

## DME Fee Schedule Key Updated July 24, 2019

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
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.	

## DME Fee Schedule Key and Changes updated April 3, 2019

### New Codes effective 1/1/2019

A4563	RECTAL CNTRL SYS FOR VAGINAL INSRTN, LONG TERM, PUMP, SUPPLY, EA
A5514	DIABETICS ONLY, MULTI, CAM TECH, 3/16 MAT, 35 DUROMTR>, CUS FB , EA
E0447	PORT OXY CONTENT, LIQUID, 1 MO, AMT REST NIG EXC 4 LPM
E0467	HOME VENT, MULT, PRFM, OXY FUNC, DRUG NEB, ASPRN, COUGH STM, INC ALL
V5171	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, ITE
V5172	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, ITC
V5181	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BTE
V5211	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE, ITE
V5212	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE, ITC
V5213	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE, BTE
V5214	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITC, ITC
V5215	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITC, BTE
V5221	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, BTE, BTE

### Deleted Codes effective 1/1/2019

K0903	V5170	V5180	V5210
V5220			

### New Code Effective 7/1/2019

A4459	Note A	MANUAL PUMP OPERATED ENEMA, SYS W BALLOON CATHETER
-------	-----------	--

### Correction Effective 7/1/2019

Pricing was correctly switched for the codes below:

L0484		TLSO TRIPLANER CONTROL 2 PIECE RIGID SHELL W/OUT L	\$879.27
L0486		TLSO TRIPLANER CONTROL 2 PIECE RIGID SHELL WITH LI	\$1,378.89