

DME Fee Schedule Key Updated February 28, 2017

<p>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.</p>	
Column Heading	Description
HCPCS	Procedure Code.
Note	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
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.

DME Fee Schedule Key and Changes updated February 28, 2017

New Codes effective 1/1/2017

L1851	KO,SNGL UPRT,THIGH CLF,ADJ FLXN & EXTJNT,MED/LAT,RO,PRFB,OTS
L1852	KO,DBL UPRT,THIGH CLF,ADJ FLXN & EXTJNT,MED LAT,ROT,PRFB,OTS
A4467	BELT, STRAP, SLEEVE, GARMENT, OR COVERING ANY TYPE
A4224	SUPPLIES FOR MAINTENANCE OF INSULIN IFUSION CATHETER. PER WK
A4225	SUPPLIES FOR EXTERNAL INSULIN INFUSN PUMP,SYRNG CART,STRL EA

**Effective 1/1/2017, wheelchair wheels and batteries do not require prior approval –
Senate Bill 420**

Batteries

E2359	E2362	E2366	E2365	E2364	E2371
K0733	E2361	E2360	E2397	E2372	E2363

Tires

E2212	E2213	E2214	E2215	E2216	E2217
E2218	E2219	E2220	E2221	E2222	E2224
E2225	E2226	E2381	E2382	E2383	E2384
E2385	E2386	E2387	E2388	E2389	E2390
E2391	E2392	E2395	E2396	K0071	K0072
K0073	K0077				

Discontinued Codes effective 1/1/2017

B9000	K0901	K0902	A4466	E0628
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