

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 service authorization (SA) 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. Service 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 service authorization from the Department of Medical Assistance Services' (DMAS) service authorization contractor. Instructions regarding service authorization may also be found in Appendix D of this Provider Manual. Items not identified in the listing require service authorization and may be submitted for service authorization 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 Chapters IV and VI of this Provider Manual, regardless of whether or not service authorization is required.

The key below identifies the codes used in the DME Listing.

- N = Service authorization is not required up to the established limit
- Y = Service 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							
Old HCPCS Code	Face to Face Required	New HCPCS Code	Description	Billing Unit	SA Type	Fee	Limit
Miscellaneous Durable and Expendable Supplies							
		A4265	Paraffin	Per Pound	N	\$4.19	1/2 Months
		A4287	Disposable collection and storage bag for breast milk, any size, any type, each	Each	Y	IC	IC
		A4402	Lubricant - - All Brands	Per Ounce	N	\$1.96	20 oz./Month
		A4453	Rectal catheter for use with manual pump-operated enema system, replacement only	Each	Y	IC	30/Month
		A4456	Adhesive remover, wipes, any type, each	Each	N	\$0.30	20/month
		A4457	Enema tube, with or without adapter, any type, replacement only, each	Each	Y	IC	IC
		A4458	Enema bag w/tubing, reusable	Each	N	\$1.29	15/Month
		A4459	Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable any type	Each	Y	IC	1/3 Months
		A4561	Pessary; rubber, any type	Each	N	\$24.50	1/3 Months
		A4562	Pessary, non rubber, any type	Each	N	\$61.01	1/3 Months
		A4565	Sling-Any Type	Each	N	\$9.46	2/12 Months
		A4566	Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment.	Each	Y	\$I.C.	1/12 Months
A4466		A4467	Belt, strap, sleeve, garment, or covering any type	Each	Y	P-\$ IC	2/3months
		A4600	Sleeve for intermittent limb compression device, replacement only, each	Each	Y	P-\$ IC	1/6 Months
		A4601	Lithium ion battery for non-prosthetic use, replacement	Each	Y	P-\$ IC	1/6 Months
		A4602	Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each	Each	Y	\$4.58	1/6 Months
		A4611	Battery, heavy duty; replacement for patient-owner ventilator	Each	N	\$191.43	1/6 Months
		A4611 RR	Battery, heavy duty; replacement for patient-owner ventilator	Day	N	\$0.64	6 Months/Year
		A4612	Battery, cables; replacement for patient-owner ventilator	Each	N	\$66.21	1/6 Months
		A4612 RR	Battery, cables; replacement for patient-owner ventilator	Day	N	\$0.22	6 Months/Year
		A4613	Battery, charger; replacement for patient-owner ventilator	Each	N	\$140.53	1/6 Months
		A4613 RR	Battery, charger; replacement for patient-owner ventilator	Day	N	\$0.45	6 Months/Year

	A4638	Replacement battery, for patient-owned ear pulse generator, each	Each	Y	P-\$ IC	1/6 Months
	A4660	Sphygmomanometer/Bp Apparatus W/Cuff And Stethoscope	Each	N	\$27.80	1/36 Months
	A4670	Automatic Blood Pressure Monitor	Each	N	\$54.29	1/36 Months
Z4928	A4927	Gloves, Non-Sterile, Sm., Med., Lrg.	Per Box of 100	N	\$10.85	2 Boxes/Month
Z4927	A4930	Gloves, Sterile, Sm., Med., Lrg.	Per Pair	N	\$0.57	50 Pairs/Month
Y9000	A9901	DME Delivery, set up, and/or dispensing service component of another HCPCS code	Each	Y	\$18.15	I.C.
	E1035	Multi-positional patient transfer system, with intefrated seat, operated by care giver, patient weight capacity up to and including 300 lbs	Each	Y	\$6,552.00	1/60 Months
	E0160	Sitz bath or equipment, portable, used with or without commode	Each	N	\$29.10	1/12 Months
	E0160 RR	Sitz bath or equipment, portable, used with or without commode	Day	N	\$0.11	3 Months
	E0161	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment's)	Each	N	\$27.23	1/12 Months
	E0161 RR	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment's	Day	N	\$0.09	3 Months/Year
	E0162	Sitz bath chair	Each	N	\$152.09	1/12 Months
	E0162 RR	Sitz bath chair	Day	N	\$0.56	3 Months/Year
	E0163	Commode chair, mobile or stationary, with fixed arms	Each	N	\$75.28	1/36 Months
	E0163 RR	Commode chair, mobile or stationary, with fixed arms	Day	N	\$0.38	3 Months/Year
	E0165	Commode chair, mobile or stationary, with detachable arms	Each	N	\$160.02	1/36 Months
	E0165 RR	Commode chair, mobile or stationary, with detachable arms	Day	N	\$0.51	3 Months/Year
	E0167	Pail or pan for use with commode chair, replacement only	Each	N	\$11.03	1/36 Months
	E0167 RR	Pail or pan for use with commode chair, replacement only	Day	N	\$0.04	3 Months/Year
	E0168	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each	Each	N	\$138.40	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	\$0.46	3 Months/Year
	E0170RR	Commode chair, stationary with pail	Day	N	\$5.77	3 months/Year
	E0175	Foot rest, for use with commode chair, each	Each	N	\$81.33	2/36 Months
	E0175 RR	Foot rest, for use with commode chair, each	Day	N	\$0.27	3 Months/Year
	E0202 RR	Phototherapy (bilirubin) light with photometer	Day	N	\$76.91	3 Days
	E0235	Paraffin bath unit, portable	Each	N	\$222.47	1/2 Months
	E0235 RR	Paraffin bath unit, portable	Day	N	\$0.71	3 Months/Year
	E0236	Pump for water circulating pad	Each	Y	\$570.49	1/12 Months
	E0236 RR	Pump for water circulating pad	Day	Y	\$1.81	3 Months/Year
	E0239	Hydrocollator unit, portable	Each	Y	\$552.39	2 Months/Year
	E0239 RR	Hydrocollator unit, portable	Day	Y	\$1.84	3 Months/Year
	E0240	Bath/Shower chair, with or without wheels, any size	Each	N	\$323.89	1/36 Months
	E0244	Raised Toilet Seat	Each	N	\$20.36	1/36 Months
	E0245	Tub stool or bench	Each	N	\$29.49	1/36 Months
	E0246	Transfer tub rail attachment	Each	N	\$65.52	1/36 Months
	E0247	Transfer bench for tub or toilet with or without commode opening	Each	N	\$157.16	1/60 Months
	E0248	Transfer bench, heavy duty, for tub or toilet with or without commode opening	Each	N	\$158.13	1/60 Months
	E0249	Pad for water circulating heat unit	Each	N	\$103.97	1/Month
	E0249 RR	Pad for water circulating heat unit	Day	N	\$0.38	3 Months/Year
	E0602	Breast pump , manual, any type	Each	N	\$36.24	1 per year
	E0603	Breast pump, electric (AC and/or DC), any type	Each	Y	\$173.47	1/36 Months
	E0604	Breast pump, hospital grade, electric (AC and/or DC), any type	Day	Y	\$1.29	6 months
	E0610	Pacemaker monitor, self contained, checks battery depletion, includes audible and visible check systems	Each	Y	\$292.08	1/60 Months
	E0610 RR	Pacemaker monitor, self contained, checks battery depletion, includes audible and visible check systems	Day	Y	\$1.03	6 Months/Year
	E0621	Sling or seat, patient lift, canvas or nylon	Each	Y	\$90.53	1/24 Months
	E0621 RR	Sling or seat, patient lift, canvas or nylon	Day	N	\$0.30	3 Months/Year
	E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap (s) or pad(s)	Each	Y	\$798.26	1/60 Months
	E0630 RR	Patient lift, hydraulic or mechanical, includes any seat, sling, strap (s) or pad(s)	Day	N	\$2.53	3 Months/Year
	E0635	Patient lift, electric with seat or sling	Each	Y	\$3,143.87	1/60 months
	E0635 RR	Patient lift, electric with seat or sling	Day	Y	\$4.11	3 Months/Year

		E0637	Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	Each	Y	IC	I.C.
		E0638	Standing frame /Table system, One Position (E.G. Upright, Supine or Prone Stander), any Size Including Pediatric, With or Without Wheels	Each	Y	\$810.89	1/36 Month
		E0638 RR	Standing frame /Table system, One Position (E.G. Upright, Supine or Prone Stander), any Size Including Pediatric, With or Without Wheels	Day	N	\$2.61	3 Months/Year
		E0641	Standing Frame/Table System, Multi-Position (E.G. Three-Way Stander), Any Size Including Pediatric, With or Without Wheels	Each	Y	\$IC	1/60 Months
		E0641 RR	Standing Frame/Table System, Multi-Position (E.G. Three-Way Stander), Any Size Including Pediatric, With or Without Wheels	Day	N	\$IC	3 Months/Year
		E0642	Standing Frame/Table System, Mobile (Dynamic Stander), Any Size Including Pediatric	Each	Y	\$IC	1/60 Months
		E0642 RR	Standing Frame/Table System, Mobile (Dynamic Stander), Any Size Including Pediatric	Day	N	\$IC	3 Months/Year
		E0650	Pneumatic compressor, nonsegmental home model	Each	Y	\$790.07	1/36 Months
	Yes	E0650 RR	Pneumatic compressor, nonsegmental home model	Day	N	\$3.64	3 Months/Year
	Yes	E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	Each	Y	\$958.64	1/36 Months
	Yes	E0651 RR	Pneumatic compressor, segmental home model without calibrated gradient pressure	Day	N	\$3.64	6 Months/Year
	Yes	E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	Each	Y	\$5,533.68	1/36 Months
	Yes	E0652 RR	Pneumatic compressor, segmental home model with calibrated gradient pressure	Day	N	\$18.23	6 Months/Year
	Yes	E0655	Nonsegmental Pneumatic appliance for use with pneumatic compressor, half arm	Each	Y	\$132.54	1/36 Months
	Yes	E0655 RR	Nonsegmental Pneumatic appliance for use with pneumatic compressor, half arm	Day	N	\$0.52	6 Months
	Yes	E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	Each	Y	\$745.21	1/36 Months
	Yes	E0656 RR	Segmental pneumatic appliance for use with pneumatic compressor, trunk	Day	N	\$2.37	6M/Year
	Yes	E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	Each	Y	\$699.98	1/36 Months
	Yes	E0657 RR	Segmental pneumatic appliance for use with pneumatic compressor, chest	Day	N	\$2.22	6M/Year
	Yes	E0660	Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg	Each	Y	\$166.74	1/36 Months
	Yes	E0660 RR	Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg	Day	N	\$0.68	6 Months/Year
	Yes	E0665	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm	Each	Y	\$144.77	1/36 Months
	Yes	E0665 RR	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm	Day	N	\$0.58	3 Months/Year
	Yes	E0666	Nonsegmental Pneumatic appliance for use with pneumatic compressor, half leg	Each	Y	\$144.14	1/36 Months
	Yes	E0666 RR	Nonsegmental Pneumatic appliance for use with pneumatic compressor, half leg	Day	N	\$0.52	6M/Year
	Yes	E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	Each	Y	\$337.95	1/36 Months
	Yes	E0667 RR	Segmental pneumatic appliance for use with pneumatic compressor, full leg	Day	N	\$1.27	6 Months/Year
	Yes	E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	Each	Y	\$461.23	1/36 Months
	Yes	E0668 RR	Segmental pneumatic appliance for use with pneumatic compressor, full arm	Day	N	\$1.52	6 Months/Year
	Yes	E0669	Segmental pneumatic appliance, half leg	Each	Y	\$213.72	1/36 Months
	Yes	E0669 RR	Segmental pneumatic appliance, half leg	Day	N	\$0.71	6 Months/Year
		E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	Each	Y	\$1,312.11	1/36 Months
		E0670 RR	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	Day	Y	\$4.68	6 Months/Year
	Yes	E0671	Segmental gradient pressure pneumatic appliance, full leg	Each	Y	\$510.06	1/36 Months
	Yes	E0671 RR	Segmental gradient pressure pneumatic appliance, full leg	Day	N	\$4.68	6 Months/Year
	Yes	E0672	Segmental gradient pressure pneumatic appliance, full arm	Each	Y	\$396.30	1/36 Months
	Yes	E0672 RR	Segmental gradient pressure pneumatic appliance, full arm	Day	N	\$1.32	6 Months/Year

	Yes	E0673	Segmental gradient pressure pneumatic appliance, half leg	Each	Y	\$329.30	1/36 Months
	Yes	E0673 RR	Segmental gradient pressure pneumatic appliance, half leg	Day	N	\$1.10	6 Months/Year
	Yes	E0675RR	Pneumatic compression device, high pressure, rapid inflation/deflation cycle	Day	Y	\$15.74	6 Months/Year
		E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	Each	Y	P-\$ IC	1/36 Months
		E0676 RR	Intermittent limb compression device (includes all accessories), not otherwise specified	Day	Y	P-\$ IC	6 Months/Year
		E0677	Non-Pneumatic sequential compression garment, trunk	Each	Y	\$745.21	1/36 Months
		E0677 RR	Non-Pneumatic sequential compression garment, trunk	Day	Y	\$2.37	6 Months/Year
		E0705	Transfer device, any type, each	Each	Y	\$67.71	1/36 Months
		E0705 RR	Transfer device	Day	N	\$0.17	6 Months/Year
		E0935 RR	Passive motion exercise device	Day	N	\$27.94	14 Days
		E0936 RR	Continuous passive motion exercise device for use other than knee	Day	Y	P-\$ IC	14 Days
		E0968	Commode seat, wheelchair	Each	N	\$231.13	1/60 Months
		E0968 RR	Commode seat, wheelchair	Day	N	\$0.73	3 Months/Year
		E1036	Multipositional patient transfer system, extra-wide, with infegrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	Each	Y	\$9,327.07	1/60 months
		E1036 RR	Multipositional patient transfer system, extra-wide, with infegrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	Day	Y	\$29.61	6 Months/ year
		E1800 RR	Dynamic adjustable elbow extension/flexion device, includes soft interface	Day	Y	\$5.10	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	\$4.99	14 days
		E1802 RR	Dynamic adjustable forearm pronation/supination device, includes soft interface	Day	Y	\$13.38	14 Days
		E1805 RR	Dynamic adjustable wrist extension/flexion device, includes soft interface material	Day	Y	\$5.17	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	\$4.06	14 days
		E1810 RR	Dynamic adjustable knee extension/flaxion device, includes soft interface material	Day	Y	\$5.10	14 days
		E1811RR	Static progressive stretch knee device, extension and or flexion, with or without range of motion adjustment, includes all components and accessories	Day	Y	\$5.18	14 days
		E 1812 RR	Dynamic knee, extension/flexion device with active resistance control	Day	Y	\$3.52	14 Days
		E1815 RR	Dynamic adjustable ankle extension/flaxion device, includes soft interface material	Day	Y	\$5.17	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	\$5.27	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	\$5.38	14 days
		E 1820	Replacement soft interface material, dynamic adjustable extension/flexion	Each	Y	\$94.70	3/year
		E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch	Each	Y	\$129.23	3/year
		E1825 RR	Dynamic adjustable finger extension/flexion device, includes soft interface material	Day	Y	\$5.17	14 days
		E1830 RR	Dynamic adjustable toe extension/flexion device, includes soft interface material	Day	Y	\$5.17	14 Days
		E1831 RR	Static progressive stretch toe device,, extension and/or flexion, with or without, range of motion adjustment, includes all components and accessories	Day	Y	\$2.60	14 Days
		E1840 RR	Dynamic shoulder flexion/abduction/rotation device, includes soft interface material	Day	Y	\$15.25	14 Days
		E1841 RR	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories	Day	Y	\$18.54	14 days
		E1399	DME Not Otherwise Classified	Each	Y	P-\$ IC	I.C.
Z4157		E1399	Inflatable Bath With Pump	Each	Y	\$262.15	1/60 Months

Z4350		E1399	Miscellaneous Parts: Repair, Recipient Owned Equipment	Each	Y	IC	1/12 Months
Z4152		E1399	Pediatric Toilet Training Chair With Hip Strap & Pair of Support Blocks	Each	Y	\$336.92	1/36 Months
Z4178		E1399	Positioning Device; Any Size; Any Type	Each	Y	P-\$ IC	I.C
		K0601	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each	Each	N	\$1.34	1/6 Months
		K0602	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each	Each	N	\$7.55	1/6 Months
		K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each	Each	N	\$0.68	1/6 Months
		K0604	Replacement battery for external infusion pump owned by patient, lithium 3.6 volt, each	Each	N	\$7.28	1/6 Months
		K0605	Replacement battery for external infusion pump owned by patient, lithium 4.5 volt, each	Each	N	\$17.40	1/6 Months
		K0606 RR	Automatic external defibrillator, with intergrated electrocardiogram analysis, carmet type	Day	Y	\$103.08	90 days
		K0607	Replacement battery for automated external defibrillator, garment type only, each	Each	N	\$250.58	1/6 Months
		K0607 RR	Replacement battery for automated external defibrillator, garment type only, each	Day	N	\$0.80	3 Months/Year
E1340		K0739	Repair or non routine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Per 15 mins	N	\$14.36	14/12 Months
		K0740	Repair or non routine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Per 15 mins	N	\$9.00	14/12 Months
		K1021	Exsufflation belt, includes all supplies and accessories	Each	Y	IC	1/12 months
Z4283 E1399		T5001	Positioning seat for persons w/ special orthopedic needs, for use in vehicles (Previously 'Customized Seating System For Use In Vehicle; Special Pediatric/Young Adult')	Each	Y	396.33	1/60 Months
		E1399	Positioning seat for persons with special physical or neurological needs, for use in vehicles	Each	Y	IC	1/60 Months
		E1399	Portable Ramp (must be portable and removable)	Each	Y	IC	1/60 Months
		E1399	Portable Threshold Ramp (must be removable and not screwed or nailed in place)	Each	Y	IC	1/60 Months
		L7360	Six volt battery, each	Each	N	\$315.21	1/6 Months
		L7362	Battery charger, six volt, each	Each	N	\$283.97	1/6 Months
		L7364	Twelve volt battery, each	Each	N	\$524.88	1/6 Months
		L7366	Battery charger, twelve volt, each	Each	N	\$707.15	1/6 Months
		L7367	Lithium ion, battery replacement	Each	N	\$403.18	1/6 Months

Changes

Changes marked in bold are effective 7/1/2024 Face to Face Column added 7/1/17

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