E0245	Tub stool or bench	Each	N	P-\$ 31.04	1/36 Months
	E0246	Transfer tub rail attachment	Each	N	P-\$ 68.97	1/36 Months
	E0247	Transfer bench for tub or toilet with or without commode opening	Each	N	P-\$ 165.43	1/60 Months
	E0248	Transfer bench, heavy duty, for tub or toilet with or without commode opening	Each	N	P-\$ 166.45	1/60 Months
	E0249	Pad for water circulating heat unit	Each	N	P-\$ 88.89	1/Month
	E0249 RR	Pad for water circulating heat unit	Day	N	R-\$0.32	3 Months
	E0610	Pacemaker monitor, self contained, checks battery depletion, includes audible and visible check systems	Each	Y	P-\$ 249.75	1/60 Months
	E0610 RR	Pacemaker monitor, self contained, checks battery depletion, includes audible and visible check systems	Day	Y	R-\$0.85	6 Months/Year
	E0621	Sling or seat, patient lift, canvas or nylon	Each	Y	P-\$ 100.79	1/24 Months
	E0621 RR	Sling or seat, patient lift, canvas or nylon	Day	N	R-\$0.31	3 Months

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	E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap (s) or pad(s)	Each	Y	P-\$ 813.76	1/60 Months
	E0630 RR	Patient lift, hydraulic or mechanical, includes any seat, sling, strap (s) or pad(s)	Day	N	R-\$ 3.41	3 Months
	E0638	Standing frame system, any size, with or without wheels	Each	Y	P-\$853.57	1/36 Month
	E0638 RR	Standing frame system, any size, with or without wheels	Day	N	R-\$2.75	3 Months
	E0650	Pneumatic compressor, nonsegmental home model	Each	Y	P-\$ 675.55	1/36 Months
	E0650 RR	Pneumatic compressor, nonsegmental home model	Day	N	R-\$3.01	3 Months
	E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	Each	Y	P-819.69	1/36 Months
	E0651 RR	Pneumatic compressor, segmental home model without calibrated gradient pressure	Day	N	R-\$2.95	6 Months/Year
	E0660	Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg	Each	Y	P-\$ 142.58	1/36 Months
	E0660 RR	Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg	Day	N	R-\$0.56	6 Months/Year
	E0665	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm	Each	Y	P\$123.78	1/36 Months
	E0665 RR	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm	Day	N	R-\$0.48	3 Months
	E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	Each	Y	P\$288.97	1/36 Months
	E0667 RR	Segmental pneumatic appliance for use with pneumatic compressor, full leg	Day	N	R-\$1.05	6 Months/Year
	E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	Each	Y	P-\$ 394.37	1/36 Months
	E0668 RR	Segmental pneumatic appliance for use with pneumatic compressor, full arm	Day	N	R-\$1.26	6 Months/Year
	E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	Each	Y	P-\$ UCC	1/36 Months
	E0676 RR	Intermittent limb compression device (includes all accessories), not otherwise specified	Day	Y	R-\$ UCC	6 Months/Year
	E0705	Transfer device, any type, each	Each	Y	P-\$ 57.88	1/36 Months
	E0935 RR	Passive motion exercise device	Day	N	R-\$ 23.87	14 Days
	E0936 RR	Continuous passive motion exercise device for use other than knee	Day	Y	R-\$ UCC	14 Days
	E0968	Commode seat, wheelchair	Each	N	P-\$154.81	1/60 Months
	E0968 RR	Commode seat, wheelchair	Day	N	R-\$ 0.61	3 Months

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Old HCPCS Code	New HCPCS Code	Description	Billing Unit	PA Type	Fee	Limit
	E1800 RR	Dynamic adjustable elbow extension/flexion device, includes soft interface	Day	Y	R-\$ 4.15	14 days
	E1801 RR	Static progressive stretch elbow device, extension and or flexion, with or without range of motion adjustment, includes all components and accessories	Day	Y	R-\$ 4.13	14 days

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	E1802 RR	Dynamic adjustable forearm pronation/supination device, includes soft interface	Day	Y	R-\$ 11.07	14 Days
	E1805 RR	Dynamic adjustable wrist extension/flexion device, includes soft interface material	Day	Y	R-\$ 4.28	14 days
	E1806 RR	Static progressive stretch wrist device, flexion and or extension, with or without range of motion adjustment, includes all components and accessories	Day	Y	R-\$ 3.39	14 days
	E1810 RR	Dynamic adjustable knee extension/flaxion device, includes soft interface material	Day	Y	R-\$4.22	14 days
	E1811RR	Static progressive stretch knee device, etension and or flexion, with or without range of motion ajustment, includes all components and accessories	Day	Y	R-\$ 4.29	14 days
	E1815 RR	Dynamic adjustable ankle extension/flaxion device, includes soft interface material	Day	Y	R-\$ 4.28	14 days
	E1816 RR	Static progressive stretch ankle device, flexion and or extension, with or with out range of motion adjustment, includes all components and accessories	Day	Y	R-\$4.36	14 days
	E1818 RR	Static progressive stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories	Day	Y	R-\$ 4.45	14 days
	E1825 RR	Dynamic adjustable finger extension/flexion device, includes soft interface material	Day	Y	R-\$4.28	14 days
	E1830 RR	Dynamic adjustable toe extension/flexion device, includes soft interface material	Day	Y	R-\$4.28	14 Days
	E1840 RR	Dynamic shoulder flexion/abduction/rotation device, includes soft interface material	Day	Y	R-\$12.62	14 Days
	E1841 RR	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories	Day	Y	R-\$ 15.34	14 days
	E1340	Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component	Hour	N	P-\$ 24.83	4/12 Months
	E1399	DME Not Otherwise Classified	Each	Y	P-\$ I.C.	I.C.
Z4157	E1399	Inflatable Bath With Pump	Each	Y	P-\$ 291.28	1/60 Months
Z4350	E1399	Miscellaneous Parts: Repair, Recipient Owned Equipment	Each	Y	P-\$ 47.75	1/12 Months
Z4152	E1399	Pediatric Toilet Training Chair With Hip Strap & Pair of Support Blocks	Each	Y	P-\$ 374.36	1/36 Months
Z4178	E1399	Positioning Device; Any Size; Any Type	Each	Y	P-\$ I.C.	I.C
	K0601	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each	Each	N	P-\$1.16	1/6 Months

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	K0602	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each	Each	N	P-\$6.68	1/6 Months
	K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each	Each	N	P-\$0.60	1/6 Months
	K0604	Replacement battery for external infusion pump owned by patient, lithium 3.6 volt, each	Each	N	P-\$6.39	1/6 Months
	K0605	Replacement battery for external infusion pump owned by patient, lithium 4.5 volt, each	Each	N	P-\$15.33	1/6 Months
	K0607	Replacement battery for automated external defibrillator, garment type only, each	Each	N	P-\$203.94	1/6 Months
	K0607 RR	Replacement battery for automated external defibrillator, garment type only, each	Day	N	R-\$0.66	3 Months
	L7360	Six volt battery, each	Each	N	P-\$269.51	1/6 Months
	L7362	Battery charger, six volt, each	Each	N	P-\$242.81	1/6 Months
	L7364	Twelve volt battery, each	Each	N	P-\$448.81	1/6 Months
	L7366	Battery charger, twelve volt, each	Each	N	P-\$604.63	1/6 Months
	L7367	Lithium ion, battery replacement	Each	N	P-\$344.74	1/6 Months

Changes

Fee changes effective 2/1/09.