

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) pre-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.

MEDICAID DME AND SUPPLIES LISTING						
Elastic Support Items						
UCC = Bill Usual and Customary Charge IC = Individual Consideration						
Old HCPCS Code	New HCPCS Code	Description	Billing Unit	SA Type	Fee	Limit
Elastic Support Items						
	A4490	Surgical Stockings, above knee length, each	Each	N	\$15.25	2/6 Months
	A4495	Surgical Stockings, thigh length, each	Each	N	\$18.55	2/6 Months
	A4500	Surgical Stockings, below knee length, each	Each	N	\$16.68	2/6 Months
	A4510	Surgical stocking full-length, each	Each	N	\$19.81	2/6 Months
L8100	A6530	Gradient compression stocking, below knee, 18-30 mmHg, each	Each	Y	\$22.48	2/6 Months
L8110	A6531	Gradient compression stocking, below knee, 30-40 mmHg, each	Each	N	\$51.78	2/6 Months
L8120	A6532	Gradient compression stocking, below knee, 40-50 mmHg, each	Each	N	\$72.96	2/6 Months
L8130	A6533	Gradient compression stocking, thigh length, 18-30 mmHg, each	Each	Y	\$34.39	2/6 Months
L8140	A6534	Gradient compression stocking, thigh length, 30-40 mmHg, each	Each	Y	\$40.01	2/6 Months
L8150	A6535	Gradient compression stocking, thigh length, 40-50 mmHg, each	Each	Y	\$47.87	2/6 Months
L8160	A6536	Gradient compression stocking, full length/chap style, 18-30 mmHg, each	Each	Y	\$51.34	2/6 Months
L8170	A6537	Gradient compression stocking, full length/chap style, 30-40 mmHg, each	Each	Y	\$58.70	2/6 Months
L8180	A6538	Gradient compression stocking, full length/chap style, 40-50 mmHg, each	Each	Y	\$66.16	2/6 Months
L8190	A6539	Gradient compression stocking, waist length, 18-30 mmHg, each	Each	Y	\$52.08	2/6 Months
L8195	A6540	Gradient compression stocking, waist length, 30-40 mmHg, each	Each	Y	\$72.00	2/6 Months
L8200	A6541	Gradient compression stocking, waist length, 40-50 mmHg, each	Each	Y	\$84.42	2/6 Months
L8230	A6544	Gradient compression stocking, garter belt	Each	Y	\$16.55	2/6 Months
	A6545	Gradient compression wrap, non-elastic, below knee, 30-50 MM HG, each	Each	Y	\$101.96	2/6 Months
L8239	A6549	Gradient compression stocking, NOS	Each	Y	P-\$ IC	2/6 Months
Changes						
Changes marked in bold updated 1/1/23						