

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.

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.

- 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

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

MEDICAID DME AND SUPPLIES LISTING						
Dialysis Equipment and Supplies						
UCC = Bill Usual and Customary Charge IC = Individual Consideration						
Old HCPCS Code	New HCPCS Code	Description	Billing Unit	SA Type	Fee	Limit
Dialysis						
	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.
Changes to Dialysis Category						
No Changes in 2026						
Notes: E1699 used for equipment, miscellaneous supplies use A4913. No changes for this update.(1/1/2026)						