DME Fee Schedule Key Updated October 14, 2025

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 2-99 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 sum of the repair is $750 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 2.7% Reduced Rent 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.

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.	
Billing Note: Providers are allowed to bill after 26 days for the codes listed below to ensure customer orders arrive timely. The maximum quantity limits for the year are unchanged. T4521-T4535, T4541, T4543, & T4544.	

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.

DME Fee Schedule Key and Changes 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.

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.

DME Fee Schedule Key and Changes Effective 11/25/20

S9435	Medical Food for Inborn Errors of Metabolism was added.

DME Fee Schedule Key and Changes 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.

DME Fee Schedule Key and Changes Effective 02/01/22

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

DME Fee Schedule Key and Changes Effective 03/01/22

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

DME Fee Schedule Key and Changes Effective 04/01/22

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

DME Fee Schedule Key and Changes 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

DME Fee Schedule Key and Changes Effective 04/01/23

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

DME Fee Schedule Key and Changes Effective 05/01/23

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

DME Fee Schedule Key and Changes 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

DME Fee Schedule Key and Changes 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

DME Fee Schedule Key and Changes 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

DME Fee Schedule Key and Changes 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

DME Fee Schedule Key and Changes Effective 09/01/24

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

DME Fee Schedule Key and Changes Effective 10/01/24

A7021	Supplies and Accessories for Lung Expansion Airway Clearance added

DME Fee Schedule Key and Changes 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, S1040	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,	Price change

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	

DME Fee Schedule Key and Changes 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