

DME Fee Schedule Key Updated April 5, 2021

Complete List Sorted by HCPCS	
All wheelchair codes and their fees are incorporated into the DME Fee Schedule. Distinct Electric, Manual, and Replacement fees are listed in a separate row instead of in multiple columns.	
Column Heading	Description
HCPCS	Procedure Code.
Note	A - Covered for ages 2-20 years old 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 sum of the repair is \$400 or more.
H/P	Indicates if the item is hand priced.
LTC	Indicates whether the item is the responsibility of the Long Term Care Facility. Y – LTC responsibility N – Not LTC responsibility
Pair	(*) Pair – one left and one right; Qty 1 is a billed pair (2) HFS pays two when medically necessary with prior approval If the item on the HFS DME fee Schedule has an “*” in the PAIR column, then the provider should bill 1 line for the item with a quantity of 1. If the item on the HFS DME fee schedule has “2” in the PAIR column, then the provider should bill the line item with 1 for the item 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.
2.7% Reduced Rent Price	Any rate charged lower than the maximum.

Max Quantity	Maximum quantity limit HFS will allow within the Max number of days.
Max Days	Quantity limit time frame.
Note: For medical supplies, equipment, or appliances not on the fee schedule, providers should submit a HFS1409, Prior Approval Request Form with medical documentation using a Not Elsewhere Classified procedure code.	
Pricing Note: Pricing reflects codes in a quantity of 1. When multiples are billed, the 2.7 percent rate reduction is applied to total charges. Reimbursement is not always equal to the unit price as listed on the fee schedule when multiple quantities are billed as a result of system calculation and rounding with multiple quantities.	

DME Fee Schedule Key and Changes 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.

DME Fee Schedule Key and Changes Effective 04/01/20

B4105	In-Line Cartridge with Digestive Enzymes for Enteral Feed Ea was added.
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DME Fee Schedule Key and Changes Effective 07/01/20

K1005	Disposable Collect Storage Bag for Brstmlk Any Sz, Type, Each was added.
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DME Fee Schedule Key and Changes Effective 08/01/20

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