DME Fee Schedule Key and Changes

Updated 04/01/26

Fee Schedule Key Overview:

The DME Fee Schedule includes a complete list of HCPCS codes. Wheelchair codes (electric, manual, and replacement) are listed in separate rows rather than separate columns.

Column Heading Definitions

HCPCS

Procedure code.

Note

A – Covered for ages 2–99 years

B – Covered for ages 5–99 years

E – Electric Wheelchair

M – Manual Wheelchair

NR – The 2.7% rate reduction does not apply to this code.

Description

Procedure description.

COS (Category of Service)

041 – Equipment and Prosthesis

048 – Supplies

Prior Approval Required

Indicates whether Prior Approval is required.

N – No PA required

Y – PA required

R – Continuous Rental – PA required

B – Rent to Purchase – PA required

E – Requires PA for Purchase or Modifications. Repairs require prior approval when the repair total is $1500 or more.

H/P

Indicates if the item is hand-priced.

LTC (Long-Term Care Responsibility)

Y – LTC responsibility

N – Not LTC responsibility

Pair

(*) Pair – one left and one right; quantity of 1 is a billed pair

(2) HFS pays two when medically necessary with prior approval.

If an item on the HFS DME Fee Schedule has an "*" in the Pair column, the provider should bill one line with a quantity of 1.
If an item has "2" in the Pair column, the provider should bill one line with a quantity of 1.

Medicare Covered
Indicates whether Medicare covers the items and if Medicare should be billed prior to HFS.
Y – Bill Medicare prior to HFS
N – Not covered by Medicare; bill HFS directly within 180 days from the date of service.
If Medicare coverage policy is situational, bill Medicare.

2.7% Reduced Purchase Price
Maximum allowable price HFS will reimburse for the item. Public Act 097-0689 required the Department to reduce reimbursement rates by 2.7%. The posted rates are reduced unless noted with "NR" in the Note column.
Any rate charged lower than the maximum.

2.7% Reduced Rent Price
Maximum allowable rental price after the 2.7% reduction.

Max Quantity
Maximum quantity limit HFS will allow within the Max number of days.

Max Days
Quantity limit time frame.

Additional Notes:

Items Not on the Fee Schedule
For items not listed, submit an HFS 1409 Prior Approval Request with medical documentation using a Not Elsewhere Classified (NEC) code. Examples of NEC code include: A4649, E1399, K0108. This is not an inclusive list of NEC codes.

Pricing Note
Pricing reflects a quantity of 1.
When billing multiples, the 2.7% reduction is applied to total charges. Rounding may result in reimbursement not equaling the posted unit price.

Billing Note
Providers may bill after 26 days for these codes to ensure timely order fulfillment:
T4521–T4535, T4541, T4543, T4544.
Annual quantity limits remain unchanged.

DME Fee Schedule Changes (Chronological)

Effective 01/01/20

T2101	Human Breast Milk Processing, Storage, and Distribution was added.
E0637, E0638, E0641, E0642	The Medicare indicator was changed from Y to N.

Effective 04/01/20

B4105	In-Line Cartridge with Digestive Enzymes for Enteral Feed Ea was added.

Effective 07/01/20

K1005	Disposable Collect Storage Bag for Brstmlk Any Sz, Type, Each was added.
A4230, A4231	The Medicare indicator was changed from Y to N.

Effective 08/01/20

E0936	Continuous Passive Motion Exc Device, Other Than Knee was changed to daily rental up to 21 days.

Effective 11/25/20

S9435	Medical Food for Inborn Errors of Metabolism was added.

Effective 01/01/22

E0958, E0959, E0961, E0966, E0967, E0969, E0971, E0974, E0980, E0981, E0983, E0984, E0985, E0986, E0992, E0994, E0995, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1010, E1014, E2201, E2202, E2203, E2204, E2205, E2206, E2207, E2227, E2228, E2231, E2310, E2311, E2313, E2323, E2324, E2325, E2326, E2328, E2329, E2330, E2340, E2341, E2342, E2343, E2351, E2368, E2374, E2375, E2376, E2377, E2378, E2626, E2627, E2628, E2629, E2630, E2631, E2632, E2633, K0005, K0020, K0056, K0065, K0105, K0801, K0802, K0806, K0807, K0808, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864	The Hand Priced indicator was changed from Y to N.

Effective 02/01/22

E0481	The Hand Priced indicator was changed from Y to N.

Effective 03/01/22

L1810	Knee Orth, Elastic W-Jnts, Prefabricated, Customized price change.

Effective 04/01/22

V5253	Hearing Aid, Digitally Programmable, Binaural, BTE price change.

Effective 01/01/23

L2430, L2755, L2768, L3020, L3610, L3620, L3630, L3764, L3765, L3766, L4100 L5613, L5614, L5646, L5661, L5699, L5703, L5728, L5781, L5782, L5814, L5826, L5845, L5848, L5856, L5857, L5858, L5859, L5930, L5964, L5968, L5971, L5973, L5975, L5979, L5980, L5985, L5987, L5988, L5990, L6026, L6611, L6660, L6703, L6704, L6882, L6883, L6935, L7007, L7008, L7009, L7360, L7362, L7368, L7400, L7403	The following codes were added.
S1040	Cranial Remolding Orthosis, Pediatric, CF, Includes Fit/Adj price change

Effective 04/01/23

L8681	Program (Xternl)Use W/Implnt Neurostimulr, Pulse Gen,Repl Only added

Effective 05/01/23

A4352	Intermittent Urinary Cath; Coude (Curved) Tip Any Size Each price change

Effective 06/01/23

A7020	Interface For Cough Stimulatio Device, Incl All Compo, Replac price/qty change
B4105	In-Line Cartridge with Digestive Enzymes for Enteral Feed Ea price change

Effective 01/01/24

K1005	Disposable Collect Storage Bag for Brstmlk Any Sz, Type, each removed
A4287	Disposable Collect Storage Bag for Brstmlk Any Sz, Type, each added

Effective 04/01/24

E2300	Wheelchair Accessory, Power Seat Elevation System, Any Type removed
E2298	Complex Rehabilitative Pwr WC Acc Pwr Seat Elev Sys, Any Type added

Effective 06/01/24

A4230	Infusion Set/External Insulin Pump, Non-Needle Cannula Type qty change
A4231	Infusion Set, External Insulin Pump, Needle Type qty change

Effective 09/01/24

T5001	Positioning Seat for Person W/ Spec Ortho Needs, Vehicle Use added

Effective 10/01/24

A7021	Supplies and Accessories for Lung Expansion Airway Clearance added

Effective 01/01/25

A5500, A5501, A5512, A5513, A5514, L0220, L0636, L0640, L1685, L1840, L1846, L1904, L1950, L2320, L2330, L2520, L2525, L2526, L2540, L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3230, L3250, L3760, L3807, L3917, L3933, L4030, L4040, L4045, L4050, L4055, L4360, L4631, L5530, L5560, L5668, L5670, L5700, L5702, L5703, L5704, L5705, L5706, L5707, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6350, L6400, L6450, L6500, L6550, L6570, L6697, L6883, L6895	Price change
L0112, L0170, L0452, L0454, L0456, L0466, L0468, L0480, L0482, L0484, L0486, L0622, L0626, L0627, L0630, L0633, L0637, L0638, L0639, L0700, L0710, L1000, L1200, L1600, L1610, L1620, L1630, L1640, L1680, L1700, L1710, L1720, L1730, L1755, L1810, L1834, L1843, L1844, L1845, L1847, L1860, L1900, L1907, L1920, L1940, L1945, L1960, L1970, L1980, L1990, L2000, L2005, L2010, L2020, L2030, L2034 L2036, L2037, L2038, L2040, L2050, L2060, L2070, L2080, L2090, L2106, L2108, L2126, L2128, L2340, L2350, L3140, L3201, L3202, L3203, L3204, L3206, L3207, L3720, L3730, L3740, L3763, L3764, L3765, L3766, L3806, L3808, L3900, L3901, L3906, L3915, L3923, L3929, L4386, L4396, L5010, L5020, L5050, L5060, L5100, L5150, L5160, L5200, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5505, L5510, L5520, L5540, L5570, L5580, L5590, L5595, L5600, L5618, L5620, L5622, L5624, L5626, L5628, L5630, L5632, L5637, L5643, L5645, L5646, L5647, L5649, L5650, L5651, L5652, L5654, L5655, L5658, L5666, L5673, L5679, L5681, L5682, L5683, L5810, L5811, L5812, L5816, L5822, L5824, L5828, L5830, L5840, L5970, L5972, L5974, L5976, L5978, L5981, L5982, L5984, L5986, L6582, L6586, L6590, L6694, L6695, L6696, S1040	Price change

Effective 04/01/25

L8010	Breast Prosthesis Mastectomy Sleeve removed
A4453	Rectal Cath W/WO Balloon for Use W/ Any Type TAI Sys, each added
A4459	Manual TAI Sys W/Water Reservoir, Pump, Acc, Without Catheter price/description change

Effective 10/01/25

A4288	Valve for Breast Pump, Replacement added

Effective 01/01/26

A4295	Int Urinary Cath; Straight Tip, Hydrophilic Coating Ea added
A4296	Int Urinary Cath; Coude (Curved Tip), Hydrophilic Coating, Ea added
A4297	Int Urinary Cath; Hydrophilic Coating, with Insertion Supply added
E0468	Home Vent Dual Function Cough Stim, Incl All Acc and Supplies added
E0469	Lung Exp. Airway Clearance, Hi Freq Oscillation + Neb Device added

Effective 04/01/26

E1028	W/C Acc-Man Swingaway/Retractable/Removable Mntg Hdwr, Other description change
E1032	W/C Acc-Man Swng/Retrct or Rem Mnt Hdw Used W/Jystk-Othr-DCI added
E1033	W/C Acc-Man Swng/Retrct or Rem Mnt Hdw for Hdrst, Cush, Any added
E1034	W/C Acc-Man Swng/Retrct or Rem Mnt Hdw for Lat Trnk/Hip, Any added
L6000	Partial Hand, Thumb Remaining deleted
L6010	Partial Hand, Little and/or Ring Finger Remaining deleted
L6020	Partial Hand; No Finger Remaining deleted