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

Burn Garments
UCC = Bill Usual and Customary Charge IC = Individual Consideration

Old HCPCS Code	New HCPCS Code	Description	Billing Unit	SA Type	Fee	Limit
	A6501	Compression burn garment, bodysuit (head to foot), custom fabricated	Each	Y	P-$ IC	IC
	A6502	Compression burn garment, chin strap, custom fabricated	Each	Y	P-$ IC	IC
	A6503	Compression burn garment, facial hood, custom fabricated	Each	Y	P-$ IC	IC
	A6504	Compression burn garment, glove to wrist, custom fabricated	Each	Y	P-$ IC	IC
	A6505	Compression burn garment, glove to elbow, custom fabricated	Each	Y	P-$ IC	IC
	A6506	Compression burn garment, glove to axilla, custom fabricated	Each	Y	P-$ IC	IC
	A6507	Compression burn garment, foot to knee length, custom fabricated	Each	Y	P-$ IC	IC
	A6508	Compression burn garment, foot to thigh length, custom fabricated	Each	Y	P-$ IC	IC
	A6509	Compression burn garment, upper trunk to waist inlcuiding arm openings (vest), custom fabricated	Each	Y	P-$ IC	IC
	A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabrcated	Each	Y	P-$ IC	IC
	A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated	Each	Y	P-$ IC	IC
	A6512	Compression burn garment, not otherwise classified	Each	Y	P-$ IC	IC
	A6513	Compression burn mask, face and/or neck, plastic or equal custom fabricated	Each	Y	P-$ IC	IC

Changes

No changes were made for this 2023 update