

MEDICAID DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES LISTING

The following listing, based upon the Healthcare Common Procedure Coding System (HCPCS), describes equipment and supplies, coverage limitations, and service authorization (SA) requirements. The DME Listing HCPCS codes must be used for all Medicaid claims, regardless of whether Medicare uses the same HCPCS code for the item. Service authorization by Medicaid is not required when Medicare is the primary payer. Reimbursement for Medicare crossover claims will be made in accordance with established Medicare HCPCS codes and guidelines.

When extended utilization or unusual amounts or types of equipment or supplies are required, the provider must request service authorization from the Department of Medical Assistance Services' (DMAS) service authorization contractor. Instructions regarding service authorization may also be found in Appendix D of this Provider Manual. Items not identified in the listing require service authorization and may be submitted for service authorization under the appropriate miscellaneous HCPCS code. Lack of a specific HCPCS code for the item does not determine coverage. The appropriate miscellaneous code may be used and submitted for preauthorization.

Providers must maintain documentation in accordance with the coverage criteria, documentation requirements, and Certificate of Medical Necessity (CMN) requirements as defined in Chapters IV and VI of this Provider Manual, regardless of whether or not service authorization is required.

The key below identifies the codes used in the DME Listing.

- N = Service authorization is not required up to the established limit
- Y = Service authorization is required
- P = Purchase
- RR = *Rental
- IC = Individual Consideration
- UCC = Usual and Customary Charge

*Medicaid reimbursement for rental items is a daily rate. DMAS will not provide rental reimbursement for days on which the recipient did not use the item.

Please reference rental versus purchase guidelines in Chapter IV of this Provider Manual for additional requirements.

MEDICAID DME AND SUPPLIES LISTING

Canes, Crutches and Walkers						
UCC = Bill Usual and Customary Charge IC = Individual Consideration						
Old HCPCS Code	New HCPCS Code	Description	Billing Unit	SA Type	Fee	Limit
Replacement Parts - for purchased canes, crutches, alkers only						
	A4635	Underarm Pad, crutch replacement, each	Each	N	\$6.55	2/36 Months
	A4636	Replacement , handgrip, cane, crutch or walker, each	Each	N	\$3.57	2/36 Months
	A4637	Replacement, tip, cane, crutch, walker, each	Each	N	\$1.98	2/36 Months
Canes						
	E0100	Canes, Includes Canes of All Materials, Adjustable Or Fixed, w/tips	Each	N	\$26.56	1/36 Months
	E0105	Cane, Quad Or Three Prong, Includes Canes of All Materials, Adjustable or fixed, w/tips	Each	N	\$60.85	
	E0100 RR	Canes, Includes Canes of All Materials, Adjustable Or Fixed, w/tips	Day	N	\$0.25	3 Months
	E0105 RR	Cane, Quad Or Three Prong, Includes Canes of All Materials, Adjustable or fixed, w/tips	Day	N	\$0.38	
Crutches						
	E0110	Crutches, Forearm, Includes Crutches of Various Materials, Adjustable Or Fixed; pair, complete w/tips and handgrip	Pair	N	\$99.52	1/36 Months
	E0111	Crutch Forearm, Includes Crutches of Various Material, Adj. Or Fixed, with tip and handgrip	Each	N	\$68.29	
	E0112	Crutches Underarm, Wood, Adjustable Or Fixed, With Pads, Tips, and handgrips	Pair	N	\$40.35	
	E0113	Crutch Underarm, Wood, Adj. Or Fixed W/Pad, tips And Handgrip	Each	N	\$26.62	
	E0114	Crutches Underarm, other than wood Adjustable Or Fixed, Pair W/Pads, tips and handgrip	Pair	N	\$53.18	
	E0116	Crutch Underarm, other than wood Adj. Or Fixed; w/pad, tip and handgrips	Each	N	\$35.60	
	E0117	Crutch, underarm, articulating, spring assisted, each	Each	N	\$259.43	
	E0118	Crutch substitute, lower leg platform, with or without wheels, each	Each	Y	\$IC	
	E0110 RR	Crutches, Forearm, Includes Crutches of Various Materials, Adjustable Or Fixed; pair, complete w/tips and handgrip	Day	N	\$0.68	3 Months
	E0112 RR	Crutches Underarm, Wood, Adjustable Or Fixed, With Pads, Tips, and handgrips	Day	N	\$0.43	
	E0111 RR	Crutch Forearm, Includes Crutches of Various Material, Adj. Or Fixed, with tip and handgrip	Day	N	\$0.36	
	E0113 RR	Crutch Underarm, Wood, Adj. Or Fixed W/Pad, tips And Handgrip	Day	N	\$0.22	
	E0114 RR	Crutches Underarm, other than wood Adjustable Or Fixed, Pair W/Pads, tips and handgrip	Day	N	\$0.37	

MEDICAID DME AND SUPPLIES LISTING

Canes, Crutches and Walkers						
UCC = Bill Usual and Customary Charge IC = Individual Consideration						
Old HCPCS Code	New HCPCS Code	Description	Billing Unit	SA Type	Fee	Limit
	E0116 RR	Crutch Underarm, other than wood Adj. Or Fixed; w/pad, tip and handgrips	Day	N	\$0.23	
	E0117 RR	Crutch, underarm, articulating, spring assisted, each	Day	N	\$0.82	
	E0118 RR	Crutch substitute, lower leg platform, with or without wheels, each	Day	Y	\$IC	

MEDICAID DME AND SUPPLIES LISTING

Canes, Crutches and Walkers						
UCC = Bill Usual and Customary Charge IC = Individual Consideration						
Old HCPCS Code	New HCPCS Code	Description	Billing Unit	SA Type	Fee	Limit
Walkers						
	E0130	Walker, Rigid (Pickup), Adjustable Or Fixed Height	Each	N	\$59.28	1/36 months
	E0135	Walker, Folding (Pickup), Adjustable Or Fixed Height	Each	N	\$53.77	
	E0140	Walker, w/trunk support, adjustable or fixed height, any type	Each	N	\$352.51	
	E0141	Walker, rigid Wheeled/adjustable or fixed height	Each	N	\$92.33	
	E0143	Folding Walker, Wheeled adjustable or fixed height	Each	N	\$53.68	
	E0144	Walker, enclosed, 4 sided frame, rigid or folding, wheeled, w/posterior seat	Each	N	\$324.66	
	E0147	Walker Heavy Duty, Multiple Braking System, Variable Wheel Resistance	Each	Y	\$462.48	
	E0148	Walker, heavy duty, w/out wheels, rigid or folding, any type	Each	N	\$99.80	
	E0149	Walker, heavy duty, wheeled, rigid or folding, any type	Each	N	\$162.54	
	E0130 RR	Walker, Rigid (Pickup), Adjustable Or Fixed Height	Day	N	\$0.20	3 Months
	E0135 RR	Walker, Folding (Pickup), Adjustable Or Fixed Height	Day	N	\$0.18	
	E0140 RR	Walker, w/trunk support, adjustable or fixed height, any type	Day	N	\$1.12	
	E0141 RR	Walkers, rigid Wheeled/adjustable or fixed height	Day	N	\$0.31	
	E0143 RR	Folding Walker, Wheeled adjustable or fixed height	Day	N	\$0.18	
	E0144 RR	Walker, enclosed, 4 sided frame, rigid or folding, wheeled, w/posterior seat	Day	N	\$1.03	
	E0147 RR	Walker Heavy Duty, Multiple Braking System, Variable Wheel Resistance	Day	N	\$1.54	
	E0148 RR	Walker, heavy duty, w/out wheels, rigid or folding, any type	Day	N	\$0.33	
	E0149 RR	Walker, heavy duty, wheeled, rigid or folding, any type	Day	N	\$0.39	
Walker Attachments						
	E0153	Platform Attachment, forearm crutch	Each	N	\$75.66	1/36 months
	E0153 RR	Platform Attachment, forearm crutch	Day	N	\$0.32	3 months
	E0154	Platform Attachment, Walker	Each	N	\$58.55	1/36 Months
	E0154 RR	Platform Attachment, Walker	Day	N	\$0.20	3 months
	E0155	Wheel Attachment, Rigid Pickup Walker,	pair	N	\$32.33	1/36 Months
	E0155 RR	Wheel Attachment, Rigid Pickup Walker,	Day	N	\$0.11	3 Months
	E0156	Seat Attachment, Walker	Each	N	\$19.31	1/36 Months
	E0156 RR	Seat Attachment, Walker	Day	N	\$0.06	3 Months
	E0157	Crutch Attachment, Walker	Each	N	\$64.31	1/36 Months
	E0157 RR	Crutch Attachment, Walker	Day	N	\$0.21	3 Months
	E0158	Leg Extension For Walker	Set of 4	N	\$30.16	1 set/36 Months
	E0158 RR	Leg Extension For Walker	Day	N	\$0.10	3 Months
	E0159	Brake Attachment for Wheeled Walker; replacement	Each	N	\$21.15	1/36 months

MEDICAID DME AND SUPPLIES LISTING

Canes, Crutches and Walkers						
UCC = Bill Usual and Customary Charge IC = Individual Consideration						
Old HCPCS Code	New HCPCS Code	Description	Billing Unit	SA Type	Fee	Limit
	E0159 RR	Brake Attachment for Wheeled Walker; replacement	Day	N	\$0.07	3 months
E1399	E8000	Gait Trainer, pediatric size, posterior support, includes all accessories and components	Each	Y	P-\$IC	1/36 Months
	E8001	Gait Trainer, pediatric size, upright support, includeds all accessories and components	Each	Y	P-\$IC	1/36 Months
	E8002	Gait Trainer, pediatric size, anterior support, includes all accessories and components	Each	Y	P-\$IC	1/36 Months
Changes in bold effective 1/1/26 - Competitive Bidding Rates in blue effective 1/1/26						