

DME Fee Schedule Key Updated April 1, 2018

| Complete List Sorted by HCPCS | |
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| 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 | 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 1, 2018

New Code added 4/1/18

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| K0903 | DIABETCS ONLY, MUL DENS, INSRT, DIRCT CARV/CAM, MIN 3/16, CUST, EA |
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Changes effective 4/1/18

| Code | Description | HP | PA | State Max |
|-------|--|----|----|------------|
| L8694 | AUDIT OSSEOINTGRTD DEVICE, TRNSDCR/ACTUTR, RPLMT | N | Y | \$783.72* |
| L8691 | AUDITRY OSEOINTGRTD DEV, EXT SONND, EXC TRNSDCR/ACTUTR, RPMT, EA | N | Y | \$1428.91* |

*reduced 2.7%

New Codes added 1/1/18

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|-------|---|
| E0953 | W/C ACC, LAT THIGH KNEE SUPPRT, ANY TYPE INC FXD MONT HDWRE EA |
| E0954 | W/C ACC, FOOT BX, ANY TYPE, INC ATCHMNT & MOUNT HRDWARE EA FOOT |
| L3761 | ELBOW ORTHOSIS, W/ADJ POSITION LOCKING JOINT, PREFAB OFF SHELF |
| L7700 | GASKET OR SEAL, FOR USE W/PROSTHETIC SOCKET INSRT, ANY TYPE, EA |
| L8625 | EXTRNL RECHRGNG SYS FOR BATT USE W/CID/ADTRY OSEOINGRTD |
| L8694 | AUDITORY OSSEOINTEGRATED DEVICE, TRANSDUCER/ACTUATOR, RPLMT EA |
| Q0477 | PWR MOD CABLE USE W/ELEC OR ELEC/PNEUMATIC VENTRICULR, RPLCMT |

Code Description Changes 1/1/18

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|-------|---|
| L3760 | EO, W/ADJ LOCKING JOINTS, PREFAB, CUSTOMIZED BY IND W/EXPERTISE |
| L8618 | TRANSMITER CABLE FOR COCHLEAR/AUDITORY OSSEOINTEGRATED, RPMT |
| L8624 | LITH ION BATT CID/ADTRY OSEOINTEGRATED SPCH PROC EAR LVL, EA |
| L8691 | AUDITRY OSEOINTEGRAT DEV, EXT SONND, EXC TRNSDCR/ACTUTR RPMT EA |