DME Fee Schedule Key Updated April 1, 2018

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	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 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.	

New Code added 4/1/18

K0903	DIABETCS ONLY, MUL DENS, INSRT, DIRCT CARV/CAM, MIN 3/16, CUST, EA

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 SOND,EXC TRNSDCR/ACTUTR,RPMT,EA	N	Y	$1428.91*

*reduced 2.7%

New Codes added 1/1/18

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

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 SOND, EXC TRNSDCR/ACTUTR RPMT EA