

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						
Communication Devices						
UCC = Bill Usual and Customary Charge IC = Individual Consideration						
Old HCPCS Code	New HCPCS Code	Description	Billing Unit	SA Type	Fee	Limit
<b>Communication Devices</b>						
Communication devices to improve educational and/or vocational abilities are not covered services by DMAS. Documentation must describe speech limitations, prognosis for improvement, how medical communication needs have been met/unmet, the patient's motivation and ability to use the selected device, how the requested device better meets the recipient's medical needs than other devices available. As with all DME, communication devices will be reimbursed at the most cost effective level suitable for use within the recipient's home environment. See Chapter IV of the <a href="#">Medicaid Durable Medical Equipment and Supplies Manual</a>						
	E1902	Communication board, non-electronic, augmentative or alternative communication device	Each	Y	P-\$ IC	1/60 Months
	E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	Each	Y	<b>\$396.11</b>	1/60 Months
	E2500 RR	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	Day	Y	<b>\$1.32</b>	3 Months
	E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than equal to 20 minutes recording time	Each	Y	<b>\$1,211.27</b>	1/60 Months
	E2502 RR	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than equal to 20 minutes recording time	Day	Y	<b>\$4.04</b>	3 Months
	E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	Each	Y	<b>\$1,597.83</b>	1/60 Months
	E2504 RR	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	Day	Y	<b>\$5.33</b>	3 Months
	E2506	Speech generating device, digitized, speech, using pre-recorded messages, greater than 40 minutes recording time	Each	Y	<b>\$2,342.90</b>	1/60 Months
	E2506 RR	Speech generating device, digitized, speech, using pre-recorded messages, greater than 40 minutes recording time	Day	Y	<b>\$7.81</b>	3 Months
	E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	Each	Y	<b>\$3,622.90</b>	1/60 Months
	E2508 RR	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	Day	Y	<b>\$12.08</b>	3 Months
	E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	Each	Y	<b>\$6,855.85</b>	1/60 Months
	E2510 RR	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	Day	Y	<b>\$22.85</b>	3 Months
	E2511	Speech generating software program, for personal computer or personal digital assistant (Must be for medically necessary communication device)	Each	Y	P-\$ IC	1/60 Months
	E2511 RR	Speech generating software program, for personal computer or personal digital assistant (Must be for medically necessary communication device)	Day	Y	P-\$ IC	3 Months
	E2512	Accessory for speech generating device, mounting system	Each	Y	P-\$ IC	1/60 Months
	E2512 RR	Accessory for speech generating device, mounting system	Day	Y	P-\$ IC	3 Months
	E2599	Accessory for speech generating device, not otherwise specified	Each	Y	P-\$ IC	1/60 Months
<b>Changes to Communication Devices</b>						
<b>Changes marked in bold are effective 1/1/2018</b>						