

## 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.

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**UCC = Usual and Customary Charge    IC = Individual Consideration**

Old HCPCS Code	New HCPCS Code	Description	Billing Unit	SA Type	Fee	Limit
	A8000	Helmet, protective, soft, prefabricated, includes all components and accessories	Each	N	<b>\$155.35</b>	1/12 Months
	A8001	Helmet, protective, hard, prefabricated, includes all components and accessories	Each	N	<b>\$155.35</b>	
Z4283 E1399	T5001	Positioning seat for persons w/ special orthopedic needs, for use in vehicles (Previously 'Customized Seating System For Use In Vehicle; Special Pediatric/Young Adult') EPSDT item.	Each	Y	396.33	1/60 Months

**Changes**

Changes marked in bold 1/1/2018