

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

Decubitus / Ulcer Products

UCC = Bill Usual and Customary Charge IC = Individual Consideration

Old HCPCS Code	New HCPCS Code	Description	Billing Unit	SA Type	Fee	Limit
	E0188	Synthetic sheepskin pad	Each	N	\$21.12	2/12 Months
	E0188 RR	Synthetic sheepskin pad	Day	N	\$0.07	1 Month
	E0189	Lambs wool sheepskin pad, any size	Each	N	\$43.87	2/12 Months
	E0189 RR	Lambswool sheepskin pad, any size	Day	N	\$0.15	1 Month
	E0191	Heel or elbow protector, each	Each	N	\$10.13	2/3 Months
	E0191 RR	Heel or elbow protector, each	Each	N	\$0.03	1 Month/Year
	E0231 RR	Non-contact wound warming wound device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover	Day	Y	P-\$ IC	4 Months Year
	E0232 RR	Warming card for use with non-contact wound warming device and non-contact wound warming wound cover	Day	Y	P-\$ IC	4 Months Year
	E2402 RR	Negative pressure wound therapy electrical pump, stationary or portable	Day	Y	\$20.66	I.C.
	A6550	Dressing set for negative pressure wound therapy electrical pump, stationary or portable, each	Each	Y	\$22.03	I.C.
A6551	A7000	Cannister set for negative pressure wound therapy electrical pump, stationary or portable, each	Each	Y	\$7.34	I.C.

Changes

Changes in bold 1/1/18 - Competitive bid rates in blue effective 7/1/16