

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							
Beds, Mattresses and Accessories							
UCC = Bill Usual and Customary Charge IC = Individual Consideration							
Old HCPCS Code	Face-to-Face Required	New HCPCS Code	Description	Billing Unit	SA Type	Fee	Limit
All beds and accessories must be medically necessary to carry out a physicians' plan of care to treat a health care condition.							
		A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient	Each	N	\$44.51	1/60 Months
E0179		E1399	Dry pressure pad or cushion, nonpositioning	Each	Y	\$10.17	2/12 Months
E0179 RR		E1399	Dry pressure pad or cushion, nonpositioning	Day	Y	\$0.03	1/Month
		E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	Each	N	\$252.35	1/60 Months
		E0181 RR	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	Day	N	\$0.46	6 Months
		E0182	Pump for alternating pressure pad, for replacement only	Each	N	\$156.00	1/60 Months
		E0182 RR	Pump for alternating pressure pad, for replacement only	Day	N	\$0.57	6 Months
		E0184	Dry pressure mattress	Each	N	\$142.07	1/36 Months
		E0184 RR	Dry pressure mattress	Day	N	\$0.47	6 Months
	Yes	E0185	Gel or gel-like pressure Pad for mattress, standard mattress length & width	Each	N	\$151.70	1/36 Months
	Yes	E0185 RR	Gel or gel-like pressure Pad for mattress, standard mattress length & width Rental	Day	N	\$0.51	6 Months
		E0186	Air Pressure Mattress	Each	N	\$273.06	1/24 Months
		E0186 RR	Air Pressure Mattress	Day	N	\$0.53	6 Months
		E0187	Water Pressure Mattress	Each	N	\$214.27	1/36 Months
		E0187 RR	Water Pressure Mattress	Day	N	\$0.58	6 Months
		E0193 RR	Powered Air Flotation Bed (Low Air Loss Therapy)	Day	Y	\$20.26	2 Months
	Yes	E0194 RR	Air Fluidized Bed	Day	Y	\$93.40	2 Months
		E0196	Gel Pressure Mattress	Each	Y	\$289.03	I.C.
		E0196 RR	Gel Pressure Mattress	Day	N	\$0.88	6 Months
	Yes	E0197	Air Pressure Pad For Mattress, standard mattress length and width	Each	N	\$190.40	1/36 Months
	Yes	E0197 RR	Air Pressure Pad For Mattress, standard mattress length and width	Day	N	\$0.49	6 Months
	Yes	E0198	Water pressure pad for mattress, standard mattress length and width	Each	N	\$218.08	1/36 Months
	Yes	E0198 RR	Water pressure pad for mattress, standard mattress length and width	Day	N	\$0.75	6 Months
	Yes	E0199	Dry pressure pad for mattress, standard mattress length and width	Each	N	\$25.97	1/2 Months
	Yes	E0199 RR	Dry pressure pad for mattress, standard mattress length and width	Each	N	\$0.09	3 Months
	Yes	E0250	Hospital bed, fixed height, with any type side rails, with mattress	Each	N	\$677.90	1/60 Months
	Yes	E0255	Hospital Bed, variable height, hi-lo With Mattress And any type Side Rails	Each	N	\$893.40	1/60 Months
	Yes	E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	Each	Y	\$472.60	1/60 Months
	Yes	E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress	Each	Y	\$1,668.90	1/60 Months
	Yes	E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress	Each	Y	\$1,917.24	1/60 Months
		E0255 RR	Hospital Bed With Mattress And Side Rails	Day	N	\$2.02	4 Months
		E0256 RR	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	Day	N	\$1.88	4 Months
		E0265 RR	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress	Day	N	\$4.19	4 Months
		E0266 RR	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress	Day	N	\$3.65	4 Months
	Yes	E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	Each	Y	\$1,162.40	1/60 Months
	Yes	E0260 RR	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	Day	N	\$1.83	3 Months
	Yes	E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	Each	N	\$904.38	1/60 Months

	Yes	E0261 RR	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	Day	N	\$1.82	3 Months
		E0271	Mattress Innerspring	Each	N	\$111.50	1/60 Months
		E0271 RR	Mattress Innerspring	Day	N	\$0.35	6 Months
		E0272	Mattress, foam rubber	Each	N	\$143.35	1/60 Months
		E0272RR	Mattress, foam rubber	Day	N	\$0.48	6 Months
		E0273	Bed Board	Each	N	\$29.82	1/60 Months
		E0274	Overbed Table	Each	N	\$169.99	1/60 Months
		E0274 RR	Overbed Table	Day	N	\$0.57	3 Months
		E0277	Powered pressure-reducing air mattress	Each	Y	\$4,890.28	1/60 Months
		E0277 RR	Powered pressure-reducing air mattress	Day	Y	\$4.85	3 Months
		E0280	Bed Cradle, Any Type	Each	N	\$29.19	1/36 Months
		E0280 RR	Bed Cradle, Any Type	Day	N	\$0.10	6 Months
Yes		E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	Each	Y	\$2,407.93	1/60 Months
Yes		E0300 RR	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	Each	Y	\$7.28	3 Months
Yes		E0301 RR	HD hosp bed, 350-600lbs	Day	Y	\$4.84	3 Months
Yes		E0302 RR	Ex hd hosp bed > 600lbs	Day	Y	\$14.48	3Months
Yes		E0303 RR	Hosp bed, hvy dty, xtra wide	Day	Y	\$4.94	3Months
Yes		E0304 RR	Hosp bed, xtra hvy dty, x wide	Day	Y	\$14.88	3 Months
		E0305	Bedside rails, half-length	Each	Y	\$131.92	2/60 Months
		E0305 RR	Bedside rails, half-length	Each	Y	\$0.38	6 Months
		E0371 RR	Nonpower mattress overlay	Day	Y	\$8.36	3 Months
		E0372 RR	Powered air mattress overlay	Day	Y	\$8.93	3 Months
		E0373 RR	Nonpowered pressure mattress	Day	Y	\$13.59	3 Months
		E0310	Bed Side Rails, Full Length	Each	Y	\$126.85	2/60 Months
		E0310 RR	Bed Side Rails, Full Length	Each	Y	\$0.42	6 Months

Changes

Changes in bold 1/1/18 - Competitive Bid Rates in blue updated 7/1/16 Face to Face Column added 7/1/17