

**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. Please reference rental versus purchase guidelines in Chapter IV of this Provider Manual for additional requirements.

<b>MEDICAID DME AND SUPPLIES LISTING</b>						
<b>Dialysis Equipment and Supplies</b>						
<b>UCC = Bill Usual and Customary Charge IC = Individual Consideration</b>						
<b>Old HCPCS Code</b>	<b>New HCPCS Code</b>	<b>Description</b>	<b>Billing Unit</b>	<b>SA Type</b>	<b>Fee</b>	<b>Limit</b>
<b>Dialysis</b>						
	A4772	Blood glucose test strips, for dialysis, per 50	Btl. (of 50)	Y	P-\$ IC	2/Month
	A4913	Miscellaneous Dialysis Supplies, Not Identified Elsewhere	Each	Y	P-\$ IC	I.C.
A4900	E1399	Continuous Ambulatory Peritoneal Dialysis Supply Kit	Month	Y	R-\$ 1986.04	12 Months Per Year
A4901	E1399	Continuous Cycling Peritoneal, Dialysis CCPD Supply Kit	Month	Y	R-\$ 1986.04	12 Months Per Year
A4905	E1399	Intermittent Peritoneal Dialysis (IPD) Supply Kit	Month	Y	R-\$ 1986.04	12 Months Per Year
	E1510	Kidney, dialysate delivery system kidney machine, pump recirculating, air removal system, flowrat meter, power off, heater and temp control with alarm, IV poles, pressure gauge, concentrate container	Month	N	R-\$ 1528.00	12 Months Per Year
	E1699	Dialysis equipment, not otherwise specified	Each	Y	P-\$ IC	I.C.
<b>Changes to Dialysis Category</b>						
<b>No Changes in 2018</b>						
Notes: E1699 used for equipment, miscellaneous supplies use A4913. No changes for this update.(1/1/2017)						